Catholic Health Association of India

ANNUAL REPORT 2026



83 Years
of Service,
Compassion,
and Healing

chai-india.org

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VISION

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

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

MISSION

In order to realize the vision, CHAI endeavours to

- **Promote Community Health, understood as a process of enabling the people, especially the poor and the marginalized, to be collectively responsible to attain and maintain their health and demand health as a right, and ensure availability of quality health care at reasonable cost.**
- **Prevent and control communicable and non-communicable diseases as they cause a huge public health burden as well as take a heavy toll of human life in the country.**
- **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 the poor and needy.**



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

— Sr. Dr. Mary Glowrey JMJ

Venerable,
Founder, CHAI

- Born on June 23rd, 1887, in Australia.
- Graduated with MBBS Degree from the the University of Melbourne 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 5th May, 1957, in Bangalore.
- Declared a Servant of God by Most Rev. Dr. Gali Bali, Bishop of Guntur on 27th March, 2013.
- Pope Leo XIV declared Mary Glowrey as Venerable on 21st November, 2025.



“

We need to rediscover the fundamental attitude of care as support and closeness to others.

— Pope Leo XIV

Address to the Pontifical Academy for Life,
16 February 2026

Message from the Ecclesiastical Adviser

Dear Friends,

The theme of this year's Annual General Body Meeting (AGBM), "Shaping the Future of Elderly Care: A Shared Mission, A Continuing Journey," reflects the changing realities of elderly care in India.

Elderly care in India is rapidly evolving from traditional family-based support to a combination of professional home care, assisted living communities, and government healthcare schemes. As the population ages and family structures change, the gap between the need for care and the availability of adequate support systems is likely to widen. The rise of nuclear families and the absence of strong social support systems have increasingly turned care into a "service" that may not be meaningful, appropriate, or affordable for a large section of the elderly population.

Creating neighbourhood networks and community groups that provide not only basic medical support but also companionship, emotional comfort, and dignity to people living with serious illnesses can help ensure the availability of meaningful and affordable care for elderly people, regardless of their socio-economic circumstances. The desired outcome is not merely the provision of services, but the creation of caring communities.

The initiatives of the Catholic Health Association of India (CHAI) are deeply rooted in this philosophy of building caring communities. Its programmes in community health, palliative care, disability care, and care for people living with and affected by HIV/AIDS reflect this commitment and contribute towards a compassionate and inclusive model of healthcare.

CHAI remains steadfast in its mission to ensure "Health for All."

We also rejoice in the declaration of Sr. Dr. Mary Glowrey as Venerable—a significant milestone in her journey towards sainthood and a proud moment for CHAI, the organisation she founded.

I am honoured to assume the role of Ecclesiastical Adviser to this historic organisation, which has worked tirelessly for over eight decades to build a healthier nation. I take this opportunity to express my heartfelt appreciation to all Member Institutions, Regional Units, members of the National Board, the Director General, and the staff for their unwavering commitment and perseverance.

With very good wishes to everyone in CHAI, and invoking God's blessings upon all our efforts,



Most Rev. Thomas Netto
Archbishop of Trivandrum
Ecclesiastical Adviser, CHAI

Message from the President

Dear Friends,

India's ageing population is growing rapidly and is projected to rise from 8.6% in 2011 to nearly 21% by 2050. With millions of elderly people already living alone or only with their spouses, the country faces an emerging challenge of social isolation and unmet care needs.

As life expectancy increases, the focus must shift from longevity alone to quality of life. A significant number of older adults live with chronic illnesses, reduced mobility, and increasing dependency, requiring sustained and compassionate care.

The traditional joint family system, which has long been the backbone of eldercare, is steadily weakening due to migration, smaller family sizes, and changing social norms. Consequently, many elderly persons, particularly in rural areas, are left with limited or no caregiving support. Formal caregiving services, though available, remain largely urban-centric, expensive, and beyond the reach of the majority.

In this context, organisations such as the Catholic Health Association of India (CHAI) have a vital role to play in expanding and strengthening institutional, community-based, and home-based geriatric care services. Guided by Catholic teachings and the core principles of Human Dignity, the Common Good, Solidarity, and Subsidiarity, CHAI continues to respond meaningfully to the challenges of our times.

During the financial year 2025–26, the CHAI Directorate extended support to Member Institutions (MIs) by enhancing their capacities in Leadership and Management and promoting the effective use of data and technology. Alongside these efforts, the organisation continued to reach vulnerable communities through structured initiatives in Community Health, Palliative Care, Disability Care, and support for Children Living with HIV, implemented through the dedicated engagement of its Member Institutions.

This year marked an important transition in leadership. We express our sincere gratitude to Rev. Dr. Mathew Abraham for his dedicated service and invaluable contribution to the growth of the organization. We warmly welcome Sr. Dr. Helen Mary as she assumes leadership and guides CHAI into the future.

The work of CHAI is made possible through the support, cooperation, and trust of its partners and stakeholders. We sincerely thank all those associated with CHAI for their continued support, and we are pleased to present this year's Annual Report.

Fr. N. L. Thomas
President, CHAI



From the Director General's Desk



The year 2025–26 was one of meaningful progress and important transition for the Catholic Health Association of India. Across our programmes, Regional Units (RUs) and Member Institutions (MIs), CHAI continued to advance compassionate, accessible and dignified healthcare for poor, marginalised and underserved communities. We also strengthened leadership, institutional systems, partnerships and technology to sustain the healing ministry in a rapidly changing healthcare environment.

Community-based healthcare remained central to our work. Through the Community Health Programme, 35 MIs reached nearly 297,000 people across 175 villages in 15 states. The programme strengthened maternal and child health, disease prevention, referrals, treatment and welfare linkages, while telehealth and institutional partnerships expanded access to specialist and essential services.



Key Outcomes at a Glance



Swalamban supported 1,691 children and adolescents affected by HIV through integrated treatment, psychosocial care, education, social protection and livelihood support. High treatment adherence and viral load suppression reflected the programme's contribution to healthier and more secure lives.

Pratyasha expanded compassionate palliative care through inpatient, home-based and community-supported services. By strengthening caregivers, families and local institutions, it enabled people with life-limiting illnesses to receive care with dignity, comfort and emotional support.

Through Navdarshan, 850 children and adolescents with intellectual disabilities received individualised education, multidisciplinary therapies, life-skills training and vocational exposure. These interventions strengthened communication, mobility, self-care, confidence and participation.

ELLSCSI strengthened the leadership and sustainability of Sister-led healthcare ministries across 10 provinces and 54 MIs. By building the capacities of Sister leaders, congregational teams, Community Health Workers and institutional staff, the programme reinforced community outreach, institutional ownership and continuity of care in underserved areas.

ALLRight advanced CHAI's monitoring, evaluation, accountability and learning practices. Digital systems, dashboards, Quarterly Review Meetings and MEAL guidelines supported more consistent, evidence-informed decision-making. The initiative also reaffirmed that technology creates lasting value when supported by staff ownership, institutional capacity and the regular use of information.

For selected programmes, CHAI also began reporting indirect beneficiaries, including family members, caregivers and communities. This provides a fuller picture of how programme benefits extend beyond those receiving services directly.

Our RUs continued to translate CHAI's mission into locally relevant action. The ongoing MI Mapping and Profiling Exercise is building a stronger evidence base on institutional services, capacities and needs, enabling more focused coordination, partnerships and support.



This year also marked an important leadership transition. I express my profound gratitude to Rev. Dr. Mathew Abraham, C.Ss.R., for his decade of visionary service as Director General. His leadership strengthened CHAI's strategic direction, partnerships, systems and commitment to developing the leadership of women religious. I accept the responsibility of serving as Director General with humility and gratitude, conscious of the legacy entrusted to us.

We were also blessed by the recognition of our founder, Sr. Dr. Mary Glowrey, as Venerable. Her life continues to remind us that professional excellence and compassionate service must remain inseparable.

I extend my heartfelt appreciation to our National Board, RUs, MIs, congregations, dioceses, partners, programme teams, healthcare professionals, Community Health Workers, volunteers and communities. The progress reflected in this report is the result of your trust, commitment and shared belief in healthcare as a healing mission.

As we move forward, may we continue to combine compassion with competence, faith with action and tradition with innovation - remaining united in our commitment to health, dignity and hope for all.

Sr. Dr. Helen Mary A., SAB
Director General
Catholic Health Association of India





Programme Reports

1 Community Health Programme



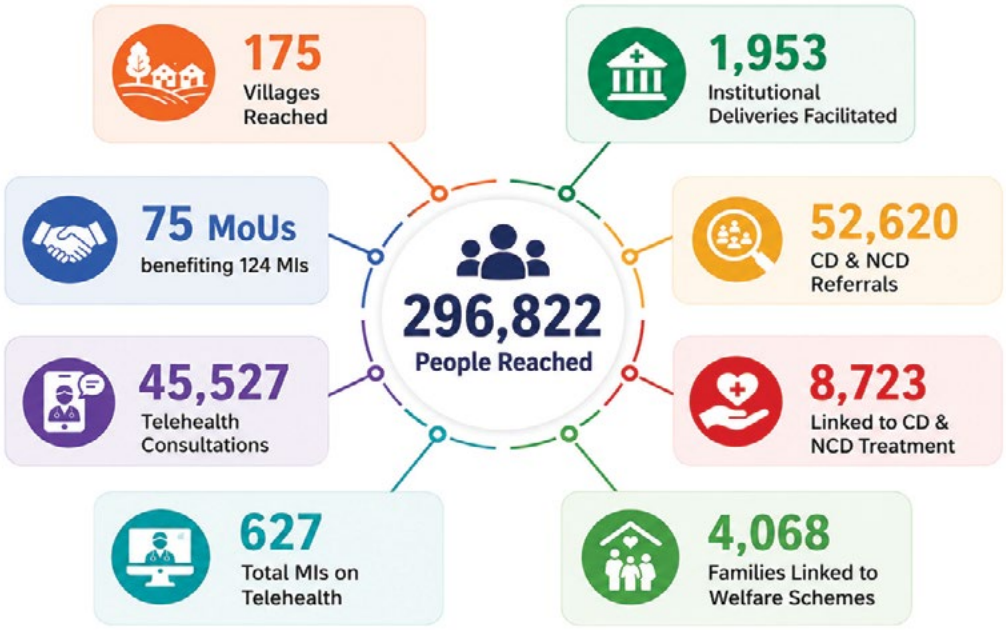
Overview

The Misereor-supported Community Health Programme works across 15 states through six Regional Units, two partner organisations and 35 Member Institutions (MIs). It strengthens community-based prevention, referral and welfare linkages, with a focus on maternal and child health, nutrition, and communicable and non-communicable diseases. Partnerships and telehealth extend access across the wider CHAI network.



Results at a Glance

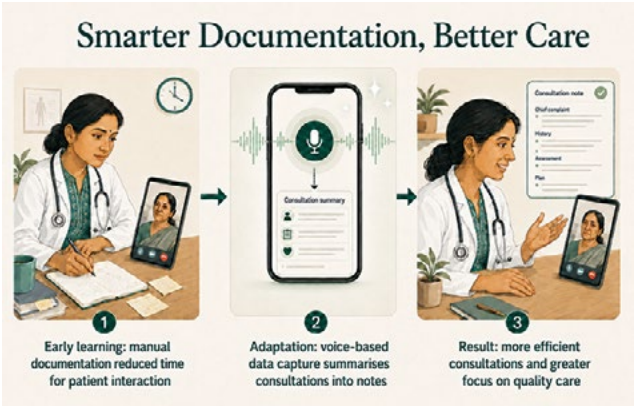
During 2025–26, the 35 project MIs reached 296,822 people across 175 villages. They facilitated 1,953 institutional deliveries, 52,620 CD/NCD diagnostic referrals, 8,723 treatment linkages, and access to government welfare schemes for 4,068 families. Across the wider network, 75 MoUs benefited 124 MIs, while 105 additional MIs were enrolled on the CHAI Telehealth platform, bringing the total to 627; 45,527 specialist consultations were delivered.



Community health results reflect the 35 project MIs; partnership and telehealth figures reflect the wider CHAI network.

Learning and Adaptation

To reduce consultation time spent on manual documentation, CHAI introduced voice-based data capture that converts consultations into written notes, enabling providers to focus more on patient interaction.







Case Story

A New Smile for Bipin

Bipin, a young child from Kabeer Nagar village in Uttar Pradesh, was born with a cleft lip and palate. Feeding and swallowing were difficult, leaving him severely malnourished. His family did not know that treatment was possible and was hesitant to seek care.

Sr. Hima Joy, Community Health Coordinator at SEWYCA, and Community Health Volunteer Mrs. Nirmala counselled and reassured the family through regular follow-up. They accompanied Bipin to the hospital and supported the family through the required tests and treatment.

Bipin underwent his first corrective surgery on 14 November 2024, followed by a successful revision surgery in May 2025. The treatment was provided free of cost through Smile Train.

Today, Bipin is able to eat and drink normally. His nutritional status has improved, and he has recovered from malnutrition. Beyond restoring his health, the treatment has given Bipin and his family renewed confidence and hope.

"Bipin's recovery journey reaffirmed our belief that timely intervention, family counselling and compassionate support can transform a child's life."

— Sr. Hima Joy, Community Health Coordinator, SEWYCA

2 Swalamban: Strengthening Health, Dignity and Self-Reliance for Children Affected by HIV/AIDS (CABA)



Overview

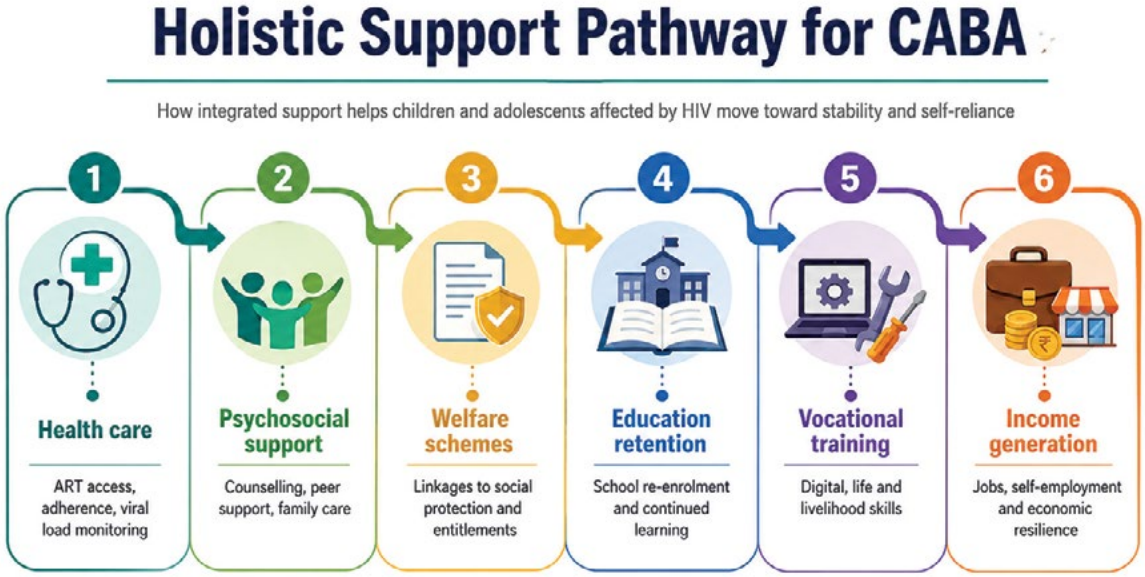
Supported by Misereor, Swalamban provides comprehensive HIV care and support to children and adolescents infected with and affected by HIV/AIDS (CABA). During 2025–26, the programme reached 1,691 CABA across seven states through 11 CHAI Member Institutions, linking them to treatment, social protection, education, psychosocial support and livelihood opportunities.

