ANNUAL REPORT
2023

80 YEARS OF COMPASSIONATE CARE
NURTURING HEALTH, ENRICHING LIVES
ACKNOWLEDGEMENTS

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 2022 - 2023. My special appreciation to all the staff members who contributed to the shaping of the report in a collaborative mode, especially Ms. Theophine Venard, Mr. Vinay Kumar, Mr. Manesh Thomas, Mr. Vijay Reddy, Mr. Mohammed Mateen, and Dr. Sameer Valsangkar. 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
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VISION

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

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

MISSION

In order to realize the vision, CHAI endeavors to

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

“Our task is but to fill the water pots – to perform our ordinary, daily duties to the best of our ability. We leave it to Him to transfer our water into wine.”

Sr. Dr. Mary Glowrey JMJ
Servant of God,
Founder, CHAI
“Sick people are people who ask to be treated and to feel cared for, and for this reason it is important to relate to them with humanity and empathy.”

Pope Francis
Dear Friends,

Grace and peace be with you!

As I write this message for the 80th AGBM of CHAI, I invoke God’s blessings upon you all filled with positivity, love, and good leadership for your healthcare mission. I am sure that all though these years, all the member institutions have shown your greatest commitment at all levels to ensure that compassionate healthcare is rendered effectively to the marginalized communities entrusted to our care. As the shepherd of our community and a proponent of holistic well-being, I write to you today with a deep sense of responsibility and a shared vision for a sustainable healthcare system. Our collective journey towards providing quality healthcare requires strong leadership, and I believe it is our calling to embrace this role with compassion, wisdom, and dedication.

Leadership in healthcare extends beyond administrative positions. In today’s rapidly changing healthcare scenario, leadership plays a crucial role in driving sustainable healthcare practices. We should ensure that sustainable practices do not compromise the quality of care provided to patients. This means striking a balance between environmental stewardship and patient safety, ensuring that sustainable initiatives enhance the overall patient experience.

The goal of sustainable healthcare is to ensure the long-term well-being of both patients, healthcare professionals, and the environment. To achieve the same, we must engage in meaningful dialogue with stakeholders from various sectors – policymakers, healthcare providers, researchers, and community members. Collaboration and open communication are essential in addressing the complex challenges that our healthcare system faces. We need to develop innovative strategies and implement evidence-based practices that promote accessible, affordable, and high-quality care for all.

As I conclude, I offer my prayers for strength, wisdom, and divine guidance as we embark on this important journey of leadership for sustainable healthcare. May our leadership be a beacon of hope and inspiration, ensuring a sustainable healthcare system that promotes the well-being of all.

May the Lord reward you all abundantly,

Most Rev. Lumen Monteiro CSC  
Bishop of Agartala  
Ecclesiastical Adviser, CHAI
Message from the President

Dear Friends,

India has one of the most inexpensive healthcare systems in the world, yet healthcare remains unaffordable for a majority of the population. The Catholic healthcare facilities continue to provide affordable, quality and compassionate health services, despite facing several challenges including: increase in diseases among all segments of population, limited availability of healthcare providers mainly doctors, high adoption and dependency on digital technologies and equipment which keep changing at a very fast rate, changing expectations of the people, introduction and reliance of newer mechanisms such as insurance, online medical services, super specialities, new and difficult to comply/adhere regulations and financial and human capacity gaps.

In these complex scenarios effective leadership in healthcare is incredibly important. Leaders need to be able to manage time, address conflicts tactfully, solve complex problems, and delegate tasks effectively to keep their teams moving forward. They need good critical thinking skills, interpersonal skills, organizational skills, and collaborative skills. They need to be decisive and highly ethical at all times. Hence, leadership is often defined as an ability to manage a team effectively. It refers to the processes by which an individual [the leader] influences the behavior and actions of other individuals in order to achieve certain desired goals.

Effective leadership in healthcare facilities helps in improving quality of care. If a healthcare team is uncoordinated or unfocused, patients often pay the price. When unpredictability and uncertainty is rampant, effective leadership is crucial. An excellent leader won’t just be able to navigate a stressful situation but also lead others through it and find solutions for the future.

Leadership and management are often used as synonyms, but the reality is that leadership involves much more than the day-to-day operations of an organization. Healthcare in particular has a need for leaders who are looking to the future of healthcare and how to improve it. One of the most detrimental traits to quality healthcare is complacency. Self-satisfaction often leads to stagnation rather than proactivity. An effective leader recognizes their limitations and understands that there’s always something new to learn. The CHAI Central Office as part of its efforts to serve its Member Institutions is organizing online course on Leadership. I recommend the members of CHAI to make use of this opportunity by enrolling in the course.

It is with the sense of gratefulness to God and you, we present this annual report for the year 2022-2023. I feel privileged to lead this large organization which is serving the nation for over 80 years. 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.

With prayers and good wishes,

Sr. Victoria Narichiti, JMJ
President, CHAI
Executive Summary

It gives me immense pleasure to present the CHAI Annual report for the financial year 2022-23 on the occasion of the 80th AGBM of CHAI. This is a significant milestone for CHAI as we continue to adapt to the evolving healthcare needs of the people at the margins of the society. CHAI has undertaken several initiatives to keep pace with the post-pandemic healthcare scenario. CHAI has been focusing on technology, managerial and leadership skills with appropriate use of data, both for the projects implemented by the Directorate as well as the member institutions of the CHAI network.

Women leaders in healthcare are significant change makers and CHAI is investing in our Sisters for long-term sustainability. The theme chosen for this year’s National Health Convention & AGBM is “Leadership for Sustainable Healthcare” and the initiatives and achievements of CHAI Directorate towards this theme are detailed below.

Projects implemented by CHAI directorate

The directorate continued to implement the ongoing projects focusing on the core areas of community health, palliative care, disability and children affected by HIV/AIDS. In addition to the 12 ongoing projects, 5 COVID-19 projects were implemented, in the previous financial year, cumulatively supporting 320 CHAI Member institutions and reaching over 1.2 million beneficiaries. About 3.8 lakh people were reached through health education and awareness activities, 2 lakh with referral services, 6.3 lakh with direct health services and 50 thousand people were supported with in kind and/or financial support and about 5000 people were reached through capacity building activities.

CHAI is embarking on a modernization journey to streamline data collection from the projects implemented by the directorate, as well as the member institutions of the network with the support of Catholic Relief Services (CRS). The three-year project will enable data collection, aggregation, trend analysis, transparency and impact measurement. It
will also enable the directorate to have more connect with the regional units and member institutions through real time data collection.

**NUMBERS AT A GLANCE**

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>REACH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health education and awareness</td>
<td>382181</td>
</tr>
<tr>
<td>Referral services</td>
<td>199316</td>
</tr>
<tr>
<td>Health services</td>
<td>635174</td>
</tr>
<tr>
<td>In kind / cash support</td>
<td>50283</td>
</tr>
<tr>
<td>Number of people trained</td>
<td>4863</td>
</tr>
<tr>
<td>Numbers of MIs supported</td>
<td>320</td>
</tr>
</tbody>
</table>

Total beneficiaries: 12,71,817

**Initiatives for strengthening the CHAI network**

The CHAI network continues to serve the people at the margins and has a massive reach by virtue of being one of the largest healthcare networks in the country. The selfless work done by the members towards the Sustainable Development Goals is being captured in the Indian Sisters Health Report. The second edition of the report coming out this year captures data from a sample of 183 member institutions, among the 3500 MIs of CHAI. The sample data shows that the above mentioned members reach 8.65 lakh children, 16 lakh men and 21 lakh women with outpatient and inpatient services. More details are available in the report.

Several other initiatives are being planned and implemented for strengthening the network. This includes telehealth services supporting the small health centers, which reached over 21,000 beneficiaries at the margins, pilots for hospital data mining and decision making, and an Impact Hub for financial sustainability initiatives, including Geriatric care.

**Way Forward**

CHAI is undertaking several initiatives for data management in the directorate and the network. CHAI is also working on enhancing the capacities of women leaders for long-term sustainability. Enhancement in data management and leadership will enable CHAI to place itself as a reliable, data driven, nationwide healthcare network that provides - quality, affordable and compassionate healthcare, especially at the margins of the society. We believe that we need to be seen, and recognized for what we are, and the kind of social impact we are creating. This recognition may enable CHAI in attracting more talented and committed human resources, and financial resources that are required to leverage the untapped potential of CHAI network. We solicit the support of the regional units and Member units as we undertake this journey.

I am grateful to the CHAI team at the directorate, the member institutions, the funding partners, technical partners, the advisors, the Regional Units, the Governing Board and all those who worked hard, and gave commendable leadership during the last financial year.

In the 80th year since the founding of CHAI, we continue to seek the invisible accompaniment of God our loving father, and our compassionate founder Sr Dr Mary Glowrey. We also seek the assistance of all the visible persons who accompany us today, in our journey and mission of building a compassionate and caring society, through concrete expressions of love of neighbour, in the healthcare domain.
PROJECTS
2022-2023

Intervention Areas

Community Health
Communicable Diseases
Non-Communicable Diseases
  • Disability Care
  • Palliative Care
Initiatives for Network Strengthening
Solar Energy
COVID-19 projects
## Programme Report

### Project 1

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Enhancing Collaborations with Government and other Agencies &amp; Scale up Services of Community Health Interventions in 6 RUs of CHAI from 2021 – 2024</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>Misereor, Germany</td>
</tr>
<tr>
<td>Duration</td>
<td>3 years</td>
</tr>
<tr>
<td>Start and end dates of the project</td>
<td>1st February, 2021 – 31st January, 2024</td>
</tr>
<tr>
<td>Operational Area(s) (states of implementation)</td>
<td>15 states in India</td>
</tr>
<tr>
<td>Target Groups</td>
<td>More focus on marginalised population, women, children, elderly and general population</td>
</tr>
<tr>
<td>Partners</td>
<td>8 Regional Units/Partner Organizations of CHAI; RUPCHA, CHAAP, CHAMP, CHAT, OCHA, CHABIJAN, Karnataka and Maharashtra</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>35 Member Institutions</td>
</tr>
</tbody>
</table>
### Objectives of the project

- 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 CHAI MIs.
- 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 with Government and other agencies. The programme also provides Community Health services in 175 villages focusing on improving the accessibility to health services, increasing the health seeking behaviour, facilitating access to socio-economic support and by working on improving the other determinants of health such as availability of potable water, repair of roads to improve transport and livelihood opportunities among others.

### Accomplishments

The following are the major accomplishments during the financial year:

#### Collaborations

- Facilitated signing of 65 MoUs between CHAI Member Institutions with other organizations and the approximate outlay of the MoUs signed is Rs. 4.19 crores.

#### Community Health services

The Community Health services are being provided by 35 MIs reaching to over two lakhs’ people from 175 villages. The following are the specific services provided and coverage details:

- 2,56,955 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.
- 6,756 pregnant women were facilitated by CHVs to healthcare facilities for ANC visits.
- 2,396 pregnant women were assisted for institutional deliveries.
- 63,160 home visits were undertaken to the households of individuals who required referral, health education, counselling and for provision of follow-up services.
- 2,383 U5 children are referred for nutrition and medical treatment.
- 12,044 children were facilitated by CHVs for immunization.
- 36,494 people were referred for various diagnostic tests (HIV, TB, malaria, filariasis, diabetes and hypertension) and out them 7,442 were diagnosed positive and referred for further treatment.
- Close to 320 MIs were enrolled in tele-health and were oriented on providing tele-health services. During the financial year, 13,069 tele-health calls were made. This facility is available for entire day with a qualified doctors remotely available for consultation with patients and nurses who are based at the MIs.
Project 2

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Swalambhan- Empowering Children Affected/Infected By HIV/AIDS (CABA) through Formation, Linkages and Sponsorship services in India</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>Misereor</td>
</tr>
<tr>
<td>Duration</td>
<td>3 years: July, 2021- June, 2024</td>
</tr>
<tr>
<td>Operational Area(s)</td>
<td>6 states: Bihar, Jharkhand, Madhya Pradesh, Tamil Nadu, Telangana, and Andhra Pradesh</td>
</tr>
<tr>
<td>Target Groups</td>
<td>Children Infected and Affected by HIV and AIDS (CABA)</td>
</tr>
<tr>
<td>Partners</td>
<td>Member Institutions of CHAI</td>
</tr>
<tr>
<td>Member Institu-tions involved in implementation of the project</td>
<td>10 MIs</td>
</tr>
</tbody>
</table>
| Objectives    | • 1,500 HIV/AIDS-infected and affected children from ten target areas have access to holistic medical treatment, social care and government support.  
• 900 children/adolescents with HIV/AIDS are strengthened in their life skills and have significantly better prospects for the future.  
• The negative consequences of the COVID-19 pandemic have been mitigated for the target groups. |
Project brief

The programme aims at enhancing the quality of life of children by linking them to medical and social support services including ART treatment, education, skill development, socio-economic support and psychological support. Further, the programme also works towards mobilizing resources (both financial and non-financial) to sustainable support the appropriate growth of these children. Accordingly, the programme through the involvement of 10 MIs of CHAI reaches out to over 1,500 children through home-based and institutional care.

