THE CATHOLIC HEALTH ASSOCIATION OF INDIA
Annual Report
September 2010 - August 2011

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Report prepared by
Rev Dr Tomi Thomas IMS, Dr. K. C. Esther Glory,
Shyama Wilson, Theophine V John,
Jessy Joy and N. Vasudevan Nair

Head Office:
Post Box 2126, 157/6, Staff Road, Gunrock Enclave,
Secunderabad 500 009
Ph : +91- 40 - 27848293, 27848457; Fax : +91- 40 - 27811982,
Email: directorgeneral@chai-india.org
Website: www.chai-india.org

Regd. Office:
4435 – 36, Makanlal Street, 7, Ansari Road,
Daryaganj, New Delhi – 110 002
Phone: 011-23251377, Fax: 23257354
Email: directorgeneral@chai-india.org
VISION

The Catholic Health Association of India (CHAI) 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 health care of reasonable quality at reasonable cost.
- Control communicable diseases as they cause a huge public health burden as well as take a heavy toll of human life in the country; and
- Provide relief to disaster victims in the country and bring the affected to normal level of functioning.
Dear Friends,

I express my gratitude to the Lord Almighty who has been journeying with CHAI Family right from its inception touching, enlightening and inspiring all the members.

For any organization, the Annual General Body Meeting (AGBM) is an important and prestigious occasion where everyone belonging to it come together to meet, discuss and plan for its future. No doubt, CHAI's annual general body meetings have been splendid occasions. I have attended many of them in various capacities. And attending AGBMs in my capacity as President of the organization is indeed a privilege and pleasure. Last year's AGBM was special to me. This year's too.

Thanks to the love, commitment as well as personal sacrifices of hundreds of religious as well as non-religious persons, CHAI has grown into an organization to be reckoned with at the national as well as international level. Its contribution to the field of health through its community health initiatives in the last 67 years have been commendable and lauded by one and all. The organization has been very careful in making itself relevant according to the changing times. It has implemented scores of programmes and projects alone, and in collaboration with governmental and non-governmental organizations.

We appreciate the tremendous effort committedly put in by various individuals, member institutions, diocesan and regional units towards realizing the organization’s goals and dreams.

Health care costs have risen to so extremely high levels that people, especially the poor, do not have access to it. They have to either beg, borrow or steal to get treated when they fall ill.

Health Insurance is indeed a boon. It will certainly enable people to have access to health care without spending huge amounts of money. It is good that we have chosen 'Health Insurance' as the theme for this AGBM. Deliberations and discussions at the AGBM will certainly help people to know more about the need and importance of health insurance.

This is Rev Dr Tomi Thomas' first Annual General Body Meeting after he took up the reins of the organization as its Director-General. I know he has very splendid and ambitious ideas and plans for the organization and I am sure he will successfully take it to greater heights.

I profusely thank Rev Dr Sebastian Ousepparampil for the commendable services he rendered to this organization.

My special thanks are due to the funding partners – both inside and outside the nation – for their continued support and trust enabling us to successfully carry out our programmes.

I express my heartfelt gratitude as well as that of the organization to all the partners-in-action, well-wishers, benefactors and beneficiaries for their cooperation, trust and support.

May the Lord shower abundant blessings on all of us.

Wish the 68th AGBM all success!

Yours Sincerely

Sr. Cletus Daisy, JMJ
President
Building CHAI into a ‘top brand’ in the health care sector

It gives me immense pride, joy as well as satisfaction that I could become part of the inspiring journey of CHAI. I am overwhelmed by a blend of emotions. CHAI’s Annual General Body Meetings (AGBMs) have all been grand successes. Since this was my first AGBM after assuming the mantle of the organization, it will remain unforgettable. I had previously associated and interacted with you in different capacities, but now I am addressing you in a special way — and it is indeed a privilege. With the passage of time, we will get to know each other better. Developing and strengthening the bond between you and me is crucial to lead our organization to greater heights.

CHAI will always remember the notable achievements and quality contributions of Rev.Dr. Sebastian Ousepparampil. I must say I take my hat off to him.

I was with you during the last AGBM as a member and fellow-traveller as well as a well-wisher of CHAI. I was impressed by your boundless enthusiasm, sense of purpose and unmixed love for the organization. Our AGBMs enable us not only to know exactly where we stand in our work but also to inspire us to go ahead facing future challenges with courage and determination. It is also a time for building relationships and feeling a sense of family. We all belong to one family – the CHAI Family.

On this great occasion, I deem it important that we need to spare some serious thought on how, why, and when this great organization took birth.

The tiny seed sown by Dr Sr Mary Glowrey 68 years ago in 1943 has grown into a mighty tree offering shade and shelter as well as succour and support to scores of poor and marginalized in the remote corners of our country. CHAI’s journey across six decades has been an inspiring saga of challenge and change. The story began in 1920 when Sr Mary Glowrey, an Australian Sister-Doctor, arrived in Guntur, Andhra Pradesh, with a new vision and a definite mission. Both the vision and mission were translated into action when Sr Mary Glowrey founded CHAI in 1943.

Starting as the Catholic Hospitals’ Association (CHA) providing curative care to people, especially to the poor, women, and children, the organization slowly got transformed into a Health Association. Adopting community health as its focus, it has been successfully carrying out a significant number of community health interventions throughout the nation. CHAI has always enjoyed a unique position among health and development organizations by virtue of its presence nationwide. As CHAI grew in strength, its vision broadened. Promoting community health, CHAI began viewing health as a basic human right.

In 1993, at the Golden Jubilee celebration, CHAI adopted: “Health for many more by many more” as its goal. Throughout its journey, the organization has ensured its relevancy according to the changing health situations. The Diamond Jubilee celebration in 2003 was a memorable occasion which gave the organization an opportunity to understand its strengths and weaknesses, successes and failures, to proceed accordingly. And, “Universal Access to Health for All” became its goal.

CHAI is a membership organization: it is also an organization of religious sisters, priests and laity. These factors are simultaneously the strength and limitation of CHAI. The activities taken up by the members, individually and collectively, at different levels (diocesan, regional, national) become the activities of CHAI. But, often, it seems, we lack this understanding. The interest shown by official Church and religious congregations contributes very much to the growth of CHAI. Above all, CHAI decided to network and collaborate with like-minded organizations as the health sector was declared a corporate sector and the...
entry of pro-profit private sector started changing drastically the health scenario of our country.

We entered the new millennium with a sense of satisfaction that our members are owning responsibility at different levels of their operations, especially in promoting community health. They are showing an increasing interest and taking active part in various projects and programmes of the respective units, besides strengthening themselves through a governance of their own.

Promotion of community health continues to be our main thrust. Capacity-building has been given more emphasis. Providing human resource development skills to our members has been our major activity. This includes promotion of alternative systems of medicine (ASM), wholistic approach on psychospiritual aspects of health and prevention, control of communicable diseases such as tuberculosis, malaria and HIV/AIDS, and providing relief to disaster victims.

In order to respond to the changed health scenario, it became necessary to redefine the role of CHAI’s central office. The organizational development and decentralization process helped us to streamline the functioning of the whole organization.

“We must have more hospitals, chiefly in rural areas. They will bear testimony to Christ and His Spirit. We are living in stormy times and the future is uncertain, for there is a growing antagonism to Catholic mission effort. But institutions like hospitals will be a sheet anchor of the Church. We now have a Catholic Hospitals Association. Let us make it a power in the land so that if an occasion arises, we may form a united body that can command a hearing. Watch! Be on our guard” Sr Mary Glowrey’s words of warning have relevance even today, and probably more in the future.

CHAI’s existence today is an acknowledgement of the untiring efforts of many many people, who had dedicatedly served it, conditions. Their determination to challenges, their loyalty and love commitment to its values together provided by many have shaped the

Each and every member of CHAI that constitutes the backbone of the individually as well as collectively
to join the organization and be a partner in all its endeavours.

The organization’s relevance to the times is one of the striking features of CHAI. Its vision is consistent with the mission. It puts people in charge of their health. It promotes wholistic health. It fosters people’s participation. And the focus on Community Health makes it all the more meaningful. CHAI offers guidance, information and training. It fosters togetherness, mutual cooperation, sharing of ideas as well as security. CHAI’s policies are directed towards building a healthy nation. And it is ‘Catholic’ in the true sense of the term.

CHAI has an edge over other organizations — governmental non-governmental — by virtue of its number. It has a massive network of committed members — an expansive base of 3,300 Member Institutions (MIs), including large, medium as well as small hospitals, health centres, and diocesan social service societies. Large MIs provide predominantly curative care. Health centres, which constitute over 80% of CHAI’s membership, deliver curative, preventive and promotive health care.

This rich human resource CHAI possesses stands the organization in good stead; it helps the organization to reach out to millions of poor across the nation with its programmes and projects. And what is striking is that the effort made by the members is voluntary.

The Organization had had its central office at Delhi till 1986. The
need to have it at a more centrally-located place prompted the management to identify Secunderabad, Andhra Pradesh, as the most suitable location. It was a very pragmatic idea to choose Secunderabad as it would help the organization to have plenty of space for the various training needs connected with the focused activity of Community Health. And, the choice thus literally and figuratively helped the organization to grow and reach out effectively to more people. The organization could not have grown infrastructurally so strong and sound had it not decided to shift its central office as early as 1986. And CHAI has gloriously completed 25 years of its presence at Secunderabad.

Over the years, CHAI has been focusing its attention on four major areas. Community Health, Communicable Diseases, Advocacy and Disaster Management. Scores of programmes and projects have been launched in these areas, alone and in partnership with various organizations —governmental and non-governmental.

It is an accepted fact that CHAI has succeeded in making its presence felt, nationally as well as internationally, through its health interventions, advocacy efforts and campaigns. But the need of the hour is to develop the organization helping it to attain ‘brand value’. Hence, our efforts hereafter should be directed at making it a top-selling brand. We need to chalk out programmes towards achieving that goal. Only then can it attain sustainability and solidarity.

The aim of Sr.Dr.Mary Glowery was to bring Catholic health facilities together to act as a force of change. We need to go back to that spirit and internalize it. We need to come together not just as a mere group of institutions but as a force for change. This calls for what in business jargon they call ‘branding’ an organization. We need to make fundamental changes in the way we think and act to achieve this end. First and foremost, we need to have a wider world view. Today, each one of us is just concerned about one’s own institutions and the solutions found for each problem are thought to be just one’s own. Each one of us must know that there are thousands of institutions in India that have similar visions and missions. Everybody is, like a cog in the machine, a part of a large organization. If we think this way, each member institution will feel strengthened. Also, we need to feel proud of being part of this big family called CHAI. When one regional unit or diocesan unit member indicates on the letterhead that they are members of CHAI, or when one writes on a notice board one’s institution’s name as a member-institution of CHAI, that pride comes forth.

The benefits are many. First of all, today, agencies as well as the government in its private-public mix are looking for credible NGOs to work with. If you were to tell them that you are part of a national organization, the possibility of their accepting you is higher. Secondly, CHAI is one of the largest Church agencies with a massive number of member institutions and hence your ability to take up programmes from Church agencies will be greater. Apart from the financial gains, your visibility increases as you are a member of CHAI. Just being a member of CHAI can possibly ward off government interference.

To achieve this end, we need to include health in the agenda of all dioceses and religious orders. Jesus Christ, we are told, spent seventy percent of His time in the Healing Ministry. But the Church today does not spend as much time in it. The best part of Health Ministry’s time is spent on curative aspects of healthcare. Christ looked at the human person as a whole. His healing was wholistic and we are called to have a wholistic vision of our healing ministry. We need to go back to our community health focus — “a process of enabling people to exercise collectively their responsibilities to maintain their health and to demand health as their right” — and implement effectively as many programmes and projects as possible towards empowering people.

Growth and development are found essential elements needed to ensure the success, sustainability and continuity of any organization or movement. They enable the entity to keep pace with the ever-changing environment with new demands, needs and challenges that constantly arise in the course of time. Absence of growth and development not only leads to stagnation but it also renders a movement or organization irrelevant and incapable of fulfilling its purpose. We need to constantly assess our progress, strengths, weakness, methods and goals in the light of the changes taking place around and re-align and re-orient ourselves towards being relevant and responsive at all times. Our future requirements are large.

Healthcare in India is increasingly getting refined and redefined. With a vibrant economy, an upwardly
mobile middle class and higher service demands, and a positive investor perception, health care is one of the most prominent growth sectors today. But it is becoming more and more competitive, catering only to the upper strata of society who can ‘buy’ care. We need huge investments to complete our existing programmes as well as begin new ones to help the weaker brethren in society. We have to work with greater momentum, always guarding against complacency which may lead to weakened action.

CHAI celebrated the Silver Jubilee, Golden Jubilee and Diamond Jubilee with pride and satisfaction. But we were and are careful not to feel complacent. Neither have we slowed down our efforts. And on the occasion of every jubilee we cast an inward look to assess our strengths as well as understand our weaknesses, and move forward accordingly. We derive strength and confidence from every celebration. We recently celebrated CHAI’s completion of 25 years at Secunderabad. The celebration enabled us to understand more about us and the way we function. We could understand where we stand today with regard to our work. It was indeed a learning experience.

We are just 6 years away from the 75th Anniversary Celebrations. And it is my fervent wish, —yours also I believe — to see CHAI establish itself through attaining the ‘top brand status’ in the health care field of India much before it celebrates its centenary. The organization is what it is today thanks to the invaluable support, initiative and dedication shown by our members who are its backbone and real strength.

The theme for this year’s AGBM is “Health Insurance.” India’s spending on public health care is one of the lowest in the world, lower than that of even the neighbouring Bangladesh. Far from strengthening public health care, the government – both central and state – have been withdrawing from the key sector. The interrelationship between poverty and ill health is well recognized and there is a consensus in India that ill health certainly drives a number of households to poverty and also makes poorer ones further poor. This is because out-of-pocket expenditure by the households accounts for 72% (2000-2001) of total health care expenditure in India. And the poor have to either beg, borrow or steal to get treated for their illnesses. In such a situation, where the governments are unable to augment financial resources for improving the coverage of public health facilities, health insurance is seen as a viable option.

The deliberations and reflections taking place at the scientific session will certainly prove beneficial to all those who participate in the AGBM and through them to people at large, especially those at the grassroots level.

While thanking the Executive Board, CHAI Family, partners in action, fellow-travellers for their support in the past year, I seek their unstinting co-operation and prayerful wishes in the coming years.

We have a very long way to go. Plenty of work needs to be done. The terrain is rough and difficult with huge challenges and obstacles. But if we walk together hand in hand, we can overcome challenges confidently as well as successfully and help in making our nation healthier.

May the Divine Healer bless us all in our future endeavours! Let us follow in His footsteps in every word and deed.

May Our Lady of Good Health, the Patroness of CHAI intercede for us.

With best wishes!

Rev. Dr. Tomi Thomas, IMS
Director-General
When it comes to health care, there are two Indias. One, that boasts of five-star hospitals with state-of-the-art technology; the other, where the majority of people live, with limited or no access to quality health care. “India has just 6 doctors for every 10,000 people, compared to the global average of 15. There is a shortage of six lakh doctors, ten lakh nurses and two lakh dental surgeons,” says a Planning Commission Report (Times of India, 15 January, 2011). “Every second, a child under 3 in India is malnourished. The number of under-5 malnourished children are 55 million. Thirty-five per cent of world’s malnourished children live in India.” Malnutrition affects economic productivity and the ability to take decisions. It can lower the country’s growth rate by 2-3 per cent.

This year’s budget shows a 20 per cent increase in health care allocation. (Rupees 27600, against existing 22,300). But still it is just one per cent of India’s GDP. Medical care is a basic necessity and an issue of social justice. Dr Amartya Sen, has reiterated the significance of converging of growth and welfare goals. But this has not rubbed off on our policy-makers, despite shocking revelations of malnutrition.

By 2020, HIV/AIDS will affect 80 million people in Asia. Nearly five million people are living with HIV/AIDS in Asia, with 4,40,000 dying each year. By 2020, the disease will also claim over five lakh lives annually, says World’s First Independent Commission on HIV/AIDS in Asia-Pacific. Malarial threat too causes alarm. Among one million-plus global deaths, India’s figures cause concern. Two million malaria cases are reported every year in the country. Tuberculosis also contributes to worsen the situation. Over six lakh Indians are spreading the disease without their knowledge. India is World’s TB capital having 1.9 million new cases every year, says WHO’s Global Tuberculosis Control Report. Besides these, ‘diseases of affluence’ — diabetes, heart diseases etc — take their toll.

Ill health drives families to poverty. It makes the poor, poorer. The out-of-pocket expenditure accounts for 72% health care expenditure in India. Health care services are becoming costlier by the day.

An estimated 1.3 billion people worldwide lack access to effective, affordable health care, while more than 150 million people in 44 million households worldwide every year face financial ruin as a direct result of large medical bills. Only 2% of Indians currently have health insurance which constitutes only 20% of the overall insurance business — very low by world standards. Just as banks prefer to loan large sums to the rich, insurance companies always like to issue policies to healthy people. The situation is even more precarious in developing countries where there are yet no national-level programmes or policies focussing on health security, because of the perceived importance of even more basic issues like immunization, population stabilization, maternal and child health.

Profit-oriented private sector

While the private healthcare continues to grow buoyed by investments from domestic and international
healthcare providers, the condition of state-owned healthcare institutions remains as appalling as it used to be before the private sector boom. According to Government of India’s 10th Five-Year plan, private sector accounts for 82 per cent of outpatient visits, 58 per cent of inpatient expenditure, and 40 per cent of births in institutions.” This number has steadily grown post-independence when private sector used to account for 4-5 per cent of the total healthcare provided.

It is not difficult to understand why. Over the decades, the care provided by the state-owned institutions has steadily deteriorated thus forcing people to look for alternatives. The private sector, however, with its profit-oriented approach and also, the encouragement from the government due to booming medical tourism, has grown from strength to strength.

India’s spending on public healthcare is one of the lowest in the world, lower than even neighbouring Bangladesh’s. Far from strengthening public healthcare, the governments – both central and state – have been withdrawing from the key sector. The over dependence on the profit-driven private healthcare system has deprived vast sections of the poor access to affordable quality healthcare. The argument that economic growth will eventually enable the people to get necessary medical facilities overlooks the fact that wherever people enjoy good healthcare, be it in Germany or Cuba, it is, by and large, the state which is the provider. If China and Bangladesh can steal a march over India in this regards, the reason is lack of political will in this country. It was to set right this lacuna that the National Rural Health Mission was launched in 2005.

The per capita total expenditure on health in India is US $ 36 of which, the per capita government expenditure on health is US $ 5. India spends about a 4.9% of its GDP on health. The breakdown: public health expenditure (.9%) private expenditure (4.0%) which can be clarified as out of pocket expenditure 3.6% and employ community financing (.4%)

The problem with this situation, obviously, is that while people living in cities have access to the best healthcare money can buy; the majority of the country’s population that lives in rural areas has access to mediocre quality of care resulting in high-mortality rates even in cases that could be easily managed if the standards procedures are followed.