Project Snapshot

July 2024–June 2027 Project duration	Supported by Misereor Donor	7 states Geographic reach
11 Member Institutions Implementing partners	1,691 CABA reached Reach	HIV care and support Focus

The Need Addressed

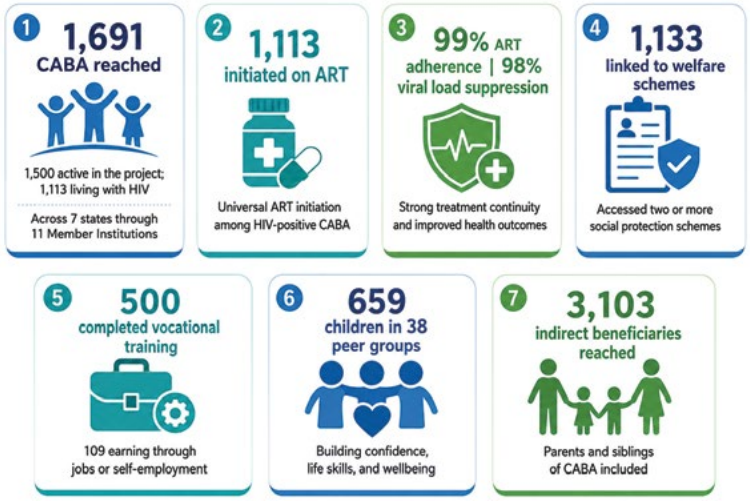
Children and adolescents affected by HIV face intersecting challenges of treatment continuity, stigma, poverty, disrupted education and limited access to social protection and livelihood opportunities. Swalamban addresses these through integrated health, psychosocial, education, welfare and livelihood support.



Results at a Glance

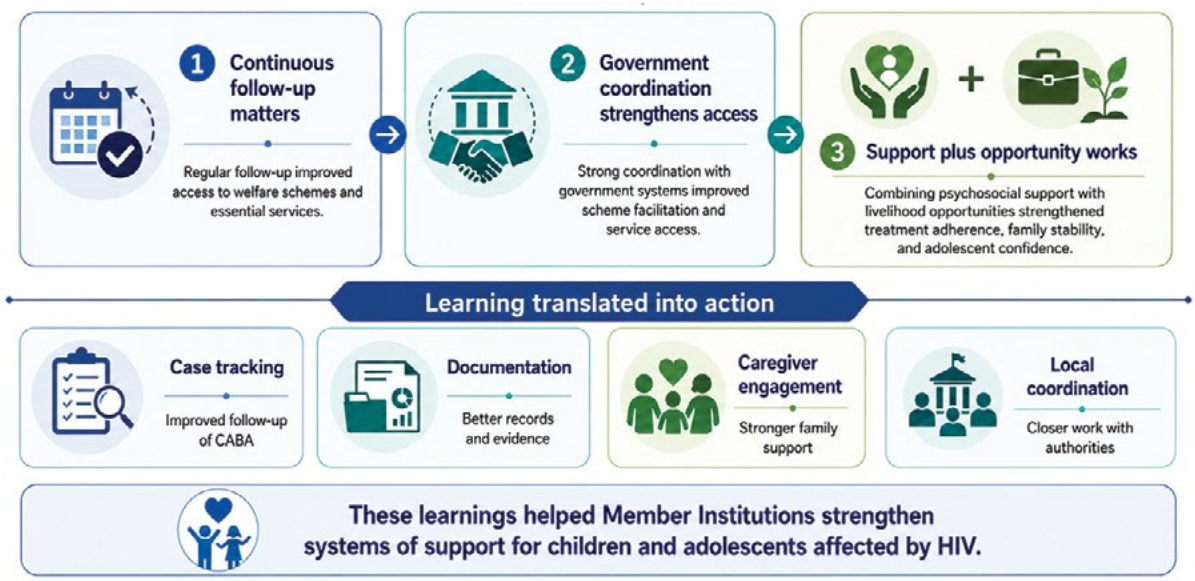
Swalamban combined treatment follow-up with social protection, education and livelihood support. The programme also strengthened the 11 implementing MIs and community caregivers in case tracking, counselling, documentation and welfare facilitation, while coordination with ART centres, government departments and local stakeholders strengthened continuity of support.

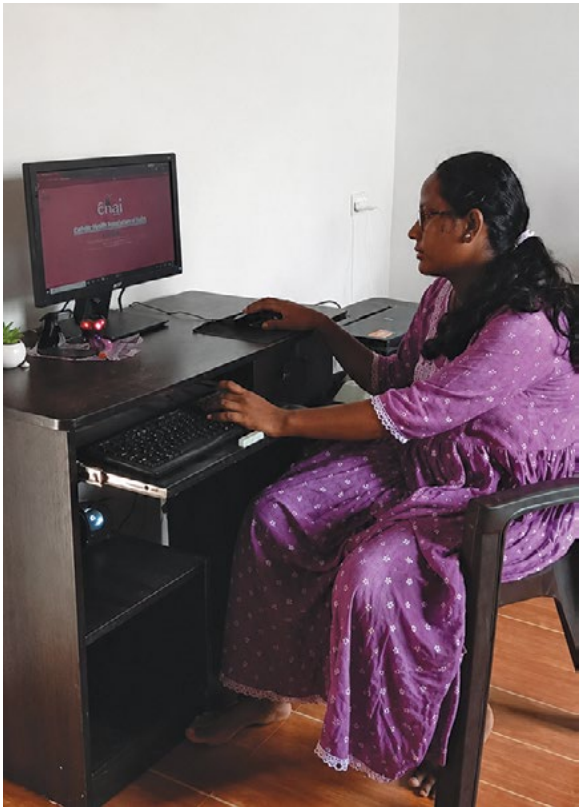
Swalamban also indirectly reached 3,103 family members, including parents and siblings of CABA, helping children and adolescents affected by HIV move towards better health, dignity, stability, and self-reliance.



Learning and Adaptation

The year reinforced the importance of continuous follow-up, government coordination, and linking psychosocial support with education and livelihood opportunities.





Case Story

Building Independence Through Skills and Opportunity

Sneha, name changed, from Maharashtra, grew up in a vulnerable household with limited access to education, skills, and employment opportunities. Through Swalamban, she enrolled in a government-certified computer training course and received mentoring, counselling, and career guidance. After completing the course, the project team supported her to establish a Maha E-Seva Kendra, a Common Service Centre, by guiding her through certification and follow-up processes.

Today, Sneha runs her own service centre, provides digital and government services to her community, earns income, and contributes to her family. Her confidence and decision-making ability have grown significantly, reflecting how skills, mentoring, and opportunity can help adolescents affected by HIV move towards dignity and self-reliance.

3 PRATYASHA - Palliative Care Programme



Overview

Supported by Misereor, Pratyasha strengthens access to compassionate palliative care for people living with life-limiting illnesses and their families across 12 states. Through inpatient and home-based care, psychosocial support, caregiver engagement and community outreach, the programme seeks to relieve suffering and improve quality of life.

Programme Snapshot



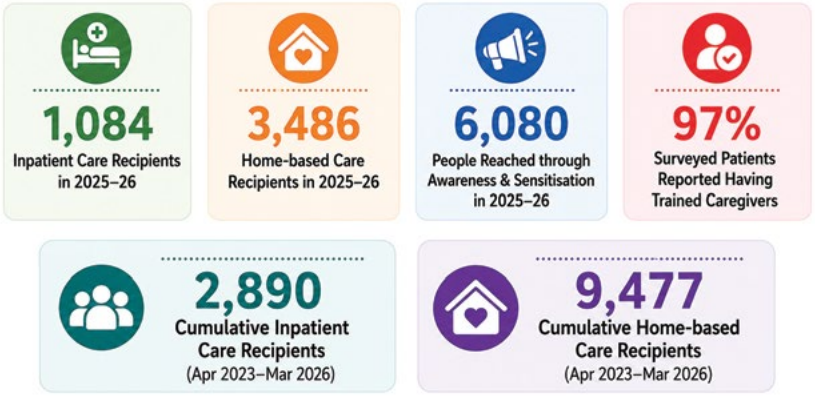
*Includes CHAI Member Institutions and Sister Doctors.

The Need We Addressed

People living with life-limiting illnesses often have limited access to quality palliative care, particularly close to home. Pratyasha responds through medical, psychological, social and spiritual support, while strengthening families, caregivers and communities to provide compassionate care.

Results at a Glance

Pratyasha expanded facility- and home-based palliative care while strengthening community awareness and caregiver preparedness during 2025–26.



Learning and Adaptation

The programme showed that while service providers can initiate palliative care, sustained holistic care requires stronger community participation. In response, Pratyasha will develop neighbourhood platforms that engage volunteers, community champions and local residents in supporting people with life-limiting illnesses and their families.

Case Story

Simple Interventions, Lasting Hope

Rakesh* (45), from Nagpur, had been living with leukaemia for five years. The physical and emotional burden of the illness affected both him and his wife, contributing to poor treatment adherence and increasing distress.

Sr. Neel Kusum, Project Coordinator from the implementing MI, and Mrs. Preeti, a Community Champion, visited the family at home. Through counselling and information about treatment, they addressed the couple's concerns, encouraged Rakesh to resume treatment, accompanied him to the government hospital and facilitated consultation with his physician.

With continued follow-up, Rakesh began taking his prescribed medication regularly and attending medical reviews. He remained in contact with the Community Champion whenever difficulties arose, while both he and his wife became more confident in managing his illness.

*Name changed to protect identity.

4 Enhancing Leadership for Long-term Sustainability of Catholic Sisters in India (ELLSCSI)



Overview

Supported by the Conrad N. Hilton Foundation and the Hilton Fund for Sisters, the ELLSCSI Project strengthens the leadership, management and institutional sustainability of Catholic Sisters' healthcare ministries across India. Implemented through 54 Member Institutions (MIs), the programme builds the capacity of Sisters to deliver quality community health, disability and palliative care services while strengthening the long-term sustainability of their ministries.

Of the 54 Member Institutions, 30 are affiliated with 10 participating Provinces of Catholic Sisters' congregations. Through a high-level engagement model, the programme works closely with the leadership of these Provinces to strengthen accountability, continuity and institutional sustainability. Within a religious congregation, a 'Province' is an administrative and governance unit and does not refer to a geographical province or state.



The Need We Addressed

Catholic Sisters serve some of India's most underserved communities, where access to affordable healthcare remains limited. At the same time, many Sister-led healthcare ministries face leadership transitions, limited financial resources and growing administrative and operational responsibilities.

The programme responded by strengthening leadership, institutional resilience and community-based healthcare systems so that these ministries can continue providing accessible and compassionate care while building stronger foundations for long-term sustainability.



What Changed This Year

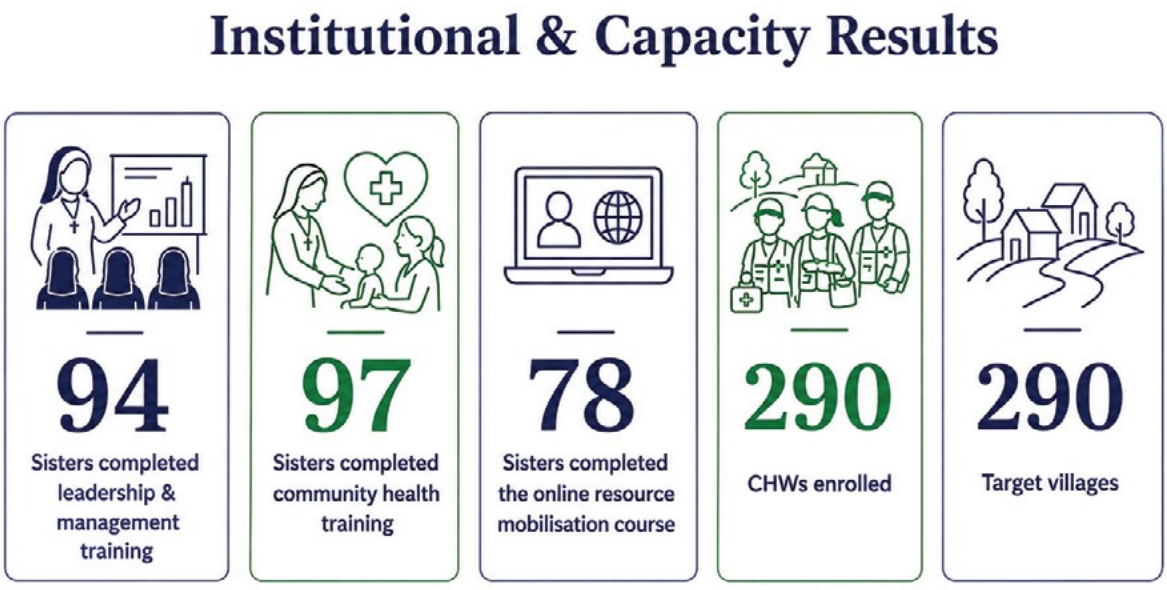
The programme strengthened the capacity of Catholic Sisters and their institutions to manage responsive, sustainable and quality healthcare services. A customised hybrid learning approach combined online courses, on-site sessions and shared reflection to strengthen leadership, management, community health and resource mobilisation capacities.

Formal engagement with congregational provincial leadership brought greater clarity to accountability, monitoring and institutional continuity. Provincial teams participated in quarterly reviews, committed to annual progress assessments and developed action plans addressing the quality of life of ageing Sisters, leadership continuity and the sustainability of congregational healthcare ministries. A core committee was also established to guide key programme initiatives.

At community level, MIs and Community Health Workers strengthened links between households and healthcare providers and extended care closer to where people live. Telehealth, safeguarding orientations, compliance mapping and standardised reporting further supported clinical access, practitioner accountability and evidence-based programme management.

Results at a Glance

During 2025–26, the programme strengthened Sister-led institutions through congregational engagement, capacity building, CHW-led outreach and community-based care.



Service Delivery & Reach

11,875
Unique direct beneficiaries

21,745
Individual services delivered

63,299
Potential household reach

55,903
People reached through programme activities

Nearly 90%
of recorded care delivered at community level

COMMUNITY AWARENESS OUTREACH

241
Awareness sessions

10,275
Attendances

HEALTH CAMP OUTREACH

249
Health camps

18,125
Attendances

51,424
Estimated indirect beneficiaries

Note: 55,903 people reached through programme activities is shown as the overall activity-reach figure. The other figures are related service and reach indicators and are not a break-up of 55,903.

LEARNING & ADAPTATION:

Challenge → Adaptation → Continuity

1

Implementation showed that **Sisters often faced competing responsibilities and differing levels of digital confidence,** which affected training completion.

CHAI responded with shorter, mobile-friendly learning modules supported by practical digital orientation and follow-up assistance.

- Shorter, focused modules
- Mobile-friendly learning
- Practical orientation & follow-up support

Result: Higher engagement, improved digital confidence and better training completion among Sisters.



2

Frequent transfers of trained Sisters also highlighted **the importance of building continuity beyond individual personnel.**

Member Institutions therefore developed and supported a second line of local Community Health Workers to help sustain community outreach and services during personnel transitions.

- Local capacity strengthened
- Community ownership promoted
- Services sustained during transitions

Result: Stronger community presence and sustained healthcare services, regardless of personnel changes.




ELLSCSI

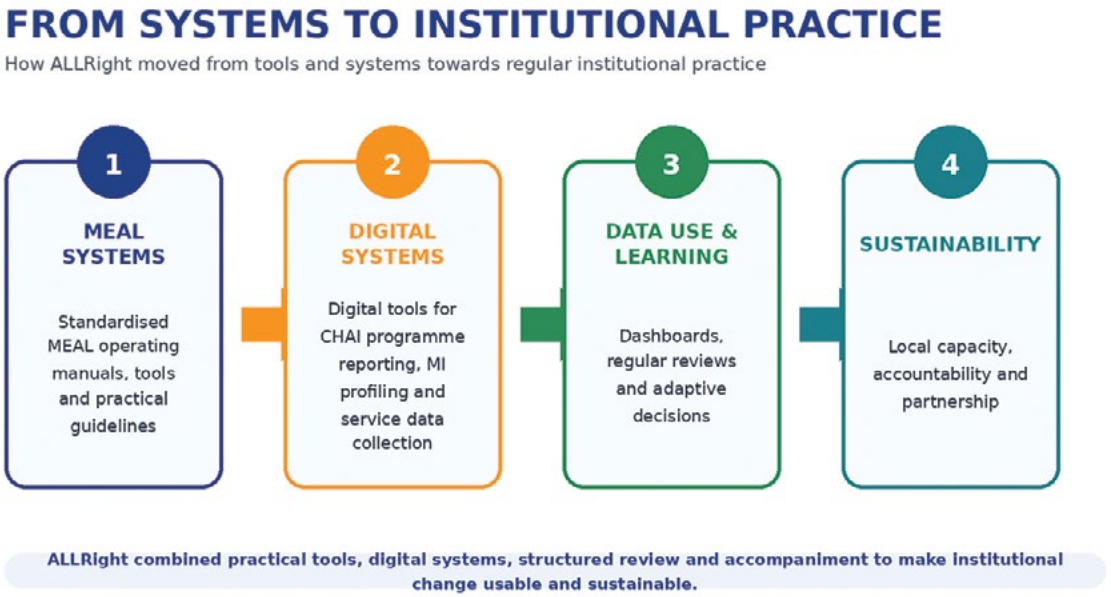

Welcome
ELLSCSI

5 Advancing Local Leadership in RIGHT Way (ALLRight)

PROJECT DURATION	DONOR	FOCUS
June 2023–August 2026	Catholic Relief Services	Institutional capacity strengthening

Overview

Supported by Catholic Relief Services, Advancing Local Leadership in RIGHT Way (ALLRight) strengthens CHAI's institutional capacity in monitoring, evaluation, accountability and learning (MEAL), digital data management, organisational learning, safeguarding and network strengthening. During 2025–26, the project increasingly shifted from establishing systems to embedding them in practice. Digital transformation progressed across key programmes, MI profiling strengthened visibility of the CHAI network, and standardised MEAL tools, dashboards and structured reviews supported more consistent data use, learning and accountability.



