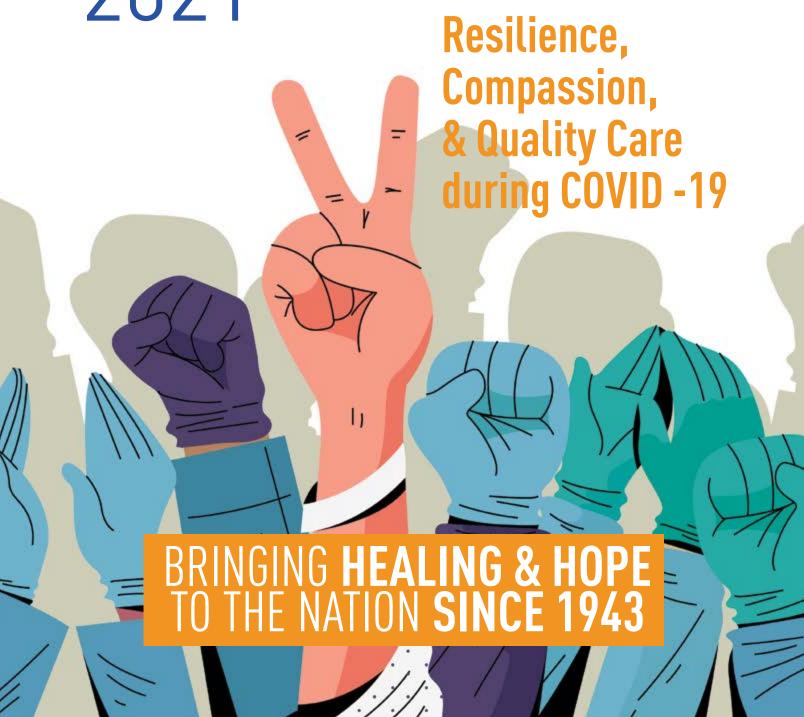


ANNUAL REPORT 2021



:: ACKNOWLEDGEMENTS

During the financial year 2020-2021, we faced days of unprecedented crises because of Covid-19. We are grateful to God for bestowing His blessings on us and helping us to continue our work.

I take this opportunity to extend my deepest appreciation to all the team members who worked for developing the annual report for the financial year 2020 - 2021. My special appreciation to all the staff members who contributed to the shaping of the report in a collaborative mode, especially Dr. Sameer Valsangkar, Mr. Mohammed Mateen, Ms. Retty George, Dr. Radhika Rohini, Mr. Prashant Janjal Ms. Jessy Joy, Ms. Theophine Venard and Mr. Manesh Thomas. 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 bring out this issue on time. A special thanks to Mr. George K Paul who designed the report.

The report is a reflection of the work of our member institutions, partner organizations and project staff in our respective thematic areas. My heartfelt thanks to our valuable donors, supporters and network members for their unconditional and longstanding support to deliver health care services, especially to those at the margins of the Society.

Happy reading!

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

:: CONTENTS

06 ——	Messages
08 ——	Executive Summary
11 ——	Programme Report
34 ——	Covid-19 Response
47 ——	Other Activities
56 ——	Regional Units
73 ——	Partnerships
77 —	CHAI Management & Team
90 ——	Financial Reports

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.

CHAI ANNUAL REPORT 2021



66

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

Sr. Dr. Mary Glowrey JMJServant of God,
Founder. CHAI

- Born on June 23rd, 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 11th February 1920.
- Joined JMJ on 28th November, 1920.
- The first nun-doctor missionary in India.
- Founded Catholic Hospitals' Association on 29th July, 1943 and became its first president.
- Sr. Dr. Mary Glowrey left for her heavenly abode on May 5th, 1957, in Bangalore.



66

A healthcare organization that is efficient and capable of addressing inequalities cannot forget its raison d'être, which is compassion. This includes the compassion of doctors, nurses, support staff volunteers and all others able to minimize the pain associated with loneliness and anxiety.

Pope Francis

Message from the Ecclesiastical Adviser to CHAI

We are fresh with the traumatic memories of the havoc caused by the second wave of the Corona Virus, Covid-19. Within a few weeks the killer virus in its different variants spread so rapidly and so widely that thousands of people were testing positive in all the states across the country. Most of these needed emergency treatments. Those who could not get that help on time faced the danger of losing life... The challenges were multiple and our health care system, public and private, was ill prepared. My heart goes to all those families who lost their dear ones and are still recovering from the scars left behind by this second wave. I express my solidarity with all those families who are facing financial or other problems. I pray that they get some help to regain their lost confidence!

In this rather difficult situation, Catholic health care providers were very much in the scene making a positive impact during this crisis. Given the magnitude of the problem and the vastness of this nation, our contribution might appear like a drop in the ocean, but it is valuable and significant! Response to the Covid-19 pandemic was always among the priority services of the Church. I take a moment here to express my sincere appreciation for CHAI and thank, all its member units on behalf of all the beneficiaries who availed services CHAI.

The healthcare facilities were overburdened and struggled to meet the demand for services due to shortage of oxygen, medicines and availability of beds. Even in the midst of these challenges, the member hospitals of CHAI continued to be in the forefront offering services for covid-19 to the people. Though all this was done in different measures by different member institutions of CHAI and in varying situations, there had been one common feeling, "we can do something together, and we are not alone." The CHAI Directorate was there, right from the beginning ever energetic and enthusiastic under the leadership of Fr. Mathew Abraham, Director-General, along with a number of collaborators who were generous and willing to accompany us during this crisis. A lot of practical tips and useful information were passed on with the same speed, sharing of experiences from different members in different regions was a tremendous help and a great source of encouragement. As for the material assistance, the large-scale supply of Personal Protective Equipment (PPE), oxygen concentrators and cylinders and basic medicines through CHAI Directorate helped the member hospitals to reach-out to thousands of people with services for Covid-19.

During the Annual General Body Meeting (AGBM) of CHAI which was held on 13th October, 2020, it was wonderful to see all the Christian healthcare networks in the country on one platform, sharing about the challenges faced by the members of the various networks because of Covid-19, and the commendable work done by them in mitigating the suffering of the people. I would say, "we have enough reason to be proud for what we could do in spite of the magnitude of the situation!" Let us share with each other the lessons we learnt. And I want to further say to CHAI members, "Let us continue to be there, Divine Providence will certainly accompany us now and always! Wishing and praying that the Catholic Health Association of India will continue its commendable service for the people of this nation, Imploring the blessings of God,



+ Prakash Mallavarapu
Archbishop of Visakhapatnam,
Chairman for CBCI Office for Health Care
& Ecclesiastical Adviser of CHAI

Message from the President

Most of us are familiar with the saying, "Where there is a Will, there is a Way". As the country was facing the difficult challenge of COVID -19, infecting over four lakh people in a day during the second wave, there were expectations both from the Government and the people for additional hands to help. During those troubled times, the Catholic Health Association of India, comprising of Catholic healthcare facilities as its members, had been at the forefront in combating the pandemic. As the saying goes, the Will of the Association was clear and loud, to provide support and services to people despite limited resources. Alongside offering services for Covid-19, the Member Institutions also continued the delivery of medical services for non-Covid-19 cases. Like every year, during this year also millions of people benefitted from the services offered by the Member Institutions of CHAI.

The role played by the CHAI Directorate in coordinating with the Member Institutes, donor organizations and other stakeholders and ensuring large scale supply of PPE, oxygen and basic medicines, is highly valued and commendable. Despite the difficulties posed by the covid-19 pandemic CHAI also continued the implementation of various ongoing projects. The Annual Report captures specific details and accomplishments of these projects and programmes.

I am pleased to share the Annual Report of Catholic Health Association of India for the financial year 2020-2021. I feel privileged to lead this large organization, at this point of time, which is serving the nation for over 78 years. The functioning of any organization is not possible without support. I thank God Almighty for His wonderful deeds, abundant blessings and graces all through our life journey to seek His will in all our accomplishments. I place on record my appreciation and gratitude for all member institutions, Regional units, Diocesan units, fellow-members of the National Board, Director General and staff of the Directorate, for their commitment and perseverance. May the Lord Almighty bless the organization to successfully reach out to many more in the years to come with compassionate, quality and affordable care.



Sr. Victoria Narichiti, JMJ President, CHAI



Executive Summary.

The COVID-19 pandemic continues to affect people across the globe. In India, the situation during the second wave was much worse than the first wave causing untold suffering, misery and death. However, due to our resilience and the unwavering dedication of the healthcare workers, we are coping and managed to navigate the pandemic. Vaccination is progressing at a rapid pace and we must continue to remain vigilant to cope with the pandemic.

CHAI response to the second wave

CHAI and its network made a significant contribution in the battle against the pandemic. The CHAI directorate rapidly swung into action to address the critical shortages in personal protective equipment, oxygen and essential drugs.

During the second wave, CHAI supported 175 member institutions with essential drugs and PPE kits to last for six months. 108 institutions were

provided with 437 oxygen cylinders. 243 institutions were provided 911 oxygen concentrators. 583 institutions were reached through COVID webinars. 61 member institutions are involved in COVID-19 awareness, addressing vaccine hesitancy, providing food kits and supporting the vulnerable and destitute during these trying times. Over 20,000 people were vaccinated free of cost. 100 Sister Doctors are enrolled in a pilot self-care module which will equip caregivers to take care of themselves during the pandemic. More support is enroute and other COVID projects are in the pipeline for implementation. More than 15 million rupees were raised in cash and 5 million raised in kind.

The CHAI network played an invaluable role in mitigating the pandemic. While it is difficult to capture the entire contribution of the network, a small sample from 144 member institutions indicated the following reach. 3.45 lakh people were reached with awareness activities and 3.62 lakh people were

reached with COVID relief services. 76,000 people were provided with COVID treatment services and 7,800 people were provided ICU care. 1.58 lakh people received the first dose of the COVID vaccine and 77,800 people received both doses till date. 72% of the institutions had received COVID-19 support from CHAI.

During the year 2020-21, CHAI has

CHAI project reach

reached out to 6,10,427 people and 1,52,607 households through awareness activities on maternal and child health, sanitation, communicable and noncommunicable diseases, palliative care through IPC, wall paintings, awareness sessions and other community level activities. 1, 25, 321 people were tested in the community for various medical issues and 77,658 were referred for medical care. Through the implementation of several programmes, 39,237 patients were reached through health services and 4,406 members were linked to various government schemes. 122 CHAI MIs, 74 Non-Governmental Organisations partnered with CHAI in reaching these people. These partners have 934 trained local volunteers engaged in grass roots work. 1,212 members underwent capacity building, which helped in honing the skills of our staff, partner organisations staff, our sisters and various

Way forward

volunteers.

Despite the pandemic, CHAI and its network has been involved in providing essential healthcare both at institutions and at the grassroot level



in the community. Due to challenges in physical gatherings, CHAI undertook several innovations to ensure that healthcare services and capacity building in the network continued uninterrupted. Innovations such as telehealth and tele-ICU have been designed and implemented to ensure that the vulnerable people in remote regions are not deprived of essential care. Several courses have been launched on the online platform of CHAI academy to ensure continuous capacity building of Sisters. CHAI is engaged in developing a joint COVID-19 report in collaboration with other Catholic networks in India.



In the 78th year since the founding of CHAI, we seek the guidance and blessings of our founder Sr Dr Mary Glowrey to continue in the mission of healing and cope with this pandemic.

Testing times and Gratitude

2020 and 2021 were challenging years for everyone. Some organizations succumbed to those challenges, some others survived and even flourished. CHAI also struggled through these challenging years. However, CHAI could transform some of those challenges into opportunities, and evolve into the next level of existence. I am grateful to the CHAI team at the directorate, the member institutions, the funding partners, technical partners, the Regional Units, the Governing Board and all those who worked hard, and gave commendable leadership during these testing times. Above all, we could experience the invisible hand of God accompanying, and guiding us all through this difficult journey. In the 78th year since the founding of CHAI, we also continue to experience the intercession and blessings of our founders, especially, Sr Dr Mary Glowrey and all those who followed her, and promoted compassionate, affordable and quality care, especially at the margins of the society.



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



Programmes at a Glance



Intervention Areas

Community Health

Communicable Diseases

Non-Communicable Diseases

Disability Care

Palliative care

Solar Energy

Initiatives for Network Strengthening

Despite the disruptions due to the covid-19 pandemic (both 1st and 2nd waves) and the associated lockdowns, CHAI ensured continued implementation of all the programmes. Some of the activities, mainly trainings, Workshops and outreach had to be suspended. However, where feasible these activities were organized virtually using various video conferencing software such as Zoom. Besides this, the field staff were provided with PPE for their protection from corona virus. The following section briefly describes the major accomplishments from each of the programmes implemented by CHAI Central Office:

Community Health

Community Health Programme

The following are the major accomplishments during the reporting period, categorized under various heads:

Health services

- 34,599 people were reached with health education on maternal and child health, sanitation, communicable and non-communicable diseases through IPC, wall paintings awareness sessions and other community level activities.
- 2,240 pregnant women were referred by CHVs to healthcare facilities for institutional deliveries.
- 1,524 immunization sessions among children were supported by CHVs in their operational areas.

- 8,493 people were referred for various diagnostic tests (HIV, TB, malaria, filariasis, diabetes and hypertension) and out them 2,277were diagnosed positive and referred for further treatment.
- Tele-health component is introduced with development of mobile and web-based applications to be used by CHVs, CHCs and doctors and these service providers have been trained on use of the applications and the processes involved in delivery of tele-health services.

Determinants of health

• 2,947 individuals were linked with income generation programmes (908) and social security schemes (2,039).

Linkages

• Signing of 169 MoUs among 120 MIs was facilitated. Out of the 169 MoUs, 70 are with various departments of Government and 99 are with NGOs and CSR.

Covid-19 services

- 1,036 people were referred to testing for covid-19 and out of them 159 were found positive and referred for treatment.
- 752 unemployed youth (29 males and 723 females) who had lost their employment received vocational training and other income generation support.
- 4,696 families received the dry ration and hygiene kits.
- PPE Kits comprising of 28,872 face masks,

594 sanitizers (½ litre bottles), 2,340 face sheets and 2,340 pairs of hand gloves were provided to MIs and used by the CHCs, CHVs, and other front line health workers.

Communicable Diseases

Children Affected and Infected by HIV/ AIDS (CABA)

The following are the major accomplishments:

Linkages

- 813 HIV infected children who were enrolled into the programme this year were linked to Antiretroviral Treatment (ART) Centres.
- 204 HIV infected children were linked with social security schemes including ART pension, double ration and free bus pass for travel.
- 1,364 children including both HIV/AIDS infected and affected were supported for nutrition by distributing of food kits.

Sponsorship

- Overall Rs. 7, 81,150 cash donations were mobilized by the 10 MIs which are used to support the children.
- 328 sponsors provided cash or in-kind support to the children
- 259 children under institution-based care received accommodation, nutrition and holistic care.

Empowerment

- 455 children were given vocational training on various trades (shoemaking, tailoring, computer operating, mushroom cultivation, candles making, washing powder-making, bag-making, wall-painting) for fostering entrepreneurship.
- All the children in institution-based care were provided with Life Skills Education with the help of modules.

Tuberculosis

Project Axshya

- 5,53,523 people were reached and made aware on TB through Axshya Samvad and health camps.
- 73,559 Presumptive TB infection (PTBIs) cases were identified through various activities and were referred for further TB testing and

diagnosis.

- 42,188 PTBI cases were tested (SCT or CXR) for TB.
- 11,878 cases were diagnosed with TB.
- 11,717 TB cases were initiated on Directly Observed Treatment short course (DOTs)
- 48 TB patients were sensitised on Patient Charter – Rights and Responsibilities
- Programmatic activities were regularly reviewed, monitored and supervised.

Programmatic LTBI Intervention (Pilot)

- 1,284 Index TB cases or households were visited and 5,041 household contacts (HHC) i.e. from each household an average 3.9 HHCs screened for TB symptoms.
- 2,659 eligible HHC (asymptomatic and >6 YO) were offered IGRA test. The samples were collected at home and tested at regional laboratory. Of them 516 were IGRA positive i.e., with TB infection.
- From among the 516 TB infected IGRA positives, 473 (asymptomatic and >6 YO) were offered TB preventive treatment (TPT) after ruling out active TB disease on X Ray.
- All 496 asymptomatic children with age <6 YO were offered TB preventive treatment (TPT)
- Total 926 HHC those were put on TPT (468 >6YO and 458 <6YO)

Non-communicable Diseases

Free/Subsidized Dialysis to Poor Patients

- Dialysis Services: A total of 570 dialysis have been done from 1st March to 31st March, 2021, around 60 poor patients availed the services.
- Kidney Care Awareness: JMJ Morning Star Hospital and St Theresa's Hospital conducted the awareness programmes which were attended by 156 people.