It is here that concepts like Community Health Insurance (CHI) become quite significant. (See Box -1)

**Ageing population**

Population ageing has emerged as the grand challenge of this century; for policymakers, care providers and society as a whole. In 1961, the population of the elderly was placed at 24 million; it increased exponentially to 43 million in 1981; 57 million in 1991; and about 77 million in 2001. The proportion of the elderly in the total population also rose from 5.63 per cent in 1961 to 6.58 per cent in 1991 and to 7.5 per cent in 2001. A United Nations report has predicted that India will have 198 million ‘Old’ (60+) people in 2030 and 326 million in 2050. Currently, there could be around 100 million ‘senior citizens’ in India.

**Box-1**

**Community health insurance (CHI)**

Devadasan et al (2006) in their *Review of CHI* in India defines Community Health Insurance as “any not-for-profit insurance scheme aimed primarily at the informal sector and formed on the basis of a collective pooling of health risks, and in which the members participate in its management.”

**Types of CHI**

Three types of CHI have already been experimented in India. The first is the ‘provider model’ where the local NGOs act as both insurer and provider of health care. Here the premium is paid directly by the people to the NGO-operated health facility, and, in return, they are provided with free or discounted rates for inpatient and outpatient services. The second kind of CHI is termed ‘insurer model’ where the NGO is the insurer but does not itself provide care, which is then purchased from a private provider. Here when a person enrolled under this scheme falls sick, he/she can get health care from a provider of their choice. In the third model, the NGO neither does provide health care nor act as an insurer. Here NGO acts as an intermediary between the target population and the insurance company/provider.

**Challenges ahead**

The most important challenge is thrown by the Indian health system itself. Health care services are unevenly distributed and large portion of the country can be classified as medically under-served areas with poor transport facilities.

The second challenge is regarding the enrollment of the vulnerable sections in CHI. Usually, the membership is confined to communities living within certain geographic limits or enrolled with a community-based organization.

The last challenge is to overcome problems in operating a community health insurance scheme, including collection of premiums and management of claims and reimbursements.

*Health Action: July 2006*
No safety net

The absence of a safety net for the elderly has exacerbated the problem. Traditionally, the joint family in India took care of its elderly. These traditional care arrangements have been lost in the context of rapid urbanisation and an exodus of people from rural to urban areas and from urban areas to foreign countries. In the absence of such community support in the form of kinsmen or the extended family, and an inability to continue to earn their living, the elderly are often rendered destitute, if not financially, from a pragmatic perspective.

Insurance cover non-existence

A second area of concern for those engaged in this sector is that of healthcare costs. A survey in 2001 revealed that nearly two-thirds of elders live in rural areas; nearly half are women, out of whom over half are widows. Two-thirds of all elderly persons are illiterate and dependent on physical labour; 90 per cent existed in the unorganized sector with no regular source of income; one-third living below poverty line. In sum, the majority of Indian elders are in potentially vulnerable situations without adequate food, clothing, or shelter. Providing health care that passes the “Five ‘A’ Test” (Availability, Affordability, Accessibility, Acceptability and Accountability) to such a large vulnerable group, is a challenge that has to be confronted. Insurance cover that is elder-sensitive is virtually non-existent; insurance premiums increase in an unsustainable manner with age and there is rampant age-discrimination in the health insurance sector.

Poor are poorer

The interrelationship between poverty and ill health is well recognized and there is a consensus in India that ill health certainly drives a number of households to poverty and also makes poorer ones further poor. This is because out-of-pocket expenditure by the households accounts for 72 percent (in 2001-02) of total health care expenditure in India. The free and low-cost government health care services are unevenly distributed and its large scale expansion is restricted due to financial constraints. Of late, the inflation in health care costs are several times higher than in the case of other commodities, due to advancements in medical care technology induced updating of sophisticated medical equipment by health care providers and rising drug prices.

HEALTH INSURANCE: A VIABLE OPTION

In a situation where the governments are unable to augment financial resources for improving the coverage of public health facilities, health insurance is seen as a viable option.

Three ways of financing health care

There are three broad ways of financing health care. The most common way in India is the out-of-pocket payment (OOP) at the time of illness. This places a tremendous burden on the family as it has to spend at the time when it is most vulnerable.

The second way of financing health care is through general taxes. Here, the government allocates a certain amount of money for health care from its general revenue. This is then used to pay salaries of health care professionals, purchase medicines and consumables and build health centres and hospitals. The National Health Service in the UK is the best example of this. Here patients do not have to pay any money at all. All of their health care needs are met by the government health department. The third way of financing health care is through health insurance mechanism. In this, individuals pay a small premium ahead of time, in anticipation of future illness.

Three types of health insurance

There are broadly three types of health insurance – social health insurance, private health insurance and community health insurance. Social health insurance is prevalent in many European countries. Here, the

Universal Health Coverage

Citizens have reason to cheer in this 2011 New Year as the government is going full steam ahead with the concept of universal health coverage for all of which health insurance would be an important component. The Planning Commission has constituted a high level expert group to develop a framework to provide universal health coverage to the people in the 12th Five Year Plan.

“I expect to see Universal Health Coverage (UHC) featuring prominently in public debate and policymaking in 2011,” believes Dr. Srinath Reddy, president of the Public Health Foundation of India, which has been entrusted with the work of developing a broad framework for the exercise.

Universal health coverage will also require investment in health infrastructure, especially a massive scale-up of public sector services at all levels, expansion of the health workforce, safeguarding of India’s generic drug industry empowerment of communities etc through health promotion and action on determinants of health like water, sanitation, nutrition and environment.

(The Hindu 2 January 2011)
health insurance has the following advantages:

- Patients do not have to meet their entire health care costs. They contribute a small amount, the rest of the costs are met by the contributions of others.

The second type of health insurance is the private health insurance. Popular in the USA, here individuals purchase health insurance from insurance companies. They pay a premium, depending on the risk that they have. Thus those with high risk, e.g. diabetes, hypertension etc will have to pay a higher premium as compared to a person with neither of these. Also, the premium depends on the benefits that the individual wants (primary and/or secondary and/or tertiary care). The insurance company reimburses the costs of the health care when the individual falls sick. This is similar to the “Mediclaim” health insurance policies in our country and is usually affordable only to the elite. Even in a rich country like USA, about 10% of the population cannot afford to buy any form of health insurance. The third type is the community health insurance (CHI).

*Health insurance has the following advantages:*

- People pay when they are healthy and able.
- Patients do not have to meet their entire health care costs. They contribute a small amount, the rest of the costs are met by the contributions of others.

### The Rashtriya Swasthya Bima Yojana

The Rashtriya Swasthya Bima Yojana (RSBY) is a health insurance scheme for “Below-Poverty-Line” (BPL) workers in the unorganized sector. It was formally launched on the 1st of October, 2007 by the Central Government and is a part of the ongoing process of providing social security for workers in the unorganized sector. A Bill has also been introduced in Parliament in September, 2007.

The Rashtriya Swasthya Bima Yojana is the third health insurance scheme from the government of India’s stable. The earlier ones Universal Health Insurance Scheme (UHIS) and the National Rural Health Mission (NRHM) were launched by the Ministry of Finance and Health respectively. The RSBY attempts to learn from these and other such schemes that are being administered at various levels by different agencies. Like the earlier schemes, it covers the BPL families, but unlike the UHIS, the RSBY has opened up the scheme to both public and private sector insurance companies.

*Courtesy: Health Action May 2008*

### Portability in health insurance is a boon

Health insurance portability, due to begin from July 1, 2011, will be a boon to those who have health cover but are dissatisfied with the quality of service by their existing insurer. The new facility will enable them to switch to another provider without losing anything. This is a landmark development benefiting consumers, and is likely to set new benchmarks in service standards and delivery mechanisms across all insurance providers. It will be particularly helpful to those with pre-existing illnesses and those eligible for bonuses who felt compelled to continue with their existing provider in order not to lose any benefits. It is necessary, however, for this progressive facility to be fine-tuned in the coming months by the Insurance Regulatory and Development Authority so that standard procedures are in place across all players in this sector by July 1.

*Courtesy: Deccan Chronicle 14 February 2011*

- There is no/minimal expenses at the time of illness.
- Of course, health insurance has its disadvantages:
  - It is administratively more complex.
  - Conceptually, it is difficult to explain to people.
  - One needs large numbers (e.g. at least 5000) for it to succeed.

### Very few health insurance packages

As known, the health insurance coverage in India is abysmally low. Results of the National Family Health Survey –3 (2005-06) indicate that only 5 percent of the households have atleast one usual member covered by a health scheme or health insurance. However, 64 percent of them are enrolled in health insurance schemes provided by their employer. Participation in the community health insurance is reported by only 5 percent of households that have health insurance. Survey also shows that CHI is primarily seen in rural areas than in urban areas and their potentials in reaching vulnerable sections like scheduled castes and scheduled tribes are lower than in the case of other communities. Similarly the distributional analysis of the largest CHI scheme in India in Gujarat State (Sinha et al 2007) shows that the urban residents benefited more than their counterparts, due to various reasons.

At present, there are very few health insurance packages on offer, and for the low-income market, packages include mainly hospitalizations. In order to ensure that expenses do not exceed the income, insurers devise measures against adverse selection, for which purpose they routinely
limit the benefits by applying a ceiling (“cap”), and other exclusions (e.g., exclusion of pre-existing conditions, exclusion of certain age groups, exclusion of chronic diseases, etc.). When the cap is very low, it could result in a situation whereby the costs that exceed the cap, and which the insured persons have to pay, would be a significant share of total costs. This high cost would be affordable only to the wealthier households, and thus, affiliation with insurance could increase income-related inequity, rather than decrease inequity.

The common practice of exclusion of chronic diseases and the elderly age-groups from the insurance programme brings about a situation that those who need insurance most would not have a reason to join. This problem is likely to aggravate in the future, because both life-expectancy and chronic diseases are increasing in India.

**Few attractive choices**

In the light of the practices described above, low-income clients are faced with few attractive choices of health insurance. Normally, benefit packages are limited to hospitalization costs, even though the share of hospitalizations in the aggregate healthcare costs is relatively low. For example, according to one estimate, the aggregate costs of hospitalization among resource-poor people in India were only 11% of total costs, when consultations cost 33% and medicines cost 49%. This is explained by the fact that although the cost of medicines and consultations is much lower for each occurrence separately, their aggregated cost is much higher because they occur more frequently. In addition, chronic diseases (e.g., hypertension, diabetes mellitus, asthma, cancer, etc) require higher health costs which are not insured; for example, in the study mentioned above we found that acute illnesses accounted for 61% of illness episodes and for 37.4% of healthcare costs, while chronic illnesses accounted for only 17.7% of illness episodes but for 32% of costs. As insurance does not cover the cost of care linked to chronic illnesses, people find themselves not getting coverage for their needs. The clients are clearly aware of this mismatch between their needs and what insurance covers: when given the opportunity to compose a benefit package they prioritize within a low premium using a simulation exercise named CHAT (“choosing health plans all together”), most respondents included partial reimbursement of medicines, consultations and of tests in addition to hospitalization.

Health insurance serves as a means of financial protection against the risk of unexpected and expensive health care. It reimburses the cost of health care and enables potential users of care to pool their risks. The risk sharing arrangement implies that those fortunate enough to be healthy pay those who are sick, with the clear understanding that if they fall sick later, their costs in turn will be covered.

Health insurance in India is legally an element of general insurance. Insurance was provided by the private sector and regulated under the Insurance Acts of 1912 and 1928, which established a Controller of Insurance. In 1972, the General Insurance was nationalized and the office of the Controller of Insurance became defunct as the government-owned companies came under the Finance Ministry.

In 1993, the government constituted the Malhotra Committee to review insurance sector reforms. The Committee recommended the establishment of the insurance regulatory authority even though insurance was a government monopoly.
The committee further recommended opening up of insurance sector to the private sector. The government constituted the Insurance Regulatory and Development Authority (IRDA) in 1996. In early 1997, the Minister of Finance announced that, as a first step, health insurance would be opened to Indian companies, and subsequently the IRDA bill was passed.

**Existing schemes**

Insurance agencies are the most important financial
intermediaries who mobilize funds from the employers, employees, government and households and help to finance the high cost of treatment in times of need. Existing health insurance arrangements such as the state-run schemes for formal sector employees (ESIS, CGHS) and private employer-based and individual insurance programme provide some form of protection against the risk of ill health for the population they cover.

**State-run schemes**

Government financing of health insurance schemes involve the Employee State Insurance Scheme (ESIS) for employees of the organized sector earning less than Rs.6500/- per month and the Central Government Health Scheme (CGHS) for government employees. Both these social insurance schemes are principally financed by the contributions of beneficiaries and their employers and from taxes. In the ESI scheme, the employers contribute 5 per cent of the wages payable to the coverable employees and the employees contribute 2.25 per cent of their wages towards the scheme. Employees up to the average daily wage of Rs.15 are not required to contribute. The employers, however, contribute their share in respect of such employees also. The state governments contribute 12.5 per cent of the total expenditure on medical care under ESIS in their respective states.

<table>
<thead>
<tr>
<th>Type of Health Insurance Scheme</th>
<th>Coverage Age</th>
<th>Remarks</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Insurance Corporation</td>
<td>Individual: age 5 to 75 years. Family – 3 months to 75 years</td>
<td>Only hospitalization coverage mediclaim with exclusion of pre-existing conditions &amp; dental coverage</td>
</tr>
<tr>
<td>Jan Arogya</td>
<td>Up to 70 years</td>
<td>Same as above but includes maternity benefits</td>
</tr>
<tr>
<td>Bhavishya Arogya</td>
<td>Individual/spouse – age: 18-55 years for post retirement benefits</td>
<td>Hospitalization coverage after the age of retirement</td>
</tr>
<tr>
<td>Life Insurance Corporation</td>
<td>Individual: age 18-50</td>
<td>Coverage of 4 ailments namely cancer, paralytic strokes, renal failures and coronary diseases</td>
</tr>
<tr>
<td>Ashadeep II</td>
<td>Individual/spouse age:18-54 for post-retirement benefits</td>
<td>Medical benefits with one time investment after the age of retirement</td>
</tr>
<tr>
<td>Unit Trust of India Senior: Citizens Plan</td>
<td>Any central government employee (current/retired)</td>
<td>Provides coverage for both inpatient and outpatient care (the quality and delivery services are poor)</td>
</tr>
<tr>
<td>Central Government Health Scheme</td>
<td>An employee and his/her family in an organized sector with monthly wages under Rs.6500/-</td>
<td>Poor quality and delivery of services, delay in enrolment and disbursement of cash benefits, non-coverage of temporary workers and their families</td>
</tr>
</tbody>
</table>

**Public enterprise health insurance programmes**

Health insurance scheme for individuals and corporations are available through the General Insurance Corporation (GIC) of India and its subsidiaries - a public sector monopoly. These schemes are financed from household’s disposable incomes and corporate funds. The major schemes available are MEDICLAIM scheme for the individuals, Group Health Insurance Policies for large groups, and the Jan Arogya Scheme for the poor. Basically GIC provides indemnity cover for major surgical and hospitalization costs. Till now, this line of business has had only limited success, covering only 1.7 million people, paying a total premium of about Rs. 1 billion and per capita premium of Rs.600 in 1995-96. The claim premium ratio is about 65 per cent implying substantial potential for improvement of the scheme.

**Privatization of health insurance**

The new economic policy and liberalization
Health insurance serves as a means of financial protection against the risk of unexpected and expensive health care. It reimburses the cost of health care and enables potential users of care to pool their risks.

The risk sharing arrangement implies that those fortunate enough to be healthy pay those who are sick, with the clear understanding that if they fall sick later, their costs in turn will be covered.
One of the biggest challenges that India faces today is the lack of adequate human resources in health, especially nurses, who can play the role of Nurse-Practitioners. Acknowledging the urgent need to build skilled, competent and committed nursing workforce towards playing a decisive role in the health care delivery system, the Catholic Health Association of India (CHAI) has initiated a series of processes and programmes, the first in the series was the starting of the Nurse-Practitioner’s Course. Towards understanding more about Nursing Education and Nursing Practice in India, CHAI organized a national level workshop on “Future of Nursing in India” on 4 August 2011 to mark its completion of 25 years in Secunderabad. Prof A Kalyani, Vice-Chancellor, Tamil Nadu Open University, Archbishop Thumma Bala, Archbishop of Hyderabad, Rev Dr Tomi Thomas, Director-General, were present on the occasion.

In his welcome address, Dr. Rev. Tomi Thomas, Director-General of CHAI said: “the biggest challenge India faces today is the lack of adequate human resources in health – physicians, specialists, nurses and paramedics. There are problems of quality, number and willingness to work. In India, we are not making enough efforts to allow nurses to play the role of nurse-practitioners. It is high time we allowed our nurses who number 10,54,677 to play a crucial role in healthcare delivery.”

The Guest of Honour was His Grace Rev Thumma Bala, Archbishop of Hyderabad. His Grace concluded his address saying “Nurses play a crucial role in the health care delivery system of today. Their role is not secondary any longer. If their skills are developed and if they are given adequate facilities they can manage the basic health care system independently. They need to be strengthened and enabled to play a vital role in health care delivery.”

The keynote address was given by Chief Guest Prof. A Kalyani, Vice-Chancellor, Tamil Nadu Open University. She congratulated CHAI on the excellent work being done. She said: “CHAI effectively serves the needs of the poor and the marginalized members of the society”. She spoke about the origin of Community Colleges as well as various courses on Nursing and Health care that are available today.

The workshop had four sessions. There were presentations and discussions on various topics related to nursing and nurse-practitioners in India and other countries. One of the common observations was that the nursing profession over the years has undergone lots of changes and has diverted towards administrative procedures.

There was a group discussion on the topic “How can the services of nurses working in areas where doctors are not available be made effective?”. The group elaborated on the topic concluding that it was perhaps time to rethink the role of nurses in the context of needs of the Indian population and to introduce changes in the curriculum of nursing education to meet the said needs.

The workshop provided a platform for nurses presently working at different levels of health care delivery, Senior Academicians from Nursing schools and Colleges, Members from Indian Nursing Council and different State Nursing Councils, Academics working in the field of Nursing, Organizations working with nurses, Medical and Health professionals and representatives from the government to come together and deliberate on issues such as specialized nurse training, task-shifting and alternative care models and ways of improving treatment and identify best practices in the current models. Cost-effectiveness, treatment outcomes, retention and other key aspects of these programmes were scrutinized with an eye towards feasibility and sustainability on a wider scale. Many eminent speakers threw light on various topics.

As a result of the workshop, the participants got a
clear picture on the status of nursing education and practice in India, information on global/international models of nursing education and services, knowledge of evidence-based/innovative models of nursing care. A consensus could be arrived at among various stakeholders (Government, academicians, nursing institutions and NGOs) on how the services of nurses practising in rural and tribal areas could be made more effective.

The participants felt that the profession has undergone a lot of changes over the years and has experienced three stages, namely erosion, dilution and evasion.

- **Erosion** – new occupations that have taken up different parts of nursing
- **Dilution** – different courses are in place but without any depth. There is role shedding and multitasking.
- **Evasion** – evasion of responsibilities and roles, with no accountability.