1. Embedding MEAL and digital systems within CHAI

96	5
MIs implementing CHAI programmes covered through digitisation	Major CHAI programmes using relevant MEAL guidelines

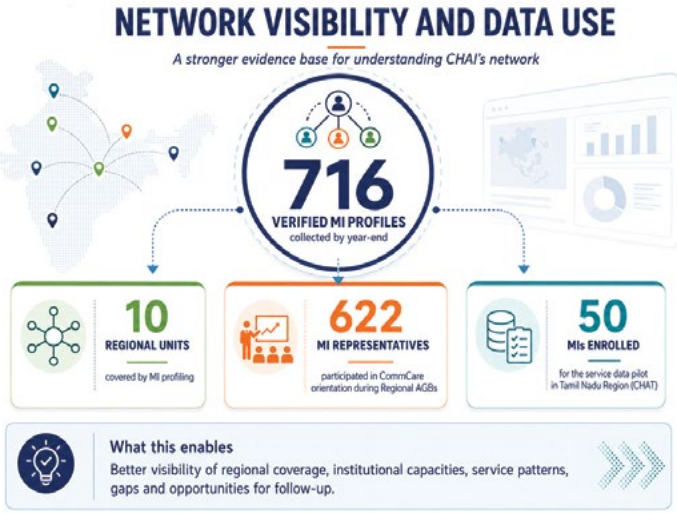
Standardised MEAL tools and digital systems increasingly replaced fragmented, Excel-based reporting across CHAI programmes, while CommCare-based solutions progressed for CABA, Pratyasha and ELLSCSI. Training, testing and technical accompaniment enabled CHAI staff to increasingly manage these systems themselves, helping move MEAL beyond project reporting towards a more consistent organisational practice for data quality, review and learning.



MI team members participating in a hands-on CommCare orientation session.

2. Strengthening network visibility and data use

MI profiling created a central digital evidence base on CHAI's institutions and services across the Regional Units. Interactive dashboards enabled the Directorate and regional teams to examine coverage, institutional capacities, service patterns and gaps, and supported more focused discussion and follow-up during network-strengthening processes.



From data collection to learning and decisions

Quarterly review meetings and other reflection processes created regular opportunities for teams to examine programme performance, discuss challenges and identify adaptations. These processes helped shift data from collection and reporting towards more consistent interpretation, learning and decision-making.



CHAI team participating in an orientation on structured Quarterly Review Meetings.



Transitioning from paper-based records to digital data collection through CommCare.

Learning, accountability, and institutional ownership

ALLRight reinforced that technology produces sustainable change only when accompanied by staff ownership, regular review and practical support. When MI profiling progressed more slowly than anticipated, CHAI strengthened dashboard-based feedback and follow-up. The Mid-Term Review also prompted a shift from developing a comprehensive MEAL policy towards practical guidelines, operational manuals and review tools aligned with existing workflows. Safeguarding and accountability measures were further integrated into organisational processes, helping embed ALLRight investments within CHAI rather than creating parallel systems.

What ALLRight leaves behind

As ALLRight approached project closure, its contribution was increasingly visible not only in individual tools and platforms, but in institutional capacities designed to continue beyond the project.



Looking ahead to project closure

Before ALLRight closes in August 2026, CHAI will complete priority digital systems and MI profiling, expand the use of MEAL Guidelines and data-driven reviews, document project outcomes, and develop a non-financial post-ALLRight partnership roadmap with CRS to support continued institutional learning and technical collaboration.

6 Navdarshan

Overview

Supported by V-Guard Industries, Navdarshan provided individualised special education, multidisciplinary therapies, life-skills training and vocational development to 850 children and adolescents across nine partner special schools in Telangana.

Supporting Development and Independence

During 2025–26, children received physiotherapy, speech, occupational, behavioural and music therapy alongside special education. These interventions supported improvements in mobility, communication, emotional regulation, classroom participation and social interaction.

Activities of Daily Living (ADL) training strengthened self-care skills such as dressing, feeding and personal hygiene, while vocational activities including tailoring, bag-making, paper-bag production and doormat weaving helped adolescents build practical skills and confidence.



A child participating in a structured learning activity with an instructor at a Navdarshan partner special school in Telangana.

Strengthening Partner Schools

Partner schools strengthened the use of Individualised Education Programmes (IEPs), baseline assessments and progress tracking to better respond to individual needs. Therapy equipment, learning resources, monitoring visits and quarterly reviews further improved service quality and child-friendly learning environments. Regular CHAI–V-Guard programme and MIS reviews strengthened accountability and evidence use.



Students participating in vocational skills training at a Navdarshan partner special school in Telangana.

Learning and Adaptation

The programme reinforced the value of combining therapy, individualised education, ADL training and vocational exposure as an integrated approach. IEP-based tracking helped schools adapt interventions to individual needs, while early life-skills and vocational exposure supported greater confidence and independence.

Building Confidence Through Life Skills

Fourteen-year-old Ravi experienced difficulties with communication, self-care and social interaction and depended considerably on caregivers. Through Navdarshan, an Individualised Education Programme guided his physiotherapy, speech therapy, behavioural support and ADL training.

Over the year, Ravi became more confident in communicating and interacting with others, showed better emotional regulation, and became increasingly independent in dressing, eating and personal hygiene. Vocational and music activities further strengthened his concentration and confidence. His progress reflects how integrated therapy, education and life-skills support can enable greater participation and independence.



Ravi engaging in a structured learning activity with his instructor, building communication, concentration and greater independence through the Navdarshan Project.

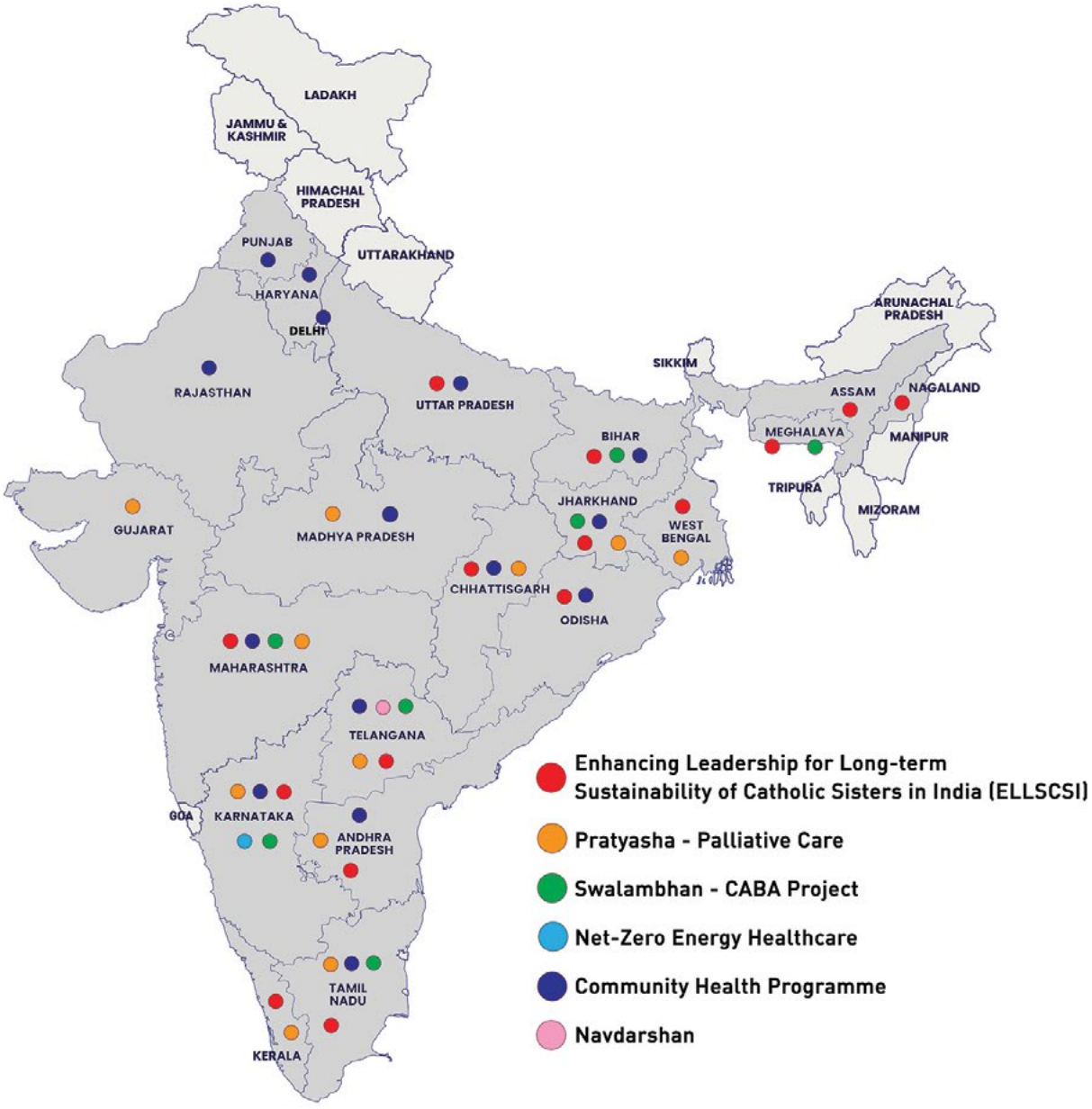
7 Towards Net-Zero Healthcare through Clean and Sustainable Energy



Overview

CHAI has initiated a CSR-supported clean energy project at St. Philomena's Hospital, Bengaluru, with support from ThoughtWorks Technologies (India) Pvt. Ltd. and Let's Endorse. The project will install a rooftop solar power system to improve energy reliability, reduce electricity costs and carbon emissions, and support the continuity of essential healthcare services, including maternal and emergency care, diagnostics and vaccine storage. WRI India and BESCOM will provide technical and grid-related support, contributing to a more sustainable and climate-resilient healthcare system.

CHAI Directorate Projects
Geographical Presence





Other **Activities**

International Students Exposure Programme



Australian Catholic University students and CHAI partners during the 2025–26 student exposure programme, promoting cross-cultural learning in community health, rehabilitation and inclusive care.

To enhance understanding of diverse healthcare systems and service delivery models, students of Nursing, Midwifery, Occupational Therapy, and Speech Therapy from Australian Catholic University (ACU) participated in two international exposure visits to Hyderabad and Warangal during the year. A total of 19 students and 3 faculty/staff members engaged in structured learning experiences across a range of healthcare and community settings.

The visits provided valuable insights into rehabilitation services, nursing and midwifery practices, palliative care, HIV care, disability inclusion, and India's public health system. Participants gained exposure to government hospitals, maternity and neonatal services, special education institutions, palliative care centres, transgender health services, and community-based healthcare networks, including ASHA and Anganwadi services.

The programme fostered cross-cultural learning, strengthened participants' understanding of community-oriented healthcare approaches, and highlighted innovative practices in delivering inclusive and accessible health services in resource-diverse settings.

Visit of Venerable Mary Glowrey's Family to CHAI



CHAI welcomed family members of Venerable Mary Glowrey and representatives of the Mary Glowrey Museum, Melbourne, to the CHAI Directorate on 9 February 2026. The delegation included six of her relatives, along with Museum Director Karin Clark and Curator and Educator Fiona Power.

Following a traditional Indian welcome, the guests visited the CHAI Museum and premises and learned about CHAI's history, mission and nationwide healthcare initiatives. Presentations highlighted CHAI's programmes, including the Community Health Programme and the ELLSCSI initiative, while participating Sisters shared experiences of leadership, mission and service among vulnerable communities.

Sr. Dr. Helen Mary reflected on Venerable Mary Glowrey's enduring influence on CHAI's healing ministry. The visitors expressed their appreciation for CHAI's continued commitment to her legacy of compassionate healthcare and service. The gathering concluded with a vote of thanks and the Novena Prayer to Venerable Mary Glowrey.

CHAI Mary Glowrey Scholars' Melbourne Visit



CHAI's Mary Glowrey Scholars being felicitated at a reception hosted by Australian Catholic University (ACU) in Melbourne.

11–21 March 2026

Six Mary Glowrey Scholars who completed the Leadership Certificate Course offered by the University of Melbourne participated in an on-site training and academic exchange programme in Melbourne. The visit strengthened their leadership capabilities, broadened their understanding of healthcare systems and deepened their connection with the legacy of Venerable Dr. Mary Glowrey.

The leadership programme, facilitated by Rob Moodie, Lucio Naccarella and other faculty members, addressed adaptive leadership, leadership styles, time management, coaching and mentoring, conflict management, self-awareness and effective meeting management. The sessions encouraged participants to understand leadership not merely as a position of authority, but as a relational and mission-oriented responsibility rooted in service.

Practical reflections on time management helped the scholars consider how responsibilities could be prioritised more strategically. Sessions on shadow values and blind spots encouraged them to recognise attitudes and behaviours that could affect leadership credibility, ethical consistency and decision-making. The distinction between coaching and mentoring further highlighted the importance of empowering colleagues, nurturing potential and fostering accountability without creating dependency.

The programme also covered healthy leadership boundaries, programme evaluation frameworks and the development of personalised leadership plans. Each participant identified an "accountability buddy" to support the continued application of learning after the programme. These exercises reinforced the importance of integrating competence with conscience, efficiency with empathy, and authority with accompaniment in healthcare leadership.

Institutional visits to St. Vincent's Hospital and the Australian Catholic University's Nursing Faculty offered valuable exposure to healthcare education, patient-care systems and integrated mental health services. The visit to the Medical History Department provided additional insight into the development of healthcare practice and institutions. These experiences encouraged the scholars to consider how relevant approaches could be adapted within the Indian healthcare context.

Interaction with scholars and professionals from Christian Medical College, the Emmanuel Hospital Association and other institutions created opportunities for networking and future collaboration in healthcare, academic initiatives and capacity-building programmes. Formal and informal exchanges enabled participants to share experiences, explore common challenges and strengthen professional relationships.

The programme also provided opportunities for personal and spiritual reflection. Daily prayer and the celebration of the Holy Eucharist grounded the learning experience in faith and renewed the participants' commitment to compassionate service. The sessions invited the scholars to recognise their strengths, acknowledge areas for growth and approach leadership with greater humility and self-awareness.

A particularly meaningful dimension of the visit was the encounter with the life and legacy of Venerable Dr. Mary Glowrey. Visiting places associated with her education and medical service, and meeting members of her extended family and others committed to preserving her legacy, strengthened the scholars' appreciation of her dedication to the poor and marginalised in India, particularly women and children. Her example renewed their commitment to promote her life and mission and to embody her values in their own healthcare leadership.

The visit concluded with the scholars returning to India with renewed inspiration, stronger professional networks and personalised commitments to apply their learning within their respective institutions. CHAI gratefully acknowledges the University of Melbourne faculty, programme sponsors, Dr. Nathan Grills, Nicole Bishop, Ormond College and all those who contributed to this enriching programme.

Participants: **Sr. Helen Mary, Sr. Blanch Rosario, Sr. Sally John, Sr. Beena Madhavath, Sr. Maria Vasantha and Fr. Mathew Abraham.**

National Health Convention and 82nd Annual General Body Meeting of CHAI





The CHAI National Health Convention and 82nd Annual General Body Meeting (AGBM) was held on 25–26 September 2025 at XIM University, Bhubaneswar, Odisha. The meeting brought together 134 onsite participants and about 1,200 online participants from CHAI's 11 Regional Units.

The Convention, themed "Driving Mission Sustainability: Strategic Leadership, Collaboration, and Technology," focused on strengthening leadership, partnerships, technological adoption and institutional resilience across the CHAI network.