Disability Care

Eye Care Programme

- Six Vision Centres have been established.
- 14,273 people screened through Vision Centres for cataract.
- 1,663people identified with cataract and referred to the hospitals for cataract surgery.
- 7,227people screened through Vision Centre for refraction.
- 12,057 people reached with awareness on



common eye problems and eye diseases.

- 15,443 people were screened for eye related problems.
- 2,151 individuals were operated for Cataract surgery.
- 249 community health workers and other allied health workers were sensitised on the needs of persons with disabilities and eye problems.
- Infrastructure has been improved at one of the partner hospitals by construction of a toilet.
- 200 poor families were screened and supported with Reflection Glasses on the occasion of World sight Day

Digital Reach Programme

- 10 children underwent corrective surgeries after assessment.
- 41 children received correct Aids and Appliances
- CBR workers are transferring functional rehabilitation skills to parents and developing adaptive devices with locally available resources.
- Field based videos are uploaded on "CHAI Digital Reach" YouTube channel, so that CBR workers can use it as reference for functional rehabilitation and for making adaptive devices by using local resources.

Community based Rehabilitation

Programme for Persons with Disabilities Overall, 7,205 children and youngsters with disabilities reached of which:

- 4,222 children and youngsters were assisted through health interventions.
- 2,891 children and youngsters were assisted through education interventions.

- 1,187 youngsters with disabilities were assisted with livelihood interventions.
- 5,653 children and youngsters were assisted for/in social participation.
- 150 community-based workers attended webinar on Managing Children with Disabilities at Home in Time of COVID-19".

Transport and Communication Support

As part of the project, vehicles and communication support was provided to 12 organizations working for people with disabilities and these were used for:

- Transporting patients during covid-19.
- Creating awareness in the community about the needs of people with disabilities.
- Vehicles helped in improving the quality of services through reach and frequent monitoring visits.
- Mobility of children with disabilities improved through regular transportation of children to the rehabilitation centre.

Music Therapy

- 38 staff from partner organisations have been trained in Music Therapy.
- 12 members from CHAI and partner organisations participated in the online music leadership (digital reach) programme.
- 40 children/families are impacted by placement of students for facilitating Music Therapy.
- 21 children are reached through the online music leadership programme.

Palliative Care

• 2,190 patients were provided with inpatient services.



- 3,780 patients were provided with homebased care services.
- 569 people were sensitized about palliative care through 16 awareness programmes.
- 249 patients were provided referral services including outward and inward referrals.

Solar Energy

- Solar equipment is installed at 40 hospitals.
- Continued technical and maintenance support was provided to the MIs in which the solar equipment was installed during the previous phases of the project (Phases - I, II and III) in coordination with the vendor.
- Post completion of installations, Dissemination Meeting was held for all the 40 MIs to share the overview and its guidelines of the project, reporting requirements, technical and maintenance support available, escalation matri, and experience sharing by the MIs.

Initiatives for Network Strengthening

Inter-congregational Training and Community Health

- Meeting of the National Steering Committee comprising of representatives from 27 congregations was organized.
- Network initiatives: Common Procurement Portal (Medigate), CHAI Academy, Doctors for

India and Helpdesk are functional and MIs of CHAI are making use of these initiatives.

- 9,523 people were reached by awareness programs on various health issues including covid-19 organized as part of Community Health interventions.
- Webinar on Preparedness for Rollout and Management of Covid 19 Vaccine was conducted and was attended by 193 participants.
- Webinar on Self-Care and Resilience Building of Healthcare Professionals during covid-19 was conducted and was attended by 390 participants.

Liliane Foundation Inclusion Network (LINC-Asia Network)

- 2 International webinars were organized:
 - Managing Children with Disabilities at Home in Times of Covid 19
 - Guidelines for CBR/CBID workers in the COVID-19 Pandemic
- Seven meetings for the members of LINC Asia and LINC International were organized by CHAI.
- Developed LINC-Asia network Annual Plan for 2020

Mary Glowrey - Liliane Brekelmans Disability Award

- Nominations were invited through the website www.chaiawards.org
- Over 164 nominations were received from across the nation for organizations and individuals' categories.
- Prize amount of Rs.10 lakhs was awarded across the four categories.
- Additionally, eight individuals and organizations each were honoured with commendation prizes this year.

CHAI Organisational Development Project

- Strategic Plan for Disability: 2025 is developed.
- Resource Mobilization strategy is developed.
- INR 35,500,00/-(Euro 44000) were mobilized for disability specific programme.
- Digital Reach Transition model was tested with the some of the project partners
- A study was conducted on situation of children affected due to Covid-19 pandemic.
- Four abstracts/papers were selected for CBR World Congress, Uganda.

CHAI ANNUAL REPORT 2021

Programmes Report..



Project 1

Project Title	Enhancing Collaborations with Government and Scale up services of Community Health Interventions in 6 RUs of CHAI from 2017-2020
Funding Agency	Misereor
Duration (start and end dates of the project)	 Phase-III of the programme: 3 years (October, 2017 to September, 2020) No Cost Extension Phase: 4 months (October, 2020 to January, 2021) Phase-IV of the programme: 3 years (February, 2021 to January, 2024)
Operational Area(s) (states of implemen- tation)	 Phase-III and No-Cost Extension: Andhra Pradesh, Telangana, Madhya Pradesh, Chhattisgarh, Rajasthan, Uttar Pradesh, Odisha, Tamil Nadu and West Bengal Phase-IV: Andhra Pradesh, Telangana, Madhya Pradesh, Chhattisgarh, Rajasthan, Uttar Pradesh, Odisha, Tamil Nadu, Karnataka, Maharashtra, Bihar, Jharkhand, Punjab, Haryana and Delhi
Target Groups	Marginalized population particularly women, adolescents and children in the operational areas.
Partners	6 RUs, 2 POs and 35 MIs
Objectives	Objectives of Phase-III: To establish linkages with Government departments and CHAI MIs to implement government programmes/schemes. To empower the communities in safeguard their health through health and developmental activities in 150 villages through 30 MIs in 6 RUs.

78 YEARS OF HEALING & HOPE

Objectives

Objectives of No-cost Extension:

- To establish linkages with Government departments and CHAI MIs to implement government programmes/schemes.
- To empower the communities in safeguard their health through health and developmental activities in 150 villages through 30 MIs in 6 RUs.
- The community COVID19 response is strengthened by establishing a telehealth model and COVID resource directory.

Objectives of Phase-IV:

- Cooperation between government agencies/other agencies in the public health sector and CHAI Member Institutes (MIs) across 15 states has improved.
- The population of 175 villages is empowered in safeguarding their health, through the work of 35 CHALMIS
- The response to COVID-19 is strengthened by provision of immediate and long-term support to affected families; by establishing a telehealth model and through using real-time electronic data

Project Brief

The programme works towards strengthening the Member Institutions by facilitating collaboration between Government, NGOs and CSR components of companies. The programme also provides Community Health services in over 150 villages focussing on improving the accessibility of health services, increasing the health seeking behaviour, facilitating access to socio-economic support and by working on other determinants of health such as availability of potable water, repair of roads to improve transport and livelihood opportunities among others.

During the covid-19 pandemic socio-economic support, hygiene material and education on prevention practices was provided to the families in operational villages. The programme is also introducing delivery of tele-health services which is an emerging need in the villages.

Accomplishments

The following are the major accomplishments during the reporting period, categorized under various heads:

Health services

- •34,599 people were reached with health education on maternal and child health, sanitation, communicable and non-communicable diseases through IPC, wall paintings awareness sessions and other community level activities.
- 2,240 pregnant women were referred by CHVs to healthcare facilities for institutional deliveries.
- 1,524 immunization sessions among children were supported by CHVs in their operational areas.
- •8,493 people were referred for various diagnostic tests (HIV, TB, malaria, filariasis, diabetes and hypertension) and out them 2,277were diagnosed positive and referred for further treatment.
- Tele-health component is introduced with development of mobile and web-based applications to be used by CHVs, CHCs and doctors and these service providers have been trained on use of the applications and the processes involved in delivery of tele-health services.

Determinants of health

• 2,947 individuals were linked with income generation programmes (908) and social security schemes (2,039).

Linkages

• Signing of 169MoUs among 120 MIs was facilitated. Out of the 169MoUs,70 are with various departments of Government and 99 are with NGOs and CSR.

Covid-19 services

- •1,036 people were referred to testing for covid-19 and out of them 159 were found positive and referred for treatment.
- 752 unemployed youth (29 males and 723 females) who had lost their employment received vocational training and other income generation support.
- 4,696 families received the dry ration and hygiene kits.
- PPE Kits comprising of 28,872 face masks, 594 sanitizers (½ litre bottles), 2,340 face sheets and 2,340 pairs of hand gloves were provided to MIs and used by the CHCs, CHVs, and other front line health workers.

CHAI ANNUAL REPORT 2021



Project Title	Swalambhan- Empowering Children Affected/Infected By HIV/AIDS (CABA) through Formation, Linkages and Sponsorship Services in India
Funding Agency	Misereor
Duration (start and end dates of the project)	April, 2020 – March, 2021
Operational Area(s) (states of implemen- tation)	Andhra Pradesh, Bihar, Jharkhand, Madhya Pradesh, Tamil Nadu and Telangana
Target Groups	Children Infected and Affected by HIV and AIDS (CABA)
Partners	10 Member Institutions (MIs) of CHAI
Objectives	 1,043 children from 10 target areas receive holistic medical and social support as well as have access to rights and government entitlements (including health insurance schemes). By the end of the funding period, a local sponsorship system is established comprising approximately 500 sponsors. 355 CABA are capacitated in essential life-skills and have better prospects for their future.

18 78 YEARS OF HEALING & HOPE

Project brief	The programme aims at enhancing the quality of life of children by linking them to medical and social support services including ART, education and psycho-social support; and mobilizing resources to sustainably support the growth of these children and empower them with accurate information, knowledge, medical and psycho-social support.
	During the year, the programme served 1,397 children who are either infected with HIV/AIDS or affected by it. From among the total of 1,397 children, 58% of them (813 children) are HIV infected and 42% (584) are affected by HIV. The programme, through partnership of 10 MIs of CHAI is offering services to children both institution-based and home-based care. From among the total of 1,397 children, 259 of them are availing institution-based care and 1,138 are availing home-based care.
Accomplishments	The following are the objective-wise accomplishments:
	 Linkages: 813 HIV infected children who were enrolled into the programme this year were linked to Antiretroviral Treatment (ART) Centres. 204 HIV infected children were linked with social security schemes including ART pension, double ration and free bus pass for travel. 1,364 children including both HIV/AIDS infected and affected were supported for nutrition by distributing of food kits.
	 Sponsorship: Overall Rs. 7, 81,150 cash donations were mobilized by the 10 MIs which are used to support the children. 328 sponsors provided cash or in-kind support to the children 259 children under institution-based care received accommodation, nutrition and holistic care.
	 Empowerment: 455 children were given vocational training on various trades (shoemaking, tailoring, computer operating, mushroom cultivation, candles making, washing powder-making, bag-making, wall-painting) for fostering entrepreneurship. All the children in institution-based care were provided with Life Skills Education with the help of modules.

Project Title	 Project Axshya - Ensuring universal access to TB preventive & care services for all Programmatic Management of Latent Tuberculosis Infection (LTBI)-CHAI was part of a pilot project in three districts of Maharashtra.
Funding Agency	The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and The International Union Against Tuberculosis and Lung Disease (The Union)
Duration (start and end dates of the project)	 Project Axshya: January, 2018 to March, 2021 Programmatic Management of LTBI: February, 2020 to March, 2021
Operational Area(s) (states of implementation)	 Project Axshya: 32 districts across four states (Madhya Pradesh, Uttar Pradesh, Maharashtra and Jharkhand) Programmatic Management of LTBI: Three districts of Maharashtra (Aurangabad, Sangli and Satara)
Target Groups	 Project Axshya: People who have increased exposure to TB due to where they live or work People who have limited access to quality TB services People at increased risk of TB because of biological or behavioural factors that compromise immune function

Programmatic Management of LTBI: targeted Household Contacts (HHC) of the bacteriologically Target Groups confirmed pulmonary TB cases: • Children < 6 years, household contacts without any active TB disease on an appropriate clinical evaluation Children, adolescents and adults ≥ 6 years, household contacts without any active TB disease on an appropriate clinical evaluation **Partners** Project Axshya: 51 Mother Non-Government Organizations (MNGOs) and 624 independent community volunteers (ICVs) • Programmatic Management of LTBI: Direct implementation by CHAI Objectives of the Project Axshya: To achieve universal access to quality TB care by promoting early case detection **Project** and link to diagnostic and treatment services amongst key affected populations or vulnerable and marginalised population. • Programmatic Management of LTBI: To increase the uptake of TB preventive treatment (TPT) among children < 6 years: • To generate evidence to guide LTBI management with regard to adult and adolescent household contacts • To develop materials and tools that can be adopted for national scale up **Project Brief** The Project Axshya is aligned with the National Strategic Plan (NSP) (2017-2025) framework that guides stakeholders whose work is relevant to TB elimination in India, to actively pursue SDG target 3.3 by ending epidemic of TB by early case detection, treatment & follow up support to treatment adherence. It aims at promoting early detection by active case finding (ACF) efforts and prioritises quality assured treatment of TB in key affected population (KAP). The project provides technical assistance to states and districts in undertaking ACF interventions by outreach activities in targeted groups. Programmatic Management of LTBI: The LTBI intervention focuses on tracing of contacts of Index Pulmonary TB cases on the Nikshay Portal and DMC register. Preventive treatment for those inflicted with TB infection is provided through door-to-door screening for symptoms. Eligible HHC (asymptomatic and >6 YO) are given an IGRA test (home collection). All asymptomatic >6 YO IGRA Positive and asymptomatic <6 YO cases are provided TPT through National TB Elimination Programme (NTEP). Accomplishments CHAI stayed committed to continuum of TB care services and maintained essential field activities despite several operational challenges posed by State's pandemic response of strict lockdowns and restrictions. The reluctance of communities for door to door and other engagement activities including TB screening camps was managed and the shifted priorities of public systems was tackled by keeping the dialogue on TB relevant and alive. The following are the major accomplishments from the two projects. Project Axshya: • 5,53,523 people were reached and made aware on TB through Axshya Samvadand health camps. • 73,559 Presumptive TB infection (PTBIs) cases were identified through various activities and were referred for further TB testing and diagnosis. • 42,188 PTBI cases were tested (SCT or CXR) for TB. • 11,878 cases were diagnosed with TB. • 11,717 TB cases were initiated on Directly Observed Treatment short course (DOTs) • 48 TB patients were sensitised on Patient Charter – Rights and Responsibilities • Programmatic activities were regularly reviewed, monitored and supervised. Programmatic LTBI Intervention (Pilot): • 1,284 Index TB cases or households were visited and 5,041 household contacts (HHC) i.e. from each household an average 3.9 HHCs screened for TB symptoms. • 2,659 eligible HHC (asymptomatic and >6 YO) were offered IGRA test. The samples were collected at home and tested at regional laboratory. Of them 516 were IGRA positive i.e. with TB infection. • From among the 516 TB infected IGRA positives, 473 (asymptomatic and >6 YO) were offered TB preventive treatment (TPT) after ruling out active TB disease on X Ray. • All 496 asymptomatic children with age <6 YO were offered TB preventive treatment (TPT). • Total 926 HHC those were put on TPT (468 - >6YO and 458 - <6YO).

20 78 YEARS OF HEALING & HOPE



Project Title	Free/Subsidized Dialysis to Poor Patients
Funding Agency	V-Guard Industries Ltd.
Duration	March – May, 2021 (3 months)
Operational Area	Bihar, Chhattisgarh, Uttar Pradesh and Telangana
Target Groups	Poor and marginalized people requiring dialysis
Partners	Four MIs of CHAI: 1. JMJ Morning Star Hospital, Chhattisgarh 2. Kurji Holy Family Hospital, Bihar 3. St. Theresa's Hospital, Telangana 4. St Joseph's Hospital, Uttar Pradesh
Objectives	 To provide medical support to around 50 deserving people across the country through dialysis services. To enhance capacities of CHAI member institutions in providing kidney related awareness and services.
Project Brief	The project provides dialysis for around 50 poor patients for three months. The beneficiaries are identified and selected by the MIs among the poor kidney patients who avail services at the respective four MIs. Besides provision of dialysis, the MIs also organize awareness sessions among the patients at their respective hospitals on kidney diseases.

Accomplishments Dialysis Services: A total of 570 dialysis have been done from 1st March to 31st March, 2021, around 60 poor patients availed the services. Below are the hospital-wise details: 1. JMJ Morning Star Hospital, Chhattisgarh: 160 2. St Joseph's Hospital, Uttar Pradesh: 133 3. St Theresa's Hospital, Telangana: 215 4. Kurji Holy Family Hospital, Bihar: 62

Kidney Care Awareness: JMJ Morning Star Hospital and St Theresa's Hospital conducted the awareness programmes which were attended by 156 people.