Accomplishments

The following are the major accomplishments during the financial year.

**Linkages**
- 1505 CABA were reached through this project
- 1058 infected children linked to antiretroviral treatment (ART Centers)
- 1198 Children tested for viral load
- 681 Children were linked with social security schemes (ART pension double ration for nutrition support, bus pass for free travel in public transportation services etc.).
- 49 school dropouts are re-enrolled in school.
- 237 infected children were referred to other health care facilities for treatment of OIs

**Empowerment**
- 832 Adolescents were provided with skills and vocational training.
- 351 Children were provided training on digital literacy.
- 74 youngsters were linked and facilitated for employment
- 1388 Children part of peer support groups and mentored on social, reproductive and behavioral issues.
- 1152 Children were provided with Life Skills Education.
- 51 Village level advocacy activities were conducted to raise awareness among the people on the various challenges and issues faced by CABA
- 16 district level advocacy activities were conducted to garner support for CABA.
- 176 bi-monthly meetings of children in home based care were conducted facilitating sharing of information to overcome various challenges faced by them.

**Covid19 Mitigation**
- 1501 children sensitized regarding COVID pandemic and preventive measures

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### Project 3

<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th><strong>Axshya Plus</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Agency</strong></td>
<td>The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and The International Union Against Tuberculosis and Lung Disease (The Union)</td>
</tr>
<tr>
<td><strong>Duration</strong> (start and end dates of the project)</td>
<td>April, 2021 to March, 2024 (3 years)</td>
</tr>
</tbody>
</table>
| **Operational Area(s)** (states of implementation) | • Maharashtra (33 districts)  
• Jharkhand (13 districts) |
| **Target Groups** | Asymptomatic Household Contacts of Pulmonary Index TB Patients |
| **Partners** | The International Union Against Tuberculosis and Lung Disease (The Union) |
### Objectives of the Project

1. Demonstrate implementation models, generate evidence, and scaleup programmatic management of TB preventive treatment.
2. Mobilize resources and resourcefulness of various stakeholders through multi-sectoral convergent actions.
3. Promote Operational Research to generate evidence for policy decision making by the National Programme.

### Project Brief

Project Axshya Plus is an aspirational initiative to expand the scale and reach of the TB intervention Program in India to unprecedented levels.

CHAI as sub recipient of Global Fund grant through PR The Union for Project Axshya Plus has rolled out the Programmatic Management of TB Preventive Therapy for National TB Elimination Programme (NTEP) and the Central TB Division (CTD) in 33 districts of Maharashtra and 13 district of Jharkhand. The field teams now execute through 2 state APMs [Maharashtra & Jharkhand each], an MNE Consultant, 31 TLs, 32 MIS-A and 149 LTBI-C.

Besides maintaining a high quality of the programme at district and state level, our teams got directly involved in providing support for capacity building of the NTEP field staff, Nikshay Portal entries and drug management. We have direct stakes in creating a service delivery model for running PMTPT program for CTD & NTEP.

### Accomplishments

#### Maharashtra

- No of index patient as per NIKSHYA list (Notified Pulmonary cases)- 53072
- No. of index patient visited for contact screening- 40054 (75%)
- No. of Household (HH) contacts for screening- 121555
- No. of HH contacts actual screened- 119203 (98%)
- No of HH contact eligible for TB Infection Testing [all district]- 110557
- No. HH contact [eligible] whose IGRA test for TB was performed- 12219
- No. HH contacts whose IGRA test found positive- 3120
- No of HH contact assessed directly by medical officer & found eligible- 56102
- No. of HH contacts whose chest X ray done (Total)- 8742
- No. HH contact initiated for TB Preventive Therapy -70573
- Total treatment outcome assigned- 45662
- Total 'Successful Treatment’ outcome- 40979
- Total ‘Loss to Follow up’ outcome- 3381
- Total ‘Treatment Failed: TB developed during TB preventive therapy course’ – 64
- Total no. of HH contact found symptomatic- 1434
- Total no. of symptomatic HH contact diagnosed for TB- 86
- Total no. of HH contact diagnosed with TB, initiated on treatment- 66

#### Jharkhand

- No of index patient as per NIKSHYA list (Notified Pulmonary cases)- 30174
- No. of index patient visited for contact screening- 23418 (78%)
- No. of HH contacts for screening- 91672
- No. of HH contacts actual screened- 86968 (95%)
- No of HH contact eligible for TB Infection Testing [all district]- 79598
- No of HH contact assessed directly by medical officer & found eligible- 55355
- No of HH contact eligible of TB Preventive Therapy - 58869
- No. HH contact initiated for TB Preventive Therapy -58778
- Total treatment outcome assigned- 28623
- Total 'Successful Treatment’ outcome- 23737
- Total ‘Loss to Follow up’ outcome- 3925
- Total ‘Treatment Failed: TB developed during TB preventive therapy course’ – 22
- Total no. of HH contact found symptomatic- 1177
- Total no. of symptomatic HH contact diagnosed for TB- 34
- Total no. of HH contact diagnosed with TB, initiated on treatment- 29
Project 4

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Disability Inclusive Eye Health Programme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>Christoffel-Blinden Mission (CBM)</td>
</tr>
<tr>
<td>Duration</td>
<td>Three years: January, 2021 to December, 2023</td>
</tr>
<tr>
<td>Operational Areas</td>
<td>3 States: Bihar, Madhya Pradesh and Uttar Pradesh</td>
</tr>
<tr>
<td>Target Groups</td>
<td>People from low economic background with visual problems and persons with disabilities</td>
</tr>
<tr>
<td>Partners</td>
<td>Member Institutions of CHAI</td>
</tr>
</tbody>
</table>
| Member Institutions involved in implementation of the project | • Samaritan Hospital, Satna, Madhya Pradesh  
• St Marys Hospital, Varanasi, Uttar Pradesh  
• Jeevan Jyothi Hospital, Jhabua, Madhya Pradesh  
• Mary Ward Health Centre, Buxar, Bihar |
| Objectives of the project  | 1. To prevent blindness and give sight to the poor and needy  
2. To promote awareness in the community towards prevention of blindness  
3. 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 capacity of implementing member hospitals to undertake disability inclusive eye program in the communities. |
**Accomplishments**

1. 3455 persons operated for Cataract surgery
2. 21665 persons screened for eye related problem
3. 29066 people were reached with information on common eye problems and blinding eye diseases
4. 166 community health workers and other allied health workers were sensitised on the needs of persons with disabilities and eye problems.
5. 133 persons/children with low vision were screened and benefitted with assistive devices.
6. Barrier free structure was developed at 01 Member hospital

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**Project 5**

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Community-Based Disability Care Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>V Guard Industries Ltd</td>
</tr>
<tr>
<td>Duration</td>
<td>1 year 3 months - January 2022 – March, 2023</td>
</tr>
<tr>
<td>Operational Areas</td>
<td>2 states: Telangana and Andhra Pradesh</td>
</tr>
<tr>
<td>Target Groups</td>
<td>Children and youngsters with disabilities from poor marginalized communities.</td>
</tr>
<tr>
<td>Partners</td>
<td>CHAI Member Institutions</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>5</td>
</tr>
<tr>
<td>Objectives of the project</td>
<td>To promote health and rehabilitation among children and youngsters with disabilities</td>
</tr>
<tr>
<td>Project Brief</td>
<td>Through this project children living with disabilities from rural communities are being identified and supported through needful health and rehabilitation interventions in their communities</td>
</tr>
</tbody>
</table>
Accomplishments

- 516 children supported through this project
- 33 children with disabilities received corrective surgery
- 155 children with hearing impairment received hearing aids.
- 232 children with disabilities received needful aids and appliances such as callipers/special shoes, walking sticks etc.
- 96 children received wheelchair

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Project 6

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Project Sunno</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>V Guard Industries Ltd</td>
</tr>
<tr>
<td>Duration</td>
<td>04 months - December 2022 – March, 2023</td>
</tr>
<tr>
<td>Operational Area</td>
<td>Telangana State</td>
</tr>
<tr>
<td>Target Groups</td>
<td>73 children and youngsters with mild to moderate hearing loss</td>
</tr>
<tr>
<td>Partners</td>
<td>MI's of CHAI</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>2</td>
</tr>
<tr>
<td>Objectives</td>
<td>Providing rehabilitation services in form of assessment and hearing aids to children and youngsters especially girls with disabilities.</td>
</tr>
<tr>
<td>Project Brief</td>
<td>Through the support of V-Guard CHAI initiated a project to identify the needy children with hearing impairment to conduct assessment and provide necessary hearing aid so that the child could able to hear. A proper hearing aid could reduce the gap and helps children integrating into the society, make their inclusion journey in education and later on into livelihood easier.</td>
</tr>
</tbody>
</table>
| Accomplishments     | • 2 hearing aid distribution camps organised  
                      • 73 children with hearing problem supported with hearing aid device |
## Project 7

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Enhancing access to sustainable and affordable holistic palliative and end-of-life care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>MISEREOR</td>
</tr>
<tr>
<td>Duration</td>
<td>1 Year, 1st April 2022 to 31st March 2023</td>
</tr>
<tr>
<td>Operational Areas</td>
<td>Andhra Pradesh, Chattisgarh, Jharkhand, Maharashtra, Tamil Nadu, Madhya Pradesh, Kerala, Karnataka, Telangana, West Bengal, Gujarat</td>
</tr>
<tr>
<td>Target Groups</td>
<td>Disadvantaged and marginalized patients in the terminal stage of diseases, their families, Community Volunteers, Individuals from the communities that are in the catchment area of the centers, Staff and care providers working in the project.</td>
</tr>
<tr>
<td>Partners</td>
<td>Pallium India – Technical Partner for Capacity Building</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>30 MIs in 11 states</td>
</tr>
</tbody>
</table>
| Objectives    | 1. 750 inpatients are provided rational, affordable and quality end-of-life palliative care services in a year.  
2. 3700 patients are provided palliative care through a home based model including awareness activities about palliative care needs and services in the community  
3. 60 Sister nurses and Sister doctors are provided training to promote uptake of palliative care services in the CHAI network  
4. Commission an external evaluation and share recommendations |
### Project Brief

<table>
<thead>
<tr>
<th>Institutional Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>The terminally ill patients are admitted and given 24 hours nursing/clinical care with appropriate treatment and other supportive therapies like pain relief and palliation, symptomatic management of medical issues, wound care, bleeding &amp; ulcer care and other nursing care.</td>
</tr>
<tr>
<td>Counselling is provided to patients which include psycho-social, spiritual or bereavement counselling as per patient requirement.</td>
</tr>
<tr>
<td>Nutrition support is extended to inpatients (along with supplementary nutrition that is required by them) and family member attending them.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Based Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home visit by HPCU team and volunteers to serve patients and provide clinical care.</td>
</tr>
<tr>
<td>Support and provide the patient with any required, medicine/hygiene or food supplement.</td>
</tr>
<tr>
<td>Provide psychological, social and spiritual counselling to the patients and their families</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Capacity Building of Sister Doctors and Sister Nurses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Refresher training for 30 Sister Doctors - in pain management and psycho-spiritual-social care.</td>
</tr>
<tr>
<td>Training for 30 Sister nurses - in pain management and psycho-spiritual-social care.</td>
</tr>
<tr>
<td>Capacity building of close care givers and family members in home based care</td>
</tr>
</tbody>
</table>

### Project Evaluation

- Conduct an external evaluation guided by an Independent Consultant in the first quarter of the project year.
- Document the report and share recommendations

### Accomplishments

- 951 of the admitted patients received clinical, psychological and spiritual palliative care as per guidelines.
- 93.4% of the inpatients are satisfied the palliative care services in a random sample.
- 5027 of the home based patients received symptomatic care and counselling.
- 5027 of the home based patients have at least one family member trained in palliative care.
- 30 (registered) of sister doctors received refresher training on palliative care.
- 26 of sister nurses received training on palliative care.
- External evaluation commissioned and recommendations shared with MISEREOR
Project Title: Enabling Indian Sisters to transform the lives of the underserved and disadvantaged

Funding Agency: Conrad N. Hilton Foundation and Hilton Fund for Sisters

Duration: September 2022 – August 2024

Operational Area: Nation-wide intervention

Target Groups: Catholic Sisters working in the Health Care Ministry

Partners: CHAI member institutions, Sister Doctors Forum of India (SDFI), Misereor and Intent Health

Objectives:
- 100 Sisters are capacitated with additional leadership skills in healthcare delivery
- 100 Sisters are capacitated with enhanced community healthcare service delivery skills
- 25 healthcare institutions are strengthened in service delivery
- Networking and visibility

Project Brief:

The project will focus on the overarching goal of enabling Indian Sisters to transform the lives of the underserved and disadvantaged. 200 Sisters will be capacitated in leadership and community healthcare service delivery; 30 healthcare facilities will be strengthened for healthcare delivery.