Day 1 – 25 September 2025

The programme commenced with Holy Mass celebrated by Archbishop John Barwa, SVD, Archbishop of Cuttack-Bhubaneswar, as the main celebrant, along with 27 concelebrants. This was followed by the hoisting of the CHAI flag by Fr. N. L. Thomas, President of CHAI, and the CHAI Anthem.

Inaugural Session



Welcoming the delegates, Fr. N. L. Thomas acknowledged the invaluable contribution of Catholic Sisters to healthcare across India, particularly among underserved communities. He emphasised the importance of visionary leadership, collaboration and sustainability in enabling institutions to respond effectively to a rapidly changing healthcare environment.

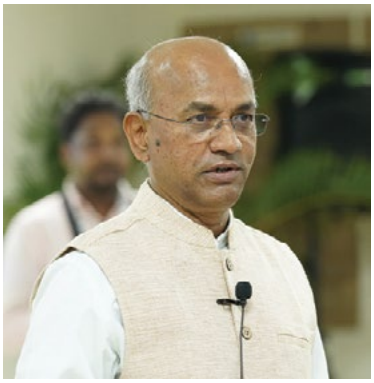
The inaugural lamp was lit by CHAI leaders and invited dignitaries, formally marking the opening of the Convention.



Fr. Dr. K. S. Casimir, SJ, Vice-Chancellor of XIM University, welcomed the participants and reflected on the role of Catholic health institutions in serving marginalised communities. He emphasised distributed leadership, intellectual humility, continuous learning and the importance of placing the right people in the right roles to strengthen institutions.

Sr. Dr. Helen Mary A., SAB, Associate Director General, provided an overview of the programme and highlighted its focus on strengthening strategic leadership and building sustainable, mission-driven healthcare institutions.

Thematic Session 1: **Strategic Leadership for Mission-Driven Impact**



Facilitated by Dr. Kalpana Sahoo

Dr. Kalpana Sahoo explored the role of strategic leadership in aligning institutional vision, values and long-term goals. The session highlighted the need to balance adaptive and visionary leadership while responding to organisational change, generational differences, workforce wellbeing and stakeholder expectations.

Participants reflected on the importance of moving from ego-centred to more interconnected and empathetic approaches to leadership. Through assessments, case discussions and group exercises, they examined their leadership styles, organisational gaps and approaches to stakeholder engagement and sustainable planning.



Thematic Session 2: **Building Strategic Collaborations and Alliances**

Facilitated by Dr. Kalpana Sahoo

The second session focused on strengthening partnerships within and beyond organisations. Dr. Kalpana highlighted cross-sector

partnerships, interdepartmental collaboration and multi-stakeholder engagement, with trust identified as central to effective alliances.

Participants mapped their existing collaboration ecosystems, identified gaps and explored opportunities to strengthen partnerships capable of advancing mission-driven initiatives.

Together, the first two sessions reinforced the importance of combining strategic vision, compassionate leadership and strong partnerships to achieve sustainable institutional impact.

Thematic Session 3: **Technology as a Catalyst for Mission Sustainability**

Facilitated by Dr. Ashish Kumar

Dr. Ashish Kumar examined how technology can strengthen institutional sustainability, efficiency and reach, including in resource-constrained settings. The session highlighted four areas of particular relevance to healthcare institutions: telemedicine, Electronic Health Records, data-driven decision-making and digital fundraising.

Participants were encouraged to view digital transformation as a scalable opportunity rather than something limited to large or well-funded institutions. Examples demonstrated how affordable technologies can improve access to healthcare, streamline operations, support evidence-based planning and expand fundraising opportunities.

Thematic Session 4: **Integrating Strategy, Collaboration and Technology**

Facilitated by Dr. Ashish Kumar

Using a systems-thinking approach, Dr. Ashish demonstrated how strategy, collaboration and technology need to work together to strengthen institutional resilience and sustainability.









Through group exercises, participants examined challenges such as staff shortages, irregular drug supplies, financial instability and declining patient footfall. They reflected on how stronger partnerships, appropriate technologies and strategic planning could contribute to practical and sustainable solutions.

Awards and Cultural Evening

Sr. Dr. Giovanna Alberoni Memorial Award

CHAI and Holy Family Hospital, Mumbai, jointly instituted the Sr. Dr. Giovanna Alberoni Memorial Award to recognise Sister Doctors within the CHAI network who have dedicated at least ten years to serving rural and marginalised populations. The award carries a citation and a cash prize of ₹1 lakh.

The 2025 award was presented to Sr. Dr. Ani Katherine Scaria, PHJC, in recognition of her dedicated contribution to healthcare and humanitarian service.

Mary Glowrey–Liliane Brekelmans Disability Award

Instituted during CHAI's Platinum Jubilee in 2018 with support from Liliane Fonds, the Mary Glowrey–Liliane Brekelmans Disability Award recognises outstanding contributions to disability inclusion.

The awards were presented to Ms. Vujjini Janak and Dr. Yashvinder Kapil in the category of individuals outside the CHAI network, and to Dr. Sr. A. Carmelita and Sr. Elizabeth Joseph in the category of individuals within the CHAI network.

The awards ceremony was followed by a cultural programme featuring performances by students of XIM University.
















82nd AGBM 2025
Strategic Leader


82nd AGBM 2025



Day 2 – 26 September 2025

The second day commenced with Holy Mass celebrated by Rt. Rev. Varghese Thottamkara, CM, Bishop of Balasore.

Thematic Session 5: **Navigating Change and Leading Transformation**

Facilitated by Dr. Subhra Pattnaik

Dr. Subhra Pattnaik focused on organisational change and the need for mission-driven institutions to become resilient and future-ready. She introduced the concept of antifragility—the ability not merely to withstand disruption but to learn and grow through it.

The session emphasised strategic foresight, flexibility, clear communication, emotional intelligence and collaboration as essential elements of effective change leadership. Participants also reflected on how fear, assumptions and past experiences can create resistance and how leaders can build trust and alignment during periods of transition.

Thematic Session 6: **Action Planning and Way Forward**

Facilitated by Dr. Subhra Pattnaik

The concluding thematic session enabled participants to translate learning from the Convention into practical organisational priorities.

Working in groups, participants identified areas requiring greater attention across the CHAI network, including:

- financial sustainability;
- policy advocacy and engagement with government;
- networking and partnerships;
- human resource development;









- capacity building; and
- technology and outreach.

Suggested actions included strengthening fund-raising and CSR engagement, increasing the visibility of Christian health institutions in policy forums, mapping institutional competencies and resource gaps, promoting resource sharing, investing in leadership and staff development, adopting Electronic Health Records and hybrid training approaches, and using digital platforms for outreach and fundraising.

The thematic sessions collectively reinforced the importance of strategic leadership, collaboration, technology and adaptability in sustaining the healthcare mission. Participants were encouraged to translate these insights into practical actions that strengthen institutional resilience, people, partnerships and systems.

Business Session

The Business Session commenced at 2:15 p.m and was chaired by Fr. N. L. Thomas, President of CHAI.

Minutes of the Previous AGBM

The minutes of the 81st AGBM were read by Sr. Shiji Jacob, Secretary to the Executive Board of CHAI. The minutes were proposed by Fr. Manoj Kavalakkadan and seconded by Sr. Saritha, JMJ, and were subsequently approved by the General Body.

Annual Report

Fr. Mathew Abraham, C.Ss.R., Director General, presented the Annual Report highlighting the major activities and achievements of CHAI. The General Body approved the report.









Audited Statement and Annual Budget

Fr. Siby Devassy, Treasurer of the National Board, presented the Audited Statement of Accounts for 2024–25 and the Budget for 2025–26.

The budget was proposed by Sr. Bhavya Scaria, former Treasurer, and seconded by Fr. Esack Rayappan. The General Body subsequently approved the budget.

Regional Units' Reports

Reports from CHAAP, CHABIJAN, CHAKA, CHAKE, CHAMP, CHAT, CHAW, NECHA, OCHA, RUPCHA and WBCHA were presented through video.

Appointment of Auditor

On behalf of the Board, Fr. N. L. Thomas proposed the reappointment of Mr. Leo Amalraj as Statutory Auditor for the financial year 2025–26. The General Body approved the proposal.

Welcoming the Nominated Member from CHAT Region

Fr. N. L. Thomas introduced Fr. Devadoss Thomas, nominated to the Board from the CHAT Region in place of Sr. Mercy Flora. Sr. Mercy Flora was thanked for her service, and Fr. Devadoss Thomas was welcomed to the Board.

Gratitude to Fr. Mathew Abraham

Fr. N. L. Thomas expressed gratitude to Fr. Mathew Abraham, C.Ss.R., who will complete his term as Director General on 30 April 2026. He acknowledged Fr. Mathew's leadership and contribution to strengthening CHAI and noted that, although this could be his final AGBM as Director General, he would continue to remain closely associated with the organisation.

Fr. George Kannanthanam, former Secretary to the Executive Board, reflected on Fr. Mathew's leadership, personal engagement with members









and contribution to strengthening CHAI's institutional identity, including improvements to the Annual Report.

Bishop Lumen Monteiro also thanked Fr. Mathew for his years of service and acknowledged his contribution to enabling and empowering people across the CHAI network.



Vote of Thanks

Sr. Sisily John, President of the OCHA Region, proposed the vote of thanks.

Fr. N. L. Thomas subsequently adjourned the meeting, and the 82nd AGBM concluded with the National Anthem.



In Memoriam



A Tribute to Sr. Velangani Chinnabathina,

Councillor, National Board, CHAI

The CHAI family mourns the untimely passing of Sr. Velangani Chinnabathina, who died in a tragic road accident near Mehendipara, West Bengal, on 7 April 2026.

A member of the Missionary Sisters of the Immaculate Conception, Sr. Velangani devoted her religious life to the healing ministry. As a nurse at Karuna Holistic Hospital, Buniadpur, she was known for her compassionate care, simplicity and steadfast commitment to the sick and vulnerable.

Her service extended beyond the hospital. She served as a Councillor on CHAI's National Board, President of the West Bengal Catholic Health Association, Regional Health Secretary, and Regional Coordinator of the Catholic Mental Health Ministry. Through these roles, she made a valuable contribution to strengthening holistic healthcare and mental health ministry in the region.

Sr. Velangani will be remembered for her gentle presence, selfless service and deep commitment to the healing mission of Christ. May her soul rest in peace, and may her life continue to inspire all who serve in the ministry of healthcare.



Regional Units

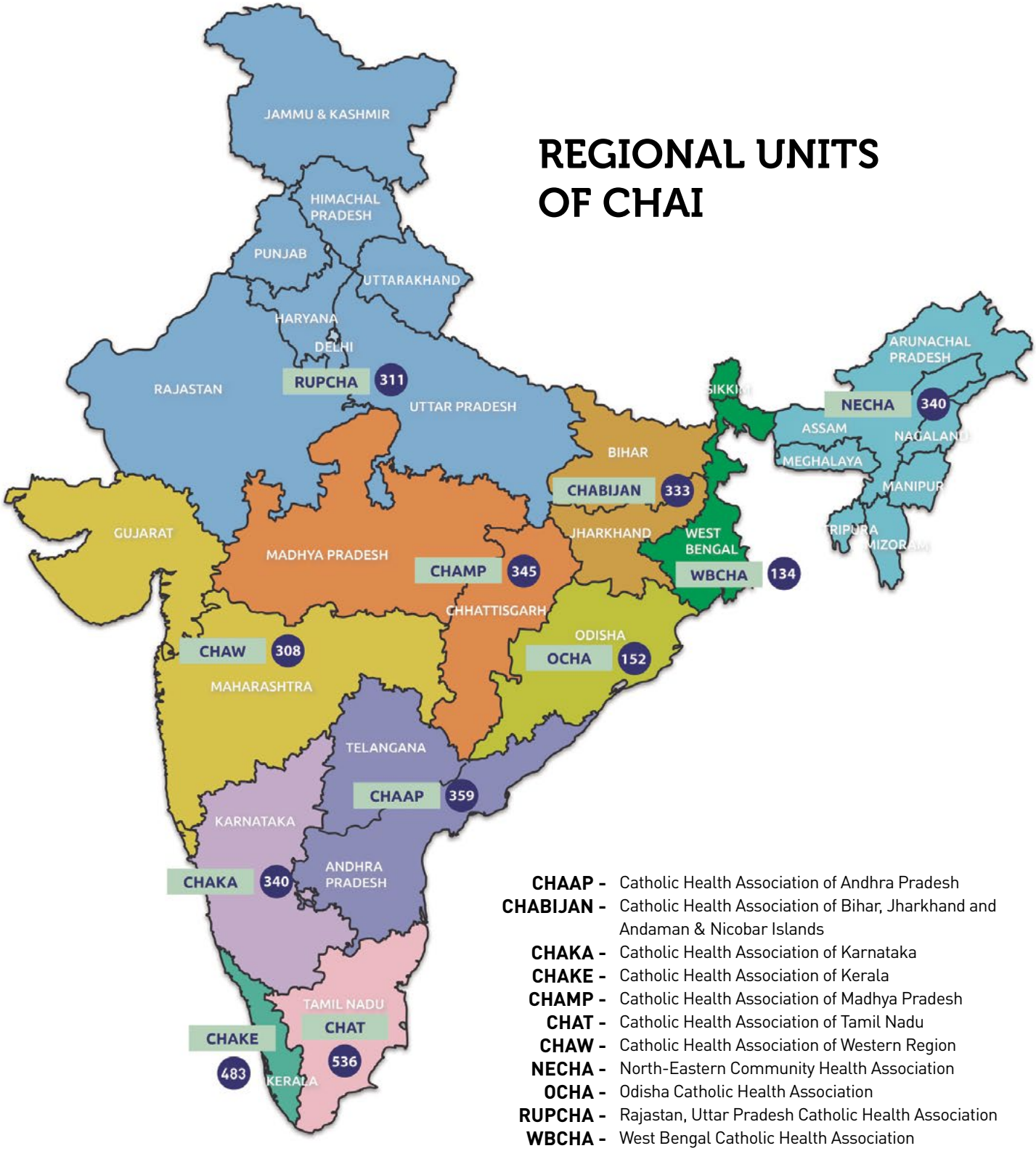
CAPACITY STATEMENT OF MEMBERSHIP

(As on March 31, 2026)

MEMBERSHIP AT A GLANCE	
Health Centre (0 - 10 Beds)	2,381
Hospital (11+ Beds)	665
SSS	239
Nursing School/College	38
Associate/Individual	318
TOTAL	**3,641**

Regional Units (RUs)	STATE	SSS	NSG	ASM	HEALTH CENTRE BED CAPACITY		HOSPITAL BED CAPACITY									RUs TOTAL
					0 BEDS	1 to 10	11 to 30	31 to 50	51 to 100	101 to 200	201 to 300	301 to 400	401 to 500	501 and above	STATE TOTAL	
CHAAP	ANDHRA PRADESH	18	4	12	86	42	28	15	7	4	3	1	0	0	220	359
	TELANGANA	17	4	13	52	26	17	4	2	1	3	0	0	0	139	
CHABIJAN	ANDAMAN & NICOBAR ISLANDS	0	0	0	3	0	0	0	1	0	0	0	0	0	4	333
	BIHAR	3	0	8	34	41	7	0	0	0	3	0	0	0	96	
	JHARKHAND	10	1	9	91	93	16	5	5	3	0	0	0	0	233	
CHAKA	KARNATAKA	32	1	64	118	65	30	9	11	6	1	0	1	2	340	340
CHAKE	KERALA	50	13	77	96	51	59	43	35	29	14	4	4	8	483	483
CHAMP	MADHYA PRADESH	14	2	12	93	50	7	7	5	3	0	0	0	0	193	345
	CHATTISGARH	3	1	4	67	62	7	3	4	1	0	0	0	0	152	
CHAT	PUDUCHERRY	1	0	2	1	0	0	1	0	1	0	0	0	0	6	536
	TAMIL NADU	26	4	20	186	198	45	18	19	10	4	0	0	0	530	
CHAW	MAHARASHTRA	17	1	33	71	26	16	10	7	3	1	1	0	0	186	308
	GOA	1	0	6	17	4	5	0	1	0	0	0	0	0	34	
	NAGAR HAVELI	0	0	0	0	3	0	0	0	0	0	0	0	0	3	
	GUJARAT	1	1	3	59	11	6	1	3	0	0	0	0	0	85	
NECHA	ARUNACHAL PRADESH	1	0	0	14	9	1	0	0	0	0	0	0	0	25	340
	ASSAM	6	0	11	74	33	3	1	2	1	0	0	0	0	131	
	MANIPUR	2	0	2	19	7	1	0	0	1	0	0	0	0	32	
	MEGHALAYA	2	1	0	56	35	2	0	3	1	0	0	0	0	100	
	MIZORAM	0	0	0	11	0	0	0	0	0	0	0	0	0	11	
	NAGALAND	2	0	0	18	5	2	0	0	0	0	0	0	0	27	
	TRIPURA	1	0	0	8	5	0	0	0	0	0	0	0	0	14	
OCHA	ODISHA	1	0	6	86	49	3	4	3	0	0	0	0	0	152	152
RUPCHA	HARYANA	1	0	1	9	4	1	0	0	0	0	0	0	0	16	311
	HIMACHAL PRADESH	0	0	0	1	3	0	0	0	0	0	0	0	0	4	
	JAMMU & KASHMIR	1	0	0	7	3	1	0	1	0	0	0	0	0	13	
	DELHI	1	0	10	5	4	2	0	1	0	1	0	0	0	24	
	PUNJAB	1	0	1	20	2	3	1	0	1	0	0	0	0	29	
	RAJASTHAN	4	1	2	8	19	6	1	0	0	1	0	0	0	42	
	UTTAR PADESH	12	3	11	49	51	12	7	7	6	1	0	0	0	159	
	UTTARAKHAND	2	0	2	11	7	1	1	0	0	0	0	0	0	24	
WBCHA	SIKKIM	0	0	0	1	1	0	0	0	0	0	0	0	0	2	134
	WEST BENGAL	9	1	9	64	37	8	2	1	1	0	0	0	0	132	
TOTAL		239	38	318	1,435	946	289	133	118	72	32	6	5	10	3,641	
					2,381		665									

REGIONAL UNITS OF CHAI



CHAAP - Catholic Health Association of Andhra Pradesh
CHABIJAN - Catholic Health Association of Bihar, Jharkhand and Andaman & Nicobar Islands
CHAKA - Catholic Health Association of Karnataka
CHAKE - 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 - Rajastan, Uttar Pradesh Catholic Health Association
WBCHA - West Bengal Catholic Health Association

Strengthening CHAI's **Membership Database**

In 2025, CHAI initiated a comprehensive digital Mapping and Profiling Exercise, with the active support of its Regional Units, to update information on the identity, contact details, services and programme portfolios of its Member Institutions (MIs). The exercise aims to build a reliable and dynamic digital database to strengthen coordination, institutional planning and data-driven decision-making across the network. As the exercise is currently underway, the historical membership figures presented in this Annual Report remain unchanged.