Project 5

Project Title	Inclusive Vision Centre for Primary Eye Care in three states of India
Funding Agency	Christoffel-Blinden Mission (CBM)
Duration	April, 2020 to March, 2023 (three years)
Operational Areas	Madhya Pradesh and Uttar Pradesh
Target Groups	People with visual problems
Partners	3 MIs of CHAI: 1. Jeevan Jyothi Health Services 2. Samaritan Social Service Society 3. Varanasi Medical Society

22 78 YEARS OF HEALING & HOPE

Objectives of the project	Delivering accessible and affordable primary eye care services at community level by setting up six vision centers.
Project Brief	As part of the project, disability inclusive Vision Centres have been set up in six blocks of Madhya Pradesh and Uttar Pradesh. The target is to cover a population of approximately 300,000 people with eye care support at these community-based Vision Centres.
Accomplishments	 Six Vision Centres have been established. 14,273people screened through Vision Centres for cataract. 1,663people identified with cataract and referred to the hospitals for cataract surgery. 7,227people screened through Vision Centre for refraction.





Project Title	CHAI Disability Inclusive Eye Health Programme
Funding Agency	Christoffel-Blinden Mission (CBM)
Duration	January, 2021 to December, 2023 (three years)
Operational Areas	Bihar, Madhya Pradesh and Uttar Pradesh
Target Groups	People from low economic background with visual problems and persons with disabilities
Partners	Four MIs of CHAI: 1. Jeevan Jyothi Health Services 2. Samaritan Social Service Society 3. Mary Ward Health Centre 4. Varanasi Medical Society
Objectives of the project	 To prevent blindness and give sight to the poor and needy. To promote awareness in the community towards prevention of blindness. To promote community based inclusive development through capacity enhancement of member hospitals.
Project Brief	The project provides free cataract surgeries to the marginalized people; and works towards developing the capacities of implementing partners in supporting persons with disabilities in future.

Accomplishments

As part of the project, vehicles and communication support was provided to 12 organizations and these were used for:

- Transporting patients during covid-19.
- Creating awareness in the community about the needs of people with disabilities.
- Vehicles helped in improving the quality of services through reach and frequent monitoring visits.
- Mobility of children with disabilities improved through regular transportation of children to the rehabilitation centre.





Project 7

Project Title	"Digital Reach" for Community Based Rehabilitation (CBR) Workers to improve health care services among Children with Disabilities
Funding Agency	Liliane Foundation
Duration	January, 2018 – December, 2020
Operational Area	Telangana, Andhra Pradesh, Maharashtra, Karnataka, Kerala, Tamil Nadu, Gujarat and Odisha
Target Groups	500 children with disabilities
Partners	20 partners (including 15 MIs of CHAI)
Objectives	Children with disabilities are having independent functionality with support of therapeutic services.
Project Brief	The project uses digital platforms to provide home based services to 500 children with disabilities. This is realized through online skills building sessions with 40 CBR workers.
Accomplishments	 10 children underwent corrective surgeries after assessment. 41 children received correct Aids and Appliances CBR workers are transferring functional rehabilitation skills to parents and developing adaptive devices with locally available resources. Field based videos are uploaded on "CHAI Digital Reach" YouTube channel, so that CBR workers can use it as reference for functional rehabilitation and for making adaptive devices by using local resources.

24 78 YEARS OF HEALING & HOPE

Project Title	MIVA Block Grant
Funding Agency	Liliane Foundation/MIVA
Duration	May, 2020 to December, 2020
Operational Areas	Karnataka, Andhra Pradesh, Kerala, Maharashtra, Orissa, Madhya Pradesh, Telangana
Target Groups	Organisations working for disability specific and disability inclusive programmes in the communities.
Partners	8 partner organisations and 04 Member Institutions
Objectives	To strengthen and mainstream disability as well as disability specific initiatives meant for vulnerable through support of transport and communication means.
Project Brief	The project is financing transport and communication means to the local community based organizations that work to support marginalized and disadvantaged people in resource poor communities.
Accomplishments	 As part of the project, vehicles and communication support was provided to 12 organizations and these were used for: Transporting patients during covid-19. Creating awareness in the community about the needs of people with disabilities. Vehicles helped in improving the quality of services through reach and frequent monitoring visits. Mobility of children with disabilities improved through regular transportation of children to the rehabilitation centre.

Project 9

Project Title	Community based Rehabilitation Programme for Children and Youngsters with Disabilities		
Funding Agency	liane Foundation		
Duration	January to December, 2021		
Operational Area	Telangana, Andhra Pradesh, Gujarat, Karnataka, Kerala, Maharashtra, Orissa and Tamil Nadu		
Target Groups	Children and youngsters with disabilities		
Partners	43 partners (MIs: 25, NGOs: 4, Congregations & Dioceses: 14)		
Objectives	To provide rehabilitation support to children and youngsters with disabilities in their communities.		
Project Brief	The programme provides holistic rehabilitation to children and youngsters with disabilities aged up to 25 years, in the thematic areas of health, education, livelihood and social inclusion. The programme works on community based rehabilitation approach which contributes towards developing an inclusive society.		
Accomplishments	Overall, 7,205 children and youngsters with disabilities reached of which: • 4,222 children and youngsters were assisted through health interventions. • 2,891 children and youngsters were assisted through education interventions. • 1,187 youngsters with disabilities were assisted with livelihood interventions. • 5,653 children and youngsters were assisted for/in social participation. • 150 community-based workers attended webinar on "Managing Children with Disabilities at Home in Time of COVID-19"		



Project Title	Music Therapy Partnership Programme	
Funding Agency	University of Melbourne (UOM)	
Duration	January to December, 2021	
Operational Areas	Maharashtra	
Target Groups	Children with disabilities and their caregivers	
Partners	 Dilasagram Society Loksamagraha Social Service Society 	
Objectives	 To establish a yearly one-month student placement program for UoM music therapy Masters students into selected CHAI health services/community programs. To explore avenues for research and skills sharing/training between UoM music therapy staff and CHAI 	
Project Brief	Through this programme, Community-based Rehabilitation (CBR) workers are learning how to use music to address the child's physical and emotional needs and how to bring music into existing community-based rehabilitation practices. Music experts are teaching the CBR workers on use of music for developing rehabilitation goals for children with disabilities.	
Accomplishments	 38 staff from partner organisations have been trained in Music Therapy. 12 members from CHAI and partner organisations participated in the online music leadership (digital reach) programme. 40 children/families are impacted by placement of students for facilitating Music Therapy. 21 children are reached through the online music leadership programme. 	

78 YEARS OF HEALING & HOPE



Project Title	Enhancing Access to Holistic Palliative Care and End-of-Life Care, especially in resource limited settings, incorporating principles of Primary Health Care		
Funding Agency	Misereor		
Duration	January, 2019 – December, 2021 (3 years)		
Operational Area	Andhra Pradesh, Chhattisgarh, Gujarat, Jharkhand, Karnataka, Kerala, Madhya Pradesh Maharash tra, Punjab, Rajasthan, Telangana, Tamil Nadu and West Bengal		
Target Groups	 Marginalized Palliative Care patients and their families Healthcare providers: Sister-Doctors, sister-nurses, counsellors and volunteers working for palliative care patients 		
Partners	 Pratyasha Holistic Palliative Care Centre, Medchal, Telangana 7 MIs of CHAI: St. Joseph's Hospital, Maharashtra, Holy Cross Institute, Jharkhand, Assisi Hospital, Karnataka, St. Ambrose Hospital, Andhra Pradesh, Pushpa Hospital, Chhattisgarh, Nirmala Rani Hospital, Tamil Nadu, Martin De Pores Hospital, Uttar Pradesh and St. Joseph's Hospital, Tamil Nadu 22 Sister-Doctors from different states 		
Objectives	 To provide institutional and home based holistic palliative care for 4000 patients in three years. Capacity building in pain management and psycho-spiritual care for 4000 family care givers and 34 professionals care givers in three years. Mobilizing additional resources of 10% of the total budget in three years, for the cause of palliative care. Quality assurance through digitalised data management and regular field validations. 		

Project Brief	The programme provides pain and symptom management to the patients and also offers holistic care with emphasis on compassionate, psycho-spiritual and natural care. The approach is to provide dignity to the end of life and to provide a peaceful and joyful transition without causing a dire financial or psychological impact on the patient and caregivers. Apart from providing inpatient and home-based palliative care services, community awareness is an important aspect of the programme where all community members are made aware of palliative care diseases, its management and referral.
Accomplishments	Despite the covid-19 pandemic and the lockdowns, the programme was able to provide the following services: • 551 patients were provided with inpatient services. • 1,802 patients were provided with home-based care services. • 569 people were sensitized about palliative care through 16 awareness programmes. • 249 patients were provided referral services including outward and inward referrals.

Project Title	Capacity Building and Formation of Healthcare Providers for Holistic Palliative Care through CHAI Network	
Funding Agency	Italian Bishops Conference (IBC)	
Duration	March, 2019 – September, 2021	
Operational Area	Andhra Pradesh, Assam, Gujarat, Jharkhand, Karnataka, Kerala, Maharashtra, Tamil Nadu, Telangana, Uttar Pradesh and West Bengal	
Target Groups	 Marginalized Palliative Care patients and their families Healthcare providers: Sister-Doctors, sister-nurses, counsellors and volunteers working for palliative care patients 	
Partners	22 Member Institutes of CHAI	
Objectives	 Capacity build and provide formation to sister doctors/nurses/social workers and their lay collaborators of parish communities in palliative care with a 'whole person' approach. Set up 20 Holistic Palliative Care Units (HPCUs), with 5 to 7 bed capacity, utilizing a portion of the existing hospitals/health centres in interior areas. Undertake measures to build a national network of palliative care initiatives being run by Catholic Institutions. 	
Project Brief	As part of the programme, each of the 22 Member Institutes is operating a five-bedded palliative care unit supporting about a minimum of 5 to 7 patients and conducting 15 home visits every month. Besides this, capacity strengthening of healthcare providers including doctors, project coordinators, administrators, caregivers, counsellors and other allied professionals associated with palliative care institutions is done through trainings and webinars.	
Accomplishments	 1,639 individuals were provided with in-patient services. 1,978 patients were provided with home-based care 1,054 patients were provided referral services including outward and inward referrals. 	

78 YEARS OF HEALING & HOPE



Project Title	Installation and Usage of Solar Energy Systems in CHAI's Member Institutions	
Funding Agency	Misereor	
Duration	September, 2019 to February, 2021	
Operational Area	Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh and Telangana	
Target Groups	34 Member Institutions of CHAI i.e., small, medium and large hospitals located in rural, remote and tribal areas	
Partners	3 Regional Units: CHAAP, CHABIJAN and CHAMP	
Objectives	 An uninterrupted electricity supply from renewable sources is in place for 34 health Institutions. The 34 health institutions have developed into ecological model institutions promoting the sustainable use of renewable energies. 	
Project Brief	Through this project supply of solar energy is made available at the healthcare facilities 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	The following are the major accomplishments of the project: Coordination with MIs, Regional Units and the vendor (Varitas Engineering) for: Identification and finalization of the MIs for the installation of solar equipment. Contacting Member Institutes, assessing requirements, preparedness and awareness. Formalizing of the contract between CHAI, MI's and vendor. Coordination with the vendor to schedule a calendar for material transportation and installation. Ensuring availability of local contribution from the MIs that are interested in the installation of solar equipment.	

Accomplishments

- Continued technical and maintenance support was provided to the MIs in which the solar equipment was installed during the previous phases of the project (Phases I, II and III) in coordination with the vendor.
- Post completion of installations, Dissemination Meeting was held for all the 40 MIs to share the
 overview and its guidelines of the project, reporting requirements, technical and maintenance
 support available, escalation matri, and experience sharing by the MIs.

Below is the consolidated installation summary (Regional Unit and State-Wise):

Regional Unit	State	10 KWp	5 KWp	2 KWp	Grand Total
СНААР	Andhra Pradesh	2	1	6	9
	Telangana	0	4	1	5
CHAAP Total		2	5	7	14
CHABIJAN	Bihar	0	1	1	2
	Jharkhand	2	6	10	18
CHABIJAN TOTAL		2	7	11	20
CHAMP	Chhattisgarh	2	3	1	6
CHAMP Total		2	3	1	6
Grand Total		6	19	15	40



Project 14

Project Title	Inter-Congregational Training and Community Health	
Funding Agency	Conrad N. Hilton Foundation and Hilton Fund for Sisters	
Duration	August, 2019 – July, 2022	
Operational Area	Nation-wide intervention	
Target Groups	Catholic Sisters working in the Health Care Ministry	

78 YEARS OF HEALING & HOPE

Partners	Sister Doctors Forum of India (SDFI), Misereor and Intent Health
Objectives	 To build the capacity of Sisters and thereby sustain and strengthen the congregations Scaling-up of Human Development Healthcare Services through Catholic Sisters Collaboration across congregations and other stakeholders to improve health practices and visibility
Project Brief	The project aims to build the capacities of sisters, strengthen the healthcare facilities, assist sisters in delivery of human development services and improve their visibility. For the purpose of capacity building, the sisters are provided training in leadership, Community Health and alternative systems of medicine. Through these trainings, sisters working at various domains such as administration, community outreach, nursing, doctors, counselling and other support services in healthcare facilities are trained to further build their knowledge and skills. In order to strengthen the CHAI's network of health care institutions multiple initiatives are being implemented and include CHAI Academy, Common Procurement Portal (Medigate), Helpdesk and Doctors for India. Besides, training of sisters and network strengthening initiatives, sisters are assisted in providing human development services by implementing Community Health interventions.
Accomplishments	 Meeting of the National Steering Committee comprising of representatives from 27 congregations was organized. Network initiatives: Common Procurement Portal (Medigate), CHAI Academy, Doctors for India and Helpdesk are functional and MIs of CHAI are making use of these initiatives. 9,523 people were reached by awareness programs on various health issues including covid-19 organized as part of Community Health interventions. Webinar on Preparedness for Rollout and Management of Covid 19 Vaccine was conducted and was attended by 193 participants. Webinar on Self-Care and Resilience Building of Healthcare Professionals during covid-19 was conducted and was attended by 390 participants.

Project Title	Liliane Foundation Inclusion Network (LINC-Asia Network)		
Funding Agency	Liliane Foundation		
Duration	January to December, 2021		
Operational Area	India, Bangladesh, Indonesia, Philippines and Vietnam		
Target Groups	Children and youngsters with Disabilities		
Partners	1. Catholic Health Association of India (CHAI), India 2. Disabled Rehabilitation and Research Association (DRRA), Bangladesh 3. Jan Vikas Samiti (JVS), India 4. NLR, Indonesia 5. Rehabilitation Centre for Inclusion, Vietnam 6. NORFIL Foundation, Philippines		
Objectives	 Building a strong network Mobilizing expertise of LINC Asia members for advocacy and awareness raising at National, Asian and International levels Building capacity of the network by utilizing expertise, skills, experience of members 		
Project Brief	LINC-Asia is a network of disability-oriented organizations and intends to pool resources and expertise in order to become stronger in addressing exclusion of children with disabilities and their families in the society. It aspires to build an inclusive society where children, adolescents and youngsters with disabilities can enjoy their rights in a dignified manner and in equal conditions.		

Accomplishments CHAI as the Secretariat of LINC-Asia Network has successfully implemented the below activities: Organized 02 International webinars Managing Children with Disabilities at Home in Times of Covid 19 Guidelines for CBR/CBID workers in the COVID-19 Pandemic Organized of seven meetings for the members of LINC Asia and LINC International Developed LINC-Asia network Annual Plan for 2020 A study was conducted on situation of children affected due to Covid-19 pandemic 04 abstracts/papers were selected CBR world congress Uganda.



Project 16

Project Title	Mary Glowrey - Liliane Brekelmans Disability Award	
Funding Agency	Liliane Foundation	
Duration	January to December, 2021	
Operational Area	Nation-wide	
Target Groups	Persons with disabilities and the organizations working for persons with disabilities	
Partners	N/A	
Objectives	 To recognize and promote exemplary work by organizations and individuals in the field of disability. To honour the resilience of people with disabilities. 	
Project Brief	On the occasion of CHAI's Platinum Jubilee in 2018, Liliane Foundation announced support for 'Mary Glowrey - Liliane Brekelmans Disability Award'. This award was instituted as a token of appreciation for CHAI's services to people living with disabilities. Since then Awards are being given to individuals and organizations doing extra-ordinary work for people with disabilities. The awards were given in the following three categories in 2020: 1. A Role Model NGO/Institution 2. A Role Model person with/without a Disability 3. Commendation Prizes	
Accomplishments	 Nominations were invited through the website www.chaiawards.org Over 164 nominations were received from across the nation for organizations and individuals' categories. Prize amount of Rs.10 lakhs was awarded across the four categories. Additionally, eight individuals and organizations each were honoured with commendation prizes this year. 	