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 among others. Besides, training of sisters and network strengthening initiatives, sisters are assisted in providing human development services by implementing Community Health interventions like medical camps, support for disability and palliative care programs.

Under the network and visibility CHAI will provide leadership to several groups like national steering committees and also through development of the Indian sister’s report.
Accomplishments

- 100 Sister leaders and administrators were supported through an online and physical training on leadership developed by Rajagiri School of Business.
- 100 Sisters were supported through an online and physical training on Community health.
- 30 member institutions were support for community health, palliative care and disability program.
- A Catholic Sisters Human Development report is in progress capturing the work done by Sisters towards the Sustainable Development Goals.
- People were reached by consultancy services on various health issues through telehealth program.

Project 9

<table>
<thead>
<tr>
<th>Project Title</th>
<th>CHAI-Network Partner Organisation (NPO) Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>Liliane Foundation</td>
</tr>
<tr>
<td>Duration</td>
<td>1 year: January – December, 2022</td>
</tr>
<tr>
<td>Operational Areas</td>
<td>8 States of India: Telangana, Andhra Pradesh, Maharashtra, Karnataka, Tamil Nadu, Kerala, Orissa and Gujarat</td>
</tr>
<tr>
<td>Target Groups</td>
<td>Organisations working with people with disabilities</td>
</tr>
<tr>
<td>Partners</td>
<td>Individual Experts and Organisations in the field of disability</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>33</td>
</tr>
</tbody>
</table>
| Objectives    | 1. To build a CHAI Disability Network in the country.  
2. To build capacities of CHAI partners network in areas of CBR, learning, advocacy and resource mobilisation |
| Project Brief | CHAI is working towards two major strategic goals:  
1. Network Strengthening: Provide leadership to the CHAI disability network through building capacities, sustenance through local resources, innovation and  
2. Learning and leading disability program(s) for children and youngsters with disabilities in order to provide an inclusive environment for children and youngsters living with disability through partnership with a robust network of partners in India. |
| Accomplishments | 1. Core Group(s) formed to strengthen the existing network  
2. Capacity Building of Network Partners on Resource mobilization strategy, social media engagement strategy and stakeholder analysis done  
3. Resource mobilization workshop conducted for the network partners  
4. Foundational and CSR donor database created |
Project 10

<table>
<thead>
<tr>
<th>Project Title</th>
<th>MGLB Disability Award, 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>Liliane Foundation</td>
</tr>
<tr>
<td>Duration</td>
<td>1 year: January to December, 2022</td>
</tr>
<tr>
<td>Operational Areas</td>
<td>Nation-wide (open for organizations and individuals working for people with disabilities)</td>
</tr>
<tr>
<td>Target Groups</td>
<td>Persons with disabilities and the Organisations working for persons with disabilities</td>
</tr>
<tr>
<td>Partners</td>
<td>Disability partner organizations</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>Mls working in disability</td>
</tr>
</tbody>
</table>

Objectives
1. To recognise and promote exemplary work by organisations and individuals in the field of disability
2. To honor the resilience of people living 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 2022:
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 73 nominations were received from across the nation for organizations and individuals’ categories.
- Prize amount of Rs.6 lakhs 40 Thousand was awarded across the four given categories.
- Additionally, 2 individuals and 2 organizations were honoured with 4 commendation prizes.

Project 11

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Sister Mary Glowrey Scholarship Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>University of Melbourne, Australia</td>
</tr>
<tr>
<td>Duration</td>
<td>1 year</td>
</tr>
<tr>
<td>Operational Areas</td>
<td>Nationwide (Open for religious Sisters/Doctors/Nurses/ Social workers)</td>
</tr>
<tr>
<td>Target Groups</td>
<td>Sister doctors/ nurses/ social workers and other students and health professionals under the CHAI healthcare network to engage in training, collaborative research, and leadership development through the University of Melbourne and its affiliated institutions.</td>
</tr>
<tr>
<td>Partners</td>
<td>University of Melbourne [UOM]</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>CHAI MIs</td>
</tr>
</tbody>
</table>

CHAI ANNUAL REPORT 2023
Objectives

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

Project Brief

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

This year, Sr Mary Glowrey Selection Committee nominated 77 scholars from CHAI network for the two different courses which was carried out online.
1. Effective-leadership-communication
2. Mindfulness in Clinical Practice

Accomplishments

1. 64 participants enrolled in Effective Leadership Communication course
2. 31 participants completed Effective Leadership Communication course successfully
3. 13 participants enrolled in Mindfulness in clinical practice course
4. 7 participants completed Mindfulness in clinical practice course successfully
### Project 13

**Project Title**  
CHAI COVID response: Protecting the community and hospitals

**Funding Agency**  
Missio, München

**Duration**  
01st June 2022 to 31st May 2023

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| Partners | • HSBC – Funding Partner  
<table>
<thead>
<tr>
<th></th>
<th>• WRI India – Technical Partner</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>12 MIs in Maharashtra</td>
</tr>
</tbody>
</table>
| Objectives | • New Renewable Energy Systems of 240 kWp installed over a period of 3 years in Assam, Maharashtra, Jharkhand, and West Bengal.  
| | • Reduced carbon emissions by 106 tons of CO2 by March 2024 (avoided carbon emissions)  
| | • Over 2,50,000 patients will be benefitted  
| | • Linked to savings on diesel, grid electricity bills and improved electricity access, New and improved healthcare services for disadvantaged are established. |
| Project Brief | • CHAI along with WRI India is implementing the project for 3 years starting from March 2021 to February 2024 in 4 states of India viz Assam, Jharkhand, Maharashtra, and West Bengal.  
| | • The project will result in installation of new renewable energy interventions in the healthcare sector, resulting in improved access to reliable power from non-polluting sources, and in turn, reduce reliance on grid electricity and diesel generators.  
| | • This will lead to reduction in carbon emissions in the healthcare facilities while providing an opportunity to integrate efficiency measures to reduce power consumption.  
<p>| | • The Outcome of this project is “Improved and enhanced healthcare service delivery through clean energy options – helping India achieve multiple sustainable development and climate goals”. |
| Accomplishments | 12 Member Institutions of CHAI in Maharashtra have been supported through installation of 95 kWp Solar Energy Systems in the year 2022-23. |</p>
<table>
<thead>
<tr>
<th>Operational Areas</th>
<th>Telangana and Andhra Pradesh</th>
</tr>
</thead>
<tbody>
<tr>
<td>Target Groups</td>
<td>Disadvantaged and marginalised people in the community who are unduly affected by the COVID pandemic</td>
</tr>
<tr>
<td>Partners</td>
<td>MIs of CHAI</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>11 (5 health centers and 6 hospitals)</td>
</tr>
</tbody>
</table>
| Objectives                | • Equip community workers across 05 centers for awareness promotion, personal protection and reduction in vaccine hesitancy in the community  
                             • Equip 06 hospitals to manage COVID by ensuring healthcare worker protection and supporting COVID patients |
| Project Brief             | To ensure Covid infection control and vaccine equity, CHAI initiated a bi-pronged approach, both in hospitals and in the community centres. The community approach was to empower community workers to promote awareness and reduce vaccine hesitancy. The hospital approach was to equip the health care workers to protect the community from the spread of COVID pandemic and also providing information on vaccines and dispelling common vaccination myths which promote vaccine awareness and improving vaccine uptake through referral services. |
| Accomplishments           | • 1950 hygiene and infection control kits distributed to needed families  
                             • 30 village level COVID awareness and sensitization activities conducted.  
                             • 2948 people reached with COVID awareness  
                             • 376 Children and youngsters with disabilities, HIV affected children assisted with transportation support for accessing medical and rehabilitation support, Covid testing and Vaccination centres, education and Nutrition.  
                             • 36 disadvantaged and vulnerable patients received medical support for Covid and related ailments |
## Project 14

<table>
<thead>
<tr>
<th>Project Title</th>
<th>CHAI COVID 19 RESPONSE: A Nationwide Emergency Response to Halt the Pandemic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>Misereor – Germany</td>
</tr>
<tr>
<td>Duration</td>
<td>1st April 2022 to 31st March 2023 (12 Months)</td>
</tr>
<tr>
<td>Operational Areas</td>
<td>National-wide Intervention</td>
</tr>
<tr>
<td>Target Groups</td>
<td>Covid19 emergency Response Programme for children and youngsters living with disability, CABA/ Orphan/Vulnerable groups providing Nutrition, Medical, Educational support under Covid-19 Emergency Response Program who are not able to take proper diet due to various reasons.</td>
</tr>
<tr>
<td>Partners</td>
<td>60 Member institutions of CHAI</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>60</td>
</tr>
<tr>
<td>Objectives</td>
<td>30 rural health centres and 30 hospitals are enabled to inform particularly marginalised people about SARS-CoV-2 and Covid-19 as well as about available vaccinations.</td>
</tr>
<tr>
<td>Project Brief</td>
<td>The program’s main aim is to implement Covid19 emergency response programme with a bi-pronged approach focusing on both communities and hospitals. The community initiative was primarily focused on equipping community workers across 30 centers for undertaking activities primarily on awareness on personal protection and reduction in vaccine hesitancy in the community. The hospital based initiative was to equip the health care workers to protect the community from the spread of COVID pandemic and also providing information on vaccines and dispelling common vaccination myths which promote vaccine awareness and improving vaccine uptake through referral services.</td>
</tr>
</tbody>
</table>
| Accomplishments | • 30 community health workers are trained and engaged in COVID awareness and support activities  
• 30 hospital staff are trained and engaged in COVID treatment and referral services.  
• 30 hospital staff received PPE kits for a period of six months  
• 2000 Children and youngsters with disabilities, HIV affected children assisted with transportation support for accessing medical and rehabilitation support, Covid testing and Vaccination centres, education and livelihood  
• 4,239 disadvantaged and vulnerable patients received medical support from 30 MIs for Covid and related ailments  
• 11700 hygiene and infection control kits distributed to needed families  
• 17939 individuals reached with COVID awareness |
## Project 15

**Project Title:** Vaccinet: A Nationwide Movement for Equitable Vaccine Distribution

**Funding Agency:** Hilton Foundation and Hilton Fund for Sisters

**Duration:** Aug 2021 to December 2022

**Operational Areas:** Nationwide

**Target Groups:** People affected by COVID-19 from low and middle income backgrounds.

**Partners:** 60 Member institutions of CHAI

| Member Institutions involved in implementation of the project | 26 Member Institutions  
Upto May 2022 vaccine programme  
From June 2022 budget revised and below was provided |

**Objectives:** The overall goal of the project is re-ignite the healthcare mission of the Sisters in context of the COVID-19 pandemic to reach the most vulnerable and marginalized.

**Project Brief:** The ability of the Sisters to work on their healthcare mission during the pandemic will be supplemented by the following activities  
- COVID-19 protection kits, social support and referral services provided  
- Food kits are provided to people affected by COVID in the community and institutions  
- Self-help groups are formed and people trained on livelihood  
- Children with living with disability and HIV/AIDS supported in their education  
- Shelter and nutrition provided to destitute people, widows and orphans, transgender

**Accomplishments:**

- 42000 people had received covid 19 protection kits  
- 4550 food kits were distributed to the poor and needy  
- 488 Women were trained on livelihoods  
- 1155 children are provided with the educational scholarships  
- 309 destitute and orphans were provided with nutrition and shelter
Project 16

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Enabling communities and community health providers for health action in the Covid19 pandemic – a CHAI SOCHARA Collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>Misereor</td>
</tr>
<tr>
<td>Duration</td>
<td>2 years: February, 2021 to January, 2023</td>
</tr>
<tr>
<td>Operational Areas</td>
<td>Online educational course, open for staff and MIs of CHAI</td>
</tr>
<tr>
<td>Target Groups</td>
<td>Community Health workers from CHAI network</td>
</tr>
<tr>
<td>Partners</td>
<td>Society for Community Health Awareness Research and Action (SOCHARA)</td>
</tr>
</tbody>
</table>
| Objectives    | • 35 CHAI health workers and 15 SOCHARA health workers per year, as well as 20 from other civil society organizations per year (also from the Misereor partner spectrum) are empowered to provide effective pandemic response in their respective health centers.  
  • With the help of scholarships 20 CHAI health workers (having participated in the capstone project) are enabled to design community-based COVID-19 action programs on a practical basis in consort with their theoretical learnings |
| Project Brief | This collaborative project of CHAI and SOCHARA envisages enabling communities and community health providers for health action in the COVID 19 pandemic scenario. Towards this, a comprehensive action oriented, online training, program for community health enablers has been developed and supported training participants to undertake community oriented action through a capstone project in their field area following the course delivery. |
| Accomplishments | • 225 community health enablers registered on CHAI academy platform.  
  • 100 have completed the course.  
  • 20 community health enablers awarded with Capstone project  
  • 20 community health enablers completed the community based Covid Action program  
  • 10442 beneficiaries reached through this project |
Project 17