Institutions interested in becoming a member of CHAI, renewing their membership or seeking clarification are encouraged to reach out to us. Scan the QR code to learn more and access the contact details of the respective Regional Unit representative, who will assist institutions in creating or updating their digital profiles and completing the membership or renewal process.

Regional Units' Reports

CHAAP

CATHOLIC HEALTH ASSOCIATION OF ANDHRA PRADESH & TELANGANA

States: **Andhra Pradesh & Telangana**
Year of establishment: **1998**
Number of MIs: **359**

Network and Reach

During 2025–26, CHAAP coordinated seven projects through its network, engaging institutions and schools in community health, telehealth, mental health, education and medical outreach.



Key Outcomes

The interventions improved access to essential healthcare and supported the early identification and treatment of health concerns. Mental health initiatives helped individuals and students recognise concerns and seek appropriate support. Educational assistance enabled students from disadvantaged backgrounds to continue their studies, while capacity-building sessions strengthened the leadership and organisational skills of MI representatives.

Systems Strengthening and Priorities

The introduction of MI profiling using CommCare strengthened reporting and engagement between CHAAP and its MIs. Partnerships were formalised to extend support in health, education and livelihood initiatives, while Quarterly Review Meetings enabled closer programme monitoring and timely follow-up.

In 2026–27, CHAAP will prioritise completing MI profiling, deepening network engagement and strengthening review mechanisms to improve programme quality and accountability.



School awareness programme held on 2 December 2025 in Makkuva, Andhra Pradesh.

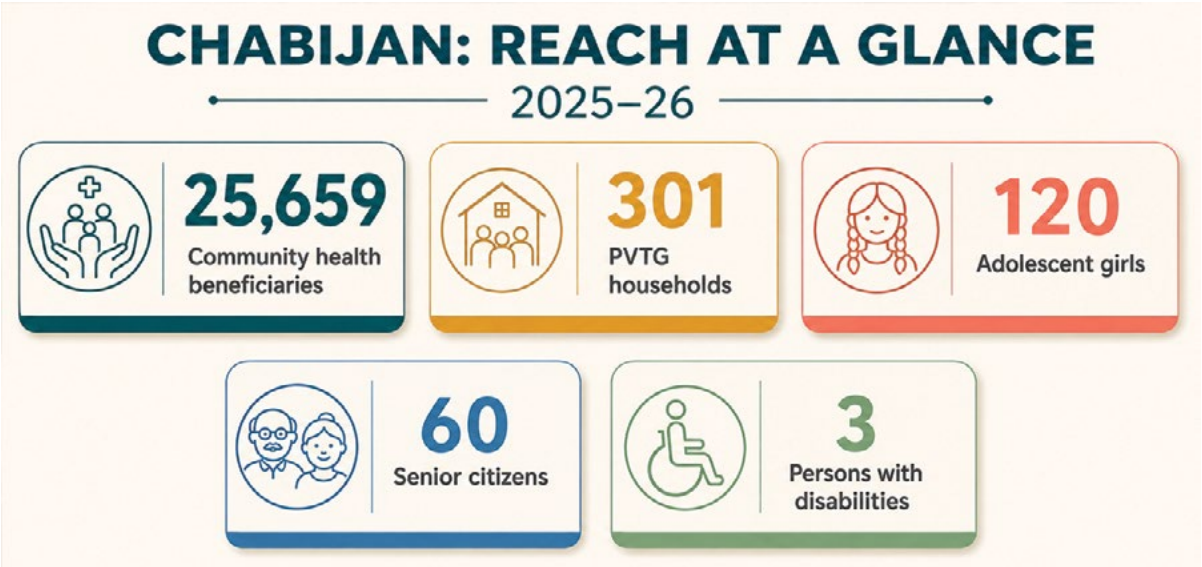
CHABIJAN

CATHOLIC HEALTH ASSOCIATION OF BIHAR, JHARKHAND AND ANDAMAN & NICOBAR ISLANDS

States: **Bihar, Jharkhand and Andaman & Nicobar Islands**
Year of establishment: **1993**
Number of MIs: **333**

Integrating Health and Social Protection

During 2025–26, CHABIJAN coordinated three active projects implemented through seven MIs. Despite limited resources, its initiatives combined community healthcare with social entitlements and social security, particularly among rural and Particularly Vulnerable Tribal Group (PVTG) communities. Families were also connected with government schemes and livelihood opportunities such as beekeeping and goat rearing.



Inclusive Support Across Life Stages

Alongside its broader community health interventions, CHABIJAN extended targeted support to adolescent girls, senior citizens and persons with disabilities. This expanded the unit's engagement across different life stages and reinforced its commitment to inclusive, community-based care.

Strengthening Community Ownership

Collaboration among community health volunteers, primary health centres and government services strengthened access to healthcare and welfare support. Women's groups and other community structures emerged as important platforms for sharing information, encouraging participation and enabling communities to access available services. The experience reaffirmed that community organisation, knowledge and convergence with public systems are essential for sustainable change.



Women participate in a practical session on preparing herbal remedies.

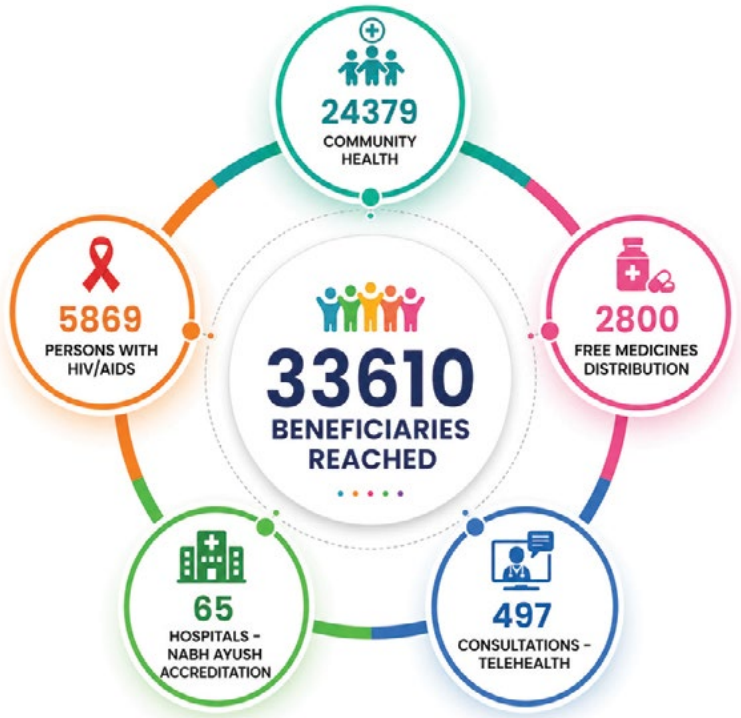
CHAKA

THE CATHOLIC HEALTH ASSOCIATION OF KARNATAKA

States: **Karnataka**
Year of establishment: **1992**
Number of MIs: **340**

Community Health and Network Strengthening

CHAKA engaged 40 MIs as implementing partners during the year. Community health initiatives implemented through five MIs reached 24,379 people, particularly in underserved rural communities. Capacity-building programmes for MIs and community leaders, together with stronger engagement of diocesan units, helped integrate community health activities into routine institutional services. Collaboration with government agencies and civil society organisations also improved access to technical, legal and healthcare support for marginalised communities.



HIV Care and Access to Essential Services

HIV/AIDS interventions implemented through 35 MIs reached 5,869 people with prevention, treatment, care and support services. Advocacy and community engagement helped address stigma and discrimination, while vocational training and skill-development initiatives contributed to improving the quality of life of people living with HIV.

Access to essential healthcare was further strengthened through the distribution of free medicines to 2,800 people through 35 MIs. Telehealth services reached 497 people, while the NABH AYUSH programme engaged 65 beneficiaries, supporting wider access to quality healthcare services.

CHAKE

THE CATHOLIC HEALTH ASSOCIATION OF KERALA

States: **Kerala**
Year of establishment: **1962**
Number of MIs: **483**

A Legacy of Compassionate Healthcare

In its 64th year of service, CHAKE continued to strengthen the Church's healing ministry through its network of healthcare and social-service institutions across Kerala.



Building Professional and Institutional Capacity

During 2025–26, CHAKE conducted more than 20 programmes, engaging and empowering over 1,700 healthcare professionals, including doctors, nurses, technicians, administrators and finance personnel. Training covered clinical quality and patient safety, instrument reprocessing, infection prevention, financial management, statutory compliance, labour regulations and NABH entry-level accreditation for smaller healthcare facilities.

These initiatives strengthened the technical competence of healthcare personnel and enhanced the preparedness of member institutions to respond to changing clinical, regulatory and administrative requirements. Specialised professional groups also provided continuing platforms for administrators, nursing leaders, clinicians, technicians and other healthcare personnel to learn from one another and address shared concerns.

Collaboration, Advocacy and Sustainability

The Annual General Body Meeting, zonal consultations, professional gatherings and online forums strengthened coordination across the network and encouraged collective reflection on the sustainability of Church-run healthcare institutions. CHAKE also facilitated discussions with healthcare associations, professional bodies and Church leadership on issues such as the Clinical Establishments Act, minimum wages, insurance, GST, accreditation and emerging workforce concerns. The formation of a legal cell further strengthened institutional support for MIs.

A major sustainability initiative was the launch of a common purchase programme for medical equipment, consumables and support services with 37 companies which cut procurement costs and strengthened collaboration.

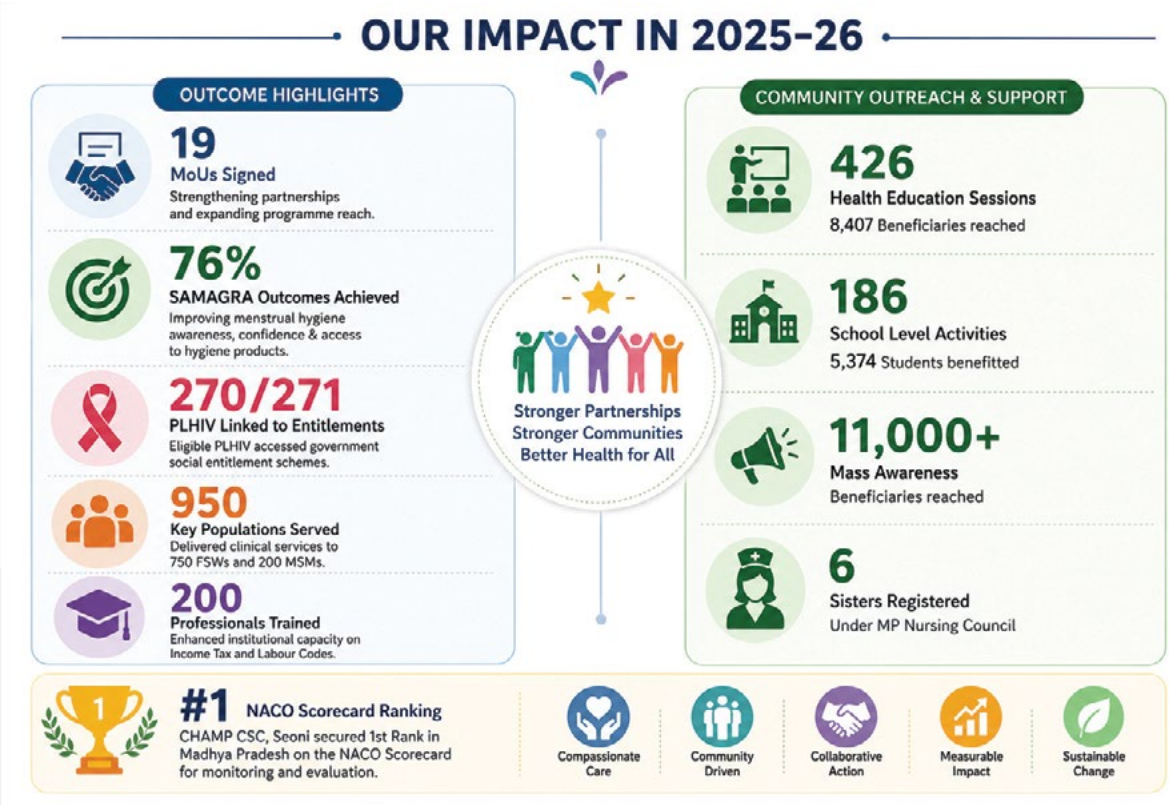
CHAMP

CATHOLIC HEALTH ASSOCIATION
OF MADHYA PRADESH & CHHATTISGARH

States: **Madhya Pradesh & Chhattisgarh**
Year of establishment: **1998**
Number of MIs: **345**

Regional Reach and Programme Focus

During 2025–26, CHAMP implemented five active projects through five partner institutions. Across community health, HIV/AIDS, menstrual hygiene management and nutrition, the Regional Unit reached 54,115 people. This included 26,861 people reached through menstrual hygiene and nutrition initiatives, 20,079 through community health programmes, and 7,175 through HIV/AIDS interventions.



Strengthening Community Systems

CHAMP combined direct service delivery with efforts to strengthen community-level health systems. Member institutions conducted community visits, health camps and screening for non-communicable diseases, supported by closer coordination with frontline workers and local health facilities. Engagement with government departments, public health agencies, local authorities, schools and community institutions strengthened service linkages, programme reach and sustainability.

CHAMP Care and Support Centre also established a District Community Resource Group to address stigma and discrimination experienced by people living with HIV, reinforcing community participation and responsive support systems.

Learning and the Way Forward

The year reaffirmed that community trust develops through consistent engagement, transparency and respect for local realities. Interactive communication approaches—including street plays, school and community programmes, and wall paintings—proved more effective than text-heavy materials. Building on these lessons, CHAMP will continue strengthening community participation, coordination with public systems and locally appropriate communication approaches.