78 YEARS OF HEALING & HOPE



Project Title	CHAI Organisational Development Project	
Funding Agency	Liliane Foundation	
Duration	January, 2020 to October, 2021	
Operational Area	N/A	
Target Groups	N/A	
Partners	CHAI and Disability Partner Organizations network	
Objectives	 Build CHAI's organizational capacity to lead Disability partner network in the country Build resource(s) for CHAI Disability Network 	
Project Brief	CHAI initiated the SPO to NPO transition with the support of Liliane Foundation to reduce financial dependence, promote local resource mobilization, develop a robust network of Disability Partner Organizations.	
Accomplishments	 Strategic Plan for Disability: 2025 is developed. Resource Mobilization strategy is developed. INR 35,500,00/-(Euro 44000) were mobilized for disability specific programme. Digital Reach Transition model was tested with the some of the project partners A study was conducted on situation of children affected due to Covid-19 pandemic. Four abstracts/papers were selected for CBR World Congress, Uganda. 	





Introduction

In India, the second wave of Covid-19 was worse than the first wave with more than four lakhs Covid-19 infected cases and four thousand deaths per day at the peak. Being in the health sector, invariably most member institutions of CHAI are part of the frontline fighters and contributed in different roles. however, the journey was not easy for them. During this second wave, CHAI supported member institutions with PPE kits, drugs and oxygen support equipment. CHAI also initiated an ambitious vaccination campaign to reach at least a million people, especially the poor and those at the margins. Accordingly, CHAI successfully mobilized resources in kind and monetarily; and swiftly distributed them among the member institutions to fight the second wave of the Covid-19 pandemic. The major focus areas

during the second wave were:

- 1. Supply of PPE kits, drugs, Oxygen cylinders and concentrators and other essential equipment
- 2. VacciNet Movement: An effort to provide equitable distribution of vaccine
- 3. Webinar Programs: Continuous education program for health care workers
- 4. Self-care: Enhancing self-care & resilience among sisters

Identification and selection of MIs

In order to ensure that hospitals involved in providing services for Covid-19 services are supported in a transparent manner, CHAI introduced a systematic process comprising of few steps. CHAI called for an Expression of Interest (EOI) from member institutions using Survey Monkey platform

regarding their capacity, involvement in Covid-19 related activities and requirements. Based on set select criteria like provision of Covid-19 services, geographic location, collaboration with government, bed capacity and whether they are being supported by other organizations for providing treatment for Covid-19, the member institutions were prioritised and categorised for providing various support services from CHAI.

Supply of Personal Protection Equipment (PPE) & Drugs

CHAI developed a standardised bucket list of materials to be included in the PPE kit consisting of ten items to provide protection to the health care workers against the Covid-19 infection. CHAI also prioritised four essential drugs used for first-level treatment of Covid-19 infected people. The items included in the PPE kits are given in table no.1. 175 member institutions were supported with items of PPE kit and drugs in various combinations. The support for providing different items of PPE kits and drugs came from several donor agencies - Catholic Relief Services, Begaca –Misereor, Hilton Fund for Sisters and Allan & Maria Meyers.

Table No.1: Items provided in PPE Kit										
PPE items										
Face mask (3 ply)	Temperature gun									
N95 masks Alcohol swab										
Hand sanitiser (500 ml) Pulse Oximeter										
Hand Gloves Latex Oxygen mask										
Space suit (PPE kit) reusable	Nasal Prongs									
Drugs										
Zinc (10 Tabs 1 strip)										
Vitamin C (15 tabs 1 strip)										
Vitamin D3 - (4 tabs 1 strip)										
Paracetamol tab (10 Tabs 1 strip)										





36 78 YEARS OF HEALING & HOPE

Supply of Oxygen cylinders

To combat the second wave Covid-19 pandemic, the availability of medical quality Oxygen has become one of the most crucial elements. Across India, during the second wave of the pandemic, institutions faced severe problems in procuring, filling and transporting medical oxygen. At the peak of the second-wave infections, though securing permissions to move cylinders across state borders was difficult, CHAI deployed 437 Oxygen cylinders to 108 hospitals involved in Covid-19 treatment. Catholic Relief Services, Swasth Foundation, Caritas India and Allan & Maria Meyers are the donor agencies who supported CHAI to provide Oxygen cylinders.

Supply of Oxygen concentrators

When the supply of medical oxygen was in shortage, one of the medical equipment that came to prominence is Oxygen concentrators. CHAI was quick to procure and distribute 911 Oxygen concentrators to 234 hospitals. These concentrators were either directly imported to India or distributed through Indian suppliers. CHAI received financial support from Begaca-Misereor, Catholic Relief Services, Pundarika Charity, Swasth Foundation, Allan & Maria Meyers and Project Vision to provide Oxygen concentrators to the member institutions.

VacciNet Movement: An effort to provide equitable distribution of vaccine

The only one tenable solution suggested by the medical bodies around the world for Covid-19 is to vaccinate as many people as early as possible. Realising that unless prioritised, the socio-economically vulnerable in India face barriers to access the vaccines in terms of accessibility, technology hurdles and financial barriers; CHAI planned to reach out to 1 million marginalised people with two doses of vaccine free of cost and initiated the 'Vaccinet: A Nationwide Movement for Equitable Vaccine Distribution'. The VacciNet movement aims to reduce vaccine hesitancy, improve equity and accessibility to reduce the pandemic impact.

CHAI will be initiating the program with five member institutions (MIs) and will be expanding to other MIs based on vaccine availability at MIs level and financial resources. So





	Table No.2: Vaccinet donor support received so far											
Funding agency Vaccine units												
Hilton Foundation	11,710											
Malteser Interna- tional	4,680											
Catholic Relief Ser- vices	2,065											
Hilton Foundation for Sisters	3,985											

far, CHAI has mobilised funds to provide 22,440 vaccine units/doses. CHAI envisages capturing information about the VacciNet beneficiaries through the digital platform of IM works operated by Intent Health Technologies. Table No. 2 captures the vaccines supported by the donor organizations.





Webinars: Education support for health care workers

During the pandemic, CHAI organised two webinars for the frontline health care workers involved in providing Covid-19 treatment. The webinars were intended to equip the health care workers especially the sister leaders to address the highly challenging work conditions they are in.

The webinar on "Self-care and resilience building of Healthcare Professionals during Covid-19 Pandemic" aimed to provide the health care workers with an understanding of the symptoms and severity of mental health and to suggest measures for self-care by early detection & mitigation and management. The webinar organised on 8 June 2021 was attended by 390 health care workers mainly the sisters from

more than 350 member institutions and had provided an opportunity for self-introspection to the health care workers.

The second webinar on "Preparedness for rollout and management of COVID 19 vaccine" conducted on 7 April 2021 was to clear member institutions apprehensions about the vaccines and to bring more light on the effectiveness of vaccines and to prepare them for its rollout. There were 193 participants from across India.

Self-care: Enhancing self-care & resilience among sisters

CHAI in collaboration with Sister Doctors Forum of India (SDFI) proposed a project - Enhancing selfcare & resilience among sisters - is an initiative to provide self-care and social support to the sister doctors. This initiative will provide support to 100 sister doctors to address stress generated due to additional work burden in this Covid-19 care, build resilience and thereby improve the quality of healthcare provision and pandemic containment. The project aims to engage sister doctors with updated information on self-care, Covid -19 management, psycho-social support and counselling, peer support forums and sabbatical to recover from burnouts & stress.

Also, CHAI prompted several initiatives which served the main causes for which it stands for. They include:

- 1. Volunteering platform: Compilation of existing initiatives in the country
- 2. Awareness program on Covid-19
- 3. Networking: Catholic Vaccine Coalition



Volunteering platform: Compilation of existing initiatives in the country

At the heights of the second wave, CHAI compiled information on the websites, apps etc available in the public domain from both government and civil society groups who are trying to make a difference across India so that the member institutions can access the services from them or can collaborate/get involved to make a difference during the COVID crisis. The compiled information was available through the CHAI website too.

Awareness program on Covid-19

During the pandemic time, member institutions have created awareness on Covid-19 prevention, Covid appropriate behaviours, infection control measures for isolation care, and care requirements after Covid-19 infection for people across India. These projects were supported by Missio-Munchen, Liliane Fonds and Christoffel-Blindenmission.

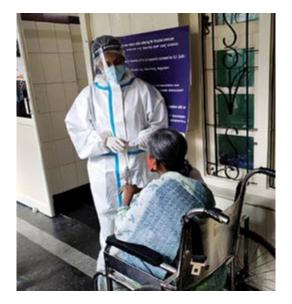
Networking: Catholic Vaccine Coalition

CHAI joined the international campaign "Catholic Cares Coalition" a network of global catholic institutions to promote vaccine equity. With 56 member institutions from across the globe, the

coalition aims to promote education on vaccination to individuals, advocate for vaccine equity and to provide and act on Catholic social teaching including the teachings of Pope Francis and the U.S. Catholic Bishops. In line with the teachings of Pope Francis, the coalition promotes vaccine equity in the U.S. and around the world for underserved or marginalized people that matches with the commitment of CHAI and our effort 'Vaccinet Movement'. CHAI was one of the first global partners accepted in the coalition. The link to the international campaign is Participating Organizations - CatholicCares.org

CHAI raised 156 million INR in cash and 50 million in kind to support the COVID response. CHAI is grateful to the donor agencies Hilton Foundation, Hilton Foundation for Sisters, Catholic Relief Services, Malteser, Begecca & Misereor, Caritas India, Swasth Foundation, Allan & Maria Meyers, the Redemptorist Congregations, PULS GMBH, Project Vision, Missio-Munchen, Pundarika Charity, Liliane Fonds. Christoffel-Blindenmission and several individual donors for providing timely help to support our member institutions. Technology solutions like SurveyMonkey, Zoom was engaged for seamless communication facilitation and information collection. Technology partners helped to improve and develop effective initiatives on IM works, Medigate to engage with the member institutions. CHAI Academy became a learning venue for the member institutions. The 'Helpdesk' instituted at CHAI was also a helpful initiative as 65 queries from member institutions were on Covid-19 which was appropriately addressed.





CHAI's response during first & second wave

Since the beginning of the Covid-19 outbreak, CHAI supported the member institutions by responding to their emergency requirements. CHAI adopted a multi-pronged strategy to address the issue. In the first wave, CHAI's effort was to provide dry rations and a hygiene kit for economically vulnerable families, create awareness among people on Covid-19 appropriate behaviour, provide Personal Protective Equipment (PPE) for hospitals and training for healthcare providers. Whereas, in the second wave of Covid-19, CHAI focused on supporting hospitals with PPE kits, oxygen concentrators and cylinders, and other essential equipment and Vaccinet movement.

Way forward

As a part of the continuous education program, under VacciNet movement, CHAI will also be organising two webinars for its member institutions involved in and willing to set up vaccination centres for Covid-19. The webinars will be conducted on two topics (1) Standard Operating Procedures (SoPs) for Vaccination Centres and (2) Community outreach, vaccine hesitancy and myths.

As a part of the self-care project, going ahead, two webinars on self-care will be arranged in support of sister doctors, 10 peer groups for sister doctors will be enabled and they will be assisted with communication and self-care allowance. 1,000 counselling sessions will be enabled for the sister doctors and 20 sisters are proposed to receive support with sabbatical assistance.

During the pandemic, when the whole world locked themselves in the safety of limited interactions, the health workers and the allied services were at the forefront to fight this invisible enemy. CHAI is taking forward its fight against the Covid-19 by keeping abreast of the development in the Covid-19 scenario. This will help us to plan and support the organisations as per the need of the time. CHAI is also reaching out to donor agencies to provide Oxygen plants to the member institutions, expand the vaccination movement for the marginalised people and is gearing up to face the challenge as it evolves. CHAI acknowledges and applauds the tireless work and commitment by member institutions in the pandemic time.

Involvement of CHAI Member Institutions in Providing Covid-19 Services



Introduction

In the early half of the year 2021, as the second wave of Covid-19 spread wild, India faced a challenging time. Outside government, the CHAI network of 3,552 member institutions is the biggest network in the health care sector in India. The majority of the network members played different roles – like a treatment centre, critical care centre, isolation centre, testing and referral centre or were involved in the community creating awareness - in this fight against Covid-19. Though, it will be a herculean task to capture the entire contribution of our network towards the Covid-19 pandemic in a short span of time, to understand the involvement of our member institutions. CHAI has conducted a rapid survey on the surveyMonkey platform to quantify the contribution from the network member institutions. This compilation

of the information based on response received from 144 member institutions is a humble effort and is of a sample of institutions from our network. CHAI acknowledges that the battle our member institutions had fought is beyond words and larger than the numbers provided here.

Characteristics of the member institutions who responded to the survey

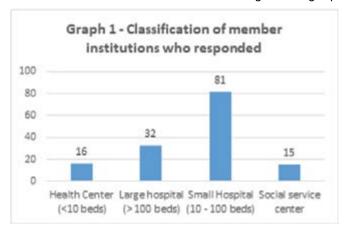
Location: The survey got responses from member institutions in 21 states and 1 union territory of India. A statewise distribution of member institutions participated in the survey is provided in table number 1.

Organizational capacity: Under the CHAI umbrella, the network member institutions varies in size and service. Among the 144 member

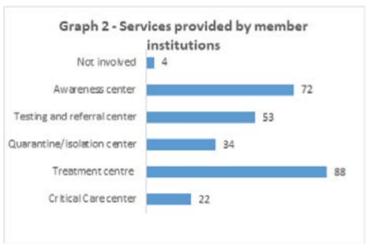
Table No.1: Statewise distribution of member institutions who responded

Number
32
26
16
9
9
9
8
7
5
4
3
2
2
2
2
2
1
1
1
1
1
1
144

institutions who responded to the survey, there are health care institutions of varying bed capacities and social service societies also. The fact that not just medical care institutions but also other member institutions contributed to the Covid-19 care is remarkable. A table describing the distribution of member institutions is given in graph 1.



Services provided: In the second wave of Covid-19 pandemic, the member institutions played different services to suit the need of the time and at times as per the request of the local government. Almost 99% of the respondents played a direct role in the Covid-19 pandemic in one way or the other. A brief description of services played by the member institutions is provided in graph 2.



Service beneficiaries: Service-wise, the institutions have served multiple roles including counselling, referral services, treatment centres, critical care centres, isolation centres etc. 3,45,423 people were reached out through 134 Covid-19 awareness creation events taken up by 134 institutions. Specific counselling sessions were conducted to create awareness on Covid-19. 24,569 people received

	Table No.2: Distribution of activities taken up by MIs and people reached out													
S.No	Activities by MIs	Total MIs	People covered											
1	Awareness activities	134	3,45,423											
2	Counselling	129	61,733											
3	Referral services	129	24,569											
4	Treatment	135	76,587											
5	ICU care	113	7,846											
6	Bereavement S	128	2,132											
7	Relief activities	128	3,62,882											
8	Rehabilitation services	127	3,552											

referral services for Covid-19 related treatments. From the 135 member institutions, 76,587 people received Covid-19 treatment and 7,846 people received Intensive Care Unit services. 2,132 people received bereavement support. 3,552 people received rehabilitation services. More than 3.5 lakhs people received relief services in terms of dry rations, free medicines, hygiene kits, nutritional support, awareness on Covid-19. Detailed break-up of the people reached out through various services provided by the MIs are given in table 1.

Vaccination services: Many CHAI member institutions are also part of the vaccination drive. Through few of the 144 institutions, 1,58,674 first doses of vaccines and 77,804 second doses of vaccines were provided.

Heath care workers: As Dr Tedros Adhanom Ghebreyesus, WHO Director-General commented, "The COVID-19 pandemic has reminded all of us of the vital role health workers play to relieve suffering and save lives." From the responded CHAI network institutions, nearly 9,000 health care workers were actively involved in Covid-19 related care and treatment from different segments

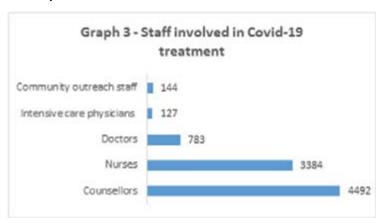


Table No.3: Covid-19 infection and death reported among different vocations

	Sisters	Priests	Lay staff
people infected with Covid-19	723	168	1289
people lost life	25	15	21

of health professions. A detailed break-up of the health care workers involved in the Covid-19 care is provided in Graph 2. 144 community staff were involved in the community interventions during Covid-19 second wave. It was also reported that many staff left their job during the pandemic due to fear. The response from the institutions also revealed the vulnerability suffered by the health care workers. During the second wave, 2,180 staff were infected with Covid-19 and 61 of them lost their life. Table 2 describes the people who lost lives in the path of service during the pandemic second wave.