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Reigniting the mission of Sisters during the COVID pandemic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>Hilton Foundation</td>
</tr>
<tr>
<td>Duration</td>
<td>2 years: December 2021 to Nov 2023</td>
</tr>
<tr>
<td>Operational Areas</td>
<td>Nationwide</td>
</tr>
<tr>
<td>Target Groups</td>
<td>People affected by COVID -19 from low and middle income backgrounds.</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>42 Member Institutions</td>
</tr>
<tr>
<td>Objectives</td>
<td>The overall goal of the project is re-ignite the healthcare mission of the Sisters in context of the COVID-19 pandemic to reach the most vulnerable and marginalized.</td>
</tr>
</tbody>
</table>

Project Brief
The ability of the Sisters to work on their healthcare mission during the pandemic will be supplemented by the following activities:
- COVID-19 protection kits, social support and referral services provided
- Food kits are provided to people affected by COVID in the community and institutions
- Self-help groups are formed and people trained on livelihood
- Children with living with disability and HIV/AIDS supported in their education
- Shelter and nutrition provided to destitute people, widows and orphans, transgender

Accomplishments
- 42 Member Institutions of CHAI were supported to cope with the COVID pandemic.
- 84 sisters had attended the webinar on COVID 19 vaccine, Myths and misconceptions
- 90000 people had received covid 19 protection kits
- 52000 food kits were distributed to the poor and needy
- 870 Women were trained on livelihoods
- 1386 children are provided with the educational scholarships
- 360 destitute and orphans were provided with food and shelter
Other ACTIVITIES
REPORT OF THE 79TH CHAI ANNUAL GENERAL BODY MEETING (AGBM)

Theme: Post Covid Healthcare – Challenges and Opportunities

INTRODUCTION

The CHAI National Health Convention and 79th Annual General Body Meeting (AGBM) was held on September 16-18, 2022 at Rajagiri Hospital, Aluva, Kochi, Kerala. The participants were from the board members of 11 regional units of CHAI. The theme was “Post Covid Healthcare – Challenges and Opportunities”. The thematic sessions were centered around the various levels of the heath care initiatives of CHAI member institutions which consists of hospital-based ministries, social service societies, primary health care, community health ministry and special ministries. CHAI Directorate’s initiatives were also discussed elaborately in order to foster collaboration among the CHAI leadership for collective action. The AGBM was attended by 70 participants from 11 regional units of CHAI, across India.
DAY 1, SEPTEMBER 16, 2022
The first day of the programme was initiated with the inaugural Mass at 6.30 pm by Rev. Fr. George Kannanathanam CMF, followed by lighting of the lamp by all the CHAI Executive Board Members. After the conclusion of Holy Mass, an orientation for the three-day programme was given by Fr. Mathew Abraham, the Director General of CHAI wherein he briefed the agenda for the upcoming days. Following the orientation, the flag hoisting ceremony took place, led by Sr. Victoria Narisetti, JMJ President of CHAI. During the ceremony, she extended her heartfelt wishes for the success of the upcoming two-day programme.

DAY 2, SEPTEMBER 17, 2022
The second day of the programme commenced with a Holy Mass celebrated by Fr. Kiran Olakkenget at 7:15 am. Following the Mass, breakfast was served, and subsequently, the thematic session began. The thematic session started at 9:20 am with Sr. Victoria Narisetti extending a warm welcome to all participants and the resource persons. The session began with a brief introduction of each speaker and an explanation of the methodology that would be followed for each session. The sessions included presentations, group discussions, and interactions with the speakers.

Thematic Session 1: Sustaining hospital-based ministry
The first session was on “Sustaining hospital-based ministry by Dr. Joy Mammen MD, professor, department of transfusion medicine, CMC Vellore. During the session, the speaker provided a brief overview of the history of the Christian Medical College Vellore, highlighting the challenges they faced and how they had overcome them to become what they are today. He also shared insights into their experiences during the COVID-19 pandemic and the subsequent challenges they encountered. He emphasized on how CMC made a significant impact by effectively utilizing the available opportunities during Covid period. In his concluding remarks he emphasized on adapting to changing health priorities, rebuilding teams, and recognizing the essential role of digital technologies etc which is the need of the hour.
**Thematic Session 2: Sustaining primary healthcare and community health ministry**

The second session was on sustaining primary healthcare and community health ministry. The session was led by Dr. Shantidani Minz MD, professor of community medicine & HOD RUHSA, CMC Vellore. She said that viewing the COVID pandemic’s impact on community health through a different lens has been enlightening. COVID has provided us with a broader perspective, causing us to perceive life differently. The pandemic highlighted the significance of a clean environment, as many communicable diseases are environment-related. Therefore, by adopting improved community and environmental conditions, we can achieve a higher quality of life. COVID underscored the necessity for a more decentralized approach to addressing challenges. Furthermore, the best practices in community health from CMC Vellore were presented, offering valuable insights that could be adopted and replicated by other institutions for the benefit of their communities.

**Thematic Session 3: Sustaining special ministries**

The third session was on sustaining special ministries by Dr. Suresh Kumar from the Institute of Palliative Medicine, Kerala. He is pioneer on the Kerala model of Palliative care i.e. community based model. Compassionate communities can be facilitated, as human beings have the potential to support each other, and palliative care is everyone’s business. Most care for illnesses is provided not in hospitals or by doctors/nurses, but by family, friends, and acquaintances. Therefore, our interventions need to enhance the capacity of local residents to care for the incurably ill, the elderly, and the dying.

**Thematic Session 4: Networking**

The fourth session was on the importance of networking by Mr. K. Paul Thomas MD & CEO of ESAF small finance bank. He explained the growth of the ESAF bank which was possible purely because of networking with many organizations/ institutions. An organization which was formed to provide jobs for few people today has grown to provide jobs for 12,000 people working fulltime in various ESAF institutions. Currently ESAF has turnover of 26,000 Crores and is serving almost 16 Lakh low-income families.
He urged the CHAI hospitals to capitalize on its core area of patient care and create other shared services within the CHAI network or even outside the CHAI network. He explained the power of shared services and collaboration and CHAI hospitals to join hands and bargain with the pharma companies besides collaborating in other areas like IT, Marketing, branding besides procurement.

**Thematic Session 5: Network strengthening initiatives of CHAI Directorate**

The last session was on CHAI initiatives for strengthening member institutions by Fr. Mathew Abraham, CHAI Director General. He explained the various initiatives which are being implemented with a special reference to initiatives like the Common procurement portal, Telehealth portal, and Indian Catholic Sisters’ health care report.

**Mother Giovanna Memorial Award & Cultural Evening**

Holy Family Hospital, Mumbai along with CHAI instituted a special award titled “Sr Dr Giovanna Alberoni Memorial Award”. This award recognizes the work done by Sister-Doctors in CHAI network hospitals, who have dedicated their lives towards improving healthcare for a period of at least 10 years. The award consists of a citation and a cash prize of Rs. One lakh and it was presented to Rev Sr Dr Agnes Xavier CIC, for her dedicated service to the humanity. This award ceremony happened in the midst of a cultural programme conducted by Sanjoe College of Nursing, Perumbavoor, Kerala, St Joseph College of Nursing, Dharmagiri, Kerala, Samaritan College of Nursing, Kizhakambalam, Keral, and Carmel College of Nursing, Aluva, Kerala.

**DAY 3, SEPTEMBER 18, 2022**

The third day programme started with Holy Mass by Fr. Mathew Abraham Director-General, CHAI. He thanked almighty God for every step we take in reaching out to the unreached. After the Holy Mass and breakfast, a plenary session was held to summarize the thematic sessions. During this session, Fr. Sebastian Ullathottam OFM, Director of RUPCHA, presented a consolidated overview of the actionable points from each group discussion. Following the presentation, an open discussion was conducted, which was moderated by the thematic speakers, Dr. Joy Mammen and Dr. Shantidani.
BUSINESS SESSION

On 18th September after the plenary of the Thematic session, the Business session commenced at 10.45 am. Sr Victoria Narisetti, President of CHAI initiated the business session by giving an introductory remark. She welcomed all the Executive Board Members and the participants and thanked God for bringing everyone together after the pandemic. She also expressed her appreciation for the input sessions shared by Dr. Joy Mammen from CMC Vellore; Dr. Shantidani Minz, Christian Medical College, Vellore; Dr. Suresh Kumar, Institute of Palliative Medicine, Kerala; and Dr. K. Paul Thomas, ESAF Small Finance Bank.

Minutes of the previous AGBM: The minutes of the 78th Annual General Body Meeting 2021 was read out by Fr George Kannanthanam, Secretary, CHAI. The minutes were passed by General Body after Sr Teresa Lakara, OCHA proposed Sr Siria Pushpam, CHAT, seconded the same.

Annual Report 2022: Fr Mathew Abraham, Director-General, presented the Annual Report 2022. He shared the Annual Report page by page, and went through the main points of the Report highlighting the project activities of CHAI. The General Body appreciated the report and the leadership given by the Director General.

Audited Statement & Annual Budget: Sr Bhavya Scaria, CHF, Treasurer, presented the Audited Statement of Accounts for the year 2021-2022, and Sr Reshmi, RUPCHA proposed the same, and seconded by Sr Mary Nirmala, CHABIJ, the statement of Account was passed by the General Body. Sr Bhavya then presented the Budget for the year 2022-23, and Sr Sarita, CHAAP proposed the same, and seconded by Sr Arockiamary, CHAT the annual budget, was approved by the General Body.

Appointment of the Statutory Auditor: Sr Victoria Narisetti, JMJ, President, Executive Board of CHAI, 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 2022-23. It was unanimously agreed by all the participants to re-appoint M/s Leo Amalraj & Associates as auditors of CHAI for the year 2022-23.
Election of Office-bearers: The General Body was informed that elections for the positions of President, Secretary and Treasurer, were due in 2021 and due to COVID it did not occur. It was then decided to hold the election in 2022. The General Body unanimously elected Sr Victoria Narisetti as President, Fr George Kannanthanam as the Secretary and Sr Bhavya Scaria as the Treasurer for one more term.

Regional Units’ Reports: This was followed by the video presentation of reports from the Regional Units of CHAAP, CHABIJ, CHAKA, CHAKE, CHAMP, CHAT, CHAW, OCHA, NECHA, RUPCHA and WBCHA. After the video presentation, all the Regional Presidents and Directors were invited to the dais by Sr Victoria and their contributions were appreciated and acknowledged.

Conclusion of the meeting: The AGBM concluded by Sr Victoria Narisetti, thanking all the participants for their presence and active participation. A special appreciation was extended to Fr Johnson, Director and CEO of Rajagiri Hospital, for his generosity regarding the venue, food and his dedicated team. She also thanked Dr Rashmi Ann and Ms Aparna Nair for moderating the session very systematically.