The members spoke on the nurses’ role in the 21st century and the need to expand access to care. The various models presented at the workshop highlighted the extent of services that can be provided by the nurses, their eminent role in the health care delivery system and the impact they have on the well-being of the population.

During group discussions some of the participants spelt out the unmet health needs of the people, especially where there is no doctor, and they felt that empowering the nurses through capacity-building on clinical competency, community care, knowledge and skills, legalization, pay scale and other areas would enhance the quality of caring.

A summary of the presentations at the group discussions revealed that 99 percent of the group members were thinking on the same lines. Nurse-Practitioners are the solution for not having specialized people in rural and unreachable areas. Lack of competent people to prescribe medicines in rural areas could be compensated by having Nurse-Practitioners. Primary and secondary care services, educational and emergency services with proper guidance and training could be taken care of by them.

Everybody felt apprehensions over the new role being recognized and the need to work towards overcoming these challenges. The group felt that the Indian Nursing Council should take the lead and support the endeavour.

A declaration towards the cause was signed by the participants.

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**Celebrating CHAI’s 25 years in Secunderabad**

The Catholic Health Association of India has been in the service of the nation for the past 68 years. The organization has an expansive base of 3,330 Member Institutions (MIs), including large, medium as well as small hospitals, health centres, and diocesan social service societies. CHAI’s massive network having 11 Regional Units, 600 sister-doctors, 25000 sister-nurses and 10,000 plus para professionals effectively render succour and support to the needy and the poor.

The Organization had had its central office at Delhi till 1986. The need to have the central office at a more centrally-located place prompted the management to identify Secunderabad, Andhra Pradesh, as the most suitable location. It was a very pragmatic idea to choose Secunderabad as it would help the organization to have plenty of space for the various training needs connected with the focused activity of Community Health. The choice of Secunderabad thus literally and figuratively helped the organization to grow and reach out to many more people. The organization could not have grown infrastructurally so strong and sound had it not decided...
to shift its central office sufficiently as early as 1986.

And, CHAI gloriously completed 25 years of its presence at Secunderabad.

The occasion of completing 25 years was made memorable through a splendid celebration marked by a Public Meeting followed by a Blood Donation Camp.

The celebration began with a Holy Mass on the theme “Following in the Footsteps of the Divine Healer”. The main celebrant was Rev Fr. John Vattamattom, former Executive Director, CHAI, concelebrated by Rev James Culas, another former Director, CHAI, Rev Fr Julius Arackal, Vice-President, CHAI, Rev Fr M Balasway, Executive Director, APSSS Forum, Rev Fr M J Edwin, former Editor of Health Action, Fr Norby Paul, Assistant to Director-General and Rev.Dr.Tomi Thomas, Director-General, CHAI.

The public meeting began at 9.30 am with a welcome dance by the students of Vijay Marie College of Nursing followed by Prayer Song by the staff of CHAI.

The dignitaries Dr. P. Shankar Rao, Honourable Minister of Textiles, Andhra Pradesh and Ms. Christine Lazarus, MLA, were invited on to the stage and presented a bouquet of flowers. The lamp was lit by the dignitaries and Rev. Dr. Tomi Thomas, Director-General, CHAI.

Rev.Dr.Tomi Thomas, shared briefly about the history and journey of CHAI over the years and expressed gratitude to the former Presidents and Directors for their committed and splendid service. Remembering Fr James S Tong SJ, the Founder-Director of CHAI, he said: “By a strange coincidence, this day happens to be his 25th death anniversary. The whole CHAI Family remembers and prays for the eternal peace of his soul.”

The former Directors of CHAI Fr. John Vattamattom and Fr. James Culas were felicitated by Dr. P. Shankar Rao, Honourable Minister of Textiles, Andhra Pradesh and Ms. Christine Lazarus, MLA.

Ms. Lizzy Francis, Mr. Thomas Kunnill, and Mr. P K George, staff members who completed 25 years of service in CHAI, were felicitated by the former Directors and were presented with gifts.

Fr.John Vattamattom in his message thanked the Chief Guests Dr. P. Shankar Rao, and Ms. Christine Lazarus for their support to CHAI. He said that CHAI still need to grow, not in size or technology but in reaching out to the poor and the marginalized.

In his message, Fr. James Culas expressed his immense joy in becoming part of the celebrations and said that it was time to thank the Lord, introspect and proceed accordingly.

He shared briefly about the work done by CHAI as well as the books published and programmes implemented emphasizing teamwork.

Ms. Christine Lazarus, MLA, the guest of honour congratulated CHAI on completing 25 years at Secunderabad and said that CHAI has been doing a commendable job. There are many HIV centers now and expressed the need for more work to be done in this area. She said that the sense of duty and commitment are very important to work towards this goal.

The Chief Guest Dr. P. Shankar Rao, Honourable Minister of Textiles, Andhra Pradesh, said that he felt quite at home in CHAI. He shared about his career giving details about his service as a medical professional and the
Rev. Dr Sebastian Ousepparampil, after putting in ten years of commendable service, bade farewell to CHAI on 29, April 2011. A-300 strong crowd had assembled at the CHAI Training Centre, Medchal, to see him off.

The distinguished gathering comprised people who had been either close to him or worked or interacted with him, people from professional circles, religious people and staff members of CHAI. The farewell began with a Eucharistic celebration. The main celebrant was His Grace Archbishop Vincent M Concessao, Archbishop of Delhi and Ecclesiastical Advisor to CHAI.

Rev. Dr. Tomi Thomas, IMS, Director-General, in his welcome address said that he felt joy as well as grief. He said he wished he could continue working with Fr Sebastian as he did way back in 2001. “I feel as though Rev. Dr. Sebastian is taking just a few days off from CHAI. Fr. Sebastian has transformed CHAI thanks to his incredible performance and untiring efforts. Rev. Dr. Sebastian is a well-travelled and well-read person who worked like a true professional. He is a dreamer and a doer. The Lord took 7 days to create the world. If Rev. Dr. Sebastian is given the same task, he might do it in one day. I feel extremely honoured to be in his shoes”, he concluded.

Sr. Cletus Daisy JMJ, President, CHAI: “Fr Sebastian has been instrumental in giving CHAI an international exposure. In the last 10 years, changes in CHAI are manifest in all regions. Rev. Dr. Sebastian introduced new courses and training programmes to help enhance the skills of professionals. Most of his dreams were fulfilled, but unfinished ones will be realized by his successor, Fr Tomi Thomas.”

Archbishop His Grace Vincent M Concessao: “He is a man of initiative, who chose to tread untrodden paths and he bonded very well with people. He was extremely faithful to the mission and vision of CHAI and committed to the cause of Health for All”.

Dr. Rabia Mathai, Senior Vice-President, the Catholic Medical Mission Board (CMMB), felicitated Rev. Dr. Sebastian by gifting a traditional Mysore headgear and a trophy having three stars with a message engraved on it.

Dr. Reuben Swamickan, National Coordinator, CBCI-CARD, RNTCP TB Project, explained the characteristics
of Rev. Dr. Sebastian Ousepparampil by spelling out his email id frousey: f - fearless; r - check on reality; o - outstanding; u - understanding; s - simple, sincere; e - empathic, effervescent; and y - youthful.

Rev. Fr. John Vattamattom, SVD, started his speech saying that he was not getting enough words to convey his feelings. He appreciated Rev. Dr. Sebastian for what he had done to the organization, and wished that he reached greater heights in future.

Rev. Dr. Joseph Ousepparampil remembered the day Fr. Sebastian was born. “I saw him half an hour after he was born. Then he started schooling and education, acquired many degrees. He has grown so much. He gave love and care to those who worked with him. Work well done is Glory to God. Fr. Sebastian has been doing excellent work.”

Sr. Jovita: “CHAI has grown tall and strong and made itself relevant to changing times. Rev. Dr. Sebastian is a beautiful creation of God, full of compassion and love. She said he solved knotty problems, changed foes into friends and his tireless efforts paved way to successful undertakings. He was instrumental in bringing many donor agencies to CHAI. The infrastructural developments are also commendable.”

Sr. Mercy Abraham, RGS: “My association with Rev. Dr. Sebastian dates back to two decades, from St. John’s Bangalore. Rev. Dr. Sebastian was always cooperative and cordial.”

Sr. Dr. Vijaya Sharma HC: “Rev. Dr. Sebastian is a man of vision, conviction, tremendous capabilities, always on the side of truth, transparent and a systematic planner.”

Dr. Vijay Arul Das, Director, CMAI: “He was a careful listener who gave practical advice to whoever wanted it; he was genuinely interested in development, had a spirit of collaboration and has a can-do attitude.”

Sr. Alice Ousepparampil MMS: “We have received more than we could give. It feels good to hear the words of praise for my brother. All of you have worked as CHAI family, proud of my brother and I am sure, our parents will take immense pride in you.”

Mr. Vasudevan Nair, Editor in-charge of Health Action: “Rev Dr Sebastian Ousepparampil is one of the finest things that could ever happen to CHAI. I don’t think he had a long enough innings – just ten years — with the length of ten months. Maybe, God has other plans for him. And, the best from him is yet to come.”

Rev. Dr. Sebastian Ousepparampil responding to all the nice words spoken about him said “the flood of your love has swept me off my feet. I don’t know what to say, and how to respond to such love and appreciation. All of you have enabled me to perform in the last ten years and I certainly will not be able to respond to each one of you adequately. I owe each one of you in a personal way. How we go ahead in future is important. “I welcome the future and thank Almighty God for the adventurous saga of life. We plant seeds that one day will grow. God’s Providence had been in our midst. I have travelled a long way and it is gratifying to see the journey made together. Each one of you made a difference with your love and appreciation.”

Rev Fr Gibi Jose, Secretary, CHAI, in his vote of thanks said: “I would like to promise you Father that we would complete successfully each and every initiative you had started, but could not complete. That is how we are going to repay you for the memorable work you did for CHAI.”

Rev. Dr. Tomi Thomas, IMS
Director-General
CHAI started a Medical Clinic on the 30, April 2011. Rev. Dr. Sebastian Ousepparampil, Director-General, CHAI, inaugurated the clinic by cutting the ribbon. Archbishop Most Rev, Dr. Vincent M Concessao blessed the clinic and Sr. Cletus Daisy, President, CHAI, read from the Holy Scriptures.

The Clinic was opened towards serving the poor and the needy, especially those staying in the surrounding areas. The clinic is open on Mondays and Thursdays between 9am to 12 noon.

New Tie-ups and Collaborative Ventures

Telemedicine Project
Towards promoting telemedicine technology in as many member institutions as possible, discussions and meetings were held with Dr Mathew Alias, Chairman and CEO of American Holdings, Boston, USA. A concept note was prepared and an MoU to launch a pilot project on telemedicine services in CHAI health centres in rural/tribal areas has been initiated.

Distribution of Medicines
Discussions with Americares, a non-profit organization, was held on distributing medicines to our member institutions. Americares’ largest programme, Global Medical Assistance, provides medicines and relief measures on an ongoing basis to hospitals, clinics and community health programmes who have a doctor or a pharmacy.

Elimination of Vitamin A Deficiency
Vitamin Angels, a US-based non-profit organization, works with a mission to eliminate Vitamin A deficiency. It works with local NGOs, hospitals and community-based programmes by supporting them with Vitamin A to ensuring that at risk children get sufficient Vitamin A. Discussions were held on explaining possibilities to include Vitamin A supplementation in our hospital programmes.

Advocacy Tie-up
Towards making advocacy efforts, CHAI entered into an agreement with NCORPORATE, Delhi an organization specialized in Consultancy services to government and non-governmental organization.

Educational Opportunities for Member Institutions
Jackson State University, Mississippi, USA has agreed to admit two students each free of cost for doing Ph.D in Social Work and Master’s in Public Health or Doctorate in Public Health. The students need to be from the member institutions of CHAI and should be priests or a nuns.

Support for Training
Talks are under way with the Catholic Health Association of USA for getting support for conducting training programmes for members.

Diploma for Public Health Nurse-Practitioners
The Indian Nursing Council (INC) has agreed to approve a diploma course for Public Health Nurse-Practitioners in principle. A proposal has been submitted.
In association with Indira Gandhi National Open University (IGNOU), CHAI is setting up a Community College to empower individuals through appropriate skill development leading to gainful employment in alliance with the local industry and community. This college offers programmes tailored to local needs and community-based requirements by using approaches that will be most acceptable to workers in the given community.

The idea

- To start a Community College to get accreditation for the courses CHAI is conducting and be able to provide certification/recognition from a well-recognized body/university for the trainees who are getting trained by it.
- A Certificate Course that will build the technical capacities of the Nurses and enable them to provide health and medical services for both HIV/AIDS and other communicable diseases. Through this course, nurses will be facilitated to become Nurse-Practitioners.

Initiation and Steps Taken

- In June 2009, Rev Dr Sebastian Ousepparampil (ex-Director-General, CHAI) met Dr (Mrs.) Bimla Kapoor – Director (SOHS), IGNOU, at a WHO Consultation held in New Delhi and initiated a dialogue towards this. In November 2009, a Concept Paper for the same was shared with Dr Bimla Kapoor.
- Rev Dr Sebastian Ousepparampil held multiple rounds of meetings with Dr C K Ghosh, Nodal Officer, IGNOU, impressing upon the need for such an initiative as well as winning IGNOU’s credibility.
- In February 2010, Dr Stephen J. Muthu, Principal, Madurai Community College, met Prof. Latha Pillai, Pro-Vice-Chancellor, IGNOU, on behalf of CHAI and shared with her the Concept Paper along with the draft MoU to be signed by CHAI and IGNOU.
- In June 2010, CHAI submitted Expression of Interest to IGNOU to get registered as a Community College and in October 2010, CHAI was invited to make a Presentation at the Interface Meeting for Registration of Community Colleges at IGNOU.
- In November 2010, CHAI’s proposal was accepted for starting a Community College.

Present Status

- All the Community College Boards and Committees as per IGNOU’s requirement have been formed and the first meeting of all concerned was conducted.
  - Community College Board, on the 3rd of August 2011
  - Academic Committee, on the 30th of April 2011
  - Examination Committee, on the 3rd of August 2011
- Website of the Community College is launched: www.chaicommunitycollege.ac.in

The College offers following programmes:

- Diploma for Community Health Workers
- Diploma in Hospital Administration
- Certificate Course for Nurse-Practitioners
- Certificate Course in Geriatric Home-Based Care
- Certificate Course in Geriatric Nursing for Nurses
- Certificate Course in Disaster Management
Courses offered

- Trauma Counselling
- Certificate Course in Alternative Systems of Medicine
- Certificate Course in Clinical Pastoral Education
- Certificate Course in NGO Management
- Certificate Course in Basic Social Research methodology
- Certificate Course in Advanced Social Research Methodology
- NCCP in Geriatric Nursing for Nurses (3 weeks)
- NCCP in Disaster Management and Trauma Counselling (3 weeks)
- NCCP in Alternative Systems of Medicine (4 weeks)
- NCCP in Clinical Pastoral Education (6 weeks)
- NCCP in NGO Management (3 weeks)
- NCCP in Basic Social Research Methodology (2 weeks)
- NCCP in Advanced Social Research Methodology (2 weeks)

Postgraduate Diploma in Hospital Administration

2010-11: Fourth Batch

The fourth batch of Postgraduate Diploma in Hospital Administration (PGDHA) having eleven students was inaugurated on 22, July 2010. Students were given orientation on CHAI and PGDHA course. During the first semester, the students had Field-Work (hospital visit) of 70 hours at various hospitals in Hyderabad such as St. Theresa’s Hospital, Fernandez Hospital and Vijaya Mary Hospital. Exams were conducted at the end of each semester. The teaching faculty comprised professors from Apollo Institute of Health Management, Health City Hospital, St. Joseph Degree and PG College, Hyderabad, St. John’s Medical College, Bangalore and Catholic Health Association of India.

After the first semester, the students had 10 days of holidays before the commencement of the second semester on 11th October 2010. The students presented seminar papers on relevant topics related to health. They were also given orientation on research methodology and preparation of thesis. The second semester exams were conducted from 6th to 21st December 2010.

For Hospital Placement and Research Work, the students were placed for two months in various hospitals across the country: St. John’s National Academy of Health Sciences, Bangalore; St. Theresa’s Hospital Sanath Nagar, Hyderabad; Palana Hospital, Palaghat Kerala; Christian Medical College Hospital, Vellore, Tamil Nadu, Nazareth Hospital, Allahabad and Community Health Centre, Khanvel Dadra and Magra Haveli.

The students also had sessions, apart from the syllabus, on current health scenario, project development, disability intervention / advocacy and rehabilitation, health policy and health ethics, TB awareness and counselling.

The convocation for the fourth batch was held on 21st July 2011. The students were awarded the PGDHA Certificates. Course for the Vth batch with eleven students commenced on 26th July, 2011.

Nurse-Practitioner’s Course

Acknowledging the urgent need to build a skilled, competent and committed nurse workforce to play a crucial role on the health care delivery, CHAI initiated a series of processes and programmes, the first of which was the Nurse-Practitioner’s Course. The goal was to strengthen the skill of nurses enabling them to practise independently.

The course was initiated with the goal of empowering and transforming the Staff Nurses of CHAI’s Member Institutions in to Nurse-Practitioners. The main objective of the course was to strengthen the technical capacities of nurses, to enable them to practise community health, alternative systems of medicine and to provide quality care and treatment services for various communicable diseases, specially HIV/AIDS.

The duration of the course was from January to July 2011. Twenty-one staff nurses from seventeen religious congregations attended the training for six months.
HEALTH INSURANCE

Snehakiran is a health care venture of the Catholic Health Association of India (CHAI) started on 19th September 2008 in collaboration with Sneha Charitable Trust, which belongs to the Camillians, a religious congregation from Bangalore Province, exclusively involved in the health care field. Sisters of St. John the Baptist from Maharashtra have joined the Camillians in this venture. It is a 40-bedded Care and Support facility for People Living with HIV (PLHIV). Through a holistic and comprehensive approach, it provides an array of services for the HIV-infected and their families ensuring their dignity and overall quality of life.

Snehakiran is envisaged as a Referral Centre for the Community Care Centres in Andhra Pradesh equipped with innovative technology and state-of-the-art equipment. It will help in harmonizing national, state and Church efforts in HIV/AIDS care and management and increase efficiency of service delivery.

The Centre focuses on counselling support to patients and their families, treatment of HIV-related opportunistic infections, palliative care for those in the end-stages of HIV/AIDS, training for healthcare professionals in the medical management of HIV/AIDS and comprehensive community-based continuum of care for PLHIVs.

So far, 509 inpatients and 300 outpatients have been treated in Snehakiran. The Centre is surrounded by 150 rural villages covering 5 Mandals such as Quthuballapur, Medchal, Shamirpet, Keesara and Ghatekeshwar of Ranga Reddy District. And, moreover it is close to Medak district which covers another 150 villages from 5 Mandals such as Toopran, Chegunta, Ramayanpet, Wargal and Gajwel.

Services Provided
The existing services for PLHIVs include: In-patient and out-patient services; Outreach programmes; Nursing Care; Diagnostic Services: Lab and X-ray; Personal Care; Support-Group meetings; Capacity-Building; Medical Management; Palliative Care; Nutritional Care, Counselling services; Spiritual Support; Community-Based Care; Infection-Control measures, and trainings.