Healthcare workforce & Skill development: One of the biggest challenge faced by member institutions during the pandemic was the shortage of skilled workforce including doctors, nurses, allied health professionals, support workers across the spectrum of healthcare. This is apart from the shortage of oxygen and lack of basic resources to treat the patients, patient care management, difficulty in referral services to higher centres and lack of availability of medical supplies etc. CHAI Member Institutions have made considerable efforts to improve the skills of their staff. 1,315 healthcare workers received COVID training and out of that, 274 are trained by CHAI, 79 by CMC, Vellore, 16 by St. John's, Bangalore, 7 by TATA Trusts and others are trained in other organizations.

External support received: For most of the institutions, combating the Covid-19 second wave pandemic was a herculean task. Most institutions reached out to gather support to sustain their combat. The institutions were quite successful too as supports flowed in for them in kind or money. 53% of the member institutions reported receiving support in kind, 4% received in financial support and 18% in both kind and finance. 72% of the member institutions reported receiving aid from CHAI and 2% from the government. 45% of the member institutions received



support from their congregation and diocese. 36% did not receive any support for combating the pandemic but actively participated in fighting the combat.

Conclusion

Out of the 144 institutions, 94 institutions received supplies of PPE, oxygen, basic medicines, training and other technical assistance from CHAI. Though the member institutions were marooned by the harshness of the second wave, in their own way member institutions held on against all odds and looked out for ways to overcome the issue by reaching out to their most trusted fallback support institutions - congregation and diocese. Another significant fact is that in spite of all hurdles, the institutions could provide diverse services and fight against the Covid-19. CHAI appreciates and acknowledges the good Samaritans work CHAI member institutions are doing for the wellbeing of people in our country during COVID 19 pandemic.

Most Satisfying Experiences

One patient named Mohammed 75 years had given COVID swab in GH and came to our OPD with the oxygen saturation at 80%. We advised him to go to COVID treating centre, but they refused to go and remained in the vehicle. Seeing their fear to go to GH, and out of humanitarian consideration, we received the patient in our ICU, administered oxygen, and needed medicines. The entire family was happy and we felt joy of serving the patient who was in need of oxygen therapy at that moment. Though we were not named as COVID treating hospital but we did come across many COVID positive cases and treating them or referred them to referral treatment centres.

Sr Jesu Rajam, Administrator Nirmala Nursing Home, Tamil Nadu

Received an appreciation letter from MALAYALA MANORAMA daily for the care provided for the 102 year old patient with severe pneumonia.

Simi Antony, Infection Control Nurse SH Medical Centre, Kottayam

We treated 300 patients who were serious and 270 of them went home healed well.

Sr Dr Annie P A, Medical Superintend St Joseph's General Hospital, Guntur

Readiness and willingness of the nursing staff, doctors and other employees to do any duty, volunteers especially priests, brothers and sisters from various walks offering help.

Sr Ancy Anto, Nursing Superintend St Martha's Hospital, Bangalore

Difficult/Challenging Experiences

The most difficult experience was that we were not prepared when it happened in this area. We closed down the hospital for a month as the staff were infected with Covid-19. Non-availability of equipment's and medicines made the situation worse. Some staff left the job due to fear of contracting Covid-19.

Sr Mary John, Administrator Divya Chhaya Hospital, Subir, Gujrat

Many times patient's saturation level were falling down without any symptoms so we were forced to refer the patient to higher treatment center. This situation created lot of difficulties to relatives of the patients and us.

Sr Daliya MSJ, Administrator, Dharmagiri St.Joseph's Hospital, Kerala

Some of the challenges we had.

- 1. Lack of oxygen supply on time
- 2. Difficulty in referring to higher centres as those institutions were full on their own
- 3. Financially challenging
- 4. Lack of ambulance Services/ Transportation
- 5. Scarceness of proper medical equipment

Fr David Vincent, Director St Joseph's Hospital,

Bhilaipahari, Jamshedpur, Jharkhand





















ch Bishop Prakash ...















RESPONDING TO A PANDEMIC looking back to see into the future

77th CHAI Annual General Body Meeting (AGBM)

Introduction

The 77th Annual General Body Meeting (AGBM) of CHAI was held on 13th October, 2020 from 9 am to 1 pm. Due to covid-19 restrictions, for the first time in history, the AGBM was held online using the Zoom platform.

Given the situation in the country and the world, the theme for the AGBM was "Responding to a Pandemic – Looking back to see into the future". The AGBM featured the Journey of key Christian Healthcare networks and organizations during Covid-19, their major challenges, efforts taken to mitigate them and a possible way forward.

Over 400 delegates comprising of hospital directors, administrators, sister-doctors and sister-nurses participated in the meeting from all over the country. Several of these attendees assembled as groups of sisters or hospital staff to attend the meeting from their locations.

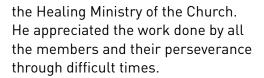
INAUGURAL SESSION

Sr. Victoria Narichiti JMJ, President of CHAI, gave the welcome address. She appreciated the work being done by the network during this difficult time and encouraged everyone to stand in solidarity with one another, connected and interdependent.

The participants were particularly blessed with the presence of His Eminence Oswald Cardinal Gracias, President of CBCI who gave the Inaugural Address. He highlighted that the pandemic, while being a challenge, was also an opportunity to follow the Lord's calling and show compassion to the sick and suffering through







The message by the Ecclesiastical Advisor to CHAI, Archbishop Prakash Mallavarapu, emphasized the shock of the pandemic but also that the work of the Catholic healthcare providers was very valuable and significant.

COVID-19 Experience Sharing As per the theme for the AGBM, the leadership members of various Christian health care networks and organizations shared their experiences.

Fr Paul Varghese Moonjely, Executive Director, Caritas India acknowledged the great support and active participation of Cardinal Oswald Gracias, President, CBCI during this difficult time.





He shared that Caritas India received the "Healthgiri Award, 2020" in the category of best NGO for healthcare services during Covid-19. He also shared that Caritas India is implementing a national programme: 'Be Calm' for wellness and wellbeing - a new initiative to address the psychosocial issues.

Fr Joe Mannath, National Secretary, Conference of Religious of India (CRI), said that whether CRI or CHAI who are involved in various relief works, at the end of the day it is noted that the Catholic Church is doing the work.

Sr Dr Beena UMI, President, Sister Doctors Forum of India, shared that all of us are going through a very challenging time, experiencing one of the worst episodes in the human history. Covid-19 has generated an atmosphere of uncertainty all over the world. For the sister-doctors, it

has been a journey filled with uncertainty, challenges and fears. However, it has also given a moment of grace, hope, opportunity and possibilities. She also shared that managing this new disease, posed a lot of administrative hurdles, clinical dilemmas, operational challenges, and financial constraints. But, one fine day the pandemic may just end and the year 2020 may remain in history or Covid-19 can be an era like Spanish flu, where it may last for a few years and have a natural end.

She also expressed that within six to eight months, all have become so much accustomed to zoom meetings, teleconsultation and telehealth, and first time CHAI is having the AGBM on an online platform.

Fr George Kannanthanam, Secretary, CHAI, shared that in February '20 itself they understood that the pandemic is going to be affecting a large number of people and launched a programme called "Coronacare.life", to make medical and psychological services available to the people in collaboration with several partners including CHAI, SDFI, Nurses' Forum and the Nurses Guild.

He also shared that realizing that a large number of people will be starving due loss jobs. In collaboration with other organizations, around 35,000 families were reached with survival kits.

Dr. Priya John, General Secretary, Christian Medical Association of India (CMAI), shared that it is a time where everyone needs to look at each other's strengths, and come together and make bigger impact and a difference in reaching out to the people.

She also shared that the organization was able to function even during the lockdown. Through online meetings, assistance was provided to member institutions in working with the Government. PPE kits were supplied to over 90 member institutions during the very crucial period of locked down. Also, webinars were facilitated to keep the knowledge updated. She also shared that the new normal will be the new models for communications, tele-health, tele-education, etc.

Dr. Saira Mathew, Executive Director, EHA, shared that the disruptions of hospital services, the schools, outreach







78 YEARS OF HEALING & HOPE



programmes, all this contributed negatively to an already compromised healthcare system. Due to the lockdown restrictions, patients were not able to access services, affecting the ongoing treatment of chronic illnesses and other non-covid ailments. Also, the community health programmes, could not be continued.

She also shared that though covid has brought many challenges, it has opened up many opportunities.

Organizations, including EHA have looked at alternate approaches to functioning.



Fr. Paul V Parathazham, Director, St John's National Academy of Health Sciences emphasized that the mission of St. John's Medical College and the hospital is to serve the medically underserved. When most of the private hospitals in the city were turning away from Covid patients, some of them dying on the roads, St John's hospital, reached out to patients and admitted and have cared for as many as possible, right from the outset of the pandemic.



Till the 10th of October St. John's had admitted and managed a total of 5,268 Covid patients out of which 3,438 or 65% were referred by the government. On average there are more than 500 Covid patients in the hospital. In St John's so far 298 Covid patients have died. The Covid care facilities setup in St. John's include a triage, a fever clinic, a segregated Covid emergency room and 585 beds set apart, including 338 isolation beds, 165 ITU beds, and 82 ICU beds, of which 30 to 36 are ventilator beds. St John's has so far tested 21875 Covid suspects, of which 5421 were positive.



Among the staff, 65 doctors, 135 nurses and 75 support staff have been tested positive so far for Covid infection and one senior member of the support staff died of Covid infection who was also an asthma patient.

Sr Sarla Macwan, National President, Catholic Nurses Guild of India shared that in honour of the 200th birth anniversary of Florence Nightingale, the Nursing profession is celebrating a milestone in 2020 as WHO declared it as the International Year of the Nurse and the Midwife. It was a glad news to all the Nurses because the world has recognized them for all the services done to humanity. But, the joy turned into fear when the corona pandemic came as a big blow to the nation.

Fears and phobias of getting infected, lack of knowledge, long duty with PPE, family pressure to quit the job, absenteeism due to fear and transport problems, and demand for higher remuneration or reimbursement, all these were challenges. However, many volunteers came forward to help out especially the retired Catholic nurses.

The new normal is nothing but acceptance, accepting this pandemic, maintain social distancing, change in lifestyle especially, family gatherings and so on to be reduced. This pandemic has taught everyone that life is about simplicity, spirituality and uncertainty.

Dr. Mathew Abraham, C.Ss.R, Director-General, CHAI shared that the staff at CHAI Central Office had to work from home due to lockdown which never practiced earlier. There was a lot of uncertainty, fear and anxiety among the member institutions and further the financial crisis among the hospitals was a huge problem.

The challenge of continuing the day-to-day work at Central Office was mitigated by moving into virtual functioning. The senior management team worked together wherein lot of planning happened in the daily meetings. There was development of new guidelines for reopening the office. Every Monday morning, all the staff met together for a virtual meeting to discuss important matters.

The CHAI Academy started functioning online. The initial webinars were connected with the Covid-19 preparedness. It also brought the hospitals together to learn from each other, the principle of interdependence. There were online courses held for hospital directors, administrators, doctors, nurses, and for those who are in community outreach. Later, several other online courses were organized in partnership with University of Melbourne and CMC-Vellore/Tata Trusts.

Besides participating in consultations at the national and international levels, including the online meeting with the Prime Minister, assistance was provided to the member institutions in working with Government at district levels by signing MoUs.74 CHAI institutions were involved in Covid Care at various levels such as quarantine centres, dedicated hospitals and also Covid health care centres.



He also shared that the "new normal" is virtual meetings. He shared several examples on this: CHAI AGBM for which every year four months of intense work was needed to organize, but now it is being done in four weeks. 40 sister-doctors participated in the online course organized by University of Melbourne. To physically go to Australia for undertaking this course is very expensive and time-consuming. Most of the time sisters may not be able to spare time, but 40 of them could attend. International webinars with LINC-Asia where people joined from Africa, Latin America, and other Asian countries, all these things were possible with a virtual platform.



Tele-health Project

Rev. Dr. Mathew Abraham, Director-General, CHAI, explained the context and the scope for the telehealth project. He mentioned that because of the Covid crisis, government had made reforms for promoting telehealth and it has become much friendlier as these new guidelines are helpful for telehealth. CHAI is working on a pilot project connecting 80 villages in Andhra Pradesh, Tamil Nadu and Uttar Pradesh, through 16 of the Nurses from Health Centers with 15 sister doctors and Rajagiri Hospital as the technical hub.



Mr. John Santhosh, Founder and CEO of Billion Lives, shared about the tele-health/consultation system.

He shared that the purpose of the project is also to set up a social entrepreneurship model for rural hospitals to reach out to patients. Community Health Volunteers or CHAMPS are independent entrepreneurs assigned in the rural areas to help provide medical care via telemedicine tools. The objective is to increase the outreach of health centres in rural India and to build a scalable and sustainable health care entrepreneurial model.

Fr. Johnson Vazhapilly, Executive Director & CEO of Rajagiri Hospital, shared that the hospital adopted a resolution to expand the health technologies, including tele-health. The purpose was to reach out to the remotest parts of India. This is a trend that is happening in different parts of the world and many of the corporate hospitals are incorporating tele-health services. He also mentioned that Rajagiri Hospital will support CHAI for transforming the way healthcare is handled using technology.

Business Session

After the inaugural session, the dignitaries and the guest speakers signed off the meeting. The business session started along with the members of CHAI. Sr Victoria Narichiti, President, CHAI, initiated the business session with her introductory speech. She said that the Covid 19 pandemic has affected almost everyone globally disturbing various spheres of everyone's life, including social, political, economic, and spiritual life. It has taught many valuable lessons and brought the entire world under one umbrella and learned to be more generous in sharing with the poor and needy.

The Minutes of the 76th AGBM was read by Sr. Lizy Abraham, Joint Secretary, CHAI and Fr. George Kannanthanam, Secretary, CHAI, proposed by Sr Bhavya Scaria and seconded by Sr Diana Chittoor and the minutes were passed by the General Body.

Fr. Mathew Abraham, Director-General, presented the Annual Report, 2020. He shared that CHAI as an NGO is looking for excellence in project implementation, innovation and thought leadership, data management for transparency & efficiency and attract funding; and CHAI as a network - strengthening member institutions, developing leadership and health care skills, inter dependence to leverage the network potential, developing reputation, visibility, advocacy and thought leadership.

Sr. Bhavya Scaria, Treasurer, then presented the audited Statement of Accounts for the Year 2019-2020 and Budget for the Year 2020 – 2021. After a brief discussion, Fr Sibi Kaitharam proposed the financial statements and budget to be passed and seconded by Sr Ancily Francis.

Sr Victoria, the President, on behalf of the Board, suggested to the General Body, to consider Mr Leo Amal Raj, the current Auditor, to be appointed as the statutory auditor for the financial year 2020-21. Sr Dominic Annakutty, passed and Sr Betsy Adaipur seconded and it is confirmed that Mr Leo Amal Raj will be the auditor for the next year as well.

Fr Kiran Olakkengil, Councilor, CHAI presented report from the 11 Regional Units of CHAI i.e. CHAAP, CHABIJAN, CHAKA, CHAKE, CHAMP, CHAT, CHAW, NECHA, OCHA, RUPCHA, WBCHA.





54 –







Announcement of the Extension of the Director-General

The Director-General of CHAI, Rev. Dr. Mathew Abraham C.Ss.R completes his first term of five years of service on 30 April, 2021. Based on the officially prescribed internal processes, the CHAI National Board has extended the tenure of Fr. Mathew as Director-General for another term of 5 years, till 30 April, 2026. The National Board has expressed that they are pleased with the services of Fr. Mathew over the duration of his tenure and his Vision for CHAI and the Catholic healthcare network. CHAI is grateful to the Redemptorist Congregation and specially, Rev. Fr. Edward Raju Joseph, Provincial Superior of Bangalore Province, who have graciously offered the services of Fr. Mathew Abraham for one more term. The participants felicitated him and invoked the abundant blessings of God on Fr. Mathew as he continues to give leadership for our Healthcare mission in the country.

Concluding Remarks

Sr Victoria Narichiti thanked all the members for their presence and active participation in all the sessions. Special appreciation was extended to Ms. Anuvinda Varkey, Executive Director, Christian Coalition for Health (CCH), for moderating the session very systematically. The meeting concluded by saying the Pledge lead by Fr James Raj, II Vice President, CHAI & National Anthem by the participants.