CHAT

CATHOLIC HEALTH ASSOCIATION
OF TAMILNADU

States: **Tamil Nadu and Puducherry**
Year of establishment: **1997**
Number of MIs: **536**

Strengthening the Regional Network

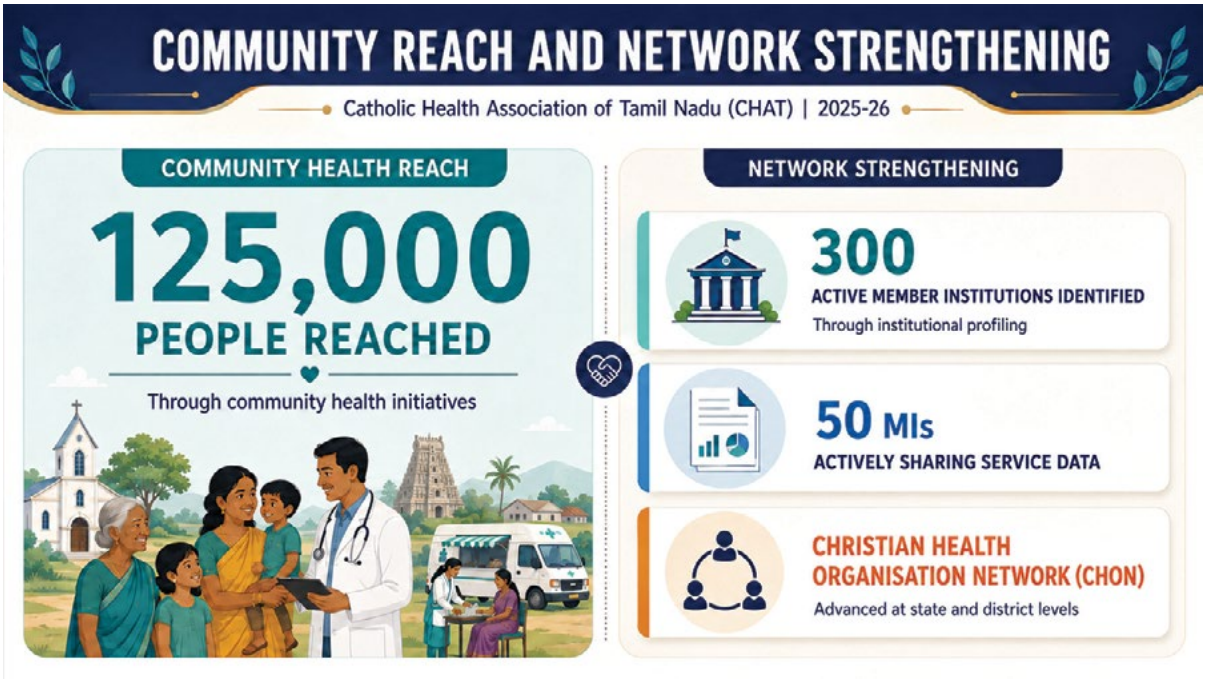
During 2025–26, CHAT engaged 55 member institutions through two active initiatives, strengthening coordination among the Regional Unit, CHAI and participating institutions. CommCare-based institutional profiling helped identify 300 active member institutions across the wider network in Tamil Nadu. 50 institutions also improved their documentation and actively shared service data, creating a stronger evidence base for planning and network support.



Participants engage in an interactive activity during CHAT's mental health awareness workshop.

Extending Community Health Reach

Through its community health initiative, CHAT and participating member institutions reached approximately 125,000 people across Tamil Nadu, extending community-based health support through the network.



Building Partnerships and Sustaining Progress

CHAT strengthened collaboration with the Christian Medical Association of India (CMAI) and other Christian organisations to advance the Christian Health Organisation Network (CHON) at state and district levels, promoting coordination and resource-sharing across denominations. In 2026–27, CHAT will work towards involving all member institutions in dynamic service-data reporting while continuing periodic micro-project support.

CHAW

THE CATHOLIC HEALTH ASSOCIATION OF WESTERN REGION

States: **Maharashtra, Gujarat, Goa, and Dadra & Nagar Haveli**
Year of establishment: **2001**
Number of MIs: **308**

Expanding Access to Healthcare

During the year, CHAW implemented a community health project in Maharashtra with six active Project Implementing Partners. The initiative reached approximately 18,000 people, particularly across underserved and tribal communities.

CHAW facilitated 64,750 health services and referrals, including consultations, diagnostics and specialised care. Four health camps in the Vidarbha region provided free medical check-ups to 1,424 tribal beneficiaries, while at least 154 patients were supported in accessing essential surgeries through healthcare partnerships.

Telehealth and Community Empowerment

CHAW facilitated 9,782 telehealth services during the reporting period. Five Member Institutions were newly onboarded, four inactive institutions were re-engaged, and eight Sisters received practical training and ongoing technical support to use the platform effectively.

Livelihood initiatives included vocational skills training for tribal women in collaboration with the Rural Self Employment Training Institute (RSETI), promoting economic empowerment and sustainable livelihood opportunities.



Strengthening the Network and Partnerships

CHAW engaged with more than 76 CSR organisations, NGOs, industries, government departments and philanthropic institutions to explore collaboration and resource-mobilisation opportunities.

As part of its network-strengthening efforts, the Regional Unit undertook more than 20 field visits and contacted over 100 MIs to verify and update institutional profiles. Continuous guidance was provided to help institutions maintain accurate information and strengthen their digital engagement.

NECHA

THE NORTHEASTERN COMMUNITY HEALTH ASSOCIATION

States: **Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland and Tripura**
Year of establishment: **1985**
Number of MIs: **340**

Strengthening the Regional Network

NECHA strengthened engagement across its network during the year. A notable development was the increased ownership demonstrated by diocesan units, which independently organised their Annual General Body Meetings and actively participated in NECHA's regional gathering. The MI profile update exercise also improved network coordination and institutional tracking.

Community Outreach and Institutional Capacity

In collaboration with CHAI, QCI–NABH, The Association of Catholic Mental Health Ministers and Diocesan Social Service Societies, NECHA supported MI profiling, capacity building and awareness of healthcare quality standards. Free health camps, workshops and awareness programmes reached more than 12,000 women, men, children, young people and community leaders, including those in remote areas.



Health camps providing essential screenings and consultations to children and adults in underserved communities.

Looking Ahead

NECHA will work with MIs to assess emerging community health needs through structured surveys and expand preventive and promotive health initiatives, including awareness programmes, health camps and workshops.

OCHA

ORISSA CATHOLIC HEALTH ASSOCIATION

States: **Odisha**
Year of establishment: **1981**
Number of MIs: **152**

Community Health and Nutrition

OCHA reported 320,903 instances of services through community-based health and nutrition interventions. Its initiatives improved access to essential services for vulnerable women and children, strengthened follow-up care and supported the timely identification and management of malnutrition. Families were also encouraged to adopt sustainable nutrition practices through homemade nutritious supplements and kitchen gardens.



Strengthening Community-Based Systems

Collaboration with Self-Help Groups, ASHAs, Anganwadi Workers, ANMs, Village Health Committees and community volunteers strengthened local capacity and ownership. Their engagement supported nutrition awareness, health education and continuity of care for vulnerable families.



Community members participate in a medical camp organised by OCHA in rural Odisha.

Looking Ahead

In 2026–27, OCHA will strengthen community-based nutrition and child health initiatives through enhanced capacity building, regular monitoring and the expansion of kitchen gardens and nutrition awareness activities in underserved communities.

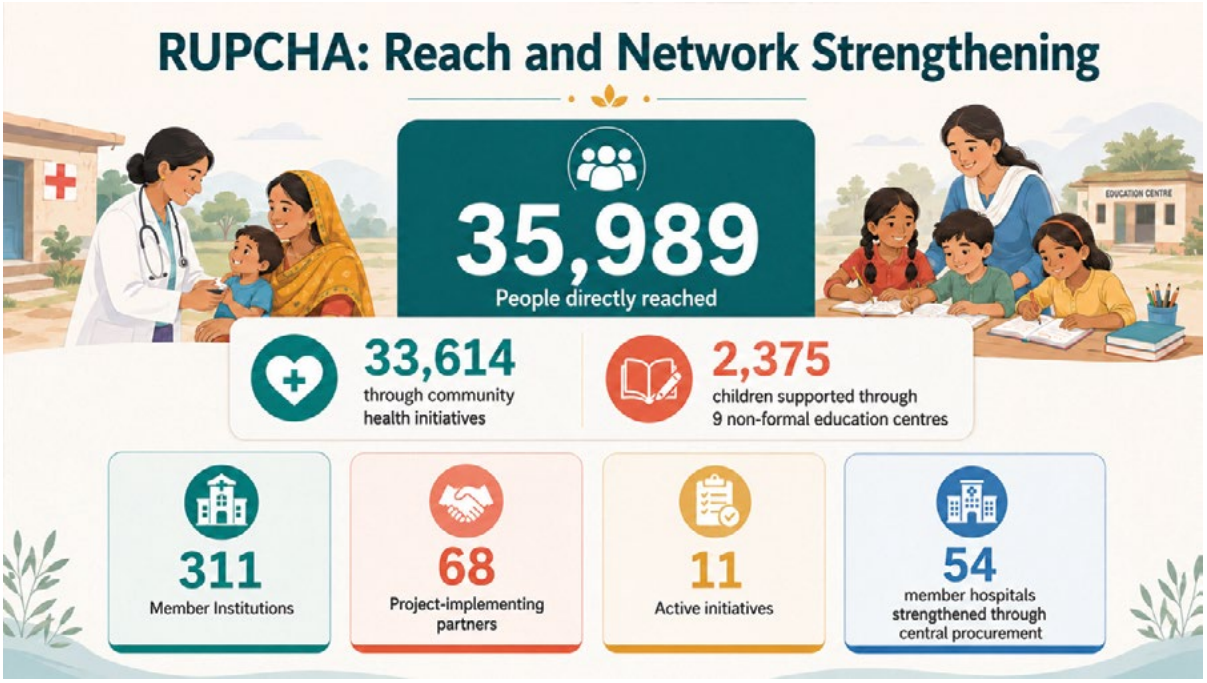
RUPCHA

RAJASTHAN UTTAR PRADESH
CATHOLIC HEALTH ASSOCIATION

States: **Uttar Pradesh, Rajasthan, Punjab, Haryana, Delhi, Himachal Pradesh, Jammu & Kashmir, Uttarakhand & Chandigarh (UT)**
Year of establishment: **1988**
Number of MIs: **311**

Network and Reach

RUPCHA engaged 68 MIs as project-implementing partners during the year. Through 11 active initiatives, the Regional Unit directly reached 35,989 people—33,614 through community health interventions and 2,375 through nine non-formal education centres. A central procurement programme also supported 54 member hospitals.



Community Health and Education

Community health initiatives strengthened awareness of disease prevention and improved access to government health services in underserved villages. Communities increasingly sought care from qualified health professionals, while greater preference for institutional deliveries contributed to improved maternal and child healthcare practices.

The non-formal education programme supported children from economically disadvantaged families, particularly girls and school dropouts. Two additional centres were opened during the year, expanding access to learning, facilitating the reintegration of dropouts into mainstream education and easing families' educational expenses.



Students participate in a school health awareness session conducted through RUPCHA.

Strengthening Member Institutions

Through collective procurement, RUPCHA enabled 54 member hospitals to access essential supplies more efficiently. This strengthened institutional sustainability and supported their continued provision of affordable, compassionate healthcare. In 2026–27, RUPCHA will prioritise expanding educational support, reducing school dropout and helping disadvantaged children complete their education.

WBCHA

THE WEST BENGAL CATHOLIC HEALTH ASSOCIATION

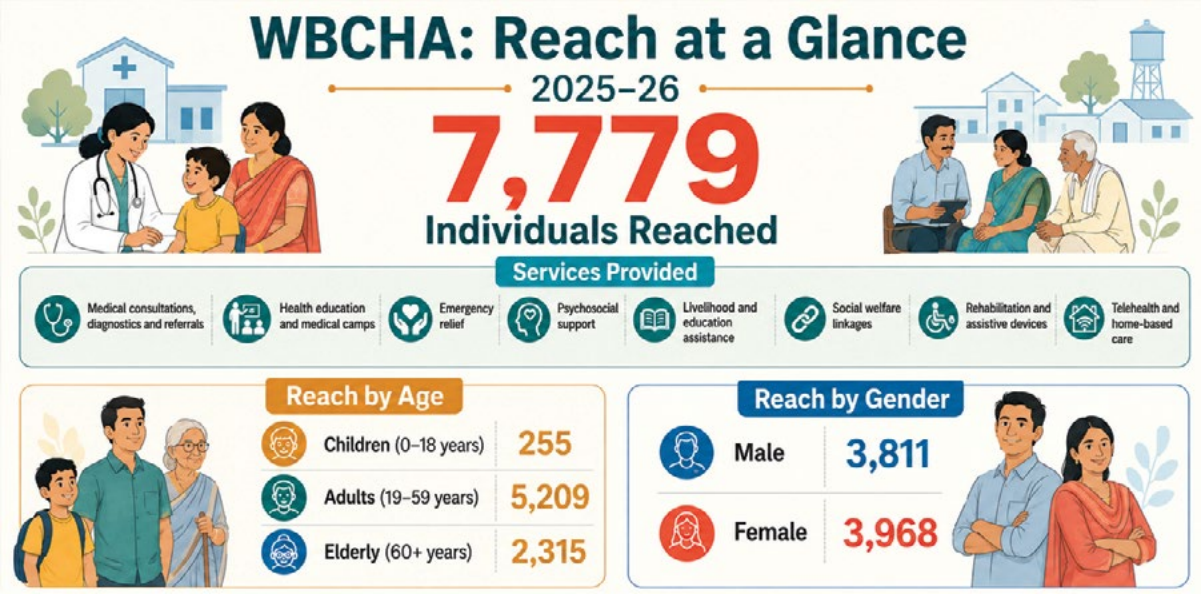
States: **West Bengal and Sikkim**
Year of establishment: **2000**
Number of MIs: **134**

Network and Programme Reach

During the year, WBCHA implemented one community health project in South Dinajpur district, West Bengal, reaching a reported 7,779 individuals.

Health and Community-Based Services

The programme strengthened access to preventive and essential healthcare through medical consultations, diagnostic services, referrals, health education and community-based medical camps. A total of 16,541 health services and referrals were provided, alongside 5,783 emergency relief and medical camp services. Other interventions included capacity building, psychosocial support, livelihood assistance, social welfare linkages, rehabilitation, education support, telehealth and assistive devices. Home-based support was also extended to people living with chronic and terminal illnesses.



Key Achievements and Learning

The year saw increased awareness of preventive healthcare, greater adoption of healthy practices and stronger participation in medical camps and screening programmes. Collaboration among healthcare professionals, Community Health Workers, volunteers and local communities strengthened outreach to vulnerable populations and facilitated follow-up referrals. WBCHA identified empathy, attentive listening, continuous learning, systems thinking and technological adaptability as important foundations for effective community engagement. It also highlighted the potential of technology-supported care and hospital-led home-based services for further development.



WBCHA healthcare workers provide medical care to the needy during a community outreach visit in West Bengal.

Developments Since 31 March 2026



A Historic Milestone in CHAI's Leadership

The year 2026 marked a historic milestone for the Catholic Health Association of India (CHAI) with the appointment of Sr. Dr. Helen Mary A., SAB, as Director General, effective 1 May 2026. She is the first woman religious and medical doctor to lead CHAI since its founding by Venerable Sr. Dr. Mary Glowrey.

A distinguished obstetrician and gynaecologist, Sr. Helen brings decades of experience in healthcare, hospital administration and religious leadership. Her service reflects a deep commitment to holistic healthcare, particularly among underserved communities, and to the Church's healing mission.

Having previously served as CHAI's Associate Director General, she now leads one of the world's largest voluntary Catholic healthcare networks, comprising more than 3,500 member institutions and serving over 21 million people annually. Her appointment reaffirms CHAI's founding vision and the vital contribution of women religious to healthcare in India.

The appointment also fulfils a vision often expressed by Fr Mathew Abraham, former Director General of CHAI: that an organisation whose healthcare ministry is largely carried forward by women religious should one day be led by a woman religious.

As CHAI begins this new chapter, we extend our heartfelt congratulations and prayerful wishes to Sr. Dr. Helen Mary A. as she guides CHAI in its mission of compassionate healthcare, especially among poor and marginalised communities.



Celebrating a Decade of Transformational Leadership

The Legacy of Fr. Dr. Mathew Abraham, C.Ss.R.

Fr. Mathew Abraham's ten-year tenure as Director General of CHAI, from 2016 to 2026, was marked by vision, innovation and an unwavering commitment to the Church's healing ministry. A medical doctor and priest, he brought together professional competence, pastoral sensitivity and strategic leadership, consistently affirming that healthcare is not merely a service, but a mission rooted in compassion, dignity and justice.