A special felicitation was extended to Sister Teresa Lakra, the outgoing President of OCHA, who had successfully completed her six-year term. Fr Mathew acknowledged her dedicated service and significant contributions to Orrisa CHAI. The event ended with all the participants taking a pledge to strengthen the network, and to work with all people of goodwill. This was followed by singing the National Anthem.
MEMBERSHIP & REGIONAL UNITS
### CAPACITY STATEMENT OF MEMBERSHIP
(As on March 31, 2023)

<table>
<thead>
<tr>
<th>Regional Units (RUs)</th>
<th>State</th>
<th>SSS</th>
<th>NSG</th>
<th>ASM</th>
<th>HEALTH CENTRE BED CAPACITY</th>
<th>HOSPITAL BED CAPACITY</th>
</tr>
</thead>
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<tr>
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<td><strong>0 Beds</strong></td>
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<td>64</td>
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<td></td>
<td>233</td>
<td>37</td>
<td>318</td>
<td>1413</td>
<td>929</td>
</tr>
</tbody>
</table>

### MEMBERSHIP AT A GLANCE

- **Health Centre (0 - 10 Beds)**: 2342
- **Hospital (< 11 Beds)**: 652
- **SSS**: 233
- **Nursing School/College**: 37
- **Associate/Individual**: 318

**TOTAL**: 3582
REGIONAL UNITS OF CHAI

CHAAP - Catholic Health Association of Andhra Pradesh
CHABIJ - Catholic Health Association of Bihar & Jharkhand
CHAKA - Catholic Health Association of Karnataka
CHASE - Catholic Health Association of Kerala
CHAMP - Catholic Health Association of Madhya Pradesh
CHAT - Catholic Health Association of Tamil Nadu
CHAW - Catholic Health Association of Western Region
NECHA - North-Eastern Community Health Association
OCHA - Odisha Catholic Health Association
RUPCHA - Rajasthan, Uttar Pradesh Catholic Health Association
WBCHA - West Bengal Catholic Health Association
CHAI is a network organization and has 3,582 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-to-reach 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.
Projects & Special Events

Project Title: Community Health Project
Funding Agency: Misereor
Duration (start and end dates of the project): 2021 - 2024
Operational Area: Guntur
Member Institutions involved in implementation of the project:
- Holy spirit I – Vizianagaram
- Holy Spirit II – Vizianagaram
- OLF Hospital – Kadapa
- Sevanilayam Health Center – Khammam
- Holy Cross Convent – Parvatipurammanyam Dt
Target Groups:
- SC Communities
- Women
- ANC & PNC care
- Children
Total number of people reached: 12986 male, 22850 female and 3129 children through all programs and activities conducted during the period
<table>
<thead>
<tr>
<th>Project Title</th>
<th>Educational Scholarships for children</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>CHANGE FOUNDATION</td>
</tr>
<tr>
<td>Duration (start and end dates of the project)</td>
<td>Academic year 2022</td>
</tr>
<tr>
<td>Operational Area</td>
<td>Guntur</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>CHAAP</td>
</tr>
<tr>
<td>Target Groups</td>
<td>Rs. 10,000/- each for 3 Girl students and 2 boys who cannot afford to continue their education due to poor economic background and supported them to encourage in their studies, and to reach their goal further.</td>
</tr>
<tr>
<td>Total number of people reached</td>
<td>5</td>
</tr>
</tbody>
</table>
Projects & Special Events

Project Title: Community Health Project
Funding Agency: Misereor
Operational Area: Bengaluru, Bengaluru Rural, Mandya and Chikkaballapur
Member Institutions involved in implementation of the project: Total 12 MIs. (5 MIs in Community Health Project and 7 MIs for other collaborations)
Target Groups: Community Health Project – village population – children, women, pregnant women, disabled population, widows. Schools, SHG Groups, Asha / Agnawadi / PHC
Total number of people reached:
- Number of people reached through awareness activities - 9000
- Number of people reached through screening and referral services - 2688
- Number of people provided treatment services - 700
- Number of people provided training and capacity building - 120
- Telemedicine implemented by 23 MIs
- Telemedicine reach through the MIs - 183
CHAKE

THE CATHOLIC HEALTH ASSOCIATION OF KERALA

<table>
<thead>
<tr>
<th>Regional Unit</th>
<th>State</th>
<th>Social Service Society</th>
<th>Nursing School/College</th>
<th>Associate Member</th>
<th>Health Centre Bed Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>0 Beds</td>
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<tr>
<td>CHAKE</td>
<td>Kerala</td>
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<td>13</td>
<td>77</td>
<td>96</td>
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</table>

Projects & Special Events

<table>
<thead>
<tr>
<th>Project Title</th>
<th>COVID Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>CHAKE</td>
</tr>
<tr>
<td>Operational Area</td>
<td>5 Zones of CHAKE</td>
</tr>
<tr>
<td>Target Groups &amp; Activities</td>
<td></td>
</tr>
<tr>
<td>• KCBC Covid prevention coordination committee meeting</td>
<td></td>
</tr>
<tr>
<td>• KCBC Covid prevention core team meeting with directors and administrators of CHAI – Kerala</td>
<td></td>
</tr>
<tr>
<td>• KCBC Covid Prevention Coordination Desk started functioning at POC Palarivattom with 6 help-line numbers and 5 MSW trainees</td>
<td></td>
</tr>
<tr>
<td>• HOD meeting of MSW departments under catholic collages in Kerala in collaboration with KCBC education commission</td>
<td></td>
</tr>
<tr>
<td>• Training Program for 290 MSW volunteers for Tele counselling service to Covid Patients</td>
<td></td>
</tr>
<tr>
<td>• Details on the activities of KCBC Covid Prevention Coordination desk were given to Sri. Pinaray Vijayan, Kerala Chief Minster</td>
<td></td>
</tr>
<tr>
<td>Total number of people reached</td>
<td>8050 medical kits distributed to different dioceses and institutions</td>
</tr>
</tbody>
</table>
CHAMP
CATHOLIC HEALTH ASSOCIATION OF MADHYA PRADESH & CHHATTSIGARH

States: Madhya Pradesh & Chhattisgarh
Number of MIs: 342
No of Districts Covered: 68 (MP: 52 & Ch: 16)
Established in the year 1998

<table>
<thead>
<tr>
<th>Regional Unit</th>
<th>State</th>
<th>Social Service Society</th>
<th>Nursing School/ College</th>
<th>Associate Member</th>
<th>Health Centre Bed Capacity</th>
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<tbody>
<tr>
<td></td>
<td>Madhya Pradesh</td>
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<td>92 50 7 6 5 2 0 0 0 0 190</td>
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<td>Chhattisgarh</td>
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Projects & Special Events

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Community Health Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>Misereor</td>
</tr>
<tr>
<td>Operational Area</td>
<td>Bhopal, Sehore, Raisen, Rajgarh, Narmadapuram, Sagar, Indore, Dhar, Badwani, Khargone, Khandwa, Ujjain, Jhabua, Guna, Shivpuri, Gwalior, Panna, Satna, Rewa, Sidhi, Umaria, Anuppur, Dindori, Mandla, Balaghat, Seoni, Chhindwara, Narsingpur, Jashpur, Surguja, Balrampur, Raigarh, Bilaspur, Baloda Bazar, Mahasamund, Raipur, Durg, Rajnandgaon, Balod, Narayanpur, Jagdalpur, Korba, Janjgir champa, Kawardha and Bilaspur</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>5 MIs in Community Health project</td>
</tr>
<tr>
<td>Target Groups &amp; Activities</td>
<td>Common community Members, ANC-PNC, Vulnerable children, women, PLHIV, ASHAs and Stakeholders</td>
</tr>
</tbody>
</table>
| Total number of people reached | • Number of people reached through awareness activities: 6701  
• Number of people reached through screening and referral services: 8478  
• Number of people provided treatment services: 1034  
• Number of Children provided Immunization Service: 1944  
• Number of people linkage with Social Security Schemes: 597  
• Number of People Linkage with IGP: 327  
• Number of ANC referred for Institutional Delivery: 768  
• Number of people covered through home visits: 6854  
• Number of telemedicine call made by sisters from RU: 3922  
• Number of SHG meeting held: 436 and people cover: 4816  
• Number of people reached through Covid awareness activities: 4005  
• Number of people reached through medical camp: 6622 |
### Project Title:
SAMARTH Empowering ASHAs

### Funding Agency:
Manos Unidas

### Operational Area:
State: Madhya Pradesh  
District: Raisen and Narmadapuram

### Member Institutions involved in implementation of the project:
1 MI involved in SAMARTH Project

### Target Groups:
Common community Members, ASHAs and Stakeholders

### Total number of people reached:
- Number of people reached through awareness activities: 24240  
- Number of ANC meeting Conducted: 498, People reached through ANC meeting: 5384  
- Number of Adolescent meetings Conducted: 624, People reached through Adolescent meeting: 5616  
- Number of people reached through screening and referral services: 8063  
- Number of Children provided Immunization Service: 5184  
- People reached through Home Visit: 7423  
- Conducted 2 days Induction training for ASHAs, total participants- 62  
- 47 village orientation programs conducted.  
- 50 wall panting conducted in 50 villages of Samarth project.  
- 132 malnourished children referred to NRC for treatment.  
- 16 ASHAs monthly experience sharing and learning meeting conducted at Block level.  
- Printing of IEC materiel.
<table>
<thead>
<tr>
<th>Project Title</th>
<th>CSC-Vihaan</th>
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</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>HIV Aids Alliance and GFATM</td>
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<tr>
<td>Operational Area</td>
<td>Balaghat, Seoni and Chhindwara</td>
</tr>
<tr>
<td>Member Institutions involved in implementation of the project</td>
<td>No MIs involved (Direct implementation by CHAMP)</td>
</tr>
<tr>
<td>Target Groups</td>
<td>PLHIV, ASHAs and Stakeholders</td>
</tr>
</tbody>
</table>
| Total number of people reached | - Total PLHIV registered in CSC: 2252  
- Social Linkages – 171  
- 24 support group meetings [SGM] conducted there were 357 patients participated.  
- 4 Advocacies meeting with Govt. Departments where in 110 patients Participated in the meeting.  
- 24 ART - CSC Coordination Meeting had conducted and there were 126 participants attended the meeting.  
- CSC Team counseled 7163 patients.  
- 1030 patients have been tested for TB wherein 11 patients are found positive.  
- 1200 Ayushman form filled for PLHIVs and 247 get Ayushman card during the April, 2022 to march, 2023.  
- CSC celebrated Doctors Day on 1st July, 2022 at Seoni, Chhindwara and Balaghat.  
- Celebration of World AIDS day program with the support of ART and ICTC, there were 335 people participate.  
- CSC team Attended Quarterly review meeting at Ujjain and Bhopal. |
CHAI ANNUAL REPORT 2023

CATHOLIC HEALTH ASSOCIATION OF TAMILNADU

States: Tamil Nadu and Pondicherry
Number of MIs: 523
No of Districts Covered: 32
Established in the year 1997

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<th>Health Centre Bed Capacity</th>
<th>RU Total</th>
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<td>0</td>
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<td>4</td>
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<td>180</td>
<td>192</td>
<td>45</td>
</tr>
</tbody>
</table>

Project Title: Comprehensive Community Health Program at Madurai Archdiocese
Funding Agency: Episcopal Conference Italiana - ECI
Operational Area: Tamil Nadu – Madurai, Virudhunagar, Theni and Dindigul
Member Institutions involved in implementation of the project: 20 MIs are implementing the programs in Madurai Archdiocese
Target Groups: Sick, elderly people and families in target 100 villages
Total number of people reached:
- 2808 people have been reached through 88 awareness Programs
- 2498 people have been screened through health Camps and 675 persons were referred to the secondary and tertiary care to Sister’s Hospital or Government Hospital.
- 94 persons have been assisted financially for their medical and follow up treatment
- Twice capacity building training programs have been provided to 100 health workers in 100 panchayaths on Home Health Care and Foot Reflexology.
- 4940 persons infected and affected with various diseases have been given Nutritional Support during the year
- 103 persons from families of infected / affected with various chronic diseases have been given skill training – tailoring, Typing and computer etc.
- 748 persons have been linked with various government schemes such as Right to Education, Old age Pension, Unorganized labourer welfare board, medical insurance schemes, widow pension etc.
CHAW
THE CATHOLIC HEALTH ASSOCIATION OF WESTERN REGION

States: Maharashtra, Gujarat, Goa, Dadra & Nagar Haveli
Number of MIs: 305
Number of Districts Covered: 72
Established in the year 2001

<table>
<thead>
<tr>
<th>Regional Unit</th>
<th>State</th>
<th>Social Service Society</th>
<th>Nursing School/College</th>
<th>Associate Member</th>
<th>Health Centre Bed Capacity</th>
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</table>

| Project Title | 1. TeleHealth  
               | 2. Rural Health Mission |
|---------------|-------------------------|
| Funding Agency | CHAI                   |
| Operational Area | Maharashtra, Gujarat, Nagar Haveli & Goa |
| Member Institutions involved in implementation of the project | • 98 MI's with using of MI Tool  
• 7 MI's under Tele-Health Project  
• 2 Tele-health Review meeting of telehealth members in the CHAW Region |
| Target Groups | Members of the CHAW region |
| Total number of people reached | • Number of people reached through screening and referral services 10262  
• Number of people provided treatment services 35264  
• Number of people provided training and capacity building 265 |
NECHA
THE NORTH EASTERN COMMUNITY HEALTH ASSOCIATION

States: Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura
Number of MIs: 328
No of Districts Covered: 107
Established in the year 1985

<table>
<thead>
<tr>
<th>Regional Unit</th>
<th>State</th>
<th>Social Service Society</th>
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</table>

Projects & Special Events

- NECHA BULLETIN is published for the village people, according to their understanding capacity.
- Of late NECHA NEWS LETTER is published for friends and members of NECHA.
- Director visited 4 parishes and villages in Guwahati Archdiocese to initiate Community Organizing Programmes.
## OCHA

**ORISSA CATHOLIC HEALTH ASSOCIATION**

<table>
<thead>
<tr>
<th>Regional Unit</th>
<th>State</th>
<th>Social Service Society</th>
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<th>Associate Member</th>
<th>Health Centre Bed Capacity</th>
<th>RU Total</th>
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</table>

### Project Title

Community Empowerment for Sustainable Reproductive and Child Health in 15 districts of Odisha

### Funding Agency

Misereor and Manos Unidas

### Operational Area

15 districts of all the six dioceses of Odisha (Blocks-46, Panchayat-106, Villages-520)