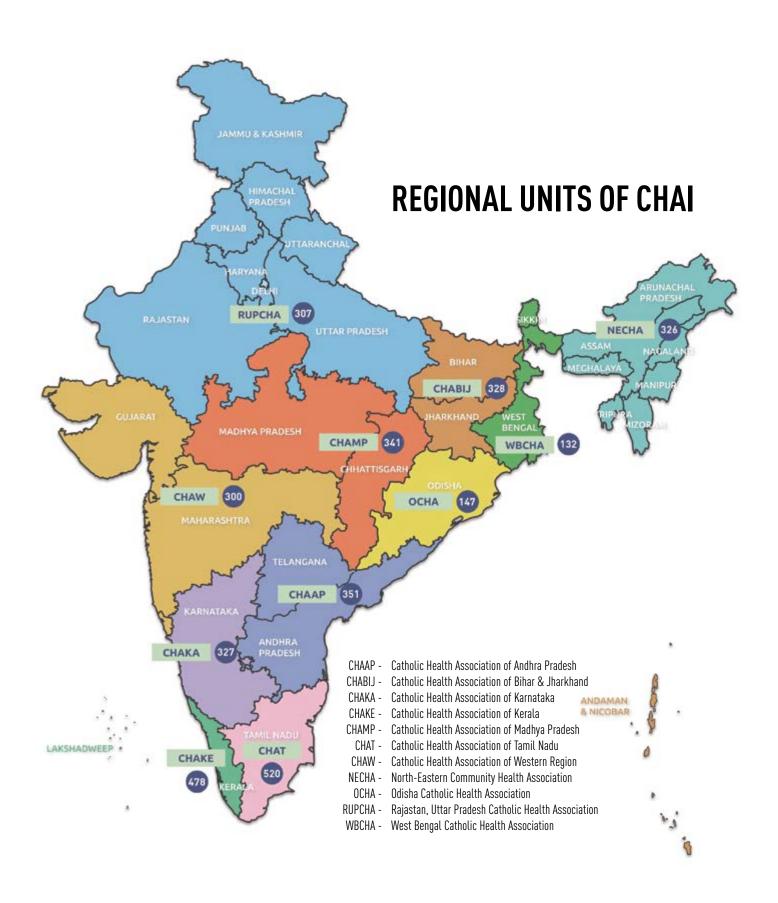


CAPACITY STATEMENT OF MEMBERSHIP

(As on March 31, 2021)

Regional Units	STATE	SSS	NSG	ASM		ENTRE BED ACITY				HOSP	ITAL BED C	APACITY				RUs
(RUs)	SIAIL	ააა	เพอบ	ASM	O 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	TOTAL
CHAAD	ANDHRA PRADESH	16	4	12	84	41	28	15	7	4	3	1	0	0	215	251
CHAAP	TELANGANA	16	3	13	52	26	17	3	2	1	3	0	0	0	136	351
	ANDAMAN	0	0	0	3	0	0	0	1	0	0	0	0	0	4	
CHABIJ	BIHAR	3	0	7	34	41	7	0	0	0	3	0	0	0	95	328
	JHARKHAND	10	1	9	91	89	16	5	5	3	0	0	0	0	229	
CHAKA	KARNATAKA	29	1	63	115	60	29	9	11	6	1	0	1	2	327	327
CHAKE	KERALA	49	13	77	96	50	59	42	34	28	14	4	4	8	478	478
CHAMP	MADHYA PRADESH	14	2	12	92	50	7	5	5	2	0	0	0	0	189	341
	CHATTISGARH PONDICHERRY	3 1	1	4 2	67	62 0	7 0	3 1	4 0	1	0	0	0	0	152	Ŭ · ·
CHAT	TAMIL NADU	26	0 4	20	1 179	190	45	18	18	10	4	0	0	0	6 514	520
	MAHARASHTRA	16	1	33	70	23	15	10	7	3	1	1	0	0	179	
OHAM	GOA	1	0	6	17	4	5	0	1	0	0	0	0	0	34	-
CHAW	NAGAR HAVELI	0	0	0	0	3	0	0	0	0	0	0	0	0	3	300
	GUJARAT	1	1	3	58	11	6	1	3	0	0	0	0	0	84	
	ARUNACHAL PRADESH	1	0	0	13	9	1	0	0	0	0	0	0	0	24	
	ASSAM	6	0	11	71	33	3	1	2	1	0	0	0	0	128]
NECHA	MANIPUR	2	0	2	19	7	1	0	0	1	0	0	0	0	32	326
IILOII/I	MEGHALAYA	2	1	0	51	33	1	0	1	1	0	0	0	0	90	020
	MIZORAM NAGALAND	0 2	0	0	11 18	0 5	0 2	0	0	0	0	0	0	0	11 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
001111	HARYANA	1	0	1	9	4	1	0	0	0	0	0	0	0	16	. 4,
	HIMACHAL PRADESH	0	0	0	1	3	0	0	0	0	0	0	0	0	4	
RUPCHA	JAMMU & KASHMIR	1	0	0	7	3	1	0	1	0	0	0	0	0	13	307
NULCUA	NEW DELHI	1	0	10	4	4	1	0	0	0	1	0	0	0	21	307
	PUNJAB	1	0	1	20	2	3	1	0	1	0	0	0	0	29	
	RAJASTHAN UTTAR PADESH	4 12	1 3	2 11	7 49	19 51	6 12	1 7	0 7	0 6	1	0	0	0	41 159	-
	UTTAR PADESH UTTARANCHAL	2	3 N	2	49 11	7	12	1	0	0	0	0	0	0	24	-
MDOHA	SIKKIM	0	0	0	1	1	0	0	0	0	0	0	0	0	2	400
WBCHA	WEST BENGAL	9	1	9	64	36	8	2	1	0	0	0	0	0	130	132
TC)TAI	231	37	21/	1407	918	285	129	113	69	32	6	5	10	25	57
10	TOTAL			316	23	325				6	49				35	5/

MEMBERSHIP AT A GLANCE												
Health Centre (0 - 10 Beds)	2325											
Hospital (< 11 Beds)	648											
SSS	231											
Nursing School/College	37											
Associate/Individual	316											
TOTAL	3557											



78 YEARS OF HEALING & HOPE

REGIONAL UNITS REPORT



CHAI is a network organization and has 3,557 Member Institutions (MIs) in the network. These Member Institutions (MIs) vary in size and service and includes large hospitals, health centres, small hospitals (with less than 50 beds capacity), social service societies, College of Nursing etc. Vast majority of these MIs are located in rural and even difficult-toreach areas; and some are in urban areas too. In order to have effective coordination and representation, the MIs are aggregated to 11 Regional Units (RUs). Each of this Regional Unit is a separate entity registered under Societies Registration Act in their respective states. Besides, providing coordination support to the MIs by organizing periodic meetings, workshops and training for capacity strengthening, the RUs also implement programmes with financial support from various organizations including the government. In the current year, the works carried out by RUs were also affected due to the Covid-19 pandemic and its associated restrictions and lockdowns. However, the RUs made all efforts for continued implementation of the respective projects. This section briefly describes the MIs associated with and the projects and special events implemented directly by the Regional Units.

CHAAP

CATHOLIC HEALTH ASSOCIATION OF ANDHRA PRADESH & TELANGANA

States: Andhra Pradesh & Telangana

Number of Mls: 351

No of Districts Covered: 44 (AP: 13; TS; 31)

Established in the year 1998

Regional	State Service S	Nursing School/	Asso- ciate Member				RU Total									
Unit State		College		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	No lotat	
СНААРТ	Andhra Pradesh	16	4	12	84	41	28	15	7	4	3	1	0	0	215	350
2 v ii 1	Telangana	16	3	13	52	26	17	3	2	1	3	0	0	0	136	330





Projects & Special Events

- As a part of Covid-19 response, 200
 poor indigenous families were reached
 out with support kits containing
 nutritious dry rations and hygiene
 materials like masks and sanitiser
 for three months in three villages of
 Vizianagaram district, Andhra Pradesh.
- Nutrition support was provided to 100 children infected and affected with HIV at three HIV/AIDS Care and Support Centers located in three districts of Andhra Pradesh through the provision of nutritional kit and protein powder to enhance their health, fight the disease and gain immunity for 10 months.
- As a part of the cancer awareness programme, 500 women from backward and marginalised communities from five villages in Guntur were educated about symptoms of cancers and the need for adopting healthy lifestyle for prevention of cancers.
- Medical camps were organised in four tribal villages in Machilipatnam that were affected by floods in November 2020. 200 people received medical care for various infections and fever.

- In addition, multivitamin supplements were provided to the people as a part of the medical relief.
- With support from Change Foundation, educational scholarship of Rs.10,000/- each was provided to three girls who could not afford to continue their education due to poor economic background.
- As part of the Awareness Campaign: Mahila March Women Safety and Disha Mobile application, 2,400 women and girl children from Kadapa, Guntur and Vizianagaram districts were given awareness on women safety at workplace and guidance on using Disha mobile app.
- Nutritional and medical support was provided to 80 individuals infected with coronavirus for 10 days. The support included the provision of cooked food three times a day, fruit and medicines.



CHAKA

THE CATHOLIC HEALTH ASSOCIATION OF KARNATAKA

States: **Karnataka**Number of MIs: **327**No of Districts Covered: **30 Established in the year 1992**

Regional	State	Social Service	Nursing School/	Asso- ciate						alth Cer ed Capac						RU Total
Unit	otate	Society	College	Member	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	No lotat
CHAKA	Karnataka	29	1	63	115	60	29	9	11	6	1	0	1	2	327	327

Projects & Special Events

 As a part of the project: HIV/AIDS Care and Support Network in Rural Villages /Communities of Karnataka, 725 HIV/ AIDs infected and affected people from 20 districts of Karnataka were reached with care and support services.



CHAKE

THE CATHOLIC HEALTH ASSOCIATION OF KERALA

States: **Kerala**Number of Mls: **478**No of Districts Covered: **14 Established in the year 1962**

Regional	State	Social Service	0	Asso-						alth Cer ed Capac						RU Total
Unit	State	Society	College	ciate Member	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	- KU IOTAL
CHAKE	Kerala	49	13	77	96	50	59	42	34	28	14	4	4	8	478	478





Projects & Special Events

- CHAI Kerala Annual General Body Meeting (AGBM) was organised on 24th October 2020
- CHAI Kerala Board meeting was organised on 9 November 2020 during which the new board members were elected.
- CHAI Kerala initiated common procurement programme and signed formal agreement for the supply of materials to hospitals.

78 YEARS OF HEALING & HOPE

CHAMP

CATHOLIC HEALTH ASSOCIATION OF MADHYA PRADESH & CHHATTISGARH

States: Madhya Pradesh & Chhattisgarh

Number of Mls: 341

No of Districts Covered: 68 (MP: 52 & Ch: 16)

Established in the year 1998

Regional	State	Social Service	Nursing School/ College	Asso- ciate						alth Cer d Capac						RU Total
Unit	otate			Member	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	No lotat
СПУМВ	Madhya Pradesh	14	2	12	92	50	7	5	5	2	0	0	0	0	189	27.1
CHAMP	Chattis- garh	3	1	4	67	62	7	3	4	1	0	0	0	0	152	341

Projects & Special Events

- CHAMP is the Sub-sub-Recipient (SSR) for Vihaan Programme to provide care and support to People Living with HIV/ AIDS (PLHIVs) in three districts of Madhya Pradesh. During the current year, 1,630 PLHIVs are registered. As part of the care and support services, 6,097 counselling sessions were conducted, 313 PLHIVs were facilitated to receive social protection schemes and entitlements, 1,085 PLHIVs were referred for TB testing. of which 22 were positive, 24 support group meetings were organized which were attended by 357 PLHIVs and 3 advocacy meetings were organised with government.
- As part of the Community Health Programme, CHAMP organised the half-yearly review meeting with Community Health Centres (CHCs) and Community Health Volunteers (CHVs) through virtual mode.
- Facility Integrated Counselling and Testing Centres (FICTCs) were operationalized at three MIs with





- support from State AIDS Control Society (SACS) under Public Private Partnership (PPP) model.
- Five MIs signed in Memorandum of Understanding (MoU) with Government of Madhya Pradesh as Covid-19 treatment hospitals.
- As a part of the project Samarth, capacities of 50 ASHAs from four districts of Madhya Pradesh was strengthened to reach 6,000 people in villages. Further, 15,000 people were reached with messages on Covid-19 appropriate behaviour through wall paintings. Awareness activities was conducted in 76 villages on Covid-19 prevention and control through which 30,000 people were reached.
- As a part of the Community Health Programme implemented in fifteen districts in Madhya Pradesh and nine districts in Chhattisgarh, 46,605 people (majorly comprising of women, adolescents and children) were provided with the following specific services:
 - 5,610 people were reached out through 369 awareness programs at the village level on various health and developmental issues.
 - 1,493 home visits were conducted by Community Health Volunteers (CHVs) during which 5,140 people were provided with follow-up services such as education on ANC, immunization, income generation support and other issues.
 - Community Health Volunteers attended 387 immunization sessions and supported vaccination of 3,181 children and ANCs.
 - 168 people were linked to income generation program and 416 people were referred for different social security schemes of the government.
 - 756 families benefited from foods kit distribution under Covid-19 relief activities in 25 villages.
 - 116 people were referred for Covid-19 testing and five were detected positive.
 - Through the public announcement, pamphlets and poster distribution, special awareness program on Covid-19 was organised in twenty-five villages reaching 21,632 beneficiaries.





CHAT

CATHOLIC HEALTH ASSOCIATION OF TAMILNADU

States: Tamil Nadu and Pondicherry

Number of MIs: **520** No of Districts Covered: **32 Established in the year 1997**

Regional	Unit State Service Scribo									alth Cer ed Capac						RU Total
Unit	otato	Society	College	ciate Member	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	No Total
CHAT	Pondi- cherry	1	0	2	1	0	0	1	0	1	0	0	0	0	6	F20
CHAT	Tamil- nadu	26	4	20	179	190	45	18	18	10	4	0	0	0	514	520



Projects & Special Events

 Under the project, Comprehensive Community Healthcare implemented by the Madurai diocese, around 5,00,000 people in 100 villages spread across four districts of Tamil Nadu are reached with community health services.



CHAW

THE CATHOLIC HEALTH ASSOCIATION OF WESTERN REGION

States: Maharashtra, Gujarat, Goa, Dadra &

Nagar Haveli Number of MIs: 301 No of Districts Covered: 72 Established in the year 2001

Regional Unit	State	Social Service Society	Nursing School/ College	Asso-			DUT									
				ciate Member	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	- RU Total
	Maha- rashtra	16	1	33	70	23	15	10	7	3	1	1	0	0	180	296
	Goa	1	0	6	17	4	5	0	1	0	0	0	0	0	34	
CHAW	Nagar Haveli	0	0	0	0	3	0	0	0	0	0	0	0	0	3	
	Gujarat	1	1	3	58	11	6	1	3	0	0	0	0	0	84	

Projects & Special Events

 Three Governing Body Meetings were organised on 10th September and 5th October 2020 and 6th March 2021 and the Annual Governing Body Meeting was organised on 7th November 2020.



NECHA

THE NORTH EASTERN COMMUNITY HEALTH ASSOCIATION

States: Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura

Number of Mls: 326

No of Districts Covered: 107 Established in the year 1985

Regional Unit	State	Social Service Society	Nursing School/ College	Asso- ciate Member			RU Total									
					0 Beds	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	
	Arunachal Pradesh	1	0	0	13	9	1	0	0	0	0	0	0	0	24	326
	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	
NECHA	Megha- laya	2	1	0	51	33	1	0	1	1	0	0	0	0	90	
	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	





Projects & Special Events

- As a part of the project, Education for Children, NECHA was involved in facilitating education among children in the states of Assam and Meghalaya.
- NECHA Bulletin for March was released and circulated among the stakeholders.

OCHA

ORISSA CATHOLIC HEALTH ASSOCIATION

States: Odisha Number of MIs: 147 No of Districts Covered: 30 Established in the year 1981

Regional Unit	State	Social Service Society	Nursing School/ College	Asso- ciate Member		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	- No locat
OCHA	Odisha	1	0	6	84	46	3	4	3	0	0	0	0	0	147	147

Projects & Special Events

- As a part of the project, Community Empowerment for Sustainable Reproductive and Child Health in Sundargarh and Kandhamal districts the following activities were implemented:
 - 2,462 pregnant women were facilitated to avail antenatal care and postnatal care at Government healthcare facilities.
 - 1,657 malnourished children were provided with homemade nutrition mix, out of which, 1,221 improved their weight to normal grade over time.
 - 676 severely acute malnourished children received treatment for various ailments.
 - 5,009 youth (2,831 girls and 2,178 boys) participated in adolescents training programmes including Covid-19 prevention.
 - 270 village health committees are formed to address the issues of mother and child health.
- Under the project, Improved Maternal, Neonatal, Child and Adolescent Health Services (RMNCH+A) for Disadvantaged Communities in 375 Villages of 9 districts in Odisha the following activities were organized:
 - Awareness on antenatal care and postnatal care was provided to 2,306 women.
 - 2,298 malnourished children were identified and provided with home-made nutrition mix.
 - 1,800 severely acute malnourished children received treatment for various health ailments.
 - 1,200 schoolchildren were oriented about communicable diseases and hygiene.