These services are initiated through local contributions and resource mobilisation and it needs to be further strengthened for continued service delivery on a large scale. The institution is pressed to respond to the various felt needs of PLHIV and our lessons for the last three years demand an upscale of the programmes to reach-out to more affected areas of Andhra Pradesh. The proposed programme is a fine blend of community-based and institutionalised comprehensive service delivery model for addressing the multifarious felt needs of PLHIVs.

A unique feature of this centre is its family atmosphere where everyone feels at home. All the staff except the religious are HIV positive.

Healing Environment: Nature always heals. The campus of Snehakiran is a wonderful place that contributes to the care and treatment of the patients. The place has paddy fields, lots of trees, and vegetable gardens. The patients do give a hand in vegetable cultivation. They plant seeds, water and gather vegetables when they are ready. The patients feel so happy doing it. The sprouting seeds, the growing plants and the yielding crops give them happiness and a sense of satisfaction. This for sure plays a very important role in healing.

A New Chapter Begins
Financial worries did not stop our zeal to give the best...
Reena, a young girl, was living happily with her husband when HIV suddenly entered her life. Her health and life turned upside down. Her husband left her and she went with much hope to her sister for help. She was shocked to find her having the same virus, and struggling for life. As there was no way out, she started working in a dhaba. Suddenly, she started having trouble with her leg, so she went for a massage. While she was still on massage, her leg broke. She could not afford to go to a hospital. Her fracture was set right but her leg bent backwards from the knee below.

From then on, she started to walk on one leg. She went to different hospitals and community care centres for treatment. Everyone was concerned regarding ART and TB and no one bothered about her leg. She came to Snehakiran in this condition. Along with the treatment for HIV and TB, various possibilities were explored. It was found that operation could save her leg and she would stand on her two legs. Finally, after six years she was hoping to stand on two legs. But it was too late, her TB has claimed her life.

On one leg for six years...

Internship Placement

CHAI is frequented by volunteers and interns who come from all over the world and go back enriched with knowledge and experience. The internship placement enables them to understand more about the healthcare system of India as well as CHAI’s interventions in the health care field.

CHAI’s network which operates throughout India from its urban, semi-urban, rural and remote locations, has been working with commitment and enthusiasm to bring complete physical, mental, social, and spiritual well-being to all for almost 70 years now. From hospital-based institutional care to home-based care and community outreach programmes, CHAI is implementing a gamut of programmes and services for HIV/AIDS, Tuberculosis, Leprosy, Disaster Management and other Community Health interventions.

The interns and trainees get a closer look at the health care system at the grassroots level, especially in a resource-constraint setting, community health promotion, awareness activities and voluntary work. They are placed in various settings such as Snehakiran Community Care Centre which is a 40 bedded comprehensive care and support centre for people living with HIV/AIDS; Jivadhara in Kerala to learn about the alternative systems of medicine; and Karunalayam Community Care Centre which is a care and support centre in a rural setting for People Living with HIV (PLHIV).

International Internships

- Two students, Sarah and Brittany, from the United States of America were in CHAI for an eight-week internship.
- A few Canadian nursing students from University of Toronto did a six-week internship placement starting from 6th July 2011.
- Two Graduate students from Asian University of Bangladesh came for a four-week internship programme.

National Internships

- Five students from The Institute of Chartered Financial Analysts of India University, Hyderabad, (ICFAI) were placed at CHAI for 5 weeks to understand, learn and be involved in the community activities promoting health as well as CHAI’s interventions.
- Three students of Master’s in Social Work from De Paul School of Social Work, Kerala, did their 4 weeks’ internship programme starting from 10th June 2011.
- Two students of Master’s in Social Work from Loyola College, Kerala, attended a four-week internship programme.
- One student of Master’s in Social Work from St.Thomas, Kerala, did a one-month internship placement.
- Two students of Master’s in Social Work from Mariam College, Kuttikanam, Kerala, completed a one-month internship placement.
Thirty-seven New Members - Health Centres - 27; Hospital - 1; Schools of Nursing – 2; Diocesan Social Service Societies - 2; and Individual Members - 3 joined the Association during the reporting period. Memberships of 5 Health Centres were terminated as per information received from the Congregations concerned. Received an amount of Rs. 1,16,225 towards membership fees, of this, Rs. 72,000 came from the Life-Membership fee of 49 members. Presently there are 2,969 (88.95%) Life Members. The total Life Membership Fee collection now stands at Rs.40,12,400. As in the past, fifty per cent of the membership fee collected during the previous year - 2010 was shared with our Regional Units. The total sum disbursed was Rs 1,45,466.

CHAI’s Newsletter

An issue of CHAI News was published in December 2010 and April 2011 and was circulated to the members of CHAI, CBCI and CRI and other organizations.

Father Victoria Memorial Scholarship Scheme

Through the Father Victoria Memorial Scholarship Scheme, 9 Sisters were supported with financial assistance for their studies and the total sum disbursed was Rs.50,000. The details:

<table>
<thead>
<tr>
<th>S No.</th>
<th>Course</th>
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<td>PGDHA</td>
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<tr>
<td>TOTAL</td>
<td></td>
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The Comprehensive Child Survival Programme (CCSP) in Uttar Pradesh is based on the IMNCI programme. Under this programme, Community Health Workers (ASHAs) are trained: a) To manage illnesses in under-fives, with a special focus on newborns and to refer sick children (based on a colour-coded system) along with pre-referral treatment b) To counsel care-givers on danger signs and appropriate home-care practices for newborns.

However, during field implementation of CCSP, it was observed that ASHAs found it difficult to perform expected duties following CCSP trainings as per the protocol:

- Some of the trained ASHAs visited newborns, but not as per schedule.
- During these visits, they did not use the tools recommended under CCSP; thus they ended up making incomplete assessment, incomplete counselling and wrong treatment.
- When some of the ASHAs used the available tools, the quality of assessment, treatment and counselling needed improvement.
- Medicine kits were not supplied to all ASHAs, exhausted medicines were not replenished:
- Copies of recording and reporting formats were not provided to ASHAs.

The supportive supervision provided to ASHAs would be the critical input that would plug the many implementation gaps and would help to realize the true potential of the programme. With the request from the Uttar Pradesh to UNICEF for intensive support in 15 districts, UNICEF entered into a partnership with CHAI, for operationalization of the CCSP supportive supervision in 4 districts – Lalitpur, Kheri, Bahraich and Siddharth Nagar.

Working with the health staff, monitoring performance, identifying and correcting problems and improving the quality of service constitute the cornerstone of supportive supervision. The supervisor and health workers identify and address weakness on the spot, thus preventing poor practices from becoming routine. Supervisory visits are also an opportunity to recognize good practices and help health workers to maintain their high level of performance. The primary work of the staff is capacity-building of the frontline workers by Supportive Supervision and the quality of supportive supervision is the foundation on which the future monument of CCSP implementation will be built.

**PROJECT ACTIVITIES**

*Daily Diary –* Daily diary was maintained by all project staff as it was mandatory for all to fill it on a daily basis according to their activities which gives a clear idea of what is going on in the project.

*District Level Monthly Meetings –* Every month, at least two district level meetings of all the staff were held usually at the end of second week and at the end of the month. The plans of the meetings were shared where the State Coordinator, the DHNTC, UNICEF and nodal

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**Data on the Districts with the Supportive Supervision**

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<tr>
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<th>No of ASHA/ AWW CCSP Trained</th>
<th>Total no of AHAAs / AWW Covered</th>
<th>Total no of Supportive supervision done</th>
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</table>
HEALTH INSURANCE

officer, CCSP were present. The 2nd week meeting was utilized for checking formats, capacity building, experience sharing and reviewing the progress while the last week meeting was utilized with all these activities to submit actual and proposed plan for the preceding and following months respectively.

Other activities related to ASHAs – Other than the supportive supervision, the project staff were always ready to support the ASHAs in every situation. They used to attend monthly ASHAs meetings, ANM meetings, for helping them to sort out the problems faced during interaction with the people. The Field Supervisor also tried to help ASHA in referral of children by sometimes taking the child on their bikes and calling the doctor and arranging support.

State-Level Dissemination Meeting
The Catholic Health Association of India (CHAI) organized the State-level Dissemination Meeting of CHAI-UNICEF CCSP (Comprehensive Child Survival Programme) UP Project on 11th January 2011 at SAHBHAGI SHIKSHAN KENDRA in Lucknow. The Chief Guest on the occasion was Dr. Hari Om Dixit, General Manager NRHM UP. Rev. Dr. Sebastian Ousepparampil, Director-General of CHAI; Dr. Abner Daniel, UNICEF State Representative; DHNSTC Dr. Dinesh; Sr. Beatrice, Programme Officer CHAI; Mr. Lejo PP, Assistant Programme Manager, GFR9 TB Project, Mr. Joltin Rappai Programme Officer CCSP Project, Dr Gulfam Ahmad Hashmi, State-Coordinator CHAI CCSP UNICEF UP Project; and State Team and District Team members were present.

COMMUNICABLE DISEASES

Primary Health Centre Enhancement Project

HIV/AIDS-related services were primarily available only at the District and Sub-District level and hence most of the times were unavailable and inaccessible to the rural population. Centre for Disease Control and Prevention (CDC-GAP) in collaboration with LEPRO Society and CHAI decentralized the HIV/AIDS related services to the PHC level by piloting the PHC Enhancement Project.

Primary Health Centre Enhancement Project is a unique initiative, enabling services related to HIV/AIDS made available and accessible to the rural population at the Primary Health Centre level. This comprised service delivery where the nurses were providing counselling, services of lab-technician and also giving nursing care. The five-year project is towards its close and an analysis of the results has revealed that 2,165,438 individuals have been reached with prevention messages; 1,151,442 individuals have been tested for HIV and 1363 positive...
deliveries have been carried out. As part of the project, 2689 individuals including Nurses, Doctors and others were trained.

Technical assistance was provided by the State team of the project to APSACS for a smooth transition of the Nurse-Practitioners from the PHCEP into the National Rural Health Mission (NRHM) through the District Health Society (DHS).

**Evaluation:** As the project is in its final year, it is being externally evaluated by FHI being the evaluation agency, to understand its strengths, weaknesses and share the learning’s with various stakeholders. The final protocol for the evaluation was developed by CHAI, CDC and FHI and was approved by the Internal Review Board of NACO, CDC and FHI. SAATHI was entrusted with the task of data collection from field analysis and to submit the final evaluation report. Data collection was undertaken in 20 PHCs across two districts namely Nizambad and Guntur. The data has been collected and is in the process of analysis and interpretation.

Success-stories and case-studies from the field have been compiled. Documentation of the project with the entire history, journey and learnings has been done.

World AIDS Day 2010 was observed through organizing competitions in select colleges and schools to generate awareness of HIV/AIDS. A poster and caption competition was conducted for the students of Loyola College. CHAI also organised drawing / painting and collage competitions in select schools across the city. Government schools at Lalbazar, Mudford, Bollaram and St.Alphonsus High School at Alwal were some of the schools that participated in this event. An exhibition of these innovative posters, paintings and Colleges as well as prize distribution for the most innovative posters was held at CHAI-SnehaKiran Community Care Centre.

Ms. Katherine Dhanani, the US Consul General, the Chief Guest of the event, gave away the prizes for the competitions. A colourful cultural programme was also organised. This event received good media coverage from the local newspapers and TV channels.

The PHC Project team is now in the no-cost extension period. During this period various activities were taken up towards consolidation of the project and dissemination of the learnings that emerged from the implementation of the project.

**Strengthening Nursing Expertise in HIV/AIDS (SNEH)**

The President’s Emergency Plan (PEPFAR), the U.S. Department of Health and Human Services’ Centres for Disease Control and Prevention (HHS/CDC) with the support from Ministry of Health and Family Welfare (MoHFW), National AIDS Control Organizatin (NACO) announced a new grant for Strengthening Nursing Systems and Clinical Capacities of Nurses, specifically in the area of HIV/AIDS Clinical Nursing Capacities in India (2010-2015). FHI India has been awarded the grant and FHI with its consortium-partners SHARE-India, Public Health Management Institute (SHARE-India) and Catholic Health Association of India in close collaboration and support with Ministry of Health and Family Welfare, National AIDS Control Organization, Indian Nursing Council, Government of India, nursing institutions and associations, and other key partners will implement the project.

The goal of the five-year project (2010 – 2015) is to increase nursing capacities in providing HIV clinical care services in India as part of sector-wide efforts aimed at strengthening human resources for health
HEALTH INSURANCE

The project has been designed to strengthen health systems through a holistic institutional capacity-building approach, working with nursing councils, associations and institutions responsible for strengthening and supporting pre-service and in-service training of nurses involved in HIV/AIDS care and support as well as build and sustain their overall institutional capacity in areas such as accreditation, policy-review and development, continuing education, curriculum development, and human resource information systems.

Objectives

- Demonstrate an effective model to enhance capacities of nurses working in ART Centres and Link ART Centres (LACs).
- Strengthen human resource management (HRM) of nursing in India.

Key Activities

- Review the workload of the ART and Link ART Centre (LAC) staff and to define task shifting (sharing) role for the nurses.
- Develop demonstration sites for specialized HIV/AIDS training of nurses in CoE ART Centres and LACs.
- Review the existing Nursing Human Resources Management Information System (HRMIS) in the state of Andhra Pradesh.

Major Activities

Development of methodology and tools for workload review: A detailed plan for workload review of Nurses working in Centre of Excellence ART Centre (CoE ARTCs), ART Centres (ARTCs) and Link ART Centre (LACs) was developed.

A plan for data analysis and interpretation was prepared. The sample size comprised 3 CoE ARTCs, 3 ARTCs and 3 LACs. Tools were developed to review the same among the counsellor, pharmacist, and data entry operator of the ART Centre based on the NACO ART Guidelines. The methodology and tools were finalized and submitted for approval to NACO, which is awaited.

Development of tool for Medical Officers Interview: A tool for conducting a structured interview with the medical officers was developed to triangulate the data and to determine their beliefs on the current roles of the nurses and their perceptions on enhancing the roles.

Concept Note on Nursing HRIS: A concept note on the Human Resource Information System (HRIS) activity was developed and submitted to CDC and FHI. The tool was finalized incorporating suggestions received. An interview with the Registrar was held on 21st March 2011.

Review of Nursing HRIS in Andhra Pradesh: A series of meetings were organized with State Nursing Council, Directorate of Medical Education, Centre for Disease Control (CDC), Family Health International (FHI) to share the work of SNEH project.

Curriculum Development: Two modules on the basics of Clinical Mentoring were developed for training the primary and secondary mentors.

Seminar on Nursing HRIS: The Seminar was conducted on June 16th and 17th, 2011, at the Golkonda Spa and Resort, Hyderabad. The seminar was organized in close collaboration with Government of Andhra Pradesh along with CDC by CHAI and FHI as part of the SNEH Project. The objectives of the seminar were to provide a platform for exchange among organizations, document and identify areas of strengthening Nursing Human Resource Information Systems in different States in India. Nursing Council Members from Gujarat, Maharashtra, Assam and Manipur attended the seminar and showed their interest in strengthening their nursing HRIS.

SNEH Quarterly Review Meeting was organized on 31st January – 1st February 2011 with the representatives from CDC, CHAI, FHI and Public Health Management Institute (PHMI). On Day 1, the methodology and tools for the workload review were presented and discussed. On Day 2, a presentation highlighting the quarterly progress made by CHAI, the challenges faced and support required from FHI was done.

Meeting of SNEH Partners: A meeting of SNEH partners from SHARE India, CHAI, CDC and FHI,
Delhi, took place on 19th April at the CHAI Office, Secunderabad. Dr. Agarwal provided an update on the progress of the SNEH project at the national level and the challenges in moving forward with the National AIDS Control Organization (NACO) and the Indian Nursing Council (INC). A discussion on organizing a State Level Nursing consultation ensued.

Project Axshaya (GFATM Round 9 TB Programme)

Strengthening Civil Society Involvement in TB Care and Control

The objectives of the project are to improve the reach, visibility and effectiveness of RNTCP through civil society support in 374 districts across 23 states by 2015, engage communities and community-based care providers in 374 districts across 23 states by 2015 to improve TB care and control, especially for marginalized and vulnerable populations including TB-HIV patients.

Coverage (year 2): The project covers 76 districts from the States of Maharashtra, Tamil Nadu, Kerala, Karnataka, Nagaland, Madhya Pradesh, Punjab and Jharkhand.

Activities conducted in the 2nd year

- State level TOT for NGO/CBO/PP: The training was organized with the purpose of developing a pool of District-Level Trainers from Civil Societies in each of CHAI’s implementing districts.
- Selection and training of the local NGO networks in operational districts: the programme was organized to encourage them to join NGO schemes under RNTCP and reach out to the CBOs and communities for community-based activities.
- Sensitization of Gaon Kalyan Samithis, Women Self-Help groups, Panchayati Raj Institutions and other community groups: The community meetings enhanced the community’s knowledge and awareness levels about TB, RNTCP and Project Axshaya.
- Conducting mid-media activities through different mass/ mid-media campaigns enhanced awareness in the community on TB and RNTCP.
- Observing World TB Day / International Women’s Day.
- State-level TOT on soft skills: Soft skills are important in any line of work, but particularly important when dealing with people regarding their health. TOT was conducted by CHAI in Karnataka 19th to 22nd January, 2011. Also conducted district-level trainings on soft skills for health staff.
- Building the capacity of the district-level health workers on RNTCP IPC skills to help them manage and implement activities related to TB care and support in an efficient manner.
- Capacity-building for CBOs and quarterly meeting of CBOs with District TB Officers was organised to train community-based organisation leaders who can be helped to organize and develop their communities.
- Orientation trainings for community volunteers on behaviour-change communication
- Sensitizing NGOs to register under RNTCP schemes for sputum collection / transport and microscopy so that they can be motivated towards TB intervention in the district
- Facilitating sputum-collection and transportation in difficult-to-reach areas
- Retracing initial defaulters (Incentive for default case-identification) and providing them treatment and care
- Developing and orienting TB forums in districts with representation from cured patients, marginalized population, old-age people, people living in slums and homeless, affected communities.
- Training for Rural Health Providers (RHP) and quarterly review meetings for RHPs with DTO
Half-yearly review meetings with health staff trained on soft skills were organised.

Joint quarterly meetings of ICTCs and DMCs to discuss our project activities were held.

Training district-level PLHIV (People Living with HIV/AIDS) on TB and Project Axshaya

**CBCI-CARD GFATM RCC - TB Project**

The Catholic Bishops’ Conference of India, Health Commission (CBCI-HC), had signed an MoU with Government of India (GoI) to involve its wide range of health facilities (around 6000) in RNTCP through Catholic Health Association (CHAI) in 7 States and Catholic Relief Services (CRS) in 4 States in the first phase of implementation known as The First IMPACT – TB programme launched in April 2008 under Round IV Global Fund. The Rolling Continuation Channel (RCC) was signed in retrospect for the period 2009-12 by CBCI Coalition for AIDS and Related Diseases (CBCI-CARD).