Names of the Districts are mentioned below:
Kandhamal, Rayagada, Gajapati, Ganjam, Sundargarh, Sambalpur, Deogarh, Bolangir, Sambalpur, Koraput, Malkangiri, Balasore, Mayurbhanj, Keojhar, Bargarh

### Member Institutions involved in implementation of the project

52 Member Institutions are involved in the implementation of the project
<table>
<thead>
<tr>
<th>Target Groups</th>
<th>Vulnerable Women, Children, and youth</th>
</tr>
</thead>
</table>
| Total number of people reached | • 2236 people reached through Covid awareness activities  
  • 1508 malnourished children provided treatment services through screening and referral services  
  • 3276 women were provided training on the preparation of homemade Horlicks  
  • 4004 adolescent youths provided training on Adolescent health  
  • 100 women supported for kitchen garden, all of them are consuming vegetables from the kitchen garden, 2059 people are consuming home-grown vegetables.  
  • 1092 mothers reached with Vaccine Preventable disease training  
  • 9100 people reached through formation of Village Health Committees  
  • 2444 early marriages stopped in 520 villages due to the project Intervention  
  • 2628 pregnant women have received full ANC services  
  • 2628 mothers have received full PNC services |
CHABIJAN
CATHOLIC HEALTH ASSOCIATION OF
BIHAR, JHARKHAND & ANDAMAN

States: Bihar, Jharkhand and Andaman Nicobar Islands
Number of Mis: 332
No of Districts Covered: 65
Established in the year 1993

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<th>Regional Unit</th>
<th>State</th>
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<td>Bihar</td>
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<td>91</td>
<td>11 to 30</td>
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</table>

| Project Title                                                                 |
| 1. Medical intervention in the context of Covid-19 through 23 Mis in 10 districts of Jharkhand |
| 2. Community Health Project Phase IV (CHAI project)                                |
| 3. Sustainable Improvement of the Situation and Perspectives of Youth In Three Districts of Jharkhand. |
| 4. Promotion of Herbal medicine                                                   |

| Funding Agency                                                                 |
| 1. Misereor                                                                    |
| 2. Misereor                                                                    |
| 3. Misereor                                                                    |
| 4. Anamed International                                                        |

<table>
<thead>
<tr>
<th>Operational Area</th>
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<tbody>
<tr>
<td>Jharkhand- Ranchi, Gumla, Khunti, Simdega, Dumka, Hazaribagh, West Singhbhum, Latehar, Palamau, Garhwa, Ramgarh</td>
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<tr>
<td>Herbal project: Jharkhand, Tamil Nadu</td>
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<table>
<thead>
<tr>
<th>RU Total</th>
<th>State Total</th>
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<tbody>
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<td>332</td>
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</tbody>
</table>
### Member Institutions involved in implementation of the project

1. 23 Member Institutions involved in Medical intervention in the context of Covid-19 project
2. 5 Member Institutions involved Community Health Project Phase IV
3. 6 Member Institutions involved Sustainable Improvements of the Situation and Perspectives of Youth in Three Districts of Jharkhand

### Target Groups

Children, Women, Adolescents, drop out Youths boys and girls, Parents of the youths

### Total number of people reached

1. **Medical intervention in the context of Covid-19 through 23 Mis in 10 districts of Jharkhand**
   - 6599 of people reached through post Covid-19 management awareness activities
   - 230 of people reached through screening and referral services
   - 6003 of people provided treatment services
   - 23 Health centres provided with Covid infra fund facilities and PPE kit.
   - 41 Sahiyas supported with Covid-19 Hygienic kit and PPE kit

2. **Community Health Project Phase IV**

   Implemented with CHAI

3. **Sustainable Improvements of the Situation and Perspectives of Youth in Three Districts of Jharkhand**

   i. During the period, 123 General Duty Assistance students completed their course and were placed for on job training and jobs in various hospitals and care at home.
   
   ii. 1313 youth seminars were conducted in the targeted villages and discussed on the topic of health and hygiene, Awareness on migration, trafficking, early marriage and early pregnancy, HIV/AIDs, personal development through skill training among the youth by the topic of 15 life skill modules.
   
   iii. 30 girls from the project areas took admission for tailoring course and completed successfully. The tailoring students gained the knowledge of 7 different types of stitching.
   
   iv. 27 health awareness programs were conducted by the six member institutions within 1076 participants. Hand washing, personal hygiene, use of herbal medicine, mental health and awareness on healthy natural food were discussed.
   
   v. 35 cleaning campaign have been conducted in six member institutions within 858 participants, in which youth have shown their efforts for cleaning the school campus and public places like Anganwadi centres.
   
   vi. To sensitize the key influential persons and parents of the youths for the development of youth, the sensitization meeting was organized. 28 meeting was held in which 816 influential persons were participated. The main topic discussed on the meeting was about issues of the youth like risks and challenges of migration, effects of alcoholism, early marriage and early pregnancy, importance of skill training for youth, various skills for livelihood.
   
   vii. 146 youth (87 boys and 59 girls) were identified and were brought back to the school and colleges to continue their studies. These students were motivated and make them aware of importance of education.
   
   viii. 79 youth (35 Male and 44 Female) have enrolled themselves in vocational training program.
   
   ix. Celebration of special events such as National youth day, Women’s Day, World Health Day, World AIDs day, World youth skill day were organized in six member institutions. Where the youth and their parents gain knowledge and information about the importance of the day.

4. **Promotion of Herbal medicine**

   i. 222 persons affected with skin diseases treated with Artemisia annua.
   
   ii. 15 Cancer patients given Artemisia annua.
   
   iii. 12 Gland Tuberculosis treated with Artemisia anuua DMSO with Artemisia solution, Artemisia ointment and Artemisia tea.
   
   iv. 18 persons suffered from Haemorroids (Piles) treated with Artemisia ointment and Artemisia tea.
   
   v. 653 persons who had Malaria, Typhoid and general weakness treated with Artemisia annua
RUPCHA
RAJASTHAN UTTAR PRADESH
CATHOLIC HEALTH ASSOCIATION

States: Uttar Pradesh, Rajasthan, Punjab, Haryana, Delhi, Himachal Pradesh, Jammu & Kashmir, Uttarakhand & Chandigarh (UT)
Number of MIs: 310
No of Districts Covered: 211
Established in the year 1988

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<tr>
<th>Regional Unit</th>
<th>State</th>
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<th>Associate Member</th>
<th>Health Centre Bed Capacity</th>
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Project Title: Integrated Approach to Community Empowerment & Health among the Slum Dwellers of Jahangirpuri Slum, Delhi
Funding Agency: Manos Unidas, Spain
Operational Area: 5 Blocks [D, E, EE, G & K blocks] of Jahangirpuri Slum, Delhi
Member Institutions involved in implementation of the project: 1 member institution, Jivodaya Dispensary managed by the Sisters of Destitute at Jahangirpuri is involved in the implementation of the project as community level project coordinator.
Target Groups: Women, Youth & Children

---
We have reached out to majority of the people of 5 blocks of Jahangirpuri slum quantify to 1,00,000, through various types of programs:

1. 70 awareness creation programs organized on different topics such as Communicable and non communicable diseases, STDs, life style diseases, nutritious diet, ANC/PNC, domestic violence, rights of women, government schemes, SHGs, etc. & 3762 people participated and benefitted directly and 20,000 people benefitted indirectly.
2. 30 mid media programs (Rallies, street plays, wall paintings, PA system, etc.) were conducted on different topics such as Communicable diseases, importance of education, Mobile & Drugs addiction, women empowerment, and around 1 lakh people of the target area benefitted.
3. 16 health / screening camps (general, thyroid, diabetic, ENT, Ayurvedic, etc.) were conducted & 1332 people were benefitted.
4. 94 drives of drainage/surroundings cleaning were conducted and 2085 women were participated in the drives and all the households in the area were benefitted.
5. 30 health & hygiene awareness creation programs were conducted and 1723 people were participated and benefitted directly.
6. 7 trainings were conducted for the community volunteers and 485 volunteers were participated and benefitted.
7. 60 monthly block level meetings were conducted and 1114 people were participated and the results reached to the whole community of the blocks.
8. 60 counselling programs were conducted and 3674 people were participated and directly benefitted.
9. Organized 4137 door to door health awareness campaign & around 21000 people benefitted.
10. 10 monthly & 2 quarterly review meetings were conducted.
11. Referred 661 suspected people for further examination and 283 were diagnosed positive.
12. 258 ANC/PNC care were provided.
13. Through our intervention 75 people availed different types of government schemes, 382 were availed different types of identity cards, 89 children availed school admission, 75 were availed birth certificates, etc.
14. We have prepared & distributed health awareness calendars to 8000 families.
<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>Light the Candle – Child Development Program</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Funding Agency</strong></td>
<td>Light the Candle International Inc., California</td>
</tr>
<tr>
<td><strong>Operational Area</strong></td>
<td>Madangir Slum, Delhi</td>
</tr>
<tr>
<td><strong>Member Institutions involved in implementation of the project</strong></td>
<td>1 member institution, Vinaya Bhavan Maternity Centre, managed by the Sisters of Salesian Missionaries of Mary Immaculate (SMMI) at Madangir is involved in the implementation of the project as Project Coordinator.</td>
</tr>
<tr>
<td><strong>Target Groups</strong></td>
<td>This year, we have increased our support from 50 to 75 underprivileged school dropouts &amp; school going children of the area, for their educational and overall development. Along with education, we provide nutritional supplement, health awareness, personal hygiene and other necessary support to build up overall competence and skills development while completing their education.</td>
</tr>
<tr>
<td><strong>Total number of people reached</strong></td>
<td>We have reached out to around 400 people of 75 underprivileged families of the area.</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th><strong>Project Title</strong></th>
<th>'Dil Hei Beti Ki Aasha - Light the Hope Candle'</th>
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<tbody>
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<td><strong>Funding Agency</strong></td>
<td>Young Presidents Organization</td>
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<td><strong>Operational Area</strong></td>
<td>Burari Village, Delhi</td>
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<tr>
<td><strong>Member Institutions involved in implementation of the project</strong></td>
<td>1 member institution, Sparsh Health Centre managed by the Bethany Sisters at Burari is involved in the implementation of the project as Project Coordinator.</td>
</tr>
<tr>
<td><strong>Target Groups</strong></td>
<td>The child development program mainly meant for the girl children. We support 34 underprivileged school dropouts &amp; school going girl children of the Burari area for their educational and overall development. Along with education, we provide nutritional supplement, health awareness, personal hygiene and other necessary support to build up overall competence and skills development while completing their education. Majority of the people are migrants, who came in search of employment. The children, especially girls have to dropout of schools during covid-19 pandemic. They are not only impoverished but lack nutrition and also are responsible for the care of the younger ones. Their socio-economic condition is so pathetic and their basic amenities and infrastructure are limited.</td>
</tr>
<tr>
<td><strong>Total number of people reached</strong></td>
<td>We have reached out to around 200 people by providing support to their 34 girl children.</td>
</tr>
<tr>
<td>Project Title</td>
<td>Central Procurement System of Rupcha</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>--------------------------------------------------------------------------</td>
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<tr>
<td>Funding Agency</td>
<td>RUPCHA</td>
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<tr>
<td>Operational Area</td>
<td>It covers the RUPCHA region i.e. 7 States &amp; 3 UTs of Northern India.</td>
</tr>
<tr>
<td>Member Institutions involved</td>
<td>54 Member hospitals are involved.</td>
</tr>
<tr>
<td>in implementation of the project</td>
<td></td>
</tr>
<tr>
<td>Target Groups</td>
<td>Central procurement system is one of the platforms Rupcha has created for common projects for member institutions. The project has been rolling out since the last 10 years. Presently 54 member hospitals are participating / benefitting through the scheme. We review the service of the companies regularly and enter to the annual rate contracts with major suppliers / companies and the rate applicable to each item is the same to all the urban/rural member hospitals. Periodic review meetings are organized at the regional level to monitor and check the quality and the efficiency of the same. During the review each institution expresses their experience with the companies.</td>
</tr>
<tr>
<td>Total number of people reached</td>
<td>People of Northern states, where our hospitals are rendering services are benefitted through the program.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Project Title</th>
<th>Diocesan &amp; MI Visits</th>
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</thead>
<tbody>
<tr>
<td>Funding Agency</td>
<td>RUPCHA</td>
</tr>
<tr>
<td>Operational Area</td>
<td>RUPCHA Region</td>
</tr>
<tr>
<td>Member Institutions involved</td>
<td>We have conducted 63 MI visits in 7 dioceses to get the picture of health activities of institutions and dioceses. During our visits we have tried to meet each one of the MI and especially focused to meet the head of the institutions &amp; departments. Visiting and meeting with the members are inevitable for the rejuvenation of institutions. To be united as an association we need a close contact with MIs and these visits helped to know each institutions activities, helped to get more active participation in our grassroots level activities, helped in networking and collaboration. The visits also helped in updating the MI level database.</td>
</tr>
<tr>
<td>in implementation of the project</td>
<td></td>
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<tr>
<td>Target Groups</td>
<td>Dioceses &amp; MIs in the RUPCHA region</td>
</tr>
</tbody>
</table>