- 600 mothers were educated about vaccine and vaccinepreventable diseases.
- Through liaisoning and networking, 747 stakeholders were sensitized to various health issues at the local level issues.
- As a part of the Community Health Programme in five districts of Odisha following services were provided:
 - 8,034 population benefited from 3,429 health education activities.
 - 5,509 SHG women were oriented about various health issues and livelihood opportunities.
 - 2,533 children were facilitated for immunization.
 - 14,700 household visits were done by community health volunteers for follow-up.
 - Awareness on institutional delivery were given to 546 pregnant women; out of the 265 deliveries, 249 were institutional deliveries.
 - 859 children provided with referral services for paediatric illness
 - 1,090 adults with communicable diseases and 1,285 adults with non-communicable diseases received referral services.
 - Through 121 Covid-19 awareness activities, 2,465 people were informed on Covid-19 infection and prevention.
- Through the community health project in three districts of Odisha, 6,398 population were oriented on various health issues through 252 health awareness programs and 1,120 people were treated freely for various health ailments in 24 health camps.
- Through the mother's meal project, fifteen families of Persons with Disabilities (PwDs), sick people, widows and migrant workers were provided with a monthly ration kit in Khorda district of Odisha.







CHABIJAN

CATHOLIC HEALTH ASSOCIATION OF BIHAR, JHARKHAND & ANDAMAN

States: Bihar, Jharkhand and Andaman Nicobar Islands

Number of MIs: **328**No of Districts Covered: **65 Established in the year 1993**

Regional Unit	State	Social Service Society	Nursing School/ College	Asso- ciate Member				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	No lotat
	Andaman Nicobar	0	0	0	3	0	0	0	1	0	0	0	0	0	4	328
CHABI- JAN	Bihar	3	0	7	34	41	7	0	0	0	3	0	0	0	95	
	Jhark -hand	10	1	9	91	89	16	5	5	3	0	0	0	0	229	





Projects & Special Events

- As a part of the project: Covid-19 Awareness and Prevention in Rural Areas of Jharkhand, awareness on Covid-19 and its prevention was organized in Gumla, Simdega, Khunti and Latehar districts for the children and adults of tribal and marginalized communities. The project reached out to 10,800 people directly and 15,000 people indirectly.
- As a part of the project: Training of Tribal Women of 600
 Villages from Eight Districts of Jharkhand, 8,000 pregnant
 and lactating women were reached with information on
 government schemes to reduce maternal and child mortality
 project.
- As a part of the project: Sustainable Improvement of the Situation and Perspectives of Youth in Jharkhand, the school dropped out young boys and girls and their parents from marginalized communities of tribal and backward classes were reached with information and education on various issues of local importance. 3,216 people benefited directly and 5,000 people benefited indirectly from the three districts of Hazaribagh, Gumla and Simdega.
- As a part of the project: Improving Health Outcomes in Jharkhand & Bihar using Sustainable Energy, 30 MIs in the region were installed with solar equipment in order to reduce the dependency on electricity and also power generated through diesel generators.

RUPCHA

RAJASTHAN UTTAR PRADESH CATHOLIC HEALTH ASSOCIATION

States: Uttar Pradesh, Rajasthan, Punjab, Haryana, Delhi, Himachal Pradesh, Jammu & Kashmir, Uttarakhand & Chandigarh (UT)

Number of MIs: 307 No of Districts Covered: 211 Established in the year 1988

Regional	State	Service S	Nursing School/ College	Asso- ciate Member	Health Centre Bed Capacity									RU Total		
Ünit					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	NO TOTAL
	Haryana	1	0	1	9	4	1	0	0	0	0	0	0	0	16	
	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	
RUPCHA	New Delhi	1	0	10	4	4	1	0	0	0	1	0	0	0	21	307
	Punjab	1	0	1	20	2	3	1	0	1	0	0	0	0	29	
	Rajasthan	4	1	2	7	19	6	1	0	0	1	0	0	0	41	
	UP	12	3	11	49	51	12	7	7	6	1	0	0	0	159	
	Uttaranchal	2	0	2	11	7	1	1	0	0	0	0	0	0	24	

Projects & Special Events

- As a part of the Community Health Programme, 25,000 poor and marginalised people from twenty-five villages were provided with Information, Education and Communication (IEC) on various health issues, referral services and treatment for minor ailments. Pregnant and lactating women and children under 5 years were provided with maternity and immunization services.
- Through the Central Procurement System of RUPCHA, 70
 member institutions are benefited from uniform annual rate
 contracts for all medical products and services from major
 suppliers and companies, irrespective of their rural or urban
 locations. Products are reviewed regularly for their quality and
 service by the MIs making the system as very competitive.
- For networking and improving cross-learning among MIs, 54
 MIs visits across 10 dioceses were organised resulting in an
 improved understanding of the health activities carried out in
 network institutions.
- Organised Annual Governing Body Meeting (AGBM) and four Governing Body Meetings (GBMs) to review, monitor and plan the various programs.





WBCHA

THE WEST BENGAL CATHOLIC HEALTH ASSOCIATION

States: West Bengal and Sikkim

Number of MIs: 132

No of Districts Covered: 131
Established in the year 2000

Regional	State Service	Social Service	rice School/	Asso- ciate Member		Health Centre Bed Capacity										RU Total
Unit		Society			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	no rotat
WBCHA	West Bengal	9	1	9	64	36	8	2	1	0	0	0	0	0	130	132
	Sikkim	0	0	0	1	1	0	0	0	0	0	0	0	0	2	





Projects & Special Events

- As a part of the Community Health Programme, 15,000 women, children and youth from two districts of West Bengal were provided with various health-related services.
- Navjeevan Hospital & Rural Health Centre organised awareness programmes for 1,000 people in tea gardens of Darjeeling on Covid-19 prevention, immunity-boosting; and an isolation ward was prepared for 50 Covid-19 infected patients. The hospital has also set up a vaccination centre. Further, 235 people were reached with awareness sessions on Covid-19; and 250 cloth masks were distributed among the poor patients at hospital premises.
- Navjeevan Hospital & Rural Health Centre conducted health camps at Kalimpong and organised free eye camps and blood donation camps.
- As a part of the Covid-19 response, socio-economic support was provided to 750 people in the tea garden area.
- 240 women were reached with cancer awareness.
- 500 children were provided with nutritional supplements and their families were part of nutrition awareness sessions.

72



Partnerships









Misereor, Germany

Missio, Aachen, Germany

Missio, München, Germany

Begeca



The Union Against Tuberculosis and Lung Disease



ChristoffelBlindenmission / Christian Blind Mission, Germany



The Italian Episcopal Conference's Committee for Charitable Initiatives in Favour of the Third World



FOUNDATION

Conrad N. Hilton Foundation,

USA



Conrad N. Hilton Fund for Sisters, USA



Liliane Foundation, The Netherlands



MIVA, Austria



HSBC



CRS India



Caritas India



Malteser International



Pundarika Charity



FADICA



CAF America



Swasth Foundation



Project Vision, Bangalore, India



Network Partners



Intent Health



Billion Lives



Catholic Bishops Conference of India



Sister Doctors Forum of India



Catholic Nurses' Guild of India



Conference of Religious India



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



Christian Medical Association of India



Emmanuel Hospital Association (EHA)



Christian Coalition for Health



Liliane Foundation Inclusion Network (LINC)



Engage Disability



Laudato Si Action Platform

Membership - International





Global Coalition of TB Activists

International Committee of Catholic Health Care, Rome

Special Status / Accreditation



CHAI has been enjoying special consultative status with the Economic and Social Council (ECOSOC) since 1st August 2013.



Tata Institute of Social Sciences (TISS) accredited CHAI as an empaneled partner of the National CSR Hub.



Government of Telengana



Guide Star India

Collaboration for Research, Student Internship & Training



University of Melbourne, Australia



St Vincent's Hospital, Australia



Australian Catholic University, Australia



University of Toronto



SOCHARA



GOVERNING BOARD



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 CHAL 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.



CHAAP Sr. Victoria Narichiti, JMJ President

Sr Victoria has done M.Sc. Nursing, and holds Ph.D. in Hospital Management-Patient Centered Care. She served in St. Joseph's Hospital, Guntur, from 1988 to 2008. in various capacities like HOD of CCU, Administrator, Professor, College of Nursing, and Principal of MPHW (F) Training School, Currently she is the Provincial Councillor of Guntur Province, of the JMJ Congregation, holds the responsibility of Coordinator for Healthcare and Social Ministries of the Province, and is the Principal, St. Joseph's College of Nursing, Nallapadu.



CHABIJ Sr Bhavya CHF Treasurer

Sr. Bhavya CHF has done GNM and B Sc 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 & Bihar. She is also the President of the Bihar & Jharkhand Regional unit of CHAI.



CHAKA Fr George Kannanthanam Secretary

Fr. George is a Claretian priest with a Master's in Social Work and Doctorate in Sociology. He founded the HOPE Society in 1988 to work among alcoholics and drug addicts. He lived with the leprosyaffected persons at the Sumanahalli Centre for 12 years. Fr George has written a book named 'THE EMPTY NEST'. on the rehabilitation model for leprosy. He was conferred National Award by the Government of India in 2003. Mother Award for selfless service in 2012. and Best Citizen of Bangalore Award from Namma Bengaluru Foundation in 2013.

GOVERNING BOARD



CHAKE Fr. Julius Arakal CMI

Vice President I

Fr. Julius Arackal CML has done his M.Phil. from BITS Pilani. MBA from Annamalai University and a PG in Medical Law and Ethics from NLS Bengaluru. He was the President of CHAI from 2012 to 2015 and Director of Paalana Hospital, Palakkad, for 13 years. He is currently Secretary - CBCI Office for Healthcare and the Director of Amala Institute of Medical Sciences. Thrissur. Kerala.



CHAT Fr G James Raj Vice President II

Father G James Raj holds a Master's in 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 has also worked as a priest in many parishes.



RUPCHA Sr. Lizy Abraham MSA

Joint Secretary

Sr Lizy Abraham, MSA, is also the president of RUPCHA, the Regional Unit of CHAI. She did GNM, BSc Nursing and MSc in Gynecology 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.



CHAMP
Fr Kiran Olakkengil
Councillor

Fr. Kiran has a Master's in Hindi Literature as well as Social Work. He also has 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. Was also Principal of St Thomas. Senior Secondary School, Sagar; Parish Priest of Santhome Church, Ashok Nagar; and Associate Director. Pushpa Service Society, Sagar, Madhya Pradesh.

GOVERNING BOARD



CHAW Sr Beena Varghese SSPS

Councillor

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



NECHA Sr Lizzie Mathew Councillor

Sr. Lizzie Mathew did B Sc in 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.



OCHA
Sr Suchita
Muriankary
Councillor

Sr Suchita has done courses in Agriculture, Pharmacy and Alternative Medicine. She worked in the Bathlagundu Holy Cross Hospital in Tamil Nadu as well as dispensaries in Odisha, Jharkhand, U.P, and Uttaranchal. Currently she is with Deogarh Holy Cross Health Centre.



WBCHA Sr Antonia, FC Councillor

Sr Antonia belongs to the Congregation of the Daughters of the Cross. She has done M.Sc in Nursing and has done MBA in Hospital Administration, She taught in various Nursing Schools and worked as Asst Professor and Administrator in a few institutions. Presently working in Jesus Ashram as Nursing-Coordinator as well as Tutor in Navaieevan School of Nursing, and Dr Chhang's Superspeciality Hospital. She is also the President of WBCHA.

Regional Units Presidents & Directors



Sr. Arockia Mary President, CHAAP

Sr. Arockia Mary worked in St. Ann's Hospital, Gollapudi, Vijayawada for 3 years. Worked as Administrator in St. Ann's Hospital, Warangal for 12 years. At present she is sister-in-charge for aged sisters in St. Ann's Convent. Bolarum. She has 35 years of working experience. Previously she was Vice-president of CHAAP.



Sr. Daisy Kunnathuparambil Treasa FIHM President, CHAKA

Sr Daisy, JMJ, has completed B.Sc MLT and MSc MLT from St John's Medical College, Bengaluru; and is pursuing her PhD in Biochemistry at REVA University, Bengaluru. Presently, she is Lecturer at Philomena's College of Nursing, Bengaluru as well as St Joseph's College of Nursing Northern India like Bihar Dargamitta, Nellore.



Sr. Anselm 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 for 20 years.



Fr. Thomas PA President, CHAMP

Fr Thomas PA is a graduate in Business Management and also holds a Master's in Sociology. He was Secretary of Catholic Mission Society for Tribal Education for some time. Presently, he holds various posts like Director of Jeevan Jyothi Hospital Health Service; Director, Jeevan Jyothi Hospital, Meghanagar; Project Manager, Catholic Diocese, Jhabua; Project Manager, Childline Alirapur.



Fr. Binu Kunnath President, CHAKE

Fr. Dr. Binu Kunnath, a priest of the Kottayam Diocese, did his doctorate in philosophy from Pontifical University of Regina Apostolorum, Rome. He completed his Masters in Hospital Administration from St. John's Hospital. Bangalore. He currently serves as the Director, Caritas Hospital & Educational institutions Previously Fr. Dr. Binu Kunnath was Administrative Joint Director to Caritas Hospital & Educational Institutions



Sr. Bhavya CHF President, CHABIJAN

Sr. Bhavva 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.



Fr Anil VJ President, NECHA

Fr. Anil Joseph is currently the Parish Priest of St. Sebastian's Church, Matia, Goalpara, Assam. He served as Assistant Parish Priest, St. Joseph's Church, Goalpara, Assam (2009-2012) and as Director-Guwahati Ganaseva Society, Guwahati (2012-2019).



Sr. Beena Varghese

President, 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, Mubmai; 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.



Sr. Lizy Abraham MSA President, RUPCHA

Sr Lizy Abraham did GNM, Bsc Nurisng 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.

CHAI ANNUAL REPORT 2021



Sr. Antonia FCPresident, WBCHA

Sr Antonia belongs to the Congregation of the Daughters of the Cross. She has done M.Sc in Nursing and has done MBA in Hospital Administration. She taught in various Nursing Schools and worked as Asst Professor and Administrator in a few institutions. Presently working in Jesus Ashram as Nursing-Coordinator as well as Tutor in Navajeevan School of Nursing.



Sr. Denin Mary Director, CHAAP

Sr Denin Mary holds a Master's in Social Work and has worked as Programme Coordinator with JMJ Com- munity Care Centre, Sambalpur, for five years, and as Resident Superintendent with Women and Child Development Department for three years.



Sr. J. Jerald Sahaya Janci Director, CHAT

Sr. J. Jerald Sahaya Janci, belongs to the congregation of Franciscan Sisters of St Thomas. She did her General Nursing & Midwifery (GNM) and also holds Master's in psychology. She has 14 years of experience in the field of Administration & Nursing Care and enjoys singing as well as playing the keyboard. She is presently with Sagayamatha Health Centre, Pudhukkottai, Tamil Nadu.



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.



Fr. Shijo Konuparamban Director, CHAKE

Fr. Shijo Konuparamban, holds a Master's degree in Business Administration. He is the Assistant Director at Little Flower Hospital. Ernakulam, Kerala and also is the Guest Lecturer at LIMSAR, Little Flower Hospital, Ernakulam, Kerala. He has rich experience in the Pastoral Ministry. Fr. Shijo is a resourceful team player with experience in strengthening the efficiency of the institution.



Sr. NirmalaDirector, CHABIJAN

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.



Fr. George Kandathinkara Director, NECHA

Fr George has done Diploma in Development Spirituality at Holy Ghost College, Dublin, Ireland. He served as Parish Priest in St Joseph's Parish, Sugnu, Manipur; St Paul's Parish, Pallel, Manipur; and St Paul's Parish, Imphal. He is the founder of NECHA in 1986 and also was part of the CHAI Executive Board from 1986 to 1997. He also served at the Pastoral Audio-Visual Centre from 1999 to 2002.



Fr. Dr. Sebastian OFM

Director, RUPCHA

Fr. (Dr). Sebastian OFM Cap is from Chandanakampara, Kannur Dt, Kerala. He belongs to Capuchin Congregation and is a member of Krist Jyoti Province of North India. Did MSW and PhD in Social Work from Rajastan Vidyapeet University. He was appointed Director of RUPCHA in 2018.

CHAI Directorate



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

Fr. Mathew is a Redemptorist Priest with an MBBS degree from Medical College, Kottayam and an MD in Community Medicine from CMC, Vellore. He is the member of the Laudato Si Action Platform (LSAP), Steering Board, and the Lead for LSAP Healthcare Working Group, Vatican. He also holds the position of President, Christian Coalition for Health.

He has held several leadership positions in the past including Secretary, CBCI Office of Healthcare (2008 - 2015); Secretary, CBCI CARD (2009 - 2015); Chair - Engage Disability; Chair - LINC Asia (Indian and pan-Asian Disability Inclusive Networks); and Chair, Technical Resource Group, National AIDS Control Organization, Govt. of India.