The objective of the project is to improve access to the diagnostic and treatment services provided by the RNTCP within the Catholic Church healthcare facilities and thereby improve the quality of care for patients suffering from tuberculosis in India and to achieve and maintain cure rate of at least 85 percent among new Sputum-Positive (NSP) patients. To achieve and maintain case-detection of at least 70 percent of the estimated NSP cases in the community, CHAI in collaboration with CBCI-HC in the first phase promoted significantly large number and percentage of the medical communities and medical practitioners working with various health care sectors.

In 2010, the State TB Project Coordinators (STPCs) conducted 152 sensitization meetings covering more than 5000 people and attended 47 State-Level Meetings. They also created public awareness on World TB Day through rallies, free refreshment stalls at prominent places, messages at railway stations, street plays and essay, debate and painting competitions. The STPCs, as part of their routine activities, visited more than 900 Catholic Health Facilities and participated in district-level as well as state-level review meetings.

**Activities**

CHAI organised State-level workshops for its member institutions, followed by annual review workshops for the district-level leaders:

- Motivated and educated them on RNTCP and DOTs and gave direction to the local district CHAI health facility leaders
- Identified the district-level resource persons for TB programme.
- Developed district-wise action plans with timelines for the involvement in RNTCP
- Reviewed periodically the progress of the project
- Established link with State TB officer in all matters concerning the project to deal with functional and technical issues arising from time to time
- Organized the training of the CHAI health care personnel at the district level in close coordination with and support of state and district RNTCP officials
- Assisted in carrying out the advocacy through involvement at state level in World TB Day activities
- Participated in, and contributed to, RNTCP State review meetings

**STATES and the MoU SIGNED**
- Andhra Pradesh – 15; Assam – 13; Chhattisgarh – 7; Jharkhand – 25;
### Sensitization of CHF State Level

<table>
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<tr>
<th>STATE</th>
<th>No. of MoU Signed</th>
<th>No. of Sensitization Conducted</th>
<th>Total CHF Staff Sensitized</th>
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</tr>
</tbody>
</table>

Karnataka – 14; Kerala (S) – 13; Kerala (N)- 24; Manipur – 1; Meghalaya – 6; Nagaland – 1; Orissa – 6; Tamil Nadu (N) – 8; Tamil Nadu (S)- 11; West Bengal – 2. The total number of institutions that signed the MoU was 146.

## Grant-In-Aid (GIA)

Involvement of Catholic Health Facility in all 12 states in various schemes has contributed in referral of TB suspects who suffered from cough for more than two weeks which contributes in identifying sputum-positive TB patients thus helping as a barrier in spreading the disease. Accordingly, all the Catholic Health Facilities involved in the schemes also obtained GIA. Almost 40 percent have been paid and the rest are also in process to receive the GIA.

## Leprosy Project

India is still the country with the most leprosy patients. Every year 300,000 new cases are diagnosed but because of the stigma attached to it, many cases go undetected. Over half of the new cases detected in the world are in India. According to Central Leprosy Division, Directorate-General of Health Services, the year 2009–10 started with 0.86 lakh leprosy cases on hand as on 1st April 2009, with PR 0.72/10,000. A total of 1.34 lakh new cases were detected during the year 2009–2010, which gives Annual New Case. Detection Rate (ANCDR) of 10.93 per 100,000 populations. Fear of disease often prevents people from seeking treatment.

The stigma attached to leprosy which can result in rejection and exclusion means there is widespread misunderstanding about the disease. Leprosy is curable through Multidrug Therapy (MDT). MDT combined with early diagnosis also prevents permanent disabilities.

### Goal
- Strengthening capacities of the care-givers and institutions for disability limitation and rehabilitation
- Providing case-detection and treatment on the areas of high prevalence.

### Objective
- To detect new cases in the states with high prevalence namely, Bihar, Chhattisgarh, Jharkhand, Uttar Pradesh, West Bengal, Orissa, and Andhra Pradesh.
- Provide training for community health workers in case-detection
- Build a network for referral services in all the regions.
- Building capacity of the care-givers and institutions for disability limitation and rehabilitation through the provision of reconstructive surgeries and physiotherapy

### Member Institutions collaborating with CHAI across Seven states
- Orissa - Loyola Hospital, HIG -488
- Jharkhand - Assisi Bhawan Health Centre,
- Uttar Pradesh - BCM Hospital
- Andhra Pradesh - Arogya Matha leprosy Hospital
- Bihar - St. Joseph’s health centre
- Chhattisgarh - Medical Sisters of St. Francis of Assisi
- West Bengal - Shanti Niloy Health Centre

### Activities
- Refresher Training for Community Health Workers (CHW) in case-detection and referral services was organized. Participants from Andhra Pradesh – (46), Bihar (28), Chhattisgarh – (28), Jharkhand – (35), Uttar Pradesh – (30), West Bengal – (28) and Orissa – (30) attended.
- Developed 7 networks for referral services in all the regions. Referred 10 persons from Andhra Pradesh, 25 from Bihar, 30 from Chhattisgarh, 30 from Jharkhand, 28 from Uttar Pradesh, 12 from West Bengal, 11 from Orissa.
- De-Briefing and Networking meeting with NGOs, NLEP and Leprosy Hospital state-level partners for advocacy: Participants from the states – 12 from...
Andhra Pradesh, 15 from Bihar, 19 from Chhattisgarh, 15 from Jharkhand, 22 from Uttar Pradesh, 15 from West Bengal, 16 from Orissa.

- Conducted reconstructive surgeries for 21 patients from Andhra Pradesh, Bihar, Chhattisgarh, Jharkhand, Uttar Pradesh, West Bengal and Orissa.

**Singapore Indian Group**

**Networking for Empowering Training (SIGNET)**

Project SIGNET is an initiative to enhance the management of health care and hospital services in public and private sector hospitals. The purpose of Project SIGNET is to create “islands of expertise and excellence” in a few health-care institutions by building capacity and capability of health care personnel (hospital administrators, managers, physicians and nurses) in rational, evidence-based, decision-making in health care. The CHAI-affiliated hospitals participating in the Programme include St. Francis Hospital, Ajmer; Nazareth Hospital, Allahabad, Holy Family Hospital, New Delhi; Mariampur Hospital, Kanpur; Sacred Heart Hospital, Jalandhar; Bishop Conrad Memorial Hospital, Sitapur; Kurji Holy Family Hospital, Patna; and a few other smaller health-care institutions. The public sector hospitals are localized in Chandigarh and include Postgraduate Institute of Medical Education and Research (PGIMER), Government Medical College and Hospital (GMCH) and Government Multi-Speciality Hospital (GMSH), besides a small number of dispensaries.

### Details of the Training Programme

<table>
<thead>
<tr>
<th>Details of the Training Programme</th>
<th>3rd Training-of-Trainers Workshop (Singapore)</th>
<th>November 2010, Singapore</th>
<th>Public sector hospitals in Chandigarh and CHAI affiliated hospitals.</th>
</tr>
</thead>
<tbody>
<tr>
<td>2nd Ripple Effect Workshop</td>
<td>March 2011, Chandigarh</td>
<td>Public sector hospitals in Chandigarh</td>
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<tr>
<td>3rd Ripple Effect Workshop</td>
<td>May 2011, Chandigarh</td>
<td>Public sector hospitals in Chandigarh (Nursing personnel)</td>
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<td>4th Ripple Effect Workshop</td>
<td>May 2011, Chandigarh</td>
<td>Public sector hospitals in Chandigarh (Nursing personnel)</td>
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<td>5th Ripple Effect Workshop</td>
<td>June 2011, Ajmer</td>
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</table>

### Details of SIGNET projects initiated in various hospitals to enhance health-care services

<table>
<thead>
<tr>
<th>Project</th>
<th>Project Team</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Streamlining Equipment Purchase Process</td>
<td>ToT I GMCH Team</td>
<td>Completed.</td>
</tr>
<tr>
<td>Streamlining overcrowding in the Emergency area (Surgical and Medical) at GMCH, Sector 32 Chandigarh.</td>
<td>ToT I GMCH Team</td>
<td>Completed.</td>
</tr>
<tr>
<td>Streamlining administrative problems in the OPD of Advanced Paediatrics Centre</td>
<td>ToT I PGIMER Team</td>
<td>Completed.</td>
</tr>
<tr>
<td>Measuring and enhancing patient satisfaction</td>
<td>ToT II Holy Family Hospital, New Delhi</td>
<td>Completed.</td>
</tr>
<tr>
<td>Reducing hospital acquired infection</td>
<td>ToT II Nazareth Hospital Team</td>
<td>In progress</td>
</tr>
<tr>
<td>Streamlining OPD and Pharmacy Services</td>
<td>ToT II and III Nazareth Hospital Team</td>
<td>In progress</td>
</tr>
<tr>
<td>Streamlining Pharmacy Services</td>
<td>ToT II St. Francis Hospital Ajmer Team</td>
<td>In progress</td>
</tr>
<tr>
<td>Reducing hospital acquired infection</td>
<td>ToT III PGIMER Team</td>
<td>In progress</td>
</tr>
<tr>
<td>Enhancing Signages and Pathways</td>
<td>ToT III GMCH Team</td>
<td>In progress</td>
</tr>
</tbody>
</table>
Project SIGNET is operationalized through a series of training workshops for health-care personnel. They include Workshops on Strategic Leadership in Health Care, (ii) Training-of-Trainers’ Workshops, and (iii) Workshops for Enhancing health-care and hospital management.

Since the inception of Project SIGNET, five “ripple effect” workshops have been conducted. These workshops have strengthened health-care delivery in participating institutions, and also enabled the trained participants to practise their teaching/learning skills by serving as workshop facilitators. As a direct outcome of the empowerment of the first batch of Training-of-Trainers (ToT) participants, the first Evidence-Based Health-care Management Workshop was organized and executed during May 2010 at Chandigarh.

**DISASTER MANAGEMENT**

**Health and Healing Project, Orissa**

The victims of Kandhamal communal riots were in various relief camps as the situation in most villages had not normalized. And providing health care facilities to the victims and the most vulnerable group i.e. women, children, old people was a laborious task. Providing health care facilities to the victims of the Kandhamal violence is still a challenge for governmental and non-governmental originations. There is a record of 15 death-cases which itself speaks of unavailability of basic health care facilities to the victims. Due to unavailability of doctors in government hospitals, the people living in camps do not have access to the facilities.

The goal of the project is to reduce health hazards suffered by 5031 families in the violence-affected villages of Khandamal District, Orissa. The two-year (2010 – 2011) project, financially assisted by the Italian Bishops Conference focuses on providing support for re-building a healthy society, restoring peace and harmony. The project also emphasizes on providing psychosocial support and medical assistance to people as well as restoring peaceful coexistence.

**Activities**

- Organized WATSAN training for 55 programme personnel to enable the people to live a healthy life in the villages and to have sustainable access to safe water and basic sanitation facilities.
- A two-day training on Antenatal and Postnatal Care was organised for 55 staff to promote, protect and maintain the health of mothers during pregnancy and access government facilities.
- A two-day training on RTI and STD counselling was organised at K. Nuagam for 55 project staffs.
- A one-day training on TBAs was organized for 55 participants on maternal health-care practices and strengthening linkages with health care services.
- Two quarterly trainings in First Aid was imparted to 55 project staff and 70 school children creating awareness and developing an attitude of saving lives.
- Health camps were organized in 47 clusters wherein 3338 people were provided free medical consultancy and medicines.
- Village-level meetings were organized in 196 villages.
3809 people participated in identifying the areas for health camps, addressing village health problems through medical camps and persuading people to have access to government medical facilities.

- Fifty-four gram Panchayat-level meetings were organized and 1135 Panchayat Raj Institution members participated and discussed ways and means to promote good health.
- Health Day was celebrated in 16 places wherein 1730 school children, community leaders and government officials participated.
- School Rallies were organized in 11 places wherein 1440 school children and teachers participated.
- A monitoring visit was made by Rev Dr Sebastian Ousepparampil, Sr Beatrice and Mr Lejo PP in March 2011.
- Distribution of IEC materials – Booklets were developed on various health-related issues and were distributed to the community.

**Outcome**

- Village people developed positive attitudes towards village, Gram Panchayat meetings and health camps.
- Village community was made aware of the government facilities as well as health facilities available at PHCs and CHCs.
- Targeted people got free consultancy and medicines through the health camps.
- Staff could enrich their knowledge and skills in providing guidance and assistance to the village community.
- People got medical assistance on their doorstep, especially old people and women.

**HUMAN RESOURCE DEVELOPMENT**

A session on Monitoring and Evaluation was organized for the Programme Staff of CHAI on 16, August 2011. The resource person was Dr. C. Chakarpani.

A session on ‘Positive Attitude’ by Dr. Suresh Arckatty was organized for 60 staff of CHAI. The session focused on human perceptions, choices made and attitudes.

A workshop on ‘Project Proposal Writing’ was organized from 17th to 18th August 2011 for 30 Programme Staff of CHAI. The resource persons were Dr. John Tharakan and Dr. Ruben Swamickan.

**Workshop on FCRA**

CHAI organized a one-day workshop on Foreign Contribution Regulation Act (FCRA) 2010 on 23 August 2011, at CHAI Central Office, Secunderabad.

Mr Kandasamy, FCA, DISA, Chartered Accountant, who is the financial consultant to CHAI, shared his inputs with the participants.

**Topics dealt with:**

- Revised FCRA Act
- Different Tax Code

The workshop concluded with a question-answer session. 125 Members (MIs of CHAI and CHAI staff) participated and benefited from the workshop.
LEGAL AID

- Prepared draft guidelines for CHAI awards; CHAI House Rules and Regulations for Trainees; and also prepared documents for IIH change of Board Members.
- Kept abreast of the various legal aspects and positions governing health care activities in the country.

ALTERNATIVE SYSTEMS OF MEDICINE

Prepared the Herbal Calendar for the year 2012 on “Wonder plants that cure”. The Calendar would be released at the CHAI Annual General Body Meeting in October 2011.

MEDIA AND COMMUNICATION

- Conducted National Essay Competition 2010: Theme “Treating Girls and Boys Alike”. Received around 4000 entries from 113 schools from all over the Country. Evaluated entries and results were developed and prize money sent to all winners by MO.
- 2011: Theme “Family Health – Role of Children”. The poster has been designed and is getting ready for posting.
- Calligraphic writing for various courses and certificates was done.
- Translation of material of the project “Comprehensive Child Survival Programme” Hindi to English and vice-versa.
- CHAI’s historical museum: maintenance and adding photos and new items.

LIBRARY

- The library subscribed to 1129 reports, magazines, catalogues, bulletins, souvenirs, journals and newsletters in different languages.
- Books were entered in the catalogue register of the computer in the Library Management Information Systems (LIMS) up to Accession No.88692.
- Work to set up a library at CHAI Training Centre was started.
- Classification of new and old books and entry of books in new computer software.
- All departments were assisted with their subject needs.
- Prepared 314 slides on medicinal value of plants, vegetables, fruits and flowers for ASM training.

DOCUMENTATION

- Documented: ‘Improving Health in India’ Consultation proceedings; Rev Dr Sebastian Ousepparampil’s Farewell Report; Meetings of Community College of CHAI; prepared the AGBM report for CHAI’s Newsletter.
- Collected and documented the projects which were completed during the period 2008-2010.
- Member of Teaching Faculty of PGDHA, 2010-2011
- Prepared the syllabus for Social Research as well as credits of various courses for the CHAI Community College.
- Prepared a Project Proposal on “Aging and Child Welfare”
- Collected information on the various projects and interventions of CHAI for CHAI’s website www.chai-india.org.
- Classified e-data comprising of 1 lakh files and 28,000 folders.
ELECTRONIC DATA PROCESSING DEPARTMENT

- Technical support was given to various departments in the presentations with LCD projectors and laptops as well as for the Hospital Administration classes. Prompt assistance was given in solving electronic problems the staff faced at their work places.
- New systems were installed and regular maintenance of systems was taken care of so that unexpected problems could be avoided. Systems were scanned against any kind of virus problems. Operating System and Application System Software for any department when required was promptly installed. Prompt action was taken in solving computer, printer and Networking problems.
- Maintenance of Internet connections and updating CHAI website was done.
- Special Assignment: IT classes were conducted to the students of Hospital Administration and Nurse Practitioners Course.

FINANCE

- Preparation of Financial statements includes Receipts and Payments, Income and Expenditure and Balance Sheet for the FAC and Executive Board Meetings.
- Preparation of audited and unaudited statements for the various projects and funding partners.
- Closing of Accounts for the financial year 2010-2011 for the presentation of 68th AGBM of CHAI.
- Supported other departments during project training programmes.
- Reimbursed travelling expenses to the participants attended during IHI National Level meeting at CHAI Farm Medchal, Hyderabad.
- Liaisoning with auditor regarding Organization’s Income Tax Assessment process in Income tax Department.
- Preparing and submitting monthly financial report to the Director-General.
- Preparation and filing of Foreign Receipts and Payments Account to Intelligence Department, Intelligence Bureau of India and Commissioner of Hyderabad for the financial year 2010-2011 for every quarter.
- Preparing and filing monthly statutory returns like PF, Professional Tax and TDS.
- Maintaining Project-wise Accounts in Tally ERP.
- Verified books of accounts of RUPCHA (New Delhi) and CHAAP (Andhra Pradesh) Regional units
- As per the requirement of projects, conducted accounts review in different regional units
- Conducted Accounts Assistant training programme for First Impact TB Project
- Training conducted for GFR 9 TB Project staff regarding finance and administration rules and regulations.

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The Catholic Health Association of Andhra Pradesh (CHAAP)
(Covers the State of Andhra Pradesh)

(CHAAP), was registered on 30th July 1988. Registration number is 169 of 1988.

President: Sr. Vishala CSST
Catholic Health Association of Andhra Pradesh (CHAAP)
Kothuru Tadepally, Kamakotinagar (Via), Vijayawada Rural Mandal,
Krishna Dt, AP 520 012, Phone: 0866-2812727,
E-mail: vjwchaap1@sancharnet.in; vjwchaap1@bsnl.in

ACTIVITIES

Meetings
• During the 67th AGBM of CHAI held at Medchal, Secunderabad on 22nd, October 2010, an urgent meeting was called by Sr. Cletus Daisy, President, CHAI, along with Rev. Dr. Sebastian Ousepparampil, Director-General, and board members to discuss elections to vacant posts in CHAAP Governing Body. Two positions fell vacant as Sr. Susan, Director, CHAAP, and Sr. Bruna, President, CHAPP, resigned. Election was conducted and Sr. Vishala was elected President and Sr. Jayaseela Board Member.
• Sr. Susan, Director, CHAAP, handed over responsibilities to Sr. Vishala at the Executive Board Meeting held on 23, November 2010.
• Rev. Dr. Sebastian Ousepparampil, Director-General, CHAI, was invited for the Executive Board meeting held on 1st February, 2011, during which issues of CHAAP office, and plan for the next AGBM were discussed.
• 10th July, 2011 – Executive Board Meeting was conducted at Kothur Tadepalli, Vijayawada. Rev. Dr. Tomi Thomas, Director-General, CHAI, visited CHAAP. He informed the meeting that HIV/AIDS project funded by Misereor had been granted and it would be implemented through CHAAP. Interviews were conducted for MSW candidates and a person was selected to work for the above-mentioned Project.
• 22nd Annual General Body Meeting (AGBM)
The AGBM of CHAAP was organised on 10th April, 2011. The dignitaries were Most Rev. Bishop Prakash Mallavarapu, Chief Guest of the Day, Mr. Mohammad Mateen, CHAI’s PHC Enhancement Project Coordinator. Mr. Suresh, Director of NESTHAM, and Fr. Josy, Provincial Superior of OSP. 50 members from 12 Diocesan Units of CHAAP participated.