**Besides:**

- Prepared and distributed Health Awareness Calendars to 8000 families.
- Conducted field level visits of projects and meeting with the funding partners to assess the progress made through the intervention of project activities.
- At the organizational level RUPCHA has conducted AGBM & GBMs in order to review, monitor and plan the various programs.
- Observed important days like International Women’s Day, Nurses Day, World Health Day, etc.
WBCHA
THE WEST BENGAL CATHOLIC HEALTH ASSOCIATION

States: West Bengal and Sikkim
Number of MIs: 133
No of Districts Covered: 131
Established in the year 2000

<table>
<thead>
<tr>
<th>Regional Unit</th>
<th>State</th>
<th>Social Service Society</th>
<th>Nursing School/College</th>
<th>Associate Member</th>
<th>Health Centre Bed Capacity</th>
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Project Title
1. Home based palliative care
2. Institutional based palliative care

Funding Agency
CHAI

Operational Area
West Bengal, Darjeeling

Member Institutions involved in implementation of the project
Daughters of the Cross Health Centre (Palliative Care Unit) Hatighisa

Target Groups
All palliative patients in the Institution and village

Total number of people reached
- Number of people reached through awareness activities: 210
- Number of people provided treatment services: 200
## Project Title
Cancer screening program -under SDFI

### Funding Agency
SDFI

### Operational Area
West Bengal, Dakshin Dinajpur

### Member Institutions involved in implementation of the project
Karuna Health Mission

### Target Groups
Vulnerable children and women, elderly men and women

### Total number of people reached
- Number of people reached through awareness activities-3800
- Number of people reached through screening and referral services-200
- Number of people provided treatment services-250
- Number of people provided training and capacity building-20
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

Fédération Internationale des Associations de Médecins Catholiques

Global Coalition of TB Activists

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

80 years of Nurturing Health, Enriching Lives
MANAGEMENT & TEAM
On October 28, 1980, Bishop Lumen Monteiro was ordained as a priest in the congregation of the Holy Cross. He was later appointed as the bishop of Agartala on January 11, 1996, and officially installed into the position on May 26 of that same year. Currently, Bishop Monteiro holds the position of chairman of the North Eastern Diocesan Social Forum and serves as a representative of the Conference of Catholic Bishops of India (Latin rite) on the governing body of Caritas India.

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.

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 leprosy-affected 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 and Excellence in Social Work Award in 2019. Fr George was inspired by his late mother Brigitte to start the Mother’s Meal movement.
Fr Binu Kunnath belongs to the Archdiocese of Kottayam. He did his doctorate in philosophy from Pontifical University of Regina Apostolorum, Rome. He also has gained Masters in Hospital Administration from St. John’s Hospital, Bangalore. Before being named Director of Caritas Hospital & Educational institutions in May 2019, Father Dr. Binu Kunnath was Administrative Joint Director to Caritas Hospital & Educational institutions and from May 2019, is appointed as the Director of Caritas Hospital and Educational institutions.

Sr Mercy belongs to the Missionary Sisters of the Immaculate Heart of Mary (ICM). Her work experience includes Nurse, Tutor and Clinical instructor for 12 years in St. Joseph Hospital and Our Lady School of Nursing, Dindigul. She was a Deputy Nursing Superintendent for 2 years at St. Joseph Hospital, Dindigul and Nursing Superintendent for 6 years. Currently, she is the Administrator of St. Joseph Hospital. She has completed a certification course on Pain and Palliative care and Laws related to hospital administration; Advanced Certified Professionals for Quality Implementation in Hospitals (CPQIH); Basic Certified Professional for Hospital Infection Control (CPHIC); and MBA-HRM.

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.

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
Fr Thomas N L
Councillor
Rev Thomas N L was ordained on 1st January 2006 who belongs to the diocese of Rajkot. He has completed Masters’ in Social Work as well as Hospital Management apart from Theology and Philosophy. He served in various capacities like Assistant Parish Priest, Assistant Director, Director, Chancellor etc in different organizations from 2006 onwards. From 2020 onwards he is the Director of Christ Hospital, Rajkot and Chancellor of Rajkot Diocese.

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 Navajeevan School of Nursing, and Dr Chhang’s Super-speciality Hospital. She is also the President of WBCHA.
Sr Bhavya CHF
President, CHABUJAN
Sr. Bhavya CHF has done GNM and BSc Nursing. She served as ICU in-charge in Holy Family Hospital, Patna, from 2004-2009. She was tutor and Associate Administrator in Mercy Hospital, Godda, Jharkhand. She continues as a Nurse in Holy Family Health Centre, Bhagalpur.

Fr Anil VJ
President, NECHA
Fr. Anil Joseph is currently the Parish Priest of St. Sebastian's Church, Godda, Jharkhand. He served as Assistant Parish Priest, St. Joseph’s Church, Goalgara, Assam (2009-2012) and as Director-Guwahati Ganaseva Society, Guwahati (2012-2019).

Fr Thomas N L
President, CHAW
Rev Thomas N L was ordained on 1st January 2006 who belongs to the diocese of Rajkot. He has completed Masters’ in Social Work as well as Hospital Management apart from Theology and Philosophy. From 2020 onwards he is the Director of Christ Hospital, Rajkot and Chancellor of Rajkot Diocese.

Sr Sisily John
President, OCHA
Sr. Sisily John belongs to the Sisters of the Cross of Chavanod. She has completed Nursing in 1996. She has more than 27 years of experience in healing ministry. She worked in UP, Kolkata and Orissa. She also worked as a Treasurer for OCHA for 7 years and worked with project and pastoral field as well. She was animator for different communities.

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.

Fr George Kannanthanam
Acting President, CHAKA
Fr. George, a Claretian priest with advanced degrees in Social Work and Sociology, founded the HOPE Society in 1988 for substance abuse work. He lived 12 years among leprosy-affected individuals, authored ‘THE EMPTY NEST’ on leprosy rehab, and earned awards including India’s National Award (2003) and Best Citizen of Bangalore (2013). He initiated the Mother’s Meal movement inspired by his late mother Brigit.

Sr Siria Pushpam
President, CHAT
Sr. Siria belongs to the Sisters of St Joseph of Cluny. She is a Nurse by profession and has experience in working with Maternity Centre, People affected by TB and Diabetic patients. Presently she is in-charge of Annai Velankanni Hospital, Cuddalore Dt, Tamil Nadu. She has won the award for Active Case Finder for TB in 2015 as well as for Running of Best DOTs Centre & DOT Provider in 2016.

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 Alipur.

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 Lizy Abraham MSA
President, RUPCHA
Sr. Lizy Abraham did GNM, BScNursing and Msc in Gynaecology and Obstetrics. Presently she is the Principal of St Francis Hospital College of Nursing since 2013, and General Medical Councilor of Mission Sisters of Ajmer, from 2016 Onwards.
Sr Saritha, JMJ
Director, CHAAP
With a law degree and postgraduate education, Sr. Saritha holds 14 years of experience in the Development Sector. Serving as CHAAP’s Director since 2022, she builds upon the legacy of CHAI’s founder, Dr. Sr. Mary Glowrey, by connecting resources from NGOs, government, and CSR to aid those in need. Her dedication shines through her role as CHAAP’s Director, reaching out to underserved populations despite contemporary challenges.

Sr Arul Selvi
Director, CHAT
Sr. Arul Selvi, a member of the Congregation of the Presentation of the Blessed Virgin Mary, boasts 26 years in healthcare, with a GNM and postgraduate diploma in Counselling and Psychotherapy. She’s served in hospitals, dispensaries, and held the Director role at Varusanadu Social Service Society for six years. With 13 years as Superior and a fervor for aiding the marginalized, she dedicates herself to uplifting the downtrodden.

Sr Mary Nirmala
Director, 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 Esack Rayappan
Director, NECHA
Fr. Esack Rayappan was ordained on December 28, 2012. He belongs to the Diocese of Miao, Arunachal Pradesh. From 2012 to 2021, he served as an Assistant Parish Priest in different churches within the diocese. Currently, he holds the positions of Director at the North Eastern Community Health Association (NECHA) and North East Regional Secretary of the Health Commission.

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 Rajasthan Vidyapeet University. He was appointed Director of RUPCHA in 2018.

Sr Lillisa SABS
BHMS, MHA
( Incoming) Director, CHAKE
Sr. Lillisa, of SABS, holds a BHMS from Fr Muller’s Homeopathic Medical College. With 16 years of clinical experience, 4 years in teaching, and 6 years as an Administrator at Josgiri Hospital, she’s also been a NABH Coordinator and Quality Manager. For 21 years, she’s taught anatomy and physiology in nursing institutions and is currently the KCBC Health Commission Secretary.
CHAI Directorate

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

Fr. Mathew is a Redemptorist Priest with an MBBS from Kottayam Medical College, and MD in Community Medicine from CMC Vellore. He was Health Secretary of the Catholic Bishops Conference of India, from 2008 to 2015. He has been the Chair for Technical Resource Group, NACO, Govt. of India; Engage Disability; and LINC Asia, a Disability Inclusive Network. Currently he is the President of the Christian Coalition for Health.

He is a member of the Laudato Si Action Platform (LSAP), Steering Board, and the Lead for LSAP Healthcare Working Group, Vatican. Fr. Mathew is passionate about compassionate, affordable and quality healthcare for all, especially at the margins of the society.
Senior Management Team & Programme 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 19 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 20 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.

Col Leo Jonas Muthu (Retd)
Col Leo joined CHAI in May 2023. He served in the Indian Army for thirty years. His expertise includes administration, supervision, logistics, resource management, strategic planning, implementation, communication, organizational skills, self-motivation, multitasking, decision-making, problem-solving etc. Col Leo has been awarded the “Chief of Army Staff Commendation Card” for his exceptional services in 2012.

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.
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 12 years. His core expertise are programme management, strategic planning, and technical and grant writing. Currently, he is working as Senior Programme Manager at CHAI.

Ms Theophile Venard
Ms Theophile Venard has been working in CHAI for the last 34 years in various capacities. At present, she is the HR Manager - Axshya Project, In-charge of the Membership Department and also working for the Directorate. Earlier, she has worked as Editorial Assistant in the Health Action team.

Mr Vijay Reddy
Mr Vijay Reddy holds Masters in Social Work and has over 25 years of experience working with INGOs/NGOs in the field of social development sector. He has extensive and rewarding experience in program management, supportive supervision, liasoning, networking, capacity building of health programs both in public and private sector. He has successfully worked with reputed organizations like Catholic Relief services (CRS), HLFPPT- program technical support to state governments supported by BMGF, SAATHII – PPTCT program supported by Global Fund and YRG CARE – Accelerate program supported by USAID and contributed to the organizations growth and development. He has wide range of experience in HIV AIDS prevention, treatment and Care program implemented by State and National AIDS Control Organization (SACS/ NACO). He comes with diverse experience of having worked with Catholic religious institutions, the diocesan social service societies. His core area is systems strengthening, strategic planning, innovation and management of large number of IMs and teams.

Mr M Vinay Kumar
Mr. M Vinay Kumar is a development professional having an experience of nearly two decades in Public Health and Project Management. He is familiar with Community Engagement, Institution Building, Advocacy, Innovations and Change Management, Collaboration with Government and Non-Government and Private Health Care providers. He did postgraduation from Osmania University in Social Work and Psychology. He has worked with Prajwala an NGO based at Hyderabad, Telangana, Hindustan Latex Family Planning Promotion Trust and recently joined Catholic Health Association of India.

Mr Vishal Gupta
Mr. Vishal Gupta, Senior Program Manager is working with CHAI for the last 15 years. He is a Senior development Sector professional having more than 15 years of experience in Program Operation & Management, Partnership Management, Grant & Donor management. He has qualification in public health and management. He is a certified Rehabilitation professional and a Fulbright Scholar.
Religious Staff

**Fr Mathew TT CMF**, Director, Pratyasha
Fr Mathew is a Claretian priest who was ordained on 14th January, 1997 and has been working mostly in educational institutions. Currently he is the Director of Pratyasha.

**Fr E Saviour Siby CMF**, Training Coordinator
Fr. Siby belongs to the Claretian Congregation from Bangalore Province. He holds Masters in MA and has also completed LLB from Nagpur University. He worked in Jharkhand for 16 years as a State Coordinator of Mary’s meals, which provides lunch to 81,000 students every day. Currently he is the Training Coordinator at CHAI Training Center, Medchal.

**Sr Noel, DSS**, Administrator, Pratyasha
Sr. Noel, DSS, belongs to the Congregation of Dina Sevana Sabha. She has been involved in apostolic work in several schools and parishes across different parts of Andhra Pradesh. Prior to joining Pratyasha, she was engaged in parish ministry at Basuragaddi. Presently she is the Administrator at Pratyasha.