Fr. Mathew is passionate about affordable, compassionate and quality health care for all, especially for those at the margins of society and has instituted significant initiatives to strengthen Member Institutions through networking and collaboration.

CHAI ANNUAL REPORT 2021 _______83

Senior Management Team & Project Managers



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 17 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 18 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 25 projects being implemented by CHAI across the country.



Mr. Vishal Gupta

Mr. Vishal Gupta has been with CHAI for more than 13 years and is currently Senior Programme Manager. He is a development professional with over 14 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 persons with disabilities, children and women into civil society.



Mr. Mohammed Mateen

Mr Mohammed Mateen comes with an educational background of Bachelors in Social Work (BSW), Masters in Social Work (MSW) and Masters in Business Administration (MBA). He has work experience of over 18 years and has worked with national and international NGOs including SAATHII, Alliance India, CRY and Futures Group International. Mateen has been associated with CHAI for over 11 years. His core expertise are programme management, strategic planning, and technical and grant writing. Currently, he is working as Senior Programme Manager at CHAI.



Mr. John Rajeesh N

Mr John Rajeesh N is working with CHAI as Programme Manager for Solar Project. He has a Master's Degree in Computer Applications from Madurai Kamaraj University and Bachelor's Degree in Mathematics from Annamalai University. He is a Professional with 14+ years of experience in Business Operations and Project Management with special focus on the Training and Development Industry, with a well-established history of propelling critical Business, Project, Stakeholder, and Team Management initiatives towards quaranteed success.



Dr Kanupriya

Dr Kanupriya has MD in Community Medicine from India and Diploma in Tropical Medicine & Hygiene, Royal College of Physicians, UK. She is working as National Programme Manager for Project Akshya Plus, a new intervention in the field of TB prevention aligned with two strategic pillars of India's NSP 2017-2025 - Prevent and Build. She is implementing the roll out of Programmatic Management of TB Preventive Therapy in Maharashtra and Jharkhand, supported by The UNION and The Global Fund. Previously, she has worked with Provincial Medical Services, Uttar Pradesh as a female medical officer (FMO) and later with Doctors Without Borders India/ Médecins Sans Frontières, India in the project Sexual and Gender Based Violence Project at Delhi for over three and half years.



Dr. Radhika Rohini

Dr. Radhika is working with CHAI as Programme Manager for "Pratyasha: A Holistic Palliative Care" initiative of CHAI. She worked in both grassroots and INGOs in healthcare sector (FIAN, IYF, PHFI, PVRI, George Institute of Global Health, NHM, SAHARA, etc), in various capacities in clinical care, administrative responsibility and implementing public health programs including surveys, advocacy and project implementation.



Mr. Prashant Janjal

Mr Prashant Janjal works as Program Manager for CABA Project. He is with CHAI for the last two years. He is a qualified Physiotherapists with Master's in Public Health from TISS, Mumbai. He was previously working in the Health Policy & Planning Division of Ministry of Health and Family Welfare both at Centre and State Government levels. With his Centre level experience, he has successfully implemented Health and Wellness Centres (HWC) programme in Andhra Pradesh for which the State was ranked first in the country with respect to implementation of number of HWC'S across India.



Ms. Jessy Joy

Ms. Jessy Joy Joseph has been working in CHAI since 33 years. Presently she is the Programme Manager. Handles Project Desk as well as Directorate. She also has the skills to write project proposals. She had coordinated various projects mainly V-Guard-funded projects like Free Dialysis to the poor kidney patients; Prevention and Control of Diabetes; and Prevention & Control of Cancer in India. Also managed projects like Holistic Community Care Services funded by Misereor, Nutritional Support to Children Infected and Affected with HIV/ AIDS funded by Augustine Stewardship Fund Trust, USA, Kindermissionswerk, Germany etc.



Mr. Lejo Pullokaran

Mr Lejo Pullokaran is a Medical Social Worker by profession with 23 years of work experience in which he worked as a mental health therapist in India as well as abroad for about 15 years and remaining years he worked in the development sector. He has worked with CHAI for 6 years and currently he leads Hilton Project. He is trained in various psychotherapies like CBT, DBT, EFT and ACT and he continue to learn psychotherapies for his passion and practice. His area of expertise is mindfulness based Cognitive Behaviour Therapy and he takes efforts to reach the message of mindfulness practice to everyone possible.



Ms. Theophine Venard

Ms Theophine Venard has been working in CHAI for the last 32 years in various capacities. At present, she is the HR Manager and In-charge of the Membership Department. Earlier, she has worked in the Directorate and as Editorial Assistant in the Health Action team.

Religious Staff



Fr. Sarath Maddineni C.Ss.R, Admin Manager

Rev. Fr. Sarath Maddineni C.Ss.R, is a Chaplain who holds a Doctorate in Canon Law. He is the Superior of the Redemptorists, Medchal Community, Hyderabad. Fr. Sarath teaches Canon Law, directs and preaches in parishes for religious sisters and seminarians. He has seven years of experience working as parish priest in Kenya, Africa. While on his parish service, he started a school for the community and was the Manager for the school. Presently he is the Manager, Administration, CHAI.



Sr. Sunitha Antony

Sr. Sunitha belongs to the Society of Sisters of St. Ann, Luzern. She is a nurse by professional degree and completed post-graduation in administration. She has 20 years of experience in the field of nursing and 6 years in administration.



Sr. Chanchala

Sr. Chanchala belongs to the Society of Sisters of St. Ann, Luzern. She completed her nursing in 2020 and has worked as a Staff Nurse for one year. At present she is working as a Staff Nurse in Pratyasha.



Sr. Seena Jose, DM

Sr. Seena Jose belongs to the Daughters of Mary Congregation, Amala Province, Chanda. She is a nurse by profession and was working in Chanda Mission for the last 20 years as a nurse and social worker. Currently she is working with CHAI as Asst Manager, Admin.

Consultants



Mr. John Santhosh, Technology Consultant

Mr John Santhosh is an entrepreneur focused on enabling large organizations to achieve their business objectives through effective use of technology. In 2010, he set up GIEOM Business Solutions, with a software product that is used by over 40 institutions globally to achieve Operational Excellence and Compliance Assurance. He founded Billion Lives, a social impact technology company to develop software products for social good. He has worked with the Pregnancy Aid Scheme of Gol, Village Social Transformation Project of Maharashtra Govt and the TB Eradication project of Gol (e-Nikshay).



Ms. Rosemary Thomas, Consultant

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 5 years. She has worked extensively with the Catholic Healthcare network, particularly with Sisters in the "Action 2020: Repositioning Healthcare" initiative. Current focus areas are vocation promotion and future sustainability of Catholic Institutions.



Mr. George Paul, Communication Consultant

Mr. George Paul holds an MDes degree in Visual Communication from IIT Bombay and has worked on a wide range of projects in print, identity and UX design. From 2004 to 2012, he founded and managed a full-service graphic design agency with a team of design professionals as design lead and director. Currently, he is the principal of a solo design practice focusing on information design, UI design and print media working mostly with non-profit organizations.



Mr. Srivathsan Aparajithan, Healthcare Consultant

Mr. Srivathsan is Managing Director of Intent Health Technologies Pvt Ltd, which helps hospitals turbocharge their operating margins through use of technology and process improvement in areas like procurement and revenue growth. He is also a co-founder of Vidal Healthcare Services, India's largest and perhaps among the world's largest healthcare administration companies. Prior to Vidal Health, Srivathsan worked with companies like IBM and Apollo Hospitals, and has played an anchor role in the development of the healthcare sector in India. He is passionate about preventive health and would like to see every individual financially well equipped to deal with the spending on high cost medical treatment. He has a B.Tech from IIT Madras, and a PGDM from IIM Ahmedabad.



Mr. Harish Devaraian. Leadership Coach

Mr. Harish Devarajan is a Leadership Coach and Organisation Consultant. He graduated from the University of Madras and completed his Post graduation from XLRI. He has over 35 years of corporate and consulting experience. He was CHRO at Hindustan Unilever Ltd. (2004-2007). He has coached many senior leaders to be more effective in their roles. He has mentored and guided many HR professionals to distinguish themselves in their careers. He has facilitated the transformation of top executive teams and business units. He advises and supports a number of social sector organisations. He has recently served as an Independent Director on the Board of Bank of India. He is a co-author of the best seller book "HR here and now".



Ms. Anuvinda Varkey, Legal Consultant

Ms. Anuvinda Varkey is an advocate; and she is the Executive Director of the Christian Coalition for Health. As ED, she proactively advocates on policy and health issues on behalf of the Christian networks. Previously, she was the General Secretary and CEO of YWCA Delhi. She has practiced at the Supreme Court of India and the Delhi High Court. She graduated from the Faculty of Law at Delhi University and studied Philosophy at St. Stephen's College, University of Delhi.

Projects

Dr. Sameer Valsangkar

Dr Kanupriya Mr Vishal Gupta

Mr Mohammed Mateen

Mr John Rajeesh

Mr Prashanth Janjal

Mr Jagan Gugulothu

Mr Somashekar Mottam

Mr Kiran Kumar Marneni

Mr Amit Kumar

Ms Radhika Rohini

Mr Chiranjeevi Aruri

Mr Raju M.K

Mr T.Prashanth Kumar

Ms Jessy Joy Joseph

Ms Theophine John

Mr Jacob Jeyakumar

Mr Prashanth V

Mr Newton Isaac

Mr Lejo PP

Ms Retty George

Mr Rakesh Ranjan

Mr I Jesuraj

Mr Balendra Singh Kaurav

Ms Deepthi Indupally

Mr Sam Philip

Mr Nobin Salose

Mr Sunil Dungdung

Communication

Mr Vasudevan Nair

Mr Nanda Kishore

Mr TK Rajendran

Mr Manesh Thomas

Finance

Ms Maji Manesh

Mr Sreeramulu Kommu

Mr Areth Raj Mehta

Ms Sudha Ravipally

Mr Srinivas Rao Guduru

Mr Rajasekhar Balne

Mr Vanguri Venkanna

Mr Rakesh V

Admin

Fr Sarath Maddineni, C.Ss.R

Sr Seena Jose

Ms Sahaya Mary

Mr Linus Surin

Ms Blanch Surin

Ms Sarita Barla

Ms Anima Barla

Mr Sunder Raj

CHAI Training Centre Staff

Sr Sunitha Antony

Sr Chanchala Patika

Dr Rony George

Ms Chamundeswari Devi

Mr Nirmal Jate

Ms Jyothi Lakra

Mr Kotesh Shankar

Ms Laxmi Kotesh

Ms Sujitha Lakra

Ms Rosani Jate

Mr Sanjay Munda

Religious Staff who transitioned



Sr. Gracy T. **Abraham**

Asst. Manager-Admin

Sr. Gracy is a member of the Congregation of the Sisters of Our Lady of Fatima. She has completed GNM in 1995. She has 23 years of experience in health care and administration.



Sr. Sudeepa Ann Director, Pratyasha and CHAI Training Center

Sr. Sudeepa belongs to the Society of Sisters of St Ann. Luzern. Completed her general nursing and post-graduation in administration. She has 31 years of experience in the field of nursing and 16 years of experience in the field of administration.



Sr. Hiramani Toppo

Sister -Nurse

Sr. Hiramani belongs to the Society of Sisters of St. Ann, Luzern. She completed her nursing course in 2012 and has worked as a nurse for 6 years.



Sr. Alma Lakra Sister -Nurse

Sr. Alma belongs to the Society of Sisters of St Ann, Luzern. She completed her General Nursing and has 6 years of experience in nursing.

CHAI ANNUAL REPORT 2021



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 31,2021, and the Income & Expenditure Account for theyear 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 maintenanceof internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from materialmisstatement, whether due to fraud or error. Our responsibility is to express an opinion on these financial statements basedon 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 andperform 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 theamounts and disclosures in the financial statements. The procedures selecteddepend on the auditor's judgment, including the assessment of the risks ofmaterial misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevantto the Society's preparation and fair presentation of the financial statements inorder to design audit procedures that are appropriate in the circumstances. Anaudit also includes evaluating the appropriateness of accounting policies usedand the reasonableness of the accounting estimates made by management, aswell as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient andappropriate 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, 2021;

and

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

Place: Secunderabad Date: 30.09.2021

For Leo Amalraj & Associates Chartered Accountants FRN: 001862S

A. Leo Amalraj (Partner)

Membership No: 022073 UDIN: 21022073AAAABB3631

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

Notes forming part of accounts for the year ended 31.03.2021

- **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. Write-offs:** Certain items of fixed assets such as furniture, fittings & equipment's etc. which have been damaged or are no longer usable have been written off. The WDV of such write-offs during the year is Rs.14,22,624/-.
- **5. Investments:** Investments are stated at cost unless there is a permanent reduction in value.
- **6. 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.
- **7. Retirement Benefits:** Retirement benefits to employees are not provided in the accounts and the same are accounted as and when the payments are made.
- **8. Contingent Liabilities:** No contingent liabilities have come to the notice of the management.
- **9. Confirmation of Balances:** The confirmations of balances have not been obtained in the case of debtors and creditors of the society.
- 10. Previous year's figures have been re –grouped wherever necessary.

Place: Secunderabad Date: 30.09.2021

For Leo Amalraj & Associates Chartered Accountants

A. Leo Amalraj (Partner) Membership No: 022073

UDIN: 21022073AAAABB3631

SECUNDERABAD, Telangana

Balance Sheet as at 31st March 2021

Source of Funds	Amount (in INR)					
Capital Fund and others	41,38,30,702.35					
Current Liabilities and Provisions	67,67,407.89					
Total	42,05,98,110.24					

Application of Funds	Amount (in INR)
Fixed Assets	5,66,49,541.84
Current Assets, Loans & Advances 1. Current Assets a. Cash & Bank Balances b. Fixed Deposits	1,13,15,392.78 34,60,50,631.00
2. Loans & Advances	65,82,544.62
Total	42,05,98,110.24

Place: Secundrabad Date: 30.09.2021

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

Director General

A. Leo Amalraj (Partner)

Membership No: 022073

SECUNDERABAD, Telangana

Income & Expenditure Account for the year ended 31.03.2021

Income	Amount (in INR)
By Foreign Grants Received	20,72,55,103.28
By Local Grants Received	4,63,71,779.00
By Interest received	2,14,58,079.44
By Interunit & Other receipts	5,27,32,699.37
Total	32,78,17,661.09

Expenditure	Amount (in INR)
To Foreign Projects Expenditures	18,64,70,041.77
To Local Projects Expenditures	6,29,57,745.51
To Administrative & Other Expenses	4,05,88,628.56
To Depreciation	78,07,342.11
To Excess of Income over Expenditure	2,99,93,903.14
Total	32,78,17,661.09

Place: Secundrabad Date: 30.09.2021

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

Director General

A. Leo Amalraj (Partner)

Membership No: 022073

SECUNDERABAD, Telangana

Local Receipts and Payments Account for the year ended 31.03.2021

Receipts	Amount (in INR)					
Opening Cash and Bank balances	2,40,92,583.82					
Local Grants Received	4,63,71,779.00					
Interest Received (Net of TDS)	1,38,08,592.44					
Interunit & Other receipts	5,26,62,699.37					
Increase in Current Liabilities	27,84,677.28					
Decrease in Current Assets	2,07,200.76					
Income Tax Refund Received	20,38,100.00					
Total	14,19,65,632.67					

Payments	Amount (in INR)
Local Project Expenses	6,29,57,745.51
Administrative Expenses	4,05,88,628.56
Purchase of Fixed Assets	87,000.00
Fixed Deposited Invested	2,77,68,697.00
Closing cash & bank balances	1,05,63,561.60
Total	14,19,65,632.67

Place: Secundrabad Date: 30.09.2021 As per our report of even date For Leo Amalraj & Associates Chartered Accountants

Director General

A. Leo Amalraj

(Partner)

Membership No: 022073

SECUNDERABAD, Telangana

Foreign Receipts and Payments Account for the year ended 31.03.2021

Receipts	Amount (in INR)				
Opening Cash and Bank balances	90,78,767.07				
Foreign Grants Received	20,72,55,103.28				
Interest Received	59,52,774.00				
Decrease in Current Assets	45,93,872.60				
Total	22,68,80,516.95				

Payments	Amount (in INR)					
Foreign Grants Expenses	18,64,70,041.77					
Net Addition to Fixed Assets	38,000.00					
Fixed Deposit Invested	3,96,15,068.00					
Decrease in Current Liabilities	5,576.00					
Closing Cash & Bank Balances	7,51,831.18					
Total	22,68,80,516.95					

Place: Secundrabad Date: 30.09.2021 As per our report of even date For Leo Amalraj & Associates Chartered Accountants

Director General

A. Leo Amalraj (Partner)

Membership No: 022073

66

One of the realities we're all called to go through is to move from repulsion to compassion and from compassion to wonderment.

Mother Teresa







78 Years of Healing & Hope

chai-india.org

Contact Us

Address

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