The keynote address on the theme “Project Planning and Implementation” was made by Mr. Mohammad Mateen. He spoke on how to plan the projects. Mr. Suresh the resource-person shared his insights on the theme.

During the Business Session, various Diocesan Unit secretaries presented their reports. Election to vacant posts of the Executive Board was held. The elected Board Members were Sr. Lucy, JMJ (B.M.) – Kadapa Unit; Sr. Pushpa, JMJ (B.M.) – Hyderabad Unit; Sr. Nirmala, JMJ (B.M.) – Kurnool Unit, Sr. Mamatha, (B.M.) – Visakhapatnam Unit, Office Bearer - Sr. Felcia – Vice President, Sr. Nirmala – Secretary and Sr. Doris – Treasurer.

Future plan: HIV/AIDS Training Programme of Misereor.
The Catholic Health Association of Bihar-Jharkhand (CHABIJ)

(Covers the States of Bihar, Jharkhand and Andamans)

CHABIJ was registered in 2001. Registration number is 285 of 2001.

President
Sr. Ritty

Catholic Health Association of Bihar-Jharkhand (CHABIJ), C/o Catholic Cooperative Bank, Purulia Road, P.B No. 2, Ranchi, Jharkhand 834 001, Phone No. 0651-2201409, E-mail: chabij09@gmail.com

ACTIVITIES

Programmes Conducted:

- People’s health in people’s hands, Har maa ho har ghar ki vaid
- Building “Health for all now”
- Forming “A complete house – with a herbal and kitchen garden”;
- Forming “15 Well-collaborated and integrated Diocesan Health Units, Social Service Wings”
- Forming “295 Active and Collaborative Member Institutions(MIs)”
- Capacitated and Empowered Village Health Promoters such as Animators, Community Organizers, VHWs, TBAs, TMPs etc.
- Empowered Community Members and their organizations taking initiatives to improve their status
- Collaborative and Supportive programmes of Church Authorities, Superiors of the MIs, Government departments, Like-minded voluntary organizations etc.

Strategies

- Coordinating, building capacities and empowering the MIs and Village Health Units (VHUs)
- Institution Building / Strengthening of CBOs and Encouragement for collective actions such as VHCs, SHGs, Gram Sabha/PRI, Farmers Club, Youth Club etc.
- Encouraging people to develop their own solutions to their local health and other needs
- Developing healthy relationship with all authorities concerned (Church, Government, Developing Agencies etc).
- Advocating for just policies and conditions through JSA and NHRC.

Capacity-Building of Rural Communities

- Twelve MIs and 4 zones namely Ranchi, Simdega, Gumla and Giridih; 12 Rights-Based Trainings were conducted at the MI-level and Issues covered were: Right to Health: NRHM; Panchayati Raj; Right to Information; Government schemes such as MNREGA; APL, BPL, Antyodaya, Rashan etc. Cards; old age pension etc.
- 12 Dais and 12 Vaidh Forums have been formed at the MI-level and are working with enthusiasm.
- 640 rural community members of 12 MIs were trained on their health rights
- Around 800 VHC members and villagers were taken for exposure to PHCs
- Impact: Around 1400 villagers were trained on the above-mentioned fields

Capacity-Building of Village Health Promoters: 301 TBAs and 640 VHWs and 12 VHCs were trained. Exposure visits to PHCs and other Private Hospitals were made.
- An exposure programme for dais (TBAs) to MTC, Mandar and De-addiction Centre, Ranchi, Jharkhand, and an Exposure programme for Vaidhs (THPs) to Bangalore, FRLHT were conducted.

Promoting Alternative Systems of Medicine: Capacity-building of 4267 women (Har Maa Ho ghar ki Vaid); 240 VHWs and 10 COs; 860 Adolescent Girls and 454 Vaidhs in alternative systems of medicine was done.

Establishing responsibility of health and development in the hands of people: 200 VHCs were formed and strengthened; 24 Trainings were held for VHC members; Four zonal level trainings were organized at Pathalgaon; Portblair, Ranchi and Simdega and one regional training at CHABIJAN level for MIs and VHC members.

- Promoting Healthy Mothers, Children and Adolescent girls:
  - 1842 women were physically examined (Blood Hb...
test, BP etc); 1671 pregnant women were provided ANC; 909 women were provided PNC; 1680 weak and anemic women were identified and provided with iron tonics and other medicines; 13 women were provided treatment against leukorrhea. 1716 women were empowered on health and health rights.

- 1406 children’s growth and weights were recorded and monitored frequently; 1236 children were de-wormed; 1248 malnourished children were identified and treated; 978 children were provided with medicines to prevent night blindness; 345 children were treated for scabies; 23 Baby Show/Health camps were organized to promote ‘Healthy Babies’ concept; 980 children were physically examined during the baby show/health camp; 1434 school going children were given health education by the 12 MIs.

- 680 adolescent girls were physically checked; 23 weak and anemic girls were identified and provided treatment; 34 girls were provided treatment for their menstrual problems.

- Building supportive network: 45 Nurses were trained on “Pharmaceutical policy and access to essential medicines” in collaboration with CDMU, SIGN and VHAJ; 36 village youth were sent for vocational training to Don Bosco Institutes under DB Tech Project of the Institute; constant networking with EKTA Parishad to work on issues like ‘Work to every hand, land to every family and food to the hungry’ – to envisage a developed and self-reliable community, coordinating with SIGN to strengthen and empower the MIs, collaborating with Church based Development Forum, Jharkhand, in planning and executing future activities.

- Village health activists, 85 TBAs and over 560 middle and high school students were given training on health issues at Samanvaya Tirth, Gaya, Bihar; collaborated with UNICEF to open Malnutrition Treatment Centres (MTCs) with Faith-based Hospitals; collaborated with RNTCP Programme of the government of Jharkhand through Project AXSHAYA of CHAI in 7 Districts of Jharkhand; networked with 28 mother NGOs and several other NGOs in 7 Districts of Jharkhand under Project AXSHAYA.

- Ensuring Food Security through Agricultural Trainings - 345 marginal farmers were provided training on improved agricultural techniques. Farmers were organized into Kisan Club; cultivation in larger area; increase in cultivation of wheat vegetables, pulses etc.

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ADVERTISEMENT
The Catholic Health Association of Karnataka (CHAKA)

(Covers the State of Karnataka)

CHAKA was registered in 1999. Registration number is 24/99-2000.

President
Sr. Jolly Sebastian

Catholic Health Association of Karnataka (CHAKA), Door No. 27, 4th Cross,
2nd Main, Near Fatima School, Madivala New Extn, Bangalore, Karnataka - 560 068,
Phone: 080-5506779, Email: chakacatholic@bsnl.in, chakacatholic@gmail.com

ACTIVITIES

Training Programmes:

- Fourteen Training Programmes for two days were organized on HIV/AIDS at the diocesan level for 472 sisters, social workers and priests.
- Nine Training programmes for three days were organized for 270 sisters and social workers aimed at improving the life perspectives and social integration of people living with HIV/AIDS.
- Nine trainings for five days each was organized for 212 medical experts in counselling and care of people living with HIV/AIDS.
- Rehabilitation and income-generation measures to support 1620 Self-Help Groups in different dioceses of Karnataka with activities such as candle-making, paper-folding, rearing sheep, goats, buffaloes, simple puppet making, and clay moulding.

Other Activities

- The Annual General Body Meeting of the Catholic Health Association of Karnataka was held on 25th and 26th September, 2010 at SEVALAYA, Dharwad, in which 85 members from different Diocesan Units participated. Most Rev. Peter Machado – Bishop of Belgaum, Most Rev. Mar Joseph Arumachadath MCBS, Bishop of Bhadravathi, Dr. N.M. Angadi, DHO of Dharwad, and Sri Pujya Mallikarjuna Maha Swami were the guests of honour.
- Ms. Ellen Schmitt from Misereor had a discussion with the Board Members and staff of CHAKA, on 4th October, 2010 at Upasana, Bangalore, on the activities, outcome and success of HIV/AIDS programme funded by Misereor. She also shared on the ‘HIV/AIDS mainstreaming approach’ as well as root causes of HIV infection and effects of HIV/AIDS.
- The 67th AGBM of CHAI held, at CHAI Training Centre, Secunderabad, on 22nd and 23rd October, 2010, was attended by the Board Members and the representatives of MIUs.
- On 7th and 8th February 2011, there was Finance Monitoring Visit to CHAKA by CHAI – FAO on GFR9 TB project.
- On 10-11 February, 2011, a meeting was held at Snehadaan for Faith Based Organisations and representatives from CHAKA and DUs.
- The Programme Co-ordinator and the Secretary of Health Commission of KRCBC attended a meeting in Mandya on 6th March to form the CHAI Mandya Diocesan Unit in the presence of the newly-elected Bishop Mar George Njaralakkattu.
- On 19 March, Ms. Ellen Schmitt from Misereor visited CHAKA for modules developed for training programme on HIV/AIDS.
- On 9 April, farewell meeting for Rev. Fr. Sebastian Ousepparampil was held at Upasana, Bangalore. The Board Members appreciated Rev. Fr. Sebastian Ousepparampil for his selfless service and contribution to the growth of CHAKA.
On 8 July, the Board Members met, planned and finalized the AGBM of CHAKA in Belthangady Diocese on 24 and 25 September, 2011. It was planned along with Dr. Shobha, Programme Co-ordinator of CHAI CARD RNTCP Project, regarding meeting in different units.

The dioceses of Belthangady, Chikmagalur and Mysore conducted CHAI Day in the month of July.

On 18 July, the Mysore DU had the CHAI Day celebrations and the new Office-Bearers were elected.

Future plans
- Share information with the diocesan units and member institutions to take up community health on HIV/AIDS and TB as priority areas.
- Encourage MIAs to take up awareness programmes on environment, health and hygiene, pollution control.
- Continue integrated community development programmes such as sanitation, safe drinking water, sex education, gender issues and nutrition.
- Follow-up programmes on Alternative Systems of Medicine namely herbal medicine, acupressure, yoga, snake bite management and others.
- Network and collaborate with different NGOs, GOs, Health Commission and different Commissions in the dioceses.

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ACTIVITIES

World AIDS Day Seminar

A meeting of Catholic Nursing School Managers was held on World AIDS Day. Most Rev. Dr. Francis Kallarackal, Chairman, KCBC Health Commission, inaugurated the meeting. Addressing the gathering, he stated that in a year around 5000 students finish their nursing training courses and come out to serve the society through Catholic Hospitals. He highlighted that the dedicated service and awareness activities by the doctors and nurses from various Catholic Hospitals play a key role in reducing the rates of AIDS in the state. KCBC Deputy Director, Rev. Dr. Stephen Alathara gave the keynote address. “Unhealthy practices in the health sector” was the topic. Fr. Mathew Puthumana, President, CHAI-Kerala, presided over the meeting. Trained Nurses Association of India president Sr. Guilbert was honoured during the function. Almost 100 members were present for the seminar.

- A seminar was held on 22 February 2011, at the Renewal Centre, Kaloor, on “Value Added Tax (VAT) and Minimum Wages Act in a judicious Way: The Legal Implications and Penalty” for 80 Directors and Administrators. Fr. Mathew Puthumana, president, CHAI-Kerala brought to the notice of everyone that the hospitals should be cautious about the legal aspects.

- Dr. Rasheed, President, KPHA, presented problems about the legal issues. Advocate George described the progress of different legal cases of CHAI. Advocate Salim addressed the gathering on Minimum Wages Act and ESI Act.

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<tr>
<th>S. No.</th>
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<th>NGO/PP Schemes</th>
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<td>CULTES, Ernakulam</td>
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<td>2</td>
<td>KAIROS (Kannur Social Service Society), Kannur</td>
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<td>3</td>
<td>St. James Hospital, Thrissur</td>
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<td>4</td>
<td>St. Damiens Leprosy and TB Project, Kozhikode</td>
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<td>5</td>
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- Organized a farewell function for Rev. Dr. Sebastian Ousepparampil for his valuable services as the Director-General of CHAI.

**CBCI CARD RNTCP Project - Kerala**

- Various activities conducted: The State launch was conducted on 14, September 2010; 11 Diocese-level RNTCP Sensitizations; Biannual CHF Review was conducted in March 2011; 2 Sensitization workshops were conducted for Medical/Paramedical staff in 2 hospitals; 2 DOT Provider-Trainings, 15 Catholic Institutions (hospitals and social service societies) implementing 40 schemes including 10 DMC schemes; 47 hospitals and dispensaries are to be involved as DOTs centres.

- Diocese-level Sensitization Workshops were organized at various places — Idukki for 35 participants’, at Thrisur for 24 participants, at Alappuzha for 22 participants, at Palakkad for 36 participants, at Irinjalakuda for 22 participants, at Ernakulam- Anganamly for 23 participants, at Changanacherry for 31 participants, at Trivandrum (Latin), Trivandrum (Malankara) and at Neyyatinkara for 27 participants, at Verapoly, Cochin and Kottapuram for 31 participants, at Kottayam, Pala, Kanjiarpally and Vijayapuram for 37 participants, and at Kothamangalam for 31 participants.

- A workshop for Medical / Paramedical staff was organized for 30 and 104 participants from Paalana Hospital, Palakkad and Bishop Vayallil Medical Centre, Idukki hospitals respectively.

- DOT Provider-Training was given to 62 participants from Jyothirgamaya, Muvattupuzha, Ernakulam.

- Biannual CHF Review Meeting was attended by 53 participants at Conference Hall, KCBC Secretariat, Kochi.

- **Axshya Project (GFATM R9 TB Programmes)**

  CHAKE is working in 13 districts of Kerala as part of Project Axshya funded by GFATM Round 9 through Union as Principal Recipient and CHAI as sub-recipient. As part of the Project Axshya, CHAKE involves various MI and non-MI NGOs towards strengthening civil society participation in TB care and control in the State of Kerala.

  The project provides scope for involving 12 mother NGOs through which 12 community meetings per district per month are conducted. Capacity-building programmes were conducted for CBOs, NGO networks, Ayush, RNTCP and community towards increased service utilization of the RNTCP programmes.

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The Catholic Health Association of Madhya Pradesh (CHAMP)
(Covers the States of Madhya Pradesh and Chhattisgarh)

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

President
Sr. Julia Thundathil

Catholic Health Association of Madhya Pradesh (CHAMP), ANWC, Ashaniketan complex, E/6 Pvt. Sector Arera colony, Bhopal, M.P - 462016; Phone: 0755-2560675, Email: secmpsss@sancharnet.in

ACTIVITIES

The Catholic Health Association of Madhya Pradesh (CHAMP) has implemented the following programmes and projects to promote health and community health rights:

- Advocacy, Communication and Social Mobilization Project (ACSM) – with the support of Union for Control of Tuberculosis, CHAMP implemented ACSM towards creating awareness on T.B. in 5 Districts namely Jabalpur, Jabua, Khandwa, Sidhi and Ujjain. The programmes reduced stigma and increased awareness on DOTS programme.
- Axshaya – The Project Axshaya for the control of TB was funded by Global Fund Round 9 through Union in April 2011. With support from CHAI, the project was implemented in 6 districts of Madhya Pradesh — Guna, Gwalior, Dewas, Hoshangabad, Mandla and Balaghat.
- Vishakha Guidelines of Supreme Court – The Supreme Court had issued guidelines in the case of Vishakha v/s State of Rajasthan that there should be adequate protection against sexual harassment of women employees of both public and private institutions. A half-day input session was organized on 28th September 2010 for the staff of MPSSS/CHAMP and Asha Niketan Welfare Centre.
- New Project from UNICEF – To support Bhopal AIDS Alliance, UNICEF has given a project for ensuring the legal formalities as a society, organizing a workshop for the NGOs from Madhya Pradesh and for arranging a convention for 50 PLHIV families in connection with the World AIDS Day.
- NGO Consultation: In view of forming a wider network of NGOs for the CLHIvs of Madhya Pradesh, a two-day NGO consultation was organized for 35 NGOs at Bhopal on 11th and 12th November 2010. In December, 17 NGOs from different parts of Madhya Pradesh were assessed and recommended for the membership in Madhyanchal AIDS Alliance which is a registered a society.

World AIDS Day: A convention of 50 PLHA families was organized in Bhopal on 27th and 28th November 2010. Parents and 78 children affected or infected with HIV/AIDS participated. The convention instilled hope in the PLHA (People Living with HIV/AIDS) and enabled them to understand how to lead a healthy and positive life. Experts from MP State AIDS Control Society and UNICEF facilitated the programme.

Workshop for Project formulation: A project was prepared with the participation of the NGOs who are involved in the care and support of children living with HIV/AIDS in a workshop organized by UNICEF on 17th and 18th December 2010.

Solar Cookers: CRS has assisted in procuring 58 Solar Cookers for the boarding houses in 3 Dioceses, namely Khandwa, Satna and Kunkuri as an alternative energy source.

Action Research on Good Governance: An action research was awarded on Good Governance in respect of the Right to Education Act. The research was initiated in two panchayats of Rehli Block, Sagar from February. The schools and civil society of the area participated actively in the research.

Trainings and orientations conducted
- Training on Roles and Responsibilities of Elected Sarpanches and Panches on 29, May 2010
- Training on Organic Farming for sarpanches and panches on 20th July 2010 at Satna
Training on Organic Farming and Farmers Club on 20, August 2010 at Moyapani on 27, August, 2010 at Jamunchapri, (Bhopal).

Orientation on ‘Organic Farming’ was given to the farmers at 11 centres and is being implemented.

11 Kisan melas (Farmers’ meetings) were organized and 1004 farmers participated.

Orientation on the dangers of Chemical Farming was given to all farmers’ groups in the target area.

24 people from Kamka village Raisen District received land for farming as per the Forest Rights Act 2005.

Trainings facilitated by the Staff

- Training on Right to Information Act at Khandwa on 24th and 25th of November 2010 with the help of Vikas Samvad.
- Training on PRI at Sagar on Panchayati Raj Institutions for the Panches, Sarpanches, and Secretaries on 20, January 2011.
- Training on Government Schemes for the coordinators and animators at Bhopal from 27th to 29th January 2011.

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The Catholic Health Association of Tamil Nadu (CHAT)

(Covers the State of Tamil Nadu and Union Territory of Pondicherry)

CHAT was registered in 1997. Registration number is 256/97.