One of his defining contributions was Vision 2030, developed through an extensive collaborative process. The roadmap strengthened CHAI's strategic direction and established Community Health, Disability, Palliative Care and HIV/AIDS as its four core areas of engagement. Its emphasis on technology, capacity building and sustainability continues to guide the organisation's priorities.

Fr. Mathew also worked to strengthen CHAI as a connected and informed network. Regional consultations brought leaders together for collective reflection and planning, while initiatives to profile member institutions and systematically document their services improved CHAI's understanding of the network's reach and contribution.

Digital transformation became another important pillar of his tenure. The introduction of digital systems for programme data collection and management, together with human resource and inventory management platforms and knowledge repositories, enhanced efficiency, transparency and continuity. The telehealth initiative extended specialist care to underserved areas and demonstrated how the strength of the CHAI network could be mobilised to address the shortage of doctors in rural communities. The ALLRight initiative further strengthened organisational systems related to monitoring, evaluation, accountability, learning, finance, safeguarding and digitisation.

He placed particular importance on strengthening the leadership and capacities of women religious. Through the CHAI Academy and partnerships with institutions such as the University of Melbourne, Sisters gained wider access to training, professional development and global learning opportunities. He also promoted recognition of their exceptional service through initiatives such as the Mary Glowrey–Liliane Brekelmans Awards and the Mother Giovanna Alberoni Memorial Award for Sister Doctors. His encouragement of women's leadership was further reflected in his wholehearted support for the transition to Sr. Dr. Helen Mary A. as CHAI's new Director General.

Fr. Mathew welcomed collaboration with professionals and institutions beyond the Church, drawing upon expertise in healthcare, technology, finance, management and communications to strengthen the ministry. This openness helped modernise CHAI's institutional systems, public identity and working environment. He reimagined the Annual General Body Meeting as a professionally organised platform for learning, dialogue and network cohesion, while CHAI's publications, presentations and communication materials acquired a more contemporary and consistent identity.

His leadership was also tested during periods of considerable uncertainty. During the COVID-19



pandemic, he guided CHAI in mobilising resources, reorganising systems and supporting member institutions responding on the front lines. He also steered the organisation through the regulatory changes following the 2020 FCRA amendment, ensuring professionalism, transparency and continuity of service.

Fr. Mathew's legacy is visible in CHAI's stronger systems, empowered people, expanded partnerships and more connected network. He did not merely lead an organisation; he strengthened a mission and prepared it to respond confidently to the changing healthcare needs of India.

Farewell and Thanksgiving

CHAI held a formal farewell for Fr. Mathew on 28 April 2026. The programme began with a thanksgiving Mass celebrated by Archbishop Thomas Netto, Ecclesiastical Advisor to CHAI, followed by a felicitation attended by members of the CHAI Board, Regional Units, partners, colleagues and well-wishers. Messages, personal reflections and a video presentation recalled his decade of leadership and service. Fr. Mathew was honoured with a memento and a gift presented by Archbishop Thomas Netto and Sr. Dr. Helen Mary. The occasion concluded with his address and the formal welcome of the new Director General, marking a meaningful expression of gratitude and a graceful transition in CHAI's leadership.

Celebration in Honour of Venerable Mary Glowrey

CHAI celebrated the life and legacy of its founder, Venerable Sr. Mary Glowrey (Mary of the Sacred Heart), at the CHAI Directorate, Secunderabad, on 26 February 2026. His Eminence Cardinal Anthony Poola, Archbishop of Hyderabad, led the prayer service and blessed the statue of Venerable Mary Glowrey.

Fr. N. L. Thomas, President, CHAI, welcomed the gathering, while Sr. Dr. Helen Mary, Associate Director General, extended greetings to the dignitaries and guests. Fr. Mathew Abraham, Director General, presented the life, mission and contributions of Venerable Mary Glowrey. Cardinal



Anthony Poola and Bishop Lumen Monteiro, Ecclesiastical Advisor, CHAI, reflected on her enduring legacy of compassionate service and encouraged the gathering to follow her example.

The occasion also included the release of a framed portrait of Venerable Mary Glowrey and the reading of the decree and message concerning her declaration as Venerable. The programme concluded with a vote of thanks by Sr. Velangani, Executive Board Member, followed by the CHAI Prayer.

VASATI: Extending Palliative Care to People's Homes

India faces a substantial unmet need for palliative care. An estimated 4.1 lakh people in Telangana require such support, yet the state has only 18 known palliative care centres, most of them concentrated in urban areas. Responding to this gap, CHAI, with support from the Azim Premji Foundation, launched VASATI, a home-based palliative care initiative for people living with incurable and terminal illnesses in the Medchal–Malkajgiri district.

Sr. Dr. Helen Mary A., SAB, Director General of CHAI, formally inaugurated VASATI—Enhancing Compassionate, Quality and Ethical Home-based Palliative Care on 1 May 2026 at Pratyasha, CHAI's Holistic Palliative Care Centre in Medchal, Telangana. The project marks an important step in expanding CHAI's palliative care services beyond institutional settings and bringing compassionate, person-centred care directly to patients' homes.

Initially serving communities in the Medchal and Alwal mandals, VASATI will deploy a multidisciplinary team comprising a doctor, two nurses, two nursing assistants, a physiotherapist, two drivers and a project coordinator. Building on the experience of this pilot, CHAI envisages expanding home-based palliative care services across Hyderabad while strengthening the capacity and quality of palliative care services provided by its Member Institutions.

Our **Partnerships**

Partnerships

Misereor, Germany

Thoughtworks

Fernandez Foundation

CRS India

Conrad N. Hilton Foundation, USA

Conrad N. Hilton Fund for Sisters, USA

World Resources Institute

V-Guard Industries

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

Christian Medical Association of India

Laudato Si Action Platform

Emmanuel Hospital Association (EHA)

Christian Coalition for Health

Engage Disability

Fédération Internationale des Associations de Médecins Catholiques

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 Telangana

GuideStar India

Collaboration for Research & Training

University of Melbourne, Australia

St Vincent's Health, Australia

Australian Catholic University, Australia

University of Toronto



Management **& Team**

GOVERNING BOARD



Archbishop Thomas Jessayyan Netto

Ecclesiastical Advisor, CHAI

Archbishop Thomas Jessayyan Netto is the Metropolitan Archbishop of Trivandrum. Ordained a priest in 1989, he holds a Doctorate in Dogmatic Theology and a Diploma in Sociology. He has served in several pastoral and administrative roles and currently serves as the Ecclesiastical Advisor to CHAI.



CHAW

Fr. Thomas N.L.

President

Fr. Thomas N. L. of the Diocese of Rajkot was ordained a priest in 2006. He holds master's degrees in Social Work, Hospital Management and Education, as well as an LLB. Having served in various pastoral and administrative roles, including as Chancellor of the Diocese, he has been Director of Christ Hospital, Rajkot, since 2020 and currently serves as President of CHAW.



CHAKA

Fr. Siby Devassy

Treasurer

Fr. Siby Devassy, a Camillian priest, has served as an Associate Professor in legal and allied health sciences since 2019. A former National Coordinator of Camillian Disaster Service International (CADIS), he has extensive experience in HIV care, counselling, pastoral care, health law and healthcare management. He currently serves as President of CHAKA.



OCHA

Sr. Shiji Jacob

Secretary

Sr. Shiji Jacob, a member of the Missionary Sisters Servants of the Holy Spirit, holds a master's degree in Nursing. She has served in several healthcare leadership roles, including as Assistant Administrator of Loyola Hospital and Health Commission Secretary for the Archdiocese of Bhubaneswar. A former President of OCHA, she currently serves as Administrator of Loyola Hospital, Bhubaneswar, and Secretary of OCHA.

GOVERNING BOARD



CHAKE

Fr. Binu Kunnath

Vice President I

Fr. Binu Kunnath of the Archdiocese of Kottayam holds a Doctorate in Philosophy and a master's degree in Hospital Administration. After serving as Administrative Joint Director of Caritas Hospital and Educational Institutions, he was appointed its Director in 2019. He currently serves as President of CHAKE and represents the Kerala region on CHAI's National Board.



CHAT

Fr. Devadoss Thomas

Vice President II

Fr. Devadoss Thomas of the Diocese of Kumbakonam has extensive experience in pastoral, educational and social ministry, including service to the Tamil Catholic community in the United States. He has held several diocesan leadership roles and, since 2022, has served as Director of Sacred Heart Hospital and the Leprosy Centre, Kumbakonam, supporting the healthcare needs of sick and marginalised people.



RUPCHA

Sr. Dr. Preeti Margaret (Suanandini Devi)

Joint Secretary

Sr. Preeti Margaret belongs to the Sisters of the Little Flower of Bethany, Mangalore. She holds a master's degree in Mental Health Nursing and has received specialised training in Unani medicine, naturopathy, public health, palliative care and the management of substance use disorders.



WBCHA

Sr. Sobhasini Tete

Councillor

Sr. Sobhasini Tete belongs to the Daughters of the Cross, Kolkata Province. A qualified pharmacist with an MBA in Hospital Administration, she serves as Administrator of Karuna Holistic Hospital and Institute of Medical Sciences, Buniadpur. She is also Health Secretary of the West Bengal–Sikkim Region and President of WBCHA.

GOVERNING BOARD



CHAAP

Sr. Vijaya Mary Udumala

Councillor

Sr. Dr. Vijaya M. Udumala belongs to the Society of Jesus Mary Joseph. An accomplished nursing educator and researcher with a Ph.D., she founded St. Joseph's College of Nursing, Guntur, and has published extensively. She currently serves as Professor at St. Joseph's College of Nursing, Nallapadu, and President of CHAAP.



NECHA

Sr. Teena Pappachan

Councillor

Sr. Teena Pappachan belongs to the Congregation of the Sisters of the Destitute. A qualified nurse with a Post Basic B.Sc. in Nursing, she is deeply committed to serving marginalised communities. For the past nine years, she has worked in her congregation's health centres across remote villages in Northeast India.



CHABIJAN

Sr. Princy Mathew

Councillor

Sr. Princy Mathew belongs to the Sisters of Charity of Nazareth. She holds a B.Sc. in Nursing and a postgraduate degree in Hospital Administration. A compassionate healthcare leader committed to healing and service, she currently serves as Administrator of Kurji Holy Family Hospital, Patna, contributing to the health and well-being of the communities it serves.



CHAMP

Fr. Thomas P. A.

Councillor

Fr. P. A. Thomas holds qualifications in Business Management and Sociology. He currently serves as Vicar General of the Catholic Diocese of Jhabua, Vice President of Jeevan Jyoti Health Service, and Director of Jeevan Jyoti Hospital, Meghnagar. He also oversees various health projects and serves as President of CHAMP.

Regional Leadership



Sr. Shiny Vincent SCC
President, CHAT

Sr. Shiny Vincent belongs to the Sisters of the Cross of Chavanod and is a Ph.D. scholar in Medical Microbiology. A postgraduate Gold Medallist, she serves as Laboratory In-charge at Leonard Hospital and teaches at Claudine College of Nursing, Chellampatty. She currently serves as the President of CHAT.



Sr. Lizzie Mathew
President, NECHA

Sr. Lizzie Mathew belongs to the Sisters of Charity of Capitanio and Gerosa. A qualified nurse with a Diploma in Hospital Administration, she has extensive healthcare experience across Assam, Nagaland and Meghalaya. She currently serves as Administrator of V.G. Hospital, Dibrugarh, oversees provincial and diocesan health initiatives, and serves as President of NECHA.



Sr. Rita Rai
President, CHABIJAN

Sr. Rita Rai belongs to the Sisters of Mercy of the Holy Cross, North-East Province. She holds a master's degree in Hospital Administration and a B.Sc. in Medical Laboratory Technology. A healthcare professional committed to compassionate service and leadership, she has served as Administrator of Tripolia Social Service Hospital, Patna, since 2022.



Sr. V. Martha
President, OCHA

Sr. Martha belongs to the Sisters of St. Anne of Bangalore and is a qualified nurse. She served for eight years in the congregation's hospital and dispensary and later worked with Social Work and Development (SWAD) in the Diocese of Berhampur, Odisha, for five years. She has also served as Community Superior, contributing to community health and the well-being of vulnerable populations.



Sr. Reshma UMI
President, RUPCHA

Sr. Reshma (Sivy Mathew) belongs to the Ursulines of Mary Immaculate. She holds a bachelor's degree in English Literature and an MBA in Rural Management. Committed to serving marginalised communities, particularly women and girls, she led Navchetna in Uttarakhand from 2005 to 2018. Since 2018, she has served as Director of KSSK, Sultanpur, and currently serves as President of RUPCHA.



Sr. Saritha, JMJ
Director, CHAAP

Sr. Saritha is a law graduate with a postgraduate degree and 14 years of experience in the development sector. After serving two terms as Secretary to CHAAP's Executive Board, she was appointed Director in 2022. Inspired by the legacy of Dr. Sr. Mary Glowrey, she mobilizes support from NGOs, government bodies and CSR initiatives to serve communities in need.



Sr. M. Princy
Director, CHAT

Sr. M. Princy belongs to the Sisters of Charity of Capitanio and Gerosa. She holds an M.Sc. in Nursing, specialising in Obstetrics and Gynaecology, and has experience in geriatric care and nursing education in India and Italy. She currently serves at St. Antony's Home for the Aged, Trichy.



Fr. Shinto Abraham
Director, CHAMP

Fr. Shinto Abraham of the Diocese of Satna holds a master's degree in Social Work and has training in Hospital Management. With 15 years of experience in social work and healthcare, he has expertise in project management, capacity-building and stakeholder engagement. He has served in several leadership roles across hospitals, social service organisations, dispensaries and educational institutions in Madhya Pradesh.

Regional Leadership



Sr. Lillisa SABS BHMS, MHA
Director, CHAKE

Sr. Lillisa belongs to the Sisters of the Adoration of the Blessed Sacrament and holds a BHMS degree. She has extensive experience in clinical care, nursing education and hospital administration, including services as NABH Coordinator and Quality Manager at Josgiri Hospital, Thalassery. Since 2024, she has served as Secretary of the KCBC Health Commission.



Sr. Leena Padam, SCN,
Director, CHABIJAN

Sr. Leena Padam belongs to the Sisters of Charity of Nazareth. She holds degrees in Social Work, Rural Development and Human Rights. She has extensive experience in community development, disaster risk reduction, project coordination, human rights advocacy and documentation across several states. She currently serves as Director of CHABIJAN.



Fr. Esack Rayappan
Director, NECHA

Fr. Esack Rayappan of the Diocese of Miao, Arunachal Pradesh, was ordained a priest in 2012. He served as Assistant Parish Priest in various churches across the diocese from 2012 to 2021. He currently serves as Director of NECHA and Northeast Regional Secretary of the Health Commission.



Fr. J. John Britto Xavier
Director, RUPCHA

Fr. J. John Britto Xavier of the Archdiocese of Delhi holds master's degrees in Social Work, Human Rights and Education. He has extensive experience in social development, having served as Director of Chetanalaya and the Northern Region Social Work Forum. He was appointed Director of RUPCHA in February 2024.

CHAI Directorate



Sr. Dr. Helen Mary A., SAB
Director-General

Sr. Dr. Helen Mary, a member of the Sisters of St. Anne, Bangalore, completed her MBBS and MD in Obstetrics and Gynaecology at St. John's Medical College, Bangalore, and earned a certificate in OBG ultrasonography in 2002. Her medical experience includes serving as Senior House Surgeon at Holy Family Hospital, Patna; Rural Medical Officer in Gokunte; and Chief Medical Officer at Shanthi Nilaya Health Centre, before assuming the same role at Nirmala Health Centre, Bangalore, in 2002.

In addition to her medical practice, she has held several leadership positions, including Provincial Superior, Provincial Councillor, General Councillor and Socio-Medical Apostolate Coordinator. She was also active in professional and religious networks, and served as Treasurer of the National SDFI and Secretary of the CRI Jalahalli Zone. She was appointed Director General of CHAI, effective 1 May 2026.

Senior Management Team & Programme Managers



Dr. Kanupriya Saxena, Head of Programmes

Dr. Kanupriya Saxena holds an MD in Community Medicine and a Diploma in Tropical Medicine and Hygiene from the Royal College of Physicians, UK. Prior to becoming CHAI's Head of Programmes, she served as Programme Manager for the ALLRight and Axshya Plus projects. She also has experience with the Provincial Medical Services in Uttar Pradesh and Médecins Sans Frontières, India.