**Sr Deena DSS**, Nursing in charge
Sr. Deena DSS, belongs to the Congregation of Dina Sevana Sabha. She has completed her General Nursing in 1999 and dedicated her services to HIV/AIDS patients and children in Kurnool. Additionally, she has worked in dispensaries and old age homes in locations such as Hingupur and Jadi in India, as well as San Antonio in Texas. Presently she is the Nursing in charge at Pratyasha.
Fr Sarath Maddineni C.Ss.R
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.

Fr Santhosh CMF
Rev. Fr. Santhosh belongs to Claretian Congregation of the Province of Bangalore. He has completed M.A (English Language and Literature); and MSc (Psychology Counselling). He was the Youth Director for A.P & T.S in their province for three years. He held the post of Director, St. Claret Preaching Team. He also worked as the Superior and Parish Priest for six years in Bhattiprolu, Guntur Diocese, Andhra Pradesh.

Sr Shanthi Mary Kalajalapati JMJ
Sr. Shanthi Mary Kalajalapati belongs to Jesus Mary Joseph Congregation of Hyderabad Province. She studied Nursing from St. Teresa’s School of Nursing, Hyderabad. She worked as a staff nurse for 23 years in various hospitals besides the congregational assignments.

Sr Rojalu Nagothu JMJ
Sr. Rojalu Nagothu belongs to Jesus Mary Joseph Congregation of Hyderabad Province. She has done her B.Ed from Nagarjuna University, Guntur and worked as a Teacher and Headmistress in various schools for 42 years.
Mr John Santhosh, Technology
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 GoI, Village Social Transformation Project of Maharashtra Govt and the TB Eradication project of GoI (e-Nikshay).

Ms Rosemary Thomas, Sustainability of Congregations
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
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 Transformation
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.
Ms Anuvinda Varkey, Legal
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.

Mr Allen Andrade, Organizational Transformation
Allen J Andrade has over 35 years’ experience with Finance & Strategy for large, international companies in oil & gas, entertainment, banking & FMCG. He brings a strong technical capability, operational track record and advisory knowledge, combined with a highly developed acuity to identify the issues most relevant to industry of reference. As a result, he delivers strong, finance disciplines and strategic input for collaborative delivery of company goals and objectives. Allen has worked with BG (later Shell Upstream), BNP Paribas, Universal Music & Johnson and Johnson heading the finance function covering various areas of finance including audit, treasury, risk & financial control and reporting, governance, operations, tax planning, tax administration, M&A. His experience covers a wide range of expertise in start up, restructuring, established and Joint Venture operations involving International companies interests in India. Has played a key role in influencing fiscal issues in various industry organisations in banking, media and entertainment and oil and gas.

Mr Harish Devarajan, 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”.

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Staff List

Projects
Dr Sameer Valsangkar
Dr Kanupriya
Mr Mohammed Mateen
Mr Vijay Reddy M
Mr M Vinay Kumar
Mr Manoj P Devasia
Mr Ramesh Raparthi
Mr Somashekar Mottam
Mr Kiran Kumar Marneni
Mr Raju M.K
Ms Theophine John
Ms Jessica Richard
Mr Rakesh Ranjan
Mr Balendra Singh Kaurav
Mr Deepthi Indupally
Mr Sam Philip
Ms Leena Thomas
Mr Vijay Anand
Ms Priyanka Prasanna
Mr D Venkata Rao
Mr Vishal Gupta
Mr Mazhar Khan

Mr Sunil Dungdung
Mr Venkatesh Deshmukh
Mr Suraj Jaiswal
Mr Jean Toms

Communication
Mr Vasudevan Nair
Mr Nanda Kishore
Mr TK Rajendran
Mr Manesh Thomas

Finance
Ms Maji Manesh
Mr Sreeramulu Kommu
Mr Areth Raj Mehta
Mr Srinivas Rao Guduru
Mr Rajasekhar Balne
Mr Vanguri Venkanna
Mr Rakesh V
Mr Prasad JSVV

HR & Admin
Col Leo Jonas Muthu
Ms Jaise Thomas
Ms Diana D’mello
Ms Sagaya Mary
Mr Sunder Raj
Ms Pramila Minj
Ms Priyanka Ekka
Mr Krishna Kumar
Ms Sukwaro Bal
Ms Anshu Ekka

CHAI Training Centre
Fr Mathew TT, CMF
Fr E Saviour Siby, CMF

Mr Marianus
Mr Norbat Lakra
Ms Jasanti Kerketa
Mr Byju Joseph
Ms Radha
Mr Santuram
Mr Oshit Jivan Bara
Mr Saiman Tirkey
Ms Juljina Tirkey
Ms Neelima
AUDITOR’S REPORT

To

The members of Catholic Health Association of India, Secunderabad

We have audited the accompanying financial statements of Catholic Health Association of India, which comprise the Balance Sheet as at March 31, 2023, and the Income & Expenditure Account for the year then ended.

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

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

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

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

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

a) in the case of the Balance Sheet, of the state of affairs of the Society as at March 31, 2023;

and

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

Place: Secunderabad
Date: 25.08.2023

For Leo Amalraj & Associates
Chartered Accountants
FRN: 001862S
Leo Amalraj & Associates
Chartered Accountants
5-9-1111/7, 3rd Floor,
King Koti Road,
Hyderabad -500 029
Tel: 23244221

A. Leo Amalraj
(Partner)
Membership No: 022073
UDIN: 23022073BGYOFO6945
Notes forming part of accounts for the year ended 31.03.2023

1. **Basis of preparation of financial statements:** The financial statements are prepared in accordance with the generally accepted accounting principles in India and in accordance with the historical cost conventions.

2. **Fixed Assets:** The Fixed Assets have been recorded at the historical cost less depreciation.

3. **Depreciation:** Depreciation on fixed assets has been provided at the rates prescribed under the Income Tax Act, 1961.

4. **Investments:** Investments are stated at cost unless there is a permanent reduction in value.

5. **Recognition of Income/Grants:** The grants received from various agencies are accounted only on actual receipt basis. The interests on fixed deposits are considered either on maturity or whenever the banks consider the accrued interest for tax deduction purposes, whichever is earlier.

6. **Retirement Benefits:** Gratuity provisions were made in the books of accounts for employees of certain projects. The gratuities were paid as and when the liability has arisen. However, during the financial year 2022-2023, gratuity provision to the extent of Rs. 24,56,358/- have been made in addition to the existing provision, based on the estimation made by the organization.

7. **Contingent Liabilities:** No contingent liabilities have come to the notice of the management.

8. **Confirmation of Balances:** The confirmations of balances have not been obtained in the case of debtors and creditors of the society.

9. **Previous year’s figures** have been re-grouped wherever necessary.

Place: Secunderabad
Date: 25.08.2023

For Leo Amalraj & Associates
Chartered Accountants

A. Leo Amalraj
(Partner)
Membership No: 022073
UDIN: 23022073BGYOF06945
## Balance Sheet as at 31st March 2023

<table>
<thead>
<tr>
<th>Source of Funds</th>
<th>Amount (in INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Fund and others</td>
<td>52,139,091.85</td>
</tr>
<tr>
<td>Current Liabilities and Provisions</td>
<td>51,435,443.6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52,653,836.21</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Application of Funds</th>
<th>Amount (in INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fixed Assets</td>
<td>4,640,630.49</td>
</tr>
<tr>
<td>Current Assets, Loans &amp; Advances</td>
<td></td>
</tr>
<tr>
<td>1. Current Assets</td>
<td></td>
</tr>
<tr>
<td>a. Cash &amp; Bank Balances</td>
<td>5,081,397.84</td>
</tr>
<tr>
<td>b. Fixed Deposits</td>
<td>42,881,421.50</td>
</tr>
<tr>
<td>2. Loans &amp; Advances</td>
<td>5,043,928.88</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>52,653,836.21</strong></td>
</tr>
</tbody>
</table>

---

Place: Secunderabad
Date: 25.08.2023

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

Director General
A. Leo Amalraj
(Partner)
Membership No: 022073
Income & Expenditure Account for the year ended 31.03.2023

<table>
<thead>
<tr>
<th>Income</th>
<th>Amount (in INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Foreign Grants Received</td>
<td>22,95,31,624.64</td>
</tr>
<tr>
<td>By Local Grants Received</td>
<td>9,37,68,725.00</td>
</tr>
<tr>
<td>By Interest received</td>
<td>2,49,12,924.00</td>
</tr>
<tr>
<td>By Interunit &amp; Other receipts</td>
<td>5,62,51,180.76</td>
</tr>
<tr>
<td>By Excess of Expenditure Over Income</td>
<td>1,58,23,962.81</td>
</tr>
<tr>
<td>Total</td>
<td>42,02,88,417.21</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>Amount (in INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Foreign Projects Expenditures</td>
<td>27,96,70,998.30</td>
</tr>
<tr>
<td>To Local Projects Expenditures</td>
<td>9,47,17,376.13</td>
</tr>
<tr>
<td>To Administrative &amp; Other Expenses</td>
<td>4,08,57,000.07</td>
</tr>
<tr>
<td>To Depreciation</td>
<td>50,43,042.71</td>
</tr>
<tr>
<td>Total</td>
<td>42,02,88,417.21</td>
</tr>
</tbody>
</table>

Place: Secunderabad
Date: 25.08.2023

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

Director General
A. Leo Amalraj
(Partner)
Membership No: 022073
Local Receipts and Payments Account for the year ended 31.03.2023

<table>
<thead>
<tr>
<th>Receipts</th>
<th>Amount (in INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Cash and Bank balances</td>
<td>75,24,699.42</td>
</tr>
<tr>
<td>Local Grants Received</td>
<td>9,37,68,725.00</td>
</tr>
<tr>
<td>Interest Received (Net of TDS)</td>
<td>1,37,45,824.00</td>
</tr>
<tr>
<td>Interunit &amp; Other receipts</td>
<td>5,62,51,180.76</td>
</tr>
<tr>
<td>Decrease in Current Assets</td>
<td>1,27,268.36</td>
</tr>
<tr>
<td>Increase in current liabilities</td>
<td>16,15,672.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,30,33,369.54</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payments</th>
<th>Amount (in INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local Project Expenses</td>
<td>9,47,17,376.13</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>4,08,57,000.07</td>
</tr>
<tr>
<td>Purchase of Fixed Assets</td>
<td>1,32,350.00</td>
</tr>
<tr>
<td>Fixed Deposited Invested</td>
<td>3,04,58,598.00</td>
</tr>
<tr>
<td>Closing cash &amp; bank balances</td>
<td>68,68,045.34</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>17,30,33,369.54</strong></td>
</tr>
</tbody>
</table>

Place: Secundrabad  
Date: 25.08.2023  
As per our report of even date  
For Leo Amalraj & Associates  
Chartered Accountants

Director General  
A. Leo Amalraj  
(Partner)  
Membership No: 022073
Foreign Receipts and Payments Account for the year ended 31.03.2023

<table>
<thead>
<tr>
<th>Receipts</th>
<th>Amount (in INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Opening Cash and Bank balances</td>
<td>1,30,39,798.98</td>
</tr>
<tr>
<td>Foreign Grants Received</td>
<td>22,95,31,624.64</td>
</tr>
<tr>
<td>Interest Received (Net of TDS)</td>
<td>85,86,994.00</td>
</tr>
<tr>
<td>Decrease in Current Assets</td>
<td>14,57,933.18</td>
</tr>
<tr>
<td>Decrease in Fixed Deposit</td>
<td>7,10,00,000.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32,36,16,350.80</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payments</th>
<th>Amount (in INR)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Grants Expenses</td>
<td>27,96,70,998.30</td>
</tr>
<tr>
<td>Closing Cash &amp; Bank Balances</td>
<td>4,39,45,352.50</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32,36,16,350.80</strong></td>
</tr>
</tbody>
</table>

Place: Secunderabad  
Date: 25.08.2023  

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

Director General  
A. Leo Amalraj  
(Partner)  
Membership No: 022073

THE CATHOLIC HEALTH ASSOCIATION OF INDIA  
SECUNDERABAD, Telangana
"I see somebody dying, I pick him up. I find somebody hungry, I give him food. He can love and be loved. I don’t look at his color, I don’t look at his religion. I don’t look at anything. Every person whether he is Hindu, Muslim or Buddhist, he is my brother, my sister."

Mother Teresa
80 Years of Healing Hearts, Nurturing Lives: CHAI’s Enduring Legacy

chai-india.org

Contact Us

Address
The Catholic Health Association of India
157/6, Staff Road, Gunrock Enclave,
Secunderabad – 500009, Telangana

Phone
+91-40-27848293, 27848457

Email
directorgeneral@chai-india.org