President
Sr. Anbarasi

Catholic Health Association of Tamil Nadu (CHAT), No.15, Anjalkaaran Thouppu, Edamalappatti Pudhur, Trichirappalli Dt – 620 012, Phone: 0431 – 2471681
E-mail: chat.tamilnadu@gmail.com;

ACTIVITIES

- Community Action for Health (CAH) Project under NRHM supported by Ministry of Health and Family Welfare Department, Government of India and Tamil Nadu:
- Extension of Village, Water Health and Sanitation Committee – 86 VHWSCs were formed. 583 members joined the committee. Resolutions were passed in 80 Gram Sabha Meetings.
- Orientation to the members of VHWSC was given on health in general, health systems, health rights, health providers and their responsibilities, facilities available with the Government Health Centres, importance of people’s participation, mother and child care, immunization, adolescent girls, school health, and anganwadi. Reach was only 50 percent. VHN’s cooperation was minimum with regard to participation in the meetings.
- Data Collection: Around 240 members, together with the Animators collected data on village health services meeting the people individually and in groups. Data have been collected from 21556 people from various groups — mothers, students, adolescent girls, and people from the community.
- Dissemination and Planning: Around 5000 people attended the VHP Day, 58 persons attended the Village Health Planning Day in all 86 panchayats.
- Village Health Planning:
  - VHNs must visit the villages once in a week.
  - Once in a month the VHN must take awareness sessions for the mothers and adolescent girls on health.
  - Once in a week, the Medical Officer must visit the Health Sub-Centre HSCs to provide health services to the people.
  - The date and time of the arrival of the VHNs and Medical Officers must be known to the public in advance. Programme of the VHNs must be displayed in public.
  - Cleaning of the Panchayat water tanks must be made known to the public, including chlorination.
  - All buses must stop near the PHCs and frequent buses must be made available to the connecting villages.
  - VHNs have started giving information to people about their arrival to the particular Panchayat/HSC. VHNs have started meeting adolescent girls in the villages. As most of the villagers wanted to have an information board, a Thangaval Board was put up giving information especially on the availability of the health providers, health programmes in the villages, group meeting and others.

Outcome

- The staff gained knowledge on general health, health issues, health planning, village health problems, health systems and rights.
- There is better understanding and cooperation between Medical Officers, Village Health Nurse, Panchayat Presidents, the Project Animators and Coordinators. In short, there is public-private partnership blooming for improving the health system.
- VHWSC members have come to know of the facilities, infrastructure and health services promised by the government and are available at all level of health system - PHC and Block levels.
- Villagers are now aware of Government Health Centres and their responsibility to use them.
- Villagers have started discussing health issues with the health providers.
- Women’s groups have started learning health issues with interest and enthusiasm.
- Anganwadi teachers, School teachers, Medical officers and VHNs have more understanding of community action, participation and involvement in improving the village health services.
- Some of the Panchayat Presidents have understood that village health also is their responsibility.

**GF R9 AKSHYA TB Project**

- GF R9 Akshaya TB Project is being implemented in 8 districts in the first phase and 10 districts in the second phase. The districts covered by CHAI are Nilgiris, Coimbatore, Erode, Salem, Dharmapuri, Perambalur, Nagappattinam, Sivagangai, Virudhunagar and Kanyakumari.
- Activity implementation is done by CHAI and secretarial assistance along with finance management is provided by CHAT.

**CHAI – CBCI CARD RNTCP Programme**

- RCC Project 2009-2012 – CHAI in collaboration with the Catholic Bishop’s Conference of India (CBCI) has appointed two regional coordinators who conducted awareness meetings, workshops and seminars in all the Districts for the MI to get into various RNTCP Schemes to eradicate TB in India.
- The objective of the project is to facilitate provision of free diagnostic and treatment services provided by the RNTCP to all TB suspects and patients within the Catholic Church Health Care Facilities, thereby improving the quality of care of TB patients in India.
- CHAI advocates on the principles of RNTCP in the Catholic Church network by involvement of CHF leaders to provide an impetus to all the staff at the facility thus reaching out to a significant large percentage of medical community working with various Catholic Church network.
- State-level launch of CBCI CARD RNTCP Project: The launch was at Chennai on 7th September 2010.

Most Rev. Dr. Lawrence Pius Dorairaj, Auxiliary Bishop Madras, Mylapore, 26 District TB Officers, 6 WHO consultants and representatives from 43 Catholic Health Facilities were present. Presentations on CBCI CARD, RNTCP and NGO PPM schemes were made to sensitize the audience about the project followed by group discussions to chart out the future course of action.

- Trainings and sensitization programmes were conducted in 6 CHFs from September 2010 to March 2011. The sensitization programmes were done on TB, RNTCP and revised NGO/PPM schemes. 12 Diocese workshops were conducted and 318 CHF personnel’s were sensitized.
- State-level review: Biannual State level review-meetings were conducted in the month of March 2011 in which performance-review of already-involved CHFs was conducted in the presence of State TB Officer, National coordinator, DTOs and WHO consultants.
- MoU - 19 MoUs have been signed.
- World TB day (March 24) was conducted in various places which has positioned CHAI as a major partner in RNTCP at the State-level. Exhibition stalls on TB, Signature campaign, Quiz programme, Sensitization to SHGs were conducted.
- Executive Board Meetings were held on 11, January 2011 at ‘Carmelites Multipurpose Hall’, Edamalaipattipudur, Trichy, on 3, March 2011 at CHAT Office, Trichy. And, on 10, June 2011, there was another Executive Board meeting at PSSS, Perembalur.

- An enlarged Board Meeting cum CHAT -AGBM Planning Meeting was held on 3rd March 2011 at CHAT head office, Edamalaipattipudur, Trichy. 28 participants attended the meeting. Another enlarged Board Meeting was held on 10th June at PSSS, Perembalur. 24 participants attended the meeting and discussed Health Convention and AGBM and supported each other for holding successful health convention.
The Catholic Health Association of Western region (CHAW)

(Covers the States of Maharashtra, Gujarat and Goa)

CHAW was registered in 2001 Registration number is 346/2001

President
Sr Sabena

Catholic Health Association of Western Region (CHAW), Holy Spirit Hospital, Mahakali Road, Andheri (E) Mumbai-400 093; Tel.Nos 022- 28248505, Email: holyspirithospital@indiatime.com, sabenassps@yahoo.co.in

ACTIVITIES

- AGBM OF CHAW
  The Catholic Health Association of Western Region (CHAW) held its AGBM on 25th March 2011 at Holy Spirit Hospital, Andheri. There were 40 participants. Sr. Sabena President, welcomed the participants. Rev. Dr. Sebastian Ousepparampil, Director-General CHAI, Fr. Dominic CHAI Board member, Sr. Lissy, Executive Director, Holy Spirit Hospital, lighted the lamp. Rev. Dr. Sebastian Ousepparampil spoke on health insurance and said that it served as a means of financial protection against the risk of unexpected and expensive health care. He also highlighted the global health situation. Through group discussions, the groups expressed the need for health insurance for people working in the health sectors.

  Sr. Sabena briefed the members regarding membership and urged them to take active part to revive the region. The participants proposed to meet at Gujarat and Sr. Mary was nominated the coordinator, Sr. Sarala as coordinator for Maharashtra, Sr. Felcy as Secretary and Sr. Naveena as Treasurer. Sr. Sabena thanked all the participants and Rev. Dr. Sebastian Ousepparampil for his valuable contributions towards CHAI.

Holy Spirit Hospital

- Free clinics were organized to treat patients — Jogeshwari - 3,174; Holy Spirit Hospital - 3,809; Prem Nagar - 2,144; Malpa Dongri - 1,970; Marol and Vijaynagar - 730 and Goni Nagar - 1,230.

- Community development programmes like the following were conducted:
  - Mother and Child Health Care – immunization, ante-natal clinic, low-cost delivery package
  - HIV/AIDS awareness programme - rally to the streets and role plays
  - Immunization clinics –about 250 children immunized monthly.
  - Family visits and counselling – specially to T.B patients, serious patients, patients with HIV/AIDS

St. Elizabeth Outreach Programmes

- Regular outreach programmes are held in Rural Maharashtra district of Thane at Udhwa, Manor and in Nagar Haveli at Velugaon
- Polio diagnostic and free corrective surgery camps are regularly conducted with financial assistance from Lions Club
- Through the OPD, a weekly - TB clinic (free for poor patients) is offered
- Free medical check-up and investigations are conducted
- Free rations are provided to the poor.
**The North Eastern Community Health Association (NECHA)**

(Covers the States of Arunachal Pradesh, Assam, Nagaland, Manipur, Meghalaya, Mizoram and Tripura)

NECHA, was registered in 1986. Registration number is 459/Imp/SR/1986.

President

*Sr. Rose Alex*

North Eastern Community Health Association (NECHA)

NECHA building, Bhola baba path, Opp. Nayantara Supermarket, Six mile, GS Road,
Post Box No.40, P.O Khanapara, Guwahati, Assam - 781022, Tel.0361-2221794, 2224818

E mail: directonecha@rediffmail.com; nechaoffice@sancharnet.in

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**ACTIVITIES**

- Self-help groups (SHGs) were formed and linkage with government department was promoted.
- More than 3000 people were given free consultation and medicines at free health camps organized by NECHA.
- Member Institutions of 5 dioceses attended training programmes on Malaria, T.B. and HIV/AIDS.
- Referral services were made to local PHC by the health workers.
- Member Institutions attended Workshops and Seminars on Malaria, T.B, and HIV/AIDS.
- Awareness programmes on communicable diseases, water-borne diseases were organized in all the targeted dioceses.
- Seminars on Right to Information Act (R.T.I Act) was organized for the community leaders.
- 500 children of the targeted villages were given free education and admitted in the government schools.

**Results Achieved**

- 410 women were formed in SHGs
- 3000 people were given free consultation and medicines at free health camps organized by NECHA
- 30 Staff and health workers of Member Institutions of 5 dioceses attended training programmes on Malaria, T.B. and HIV/AIDS.
- 50 staff and health workers of Member Institutions attended the workshops and seminars on Malaria, T.B, and HIV/AIDS
- 2000 people attended health awareness programmes on communicable diseases, water-borne diseases
- 100 leaders were given awareness on R.T.I.
- 500 children of the targeted villages were given free education and admitted in the government schools.

**Lessons Learned**

- The training programmes and workshops organized by NECHA on Malaria, T.B., HIV/AIDS were of great help to Member Institutions.
- The programme helped to update the skills and knowledge of the Member Institutions.
- The outcome of the discussion/ deliberations that took place during the last Regional AGBM on formation of SHGs; free health camps; health awareness programmes; training programmes on health; Workshops and seminars on health were very useful.
ACTIVITIES

- School health check-up camp: Quarterly school health check-ups were conducted at 32 Health Centers for 8385 (Boys-3066, Girls-5319) school students and were given treatment for malaria, flu, cough, cold and scabies.

- Medicines were distributed at Antenatal (ANC) Care, Malaria Prophylaxis and Village health checkups camp: 1831 pregnant women availed antenatal visits of which 648 had received three ANC visits. 648 pregnant women safely delivered under Janani Surakshya Yajana and 648 new born babies were facilitated with birth registration.

- Provision of home-made balanced mix for malnourished children was made available. 32 MIs conducted sessions on preparing home-made horlicks by using locally available ingredients. 1128 malnourished children were identified and 638 women trained from 320 villages. It was observed that nearly 60% malnourished children improved their weight considerably after using home-made horlicks.

- Premarital orientation camp: Premarital orientation was conducted by 32 MIs. Youths comprising 1590 girls and 464 boys participated and gained knowledge on physical growth and mental development, cleanliness, environmental sanitation, HIV/AIDS, health and hygiene, nutrition and balanced diet. 2054 eligible youth were enriched with knowledge on social issues.

- Medical health camps: camps were successfully organized by health centres in Sundargargh and Kandhamal Districts where 11,231 benefited. Their knowledge on preventive and curative measures was enhanced.

- Strengthening staff through capacity-building: Staff were strengthened through capacity-building trainings aimed to enhance the knowledge, competency and attitude for achieving objectives.

- Monthly and quarterly review meetings were organized at the health centre level for planning, evaluation and monitoring for tracking the progress. 807 volunteers built up their theoretical and practical knowledge in planning, monitoring and evaluation process.

- Advocacy campaign was conducted by 32 MIs on issues related to health like HIV/AIDS, village sanitation, alcoholism, general awareness etc. Networking with the NGOs and the Government has improved.

- Birth Centenary of Mother Teresa was observed by conducting Blood Donation camp and general health camp in Orissa: 35 donors from Niswass, students, religious sisters and the seminarians donated blood. A free health camp was organized along with Rotary Club, BBSR, to mark this event where 310 people got free treatment and further care.

- Leprosy Programme: A refresher course was organized to understand the epidemiology and initial symptoms of leprosy for 34 community health volunteers comprising Anganwadi workers, Panchayat ward members, NGOs, mahila mandal members, health committee members and youth.

- Core problems and needs identified included poverty and superstitions, lack of communication and transport facilities, non-availability of private and government doctors, environmental pollution, health and nutrition, communicable diseases, recurrent natural calamities, poor quality treatment facilities in government sector, caste discrimination practices and gender bias.

- Shortcomings and challenges comprised geographical isolation; PHCs being far away from the operational areas; Low literacy level posing challenge to convince the Tribals; Inaccessibility of health services; Inadequate and inefficient personnel for regular monitoring; Illegal medical practices by quacks; Government health officials’ reluctance to visit rural areas; and Indifferent behaviour of grassroots-level health staff.
The Rajasthan Uttar Pradesh Catholic Health Association (RUPCHA)

(Covers the States of Rajasthan, Punjab, Haryana, Jammu-Kashmir, Himachal Pradesh, New Delhi, Uttar Pradesh, Uttaranchal)

RUPCHA, was registered in 1991. Registration number is 2457/90-91.

President
Sr Cassia MSJ

Rajasthan Uttar Pradesh Catholic Health Association (RUPCHA)
4435/36/4, Makhan Lal Street (1st floor), 7 Ansari Road, Daryaganj,
New Delhi 110 002 Phone: 91-11-23251377,
E-mail: mail@rupcha.org

ACTIVITIES

Achievements

- Through the five-year long concerted effort, most of the members of RUPCHA, in over 375 villages, mostly for the marginalized communities could score above 65% as far as results are concerned in improving the health status of people and their participation in socio-developmental activities meant for their own personal and community welfare.

- These results were in the areas of: Improved child survival; better maternal health; higher percentage (nearly 100%) of immunization coverage; reduced incidence of HIV/AIDS; and increased detection and cure rate of TB.

Programme Strategy

- Through 45 programme activities with combined participation of 1270 personnel, participants were made more knowledgeable and competent in different fields.

- Capacity-Building – Twenty-eight programmes were conducted and 826 participants participated and enhanced their capacities in various sectors, especially in Leadership, Reporting and Documentation.

- Enhancement of PME Competence – Five PME programmes were organized for more than 100 participants and were enabled to perform better.

- Scaling up Networking – Six programmes were organized for more than 200 participants. RUPCHA personnel participated in network programmes organized by like-minded organizations.

- Organizational Development – Four organizational development-related programmes were conducted and around 100 participants participated.

- HRD, both internal and external – RUPCHA personnel, both at the regional as well as diocesan levels, were provided personal development opportunities.

- The major thrust areas of programmes for the communities centred on the various government Acts that aimed at strengthening the rights of the people under important areas like

  - The Right to Information Act
  - The Right to Rural Employment Act
  - The Right to Education Act
  - The Food Security and the PDS Scheme, especially for the BPL families, etc

- Future Plans and Thrusts are on areas and interventions in improved access to basic healthcare through the MIs with special focus on RCH and Control of Communicable Diseases.
The West Bengal Catholic Health Association (WEBCHA)
(Covers the States of West Bengal and Sikkim)

WEBCHA was registered in 2000. Registration number is Sl-99078/2000-2001.
President Sr Deena SCN
West Bengal Catholic Health Association (WBCHA), Nazareth Lee, BPO Mahakal Das, Sangsay Baty, Kalimpong, Darjeling, West Bengal, E-mail: deenavjscn@gmail.com

ACTIVITIES

- **Participated in Different Programmes:** The unit representatives participated in various programmes like AGBM of CHAI, Conferences of Sister-Doctors Forum of India and Public-Private Partnership (RNTCP, Safe Institutional Delivery). A few of the member institutions have started Community Care Centres in collaboration with CBCI, financed by Global Fund.

- **Organizational Programmes - AGBM and GBM:** The 14th Annual General Body meeting of WBCHA was held at Diocesan Development Centre (DDC) Raiganj on 24th July 2010. The theme of the AGBM was “Health and Global Warming”. The programme started with planting of trees by the dignitaries Rt. Rev. Bishop Stephen Lepcha, Bishop of Darjeeling, Rt.Rev.Bishop Alphonse D’Souza Bishop of Raiganj and Rev. Fr.Robert Athickal S J,Tarumitra Patna followed by an opening prayer conducted by Fr. Babla Mondol, Parish priest of Bolaigaon.

  The guest of honour Rt. Rev. Bishop Stephen Lepcha, Bishop of Darjeeling and Regional Chairman of CBCI Health Commission explained the importance of caring for the Mother Earth and that it should be and the concern of each and every one of us. He said that we love God through whom we love Nature and it helps us to love, save the earth and vice versa.

  Rt. Rev.Bishop Alphonse D’Souza, Bishop of Raiganj, appreciated the programme and he encouraged everyone to plant five trees when one is cut. The Chief Guest Dr.Sunil Kumar Sheel, Joint Director and State Leprosy Officer, Calcutta, explained the effect of global warming in the context of people’s health and the future concerned.

  In the group discussions, the participants came out with plans and suggestions such as train a few members so that they in turn can give awareness about global warming in the schools, colleges and to the general public, encourage everyone to plant more trees and at the individual level cut down on using water, electricity and plant more trees.

**Diocesan Unit Level Programmes**

Raiganj Diocese

**Involvement:** The involvement of the dioceses was on community health leprosy control, routine immunization, vaccination, women empowerment, SHG formation and bank linkages, community-based disaster preparedness (CBDP), health training and use of alternative systems of medicine for common ailments, ANC and PNC check-up, networking and collaboration with Government Organisations for treatment of T.B, leprosy patients and many more areas.

**Projects by Individual Member Institutions:**

- Mass awareness programme in the villages
- Herbal medicine training
- Leadership training for SHG Leaders
- Income-Generation programme
- Seminar on Right to food
- Regular meeting and Training of Self-Help Group mothers
- Grassroots level workers
- Training for Dais
- Advocacy and Networking with like Government and like minded Individuals.

**Trainings included**

- Leadership training on SHGs
- Village Health Workers’ training
- Volunteers’ training on Community Based Disaster Preparedness (CBDP);
- TFT
- Training in Participatory Rural Appraisal, bamboo-product making,
- Leaf-plate making, cycle-flower making, book-binding and photo lamination.