Mr. Vipin Joseph

Lead – Strategic Information and Organisational Development

Vipin Joseph is a public health professional with experience in project management, strategic information and organizational systems strengthening. He has worked with national institutions such as NACO and international partners, including USAID, the Global Fund and PEPFAR. He currently leads CHAI's strategic information and organisational development functions, contributing to stronger, more inclusive and data-driven public health systems.



Ms. Maji Manesh

Finance Manager

Ms. Maji Manesh is a Commerce graduate with a Higher Diploma in Software Engineering and over 20 years of experience in accounting and financial management in the NGO sector. She joined CHAI in 2006 and currently serves as Finance Manager, overseeing the organisation's finances and facilitating the accounting and financial reporting of projects implemented across the country.



Ms. Theophine Venard

Secretary to the Director-General

Ms. Theophine Venard has served CHAI for 37 years in various capacities, including Editorial Assistant, Assistant HR Manager and HR Manager. She currently serves as Secretary to the Director General and HR Manager as well as oversees CHAI's Membership Department.



Ms. Indira Rani

Programme Manager

Ms. Indira Rani holds a master's degree in social work and has over 26 years of experience in the social development sector. Her expertise includes programme management, supportive supervision, networking and capacity-building across diverse public health initiatives. At CHAI, she has managed UNICEF-supported SBCC and Misereor-supported community health projects and currently serves as Programme Manager for the CABA project.



Mr. Mohammed Mateen

Programme Manager

Mr. Mohammed Mateen holds degrees in Social Work and Business Administration and has over 18 years of experience with national and international NGOs, including SAATHII, Alliance India, CRY and Futures Group International. Associated with CHAI for more than 13 years, his expertise includes programme management, strategic planning and grant writing. He currently serves as Programme Manager at CHAI.



Mr. M. K. Raju

Programme Manager

Mr. M. K. Raju has been associated with CHAI for 28 years, contributing significantly to projects focused on disability, HIV and MIVA. He currently serves as Programme Manager, bringing extensive experience and a deep commitment to disability services, healthcare and community development.



Mr. M Vinay Kumar

Programme Manager

Mr. M. Vinay Kumar is a development professional with nearly two decades of experience in public health and project management. He holds postgraduate degrees in Social Work and Psychology and has expertise in community engagement, institution-building, advocacy and change management. He currently serves as Programme Manager for CHAI's Pratyasha Palliative Care Project.



Mr. Vishal Gupta

Senior Programme Manager

Mr. Vishal Gupta has been associated with CHAI for the past 16 years and has extensive experience in programme operations, partnership management, and grant and donor management. He holds qualifications in public health and management, is a certified rehabilitation professional, and is a Fulbright Scholar.



Mr. Manesh Thomas

Manager - ICT

Mr. Manesh Thomas has been associated with CHAI since 2006 and leads its information and communication technology initiatives. With a background in Physics and qualifications in computer applications, hardware and networking, he oversees CHAI's IT infrastructure and digital systems while supporting technology-enabled solutions across the organisation.



Mrs. Retty George

Project Coordinator

Mrs. Retty George holds a postgraduate qualification in Health Administration from TISS, Mumbai, and has extensive experience in health, child development, governance and organisational strengthening. She has worked with government agencies and international organisations, including CRS and UNICEF. She currently serves as Project Coordinator for VASATI, CHAI's home-based palliative care project supported by the Azim Premji Foundation.

Consultants and Advisors



Dr. Anwar Hussain, Palliative Care Expert
Dr. Anwar Hussain is a physician trained in Palliative Medicine at the Institute of Palliative Medicine, Kozhikode. After 14 years in general practice, including service in Kerala's tribal areas, he transitioned to palliative care in 2011 and has served as Director of the Institute since 2018. His interests include death, dying and spiritual care at the end of life. He currently serves as Consultant Palliative Care Expert at CHAI.



Mr. John Santhosh, Advisor
Mr. John Santhosh is an entrepreneur who leverages technology to advance organisational performance and social impact. He founded GIEOM Business Solutions in 2010 and later established Billion Lives, which develops technology solutions for social good. He has collaborated on major government initiatives related to maternal health, village transformation and tuberculosis eradication.



Mr. Srivathsan Aparajithan, Healthcare Consultant
Mr. Srivathsan Aparajithan is Managing Director of Intent Health Technologies and Co-founder of Vidal Healthcare Services. He has extensive experience in healthcare technology, administration and process improvement, having previously worked with IBM and Apollo Hospitals. An advocate for preventive healthcare and financial preparedness for medical expenses, he holds a B.Tech. from IIT Madras and a PGDM from IIM Ahmedabad.



Mr. George Paul, Communication Consultant
Mr. George Paul holds a Master of Design in Visual Communication from IIT Bombay and has extensive experience in print, identity, information and user interface design. After leading a full-service graphic design agency from 2004 to 2012, he established an independent design practice, working primarily with non-profit organisations.



Ms. Rosemary Thomas, Consultant - Network Support
Ms. Rosemary Thomas is a management professional specialising in Human Resource Development. After working in the corporate sector, she transitioned to the development sector, contributing to the GFATM-supported HIV/AIDS programme. She has extensive experience with the Catholic healthcare network, particularly through the Action 2020: Repositioning Healthcare initiative, and has also worked with the Conference of Religious Women India.



Ms. Nikita Agarwal, Counsel-Litigation and Corporate Advisory
Ms. Nikita Agarwal is a legal counsel with over 12 years of experience before the Supreme Court of India, High Courts and Tribunals. A Partner at GnS Legal LLP, she specializes in litigation, arbitration, corporate advisory and regulatory compliance. Her expertise also includes strategic contract drafting, legal structuring and transactional advisory across diverse industries.

Religious Staff



Sr. Siriyapushpam, SAB, Administrator, CHAI
Sr. Siriyapushpam belongs to the Sisters of St. Anne, Bangalore, and has completed 44 years of dedicated service. She holds an M.A. and B.Ed. and has served as Head of several schools run by her congregation. She also served for six years as Secretary to the Superior General and currently serves as Administrator at the CHAI Central Office.



Sr. Salomie Abraham, SAB, Manager, CTC
Sr. Salomie Abraham belongs to the Sisters of St. Anne, Bangalore. A qualified nurse with training in hospital administration, she has served in various health centres and held leadership roles as General Councillor and Provincial Councillor. Since 2025, she has served as Manager of Pratyasha Palliative Care Centre and the CHAI Training Centre, Medchal.



Sr. Sally Thomas, SAB, (Sr. Seema), Administrator, CHAI Training Centre and Farm
Sr. Sally Thomas belongs to the Sisters of St. Anne, Bangalore, and completed her nursing studies in 2000. She has served in health centres across India and cared for older persons in residential homes in Germany. She currently serves in the healthcare ministry at the CHAI Training Centre and Pratyasha Holistic Palliative Care Centre.



Sr. Nirmala Mary, DSS, Palliative Care Nurse
Sr. Nirmala Mary belongs to the Dinasevanasabha congregation and made her final profession in September 2024. She has served as a teacher and pharmacist and currently works as Nurse-in-Charge at Pratyasha, CHAI's Holistic Palliative Care Centre.



Sr. Anitha, DSS, Staff Nurse, CTC
Sr. Anitha belongs to the Dina Sevana Sabha congregation and made her final profession in June 2025. She served older persons for eight years in the Jadi Jamalpur and Hindupur communities. After completing her General Nursing and Midwifery course in 2025, she joined Pratyasha, CHAI's Holistic Palliative Care Centre in Medchal, as a Staff Nurse.



Sr. Geeta Sobhapoti, SAB, Staff Nurse, CTC
Sr. Geeta Sobhapoti belongs to the Sisters of St. Anne, Bangalore, and is a qualified nurse. She has served in various health centres and dispensaries of her congregation for the past 20 years. She currently works as a Staff Nurse at Pratyasha, CHAI's Holistic Palliative Care Centre in Medchal, Telangana.

Religious Staff Who Transitioned



Fr. Biju Madathikunnel, C.Ss.R, General Manager
Fr. Biju Madathikunnel is a Redemptorist priest with expertise in communications and media. He has served as Director of Communications at the Redemptorist Generalate in Rome and as Provincial Superior of the Liguori Province, Kerala. An accomplished Malayalam writer and artist, he has authored eight books and held 12 solo painting exhibitions in India and abroad.



Sr. Rosy Parakadan, SAB, Manager, Pratyasha
Sr. Rosy Parakadan belongs to the Sisters of St. Anne, Bangalore, and holds M.A. and B.Ed. degrees. She has extensive experience in educational and congregational leadership, including service as a school head and as Councillor and Secretary of the Divine Mercy Region. She also managed Pratyasha Palliative Care Centre and the CHAI Training Centre.



Sr. Deena DSS, Nursing in-charge
Sr. Deena belongs to the Dina Seva Sabha congregation and completed her General Nursing training in 1999. She has cared for people living with HIV/AIDS, children and older persons in India and the United States and has also worked in dispensaries. She served as Nurse-in-Charge at Pratyasha Palliative Care Centre.



Sr. Kanika Mary, SAB, Administrator, Pratyasha
Sr. Kanika Mary belongs to the Sisters of St. Anne, Bangalore, and is a qualified nurse with 45 years of religious life. She has served in several health centres across India and spent 23 years serving in the Diocese of Osnabrück, Germany. She also served as Administrator of Pratyasha Holistic Palliative Care Centre.

Staff List

Projects

Dr. Kanupriya Saxena
Mr. Mohammed Mateen
Mr. Vishal Gupta
Mr. M. Vinay Kumar
Mr. M. K. Raju
Ms. Indira Rani
Dr. Anwar Hussain
Mr. Ramesh Raparthi
Dr. Deepthi Indupalli
Mr. Balendra Singh Kaurav
Ms. Leena Thomas
Mr. Vijay Anand
Mr. Deepak Mehto
Mr. Sonish Joy
Mr. Siresh Kumar
Mr. Raja Sheik
Mr. Nilesh Tigga
Ms. Priyanka Prasanna
Ms. Shanthi
Mr. D. Venkata Rao
Ms. Retty George
Dr. Flavia R. Lobo
Dr. M. S. Manasa
Ms. B. Anusha
Ms. M. Kavitha
Mr. M. Narsing Rao
Ms. B. Deepika
Mr. Sony K. Cheriyan
Mr. Jean Toms

Strategic Information & ICT

Mr. Vipin Joseph
Mr. Manesh Thomas
Mr. Nanda Kishore
Mr. Libin Binu

Finance

Ms. Maji Manesh
Mr. Sreeramulu Kommu
Mr. Areth Raj Mehta
Mr. Srinivas Rao Guduru
Mr. Vanguri Venkanna
Mr. Rakesh V.
Mr. Prasad J. S. V. V.
Mr. Ajay Madamshetty

Directorate and HR

Ms. Theophine Venard

Administration

Sr. Siriyapushpam
Mr. Sunder Raj
Ms. Sagaya Mary
Ms. Priyanka Ekka
Mr. Johny Garuda
Mr. Pataras Minj
Ms. Anshu Ekka
Ms. Ankita Kujur
Ms. Maggi Ekka

CHAI Training Centre

Sr. Salomie Abraham, SAB
Sr. Seema Thomas, SAB
Sr. Marri Nirmala, DSS
Sr. Anitha, DSS
Sr. Geeta Sobhapoti, SAB
Fr. David Raju Maddineni
Ms. Sudha
Ms. Harshalatha
Mr. Keerthan
Mrs. Nilima
Ms. Prashanti Majhi
Ms. Rasmitha Majhi
Ms. Illabathi Majhi
Ms. Rachana Majhi
Ms. Keevanthhi
Mrs. Shyama
Mr. Daniel
Mr. Marianose
Mr. Norbert
Mr. Anurag
Mr. Raju
Mr. Sharad

"Everyone who stops beside the suffering of another person, whatever form it may take, is a Good Samaritan. This stopping does not mean curiosity but availability."

— St John Paul II, Salvifici Doloris, §28



Financial **Reports**

AUDITOR'S REPORT

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

Tel: 23244221

To

The members of Catholic Health Association of India, Secunderabad

We have audited the accompanying financial statements of Catholic Health Association of India, which comprise the Balance Sheet as at March 31, 2026, 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 judgement, 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, 2026;

and

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

For Leo Amalraj & Associates
Chartered Accountants
FRN: 001862S

A. Leo Amalraj
(Partner)
Membership No: 022073

Place: Secunderabad
Date: 31.07.2026

CATHOLIC HEALTH ASSOCIATION OF INDIA

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

Notes forming part of accounts for the year ended 31.03.2026

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 are being made in the accounts as per the estimates made by the society. The gratuities are paid as and when the liability arises.

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

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

9. Previous year's figures have been re –grouped wherever necessary.

For Leo Amalraj & Associates
Chartered Accountants

A. Leo Amalraj
(Partner)
Membership No: 022073

Place: Secunderabad
Date: 31.07.2026

THE CATHOLIC HEALTH ASSOCIATION OF INDIA

SECUNDERABAD, Telangana

Balance Sheet as at 31st March 2026

Source of Funds	Amount (in INR)
Capital Fund and others	57,72,24,111.80
Current Liabilities and Provisions	64,03,334.50
Total	**58,36,27,446.30**

Application of Funds	Amount (in INR)
Fixed Assets	4,53,99,454.00
Current Assets, Loans & Advances 1. Current Assets a. Cash & Bank Balances b. Fixed Deposits 2. Loans & Advances	 2,40,29,375.50 51,01,55,383.00 40,43,233.80
Total	**58,36,27,446.30**

Place: Secunderabad
Date: 31.07.2026

Director General

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

A. Leo Amalraj
(Partner)
Membership No: 022073

THE CATHOLIC HEALTH ASSOCIATION OF INDIA

SECUNDERABAD, Telangana

Income & Expenditure Account for the year ended 31.03.2026

Income	Amount (in INR)
By Foreign Grants Received	16,16,60,234.35
By Local Grants Received	95,00,000.00
By Interest received	3,35,47,456.00
By Interunit & Other receipts	6,25,63,542.14
Total	**26,72,71,232.49**

Expenditure	Amount (in INR)
To Foreign Projects Expenditures	13,59,16,390.20
To Local Projects Expenditures	60,08,260.00
To Administrative & Other Expenses	6,37,03,591.34
To Depreciation	50,81,994.48
To Excess of Income Over Expenditure	5,65,60,996.47
Total	**26,72,71,232.49**

Place: Secunderabad
Date: 31.07.2026

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

Local Receipts and Payments Account for the year ended 31.03.2026

Receipts	Amount (in INR)
Opening Cash and Bank balances	75,31,376.50
Local Grants Received	95,00,000.00
Interest Received (Net of TDS)	2,24,69,489.50
Interunit & Other receipts	6,25,63,542.14
Income Tax Refund Received	27,56,904.00
Increase in Current Liabilities	2,99,307.50
Decrease in Current Assets	6,51,212.40
Total	**10,57,71,832.04**

Payments	Amount (in INR)
Local Project Expenses	60,08,260.00
Administrative Expenses	6,37,03,591.34
Purchase of Fixed Assets	48,51,474.00
Fixed Deposits Invested	2,09,80,700.00
Closing Cash & Bank Balances	1,02,27,806.70
Total	**10,57,71,832.04**

Place: Secunderabad
Date: 31.07.2026

Director General

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

A. Leo Amalraj
(Partner)
Membership No: 022073

THE CATHOLIC HEALTH ASSOCIATION OF INDIA

SECUNDERABAD, Telangana

Foreign Receipts and Payments Account for the year ended 31.03.2026

Receipts	Amount (in INR)
Opening Cash and Bank balances	24,25,898.65
Foreign Grants Received	16,16,60,234.35
Interest Received (Net of TDS)	73,40,824.00
Income Tax Refund Received	6,89,396.00
Decrease in Current Assets	5,74,698.00
Total	**17,26,91,051.00**

Payments	Amount (in INR)
Foreign Grants Expenses	13,59,16,390.20
Increase in Fixed Deposits	2,29,39,668.00
Decrease in Current Liabilities	33,424.00
Closing Cash & Bank Balances	1,38,01,568.80
Total	**17,26,91,051.00**

Place: Secunderabad
Date: 31.07.2026

Director General

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

A. Leo Amalraj
(Partner)
Membership No: 022073



"Let no one ever come to you without leaving better and happier. Be the living expression of God's kindness: kindness in your face, kindness in your eyes, kindness in your smile."

—Mother Teresa

83 Years of Service

CHAI's Commitment to a Healthier India

Catholic Health Association of India

Contact Us

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

Phone
+91-40-27848293, 27848457

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