**Celebrations:** Various important days were observed like World Health Day, International Women’s Day, Nurses’ Day, World Day of the Sick, World AIDS Day, T B Day, Environment Day and Children’s Day.
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<th>Activities</th>
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</thead>
<tbody>
<tr>
<td>Self-help groups</td>
</tr>
<tr>
<td>Flood relief</td>
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<tr>
<td>Village sanitation</td>
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<tr>
<td>IHC programme</td>
</tr>
<tr>
<td>Community Care Centre and Free Medical Camp</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Trainings</th>
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<tbody>
<tr>
<td>Health workers’ Training</td>
</tr>
<tr>
<td>Computer and knitting</td>
</tr>
<tr>
<td>Non formal education and literacy programme</td>
</tr>
<tr>
<td><strong>Celebration:</strong> Observed Women’s Day and AIDS Day</td>
</tr>
</tbody>
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<table>
<thead>
<tr>
<th>Bagdogra Diocese</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities</strong></td>
</tr>
<tr>
<td>Visiting the women in the Red-light area</td>
</tr>
<tr>
<td>Awareness programme on herbal medicine and school health check-up</td>
</tr>
<tr>
<td><strong>Celebration:</strong> Observed CHAI Day and HIV/AIDS Day</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Krishnagar Diocese</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activities</strong></td>
</tr>
<tr>
<td>Educational Programme</td>
</tr>
<tr>
<td>Capacity-building of community for Disaster preparedness</td>
</tr>
<tr>
<td>Prison Ministry</td>
</tr>
<tr>
<td>Health awareness programme</td>
</tr>
<tr>
<td>Anti-human trafficking</td>
</tr>
<tr>
<td>Medical care at all centres</td>
</tr>
<tr>
<td>Community health programmes</td>
</tr>
<tr>
<td>Immunization ANC, PNC, VHC and Women Empowerment</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Awareness Programmes</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV/AIDS awareness-building among target group (young people and school dropout and Migrant laborers) in 7 Blocks, 48 GP covering 1447429 population</td>
</tr>
<tr>
<td>Micro-financing for the empowerment of women mainly among the SHGs (176 Federation, 5428 SHGs, total Members 87245)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>CBDP</td>
</tr>
<tr>
<td>Participation in Gram Sansad and other Health programmes</td>
</tr>
<tr>
<td>Illiteracy eradication programme</td>
</tr>
<tr>
<td>Alcoholism</td>
</tr>
<tr>
<td>Gender discrimination</td>
</tr>
<tr>
<td>Income-generation programme</td>
</tr>
<tr>
<td>Safe-Institutional delivery</td>
</tr>
<tr>
<td>Child Labour School in collaboration with West Bengal Government</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Trainings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Awareness-building on HIV/AIDS</td>
</tr>
<tr>
<td>Leadership training for women,</td>
</tr>
<tr>
<td>Awareness on Health, Education, Rights and Responsibilities as citizens</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Celebrations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Observed Nurses’ Day, World AIDS Day and Women’s Day</td>
</tr>
</tbody>
</table>
OUR SUPPORTERS

We thank the following friends and well-wishers of CHAI for their support to our activities and programmes.

MISEREOR – GERMANY
Provision of Community Health Services and Scale-up of Interventions on Communicable Diseases mainly, HIV/AIDS, in India.

CDC-GAP/LEPRA
Enhancing HIV-Related Services to PHC-Level Institutions in Andhra Pradesh.

APSACS – GOVERNMENT OF AP
Enhancing HIV-Related Services to PHC-Level Institutions in Andhra Pradesh.

SLF – THE NETHERLANDS
Medical & Social Rehabilitation of Physically Handicapped – Mentally Challenged Children.

UNICEF – UTTAR PRADESH
Strengthening Comprehensive Child Survival Programme in UP.

CDC-FHI
Strengthening Nursing Expertise in HIV/AIDS

GLOBAL FUND ROUND – 4
First Impact TB Project – RNTCP, CBCI, CRS Collaboration.

GLOBAL FUND ROUND 9 TB PROJECT
TB Project – CHAI/UNION Collaboration

TEMASEK FOUNDATION, SINGAPORE
Singapore Indian Group Networking for Empowerment Training (SIGNET)

CRS
Salary Support for Staff

ST. MATHEW PARISH, NORWALK, USA
General Purposes

ITALIAN BISHOPS CONFERENCE, ROME, ITALY
Health and Healing Project for Kandhamal, Orissa.
EXECUTIVE BOARD MEMBERS

Sr Cletus Daisy JMJ
President - CHAI
JMJ Hospital
Baraipali PO
Sambalpur, Orissa
E mail: cletusdaisy@hotmail.com
cletusdaisy@gmail.com

Sr Delina Lingdoh MSMHC
I Vice President - CHAI
C/o St Stephens Convent
Nongpoh PO, Ri-Bhoi Dist
Meghalaya-793102
E-mail: srdelilying@gmail.com

Fr Julius Arakal
II Vice President - CHAI
Director
Paalana Institute of Medical Sciences
Kannadi PO, Palakkad
Kerala - 678 701
E mail: juliusarakal@gmail.com;
juliusarakal@hotmail.com

Fr Gibi N Jose
Secretary - CHAI
Purvanchal Gramin Seva Samiti
Padri Bazar PO, Gorakhpur Dt.
UP 273 014
E mail: pgssgp@yahoo.com;
gibijose@gmail.com

Sr Lydia K
Jt Secretary - CHAI
Nirmala Health Centre
Titlidadi Village Bidhan Nagar PO,
Darjeeling District,
West Bengal - 734 426
E mail: lydiakettlu@rediffmail.com;
smislg@sancharnet.in

Sr Ritty
Treasurer - CHAI
Nirmala health Centre
C/o Clarist Convent, Nawaadah PO
Nawadah Dt, Bihar
E-mail: rittylcc@yahoo.co.in

ECCLESIASTICAL ADVISOR
Rt Rev Vincent M. Concessao
Archbishop of Delhi
Archbishop’s House,1 Ashok Place,
New Delhi – 110 001
Tele 011/23343457, 23362058; Fax:91-011-23746575
Email: archbishopdelhi@yahoo.co.in

Fr Mathew Vattakuzhy
Councillor — CHAI
Forum Director of MP & CG Region
C/O MP Samaj Seva Sanstha
Vikas Bhavan, KPRP Campus
E/6 Pvt.Sector, Arena Colony,
Bhopal – 462 016
E mail: secmpsss@sancharnet.in
mathew_vc@rediffmail.com

Fr Mathew Perumpil
Councillor - CHAI
Snehadaan, Sarjapura Road,
Carmelaram PO, Bangalore,
Karnataka – 560 035
E-mail: mperumpil@yahoo.com

Fr P Thangasamy
Councillor - CHAI
Director, Sagayamatha Hospital
Tirulinapalli, Pullambadi,
TN – 621 711
E mail: sagahosp@sancharnet.in;
frthangasamy@hotmail.com

Sr. Jayaseela Kalluru JMJ
Councillor - CHAI
Administrator, St Joseph’s Hospital
Guntur – 522 004, AP
E mail: jseelakalluru@gmail.com

Fr Dominic Mundatt
Councillor - CHAI
President - Param Prasad Charitable
Society, Divya Karunya Bhavan
Bassappapeth, Karanju, Saara
Maharashtra – 415 001
E mail: mcbsatara@gmail.com;
domini65@rediffmail.com
# Directorate and Staff

<table>
<thead>
<tr>
<th>POSITION</th>
<th>NAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Director-General</td>
<td>Rev. Dr. Tomi Thomas, IMS</td>
</tr>
<tr>
<td>Assistant to Director-General for Programmes</td>
<td>Fr Norvy Paul, VC</td>
</tr>
<tr>
<td>Administration and House-in-charge</td>
<td>Sr Sudeepa</td>
</tr>
</tbody>
</table>

## Communicable Diseases & Continuing Medical Education
- Dr. P. C. Rao

## Global Fund- TB (Round - 4)
- Dr. Nochiketa Mohanty
- Dr. Pratul Adhikari
- Dr. Girish Chandra Singh
- Dr. ND Sahay
- Dr. Prema Devaraj
- Dr. Santosh Kumar Sahoo
- Dr. Gautam Ambedkar
- Dr. Shobha Ekka
- Dr. Pratheeksha Ali
- Dr. Suma KV
- Dr. Priscilla Sahalatha
- Dr. Libu G.K
- Jeeva V
- Mamata Tudu
- Jiten Lamai
- Symond Thabah
- Ram Krishna Pathak
- Shailendra Singh Tomar
- Baruna Mishra
- Manesh Thomas
- Josbin Joseph
- Rosmin Joseph
- David Sundar
- Biju V

## PHC Enhancement Project
- Dr. Ruchika Dewan Singh
- Sundar Bunga
- Md. Mateen
- Sr. Deline Kudilingal
- Kavila Chandhok

## Programme
- Jessy Joy
- Betsy VD
- Clementa Rosalind

## Finance
- Sr. Theresa M Thomas
- Devison K S

## Global Fund- TB (Round - 9)
- Dr. Chakrapani Chatla
- Dr. Satish Babu Chintalapudi
- Joltin Rappai
- Sarvesh
- Delfi Devison
- Maji Manesh
- Devender
- Dr. Chakrapani Jagati
- Sridivi
- Balakrishna
- Sachin K T
- Bheeramma
- Ningappa VH
- Jyoti Manappa navar
- Vishwanath KR
- Ashwatha Reddy
- Thomas P D
- Basavaraja
- R. Nagaraja
- C. Manoharan
- Ravi Vanguri
- D. Sekhar
- Benjamin Franklin
- Antony Edward Singh
- Topaz
- R. Dhananjay Shinde
- Dr. Darnika Manuela Sousa
- Sunita Anand Pawar
- Yojana Palse
- Mahesh Kolle
- Jagjivan Atmaramji
- Ganesh Patil
- Chandrasekhar Gaurkhede
- Dr. Samir Sumant Barve
- Jinesh Lal R V
- Sarin Vincent
- Simon George
- Joby Devasia
- Tomy Mathew
- Shantlal
- Oomen Vargheese

## CCSP UNICEF-Lucknow
- Narendra Jaiswal
- Vinay Kumar Singh
- Peter Patton
- Kyupise Sangatam
- Rajiv Ranjan
- Jyoti Bala
- Roki Kumar
- Bharadwaj Ashwin
- Ignatius Sushil Lakha
- Ritu Singh
- Hans Hembrum
- Somesh Kumar Singh
- Felix Praful Tirkey

## Stichting Lillian Fonds
- Meena Karimini
- Raju MK
- Vishal Gupta
- T Prashant

## Administration
- P. K. George
- Sunder Raj
- Molly George
- Naveen Kumar
- Lizy Francis
- Sagay Mary
- Arokiyaswamy
- N. T. Sebastian
- T. M. Kumar
- K. Benjamin
- Anil
- A Tony
- Sujitha
- Martha
- Sankaramma
- Sunitha
- Lalitha

## Farm
- David Skinner, Library I/c
- Jordy
**FAREWELL**

**Rev. Dr. Sebastian Ousepparampil**  
Ex-Director-General CHAI

Rev. Dr. Sebastian Ousepparampil joined CHAI in May 2001 as Director. After putting in ten years of commendable and committed service as its Director-General, he left service in April 2011.

---

**WELCOME**

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

Rev. Dr. Tomi Thomas, IMS, took over as Director-General of CHAI in May 2011. He has to his credit a Doctor of Philosophy (Ph.D) in Social Work from University of Utah, USA 2009; and Doctor of Social Science Ministry (DSM) from Romano Byzantine College, Virginia, USA, 2005. He also has rich experience in his areas of specialization - Health Research, Community Organization, Disaster Relief Intervention, Youth Ministry, and Family Counselling. He was the First-Rank-holder from the University of Mumbai, India, in Master of Social Work (MSW), 1999. He has presented papers at International conferences and has published books.

---

**Fr. Norvy Paul, VC**  
Assistant to Director-General

He joined CHAI in April 2011. He holds a Master’s degree in Social Work from Pune University and has submitted his Ph.D thesis to Mahatma Gandhi University, Kottayam. He has presented papers on subjects like “Displacement”, “Human Rights”, “Suicides” etc. He was the Course-coordinator of De Paul School of Social Work for 6 years. He has rich experience in community health, evaluation and research. He also had a brief stint as Editor of De Paul Times.

---

**Sr. Sudeepa CHF**  
Administration and House-in-charge

She joined CHAI in April 2011. She is a Registered Nurse. She has to her credit two courses from Germany – ‘Practice Guidance in Nursing Care’ (Instructors’ Course) and ‘Geriatric Nursing Management’. She has 24 years of experience as a Nurse, Social Worker — 13 years in India and 11 years in Germany.

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**OBITUARY**

**Mr R Francis**  
Watchman-cum-office-attendant

He joined the organization in September 1988 and passed away on 31st January 2011.
The 67th Annual General Body Meeting (AGBM) of the Catholic Health Association of India (CHAI) was held on 22nd and 23rd of October, 2010, at the CHAI Training Centre, Medchal, Secunderabad. “Climate Change and Health” was the theme. Around 600 persons from CHAI member-institutions (MIs) and regional units (RUs) from all over the country participated in the function.

First day

The Holy Mass was celebrated by Most Rev Vincent Concessao, Archbishop of Delhi and Ecclesiastical Advisor to CHAI. The CHAI flag was hoisted by the Chief Guest Dr Latha Pillai, Pro-Vice-Chancellor, Indira Gandhi National Open University, New Delhi.

The welcome address was given by Sr Cletus Daisy, President of CHAI. She congratulated the Executive Board as well as the Director-General and his team for the wonderful work being done. Speaking on the theme “Climate Change and Health” she exhorted everyone to make a promise to save Mother Earth.

Rev Dr Sebastian Ousepparampil, Director-General, gave the highlights of the year’s activities. Globalization, liberalization and the gap between the rich and the poor continue to affect the health of the nation. CHAI has improved considerably and it has become professional in its approach. It has grown enormously in terms of infrastructure and human resources, he said.

Dr A K Singhal, Director, Ministry of New and Renewable Energy, Government of India, gave the keynote address. Speaking on the topic “Renewable Energy Trends/Options for Hospitals and Health
“Care Sector”, he said the current energy situation in the country is grim in terms of consumption and availability. Huge amounts of fossil fuels consumed is causing air and noise pollution, load shedding, GHG emission etc, he said. He emphasized the need to conserve energy and the need to replace energy-intensive devices and equipment with efficient ones. He concluded saying that the health care sector should go green in the interest of the nation and her people.

The inaugural address was given by the Chief Guest Dr Latha Pillai, Pro-Vice-Chancellor, Indira Gandhi National Open University, New Delhi. She started her speech saying that she felt extremely blessed to be part of the function. Catholic institutions have come a long way in the areas of health and education, she opined. Through farsightedness, commitment, time and support structure CHAI stood with time and is marching towards the centenary year.

Climate change affects our future. Lack of wisdom in using technology, absence of a coordinated policy, lack of effective implementation and was mass destruction contribute to global warming, she said.

She suggested CHAI and IGNOU can come together to find a common ground to create awareness and develop programmes to sensitize people towards health care and climate change.

She then released the ‘Herbal Calendar 2011, “Herbs as Healers” by presenting it to Most Rev Vincent M Concessao, Archbishop of Delhi and Ecclesiastical Advisor to CHAI.

Dr John Tharakan spoke on “Opportunities for Resource Mobilization at International, National and Regional levels for the CHAI Family. He began citing five factors of Resource Mobilization:

- The need to focus on ‘CHAI RUs’; understanding current funding scenario; the unique selling points of CHAI’s RU’s; General opportunity areas for CHAI RUs; Geographic areas of focus by funders and possible funding agencies that can be tapped.

“Resource mobilization is not only about money; fund-raising and education go hand in hand, resource-mobilization is an ethical discipline; people give to people for people; and fund-raising is friend-raising. You don’t get what you don’t ask for. Always tell the truth and finally never forget to say ‘thank you’”. These are the tenets behind fund-raising. CHAI has to focus on the Regional Units and their capacity-building should be a priority as well as felt-need. Regional Units should evaluate themselves where they stand and they should take steps to become resource-friendly.
Dr Ruben Swamickan

Dr Ruben Swamickan started his overview on “Global Fund RCC TB Project”, by referring to the role of the Catholic Church in the health care network in India. He showed the statistics related to Catholic Health network in India. He then elaborated on the benefits of partnering with CBCI CARD which include increased detection of new TB cases, decrease in treatment defaulter rate, improvement in cure and modular training. Free diagnosis and treatment, easy geographical reach for patient’s access without travelling far would ensure completion of treatment and cure.

Dr Rajeev Vishnoi

Presenting the “CBCI CARD RNTCP Project (Global Fund RCC TB Project),” Dr Rajeev Vishnoi spoke on the need for the government as well as the Catholic Health Facilities to be involved in the project. Almost all our health facilities in India have come into contact with TB patients and are treating them. Some with their own regimes; some as per RNTC guidelines but are not part of it (unsigned). Some wanted to collaborate with RNTCP, but were not successful. But very few facilities are working in signed RNTCP scheme.

Dr Evita Fernandez

Dr Evita Fernandez spoke at length on “Continuing Medical Education”. She then informed the gathering about the three workshops to be conducted by CHAI and Fernandez Hospital under the Continuing Education Programme on Basic antennal care, Basic Intrapartum care and Leadership.

Mr Antony Nayagan

Mr Antony Nayagan’s presentation was titled “Clinical Research in India: Opportunities for Health Care Providers.” There is a need for qualified investigators trained in GCP-ICH guidelines, capability to conduct large-scale multicenter studies, computer networks and supply logistics, management of competencies – CRO, Investigators and Trial Sites, centralized project management & client service, training, regulatory and quality management and large-scale and collaborative recruitment of patients at grassroots, he said.

There were presentations by Dr. Chakrapani Chatla, on GFR 9 TB project; Rev Fr Mukund -Health and Healing Project, Kandhamal, Orissa; Dr Gulfar Ahmed Hashmi - “CHAI-UNICEF Comprehensive Child Survival Programme (CCSP),Uttar Pradesh; Sr. Beatrice, CSM “Improving Health India” (IHI); Mr. Lejo P P - Leprosy Project; Dr.P.C.Rao - Bridge Grant for CHAI Action Plan: Phase IV”; Sr.Deline Kudilingal - Nurse-Practioners’; Rev Fr Mathew Mamala - “Postgraduate Diploma in Hospital Administration”; Bro. Madhu Snehakiran and a case-study by Sr Shelly Thomas based on her personal experience.

Presentations by Regional Units

The Regional Units of CHAI shared about their activities through power point presentations.

Second Day

The Second Day of AGBM began with a holy mass. The morning session was presided over by Sr Cletus Daisy, President, CHAI. She heartily welcomed the gathering. She announced the 3 vacant posts in the board for the executive board members from the state of Andhra Pradesh, Tamil Nadu and Maharashtra. Fr Dominic, Sr. Jayasheela and Fr. Thangaswami were unanimously elected.

Fr. Gibi N Jose presented the minutes of the 66th Annual General Body Meeting held on 27 & 28 October, 2009 at Holy Family Community Hall, Shrine Basilica of Our Lady of Health, Vailankanni, Tamil Nadu, with the theme: “Right to Information Act and Health”. Around 800 persons from CHAI member institutions and regional units from all over the country had participated.

Presentation of Annual Report

Rev Dr Sebastian Ousepparampil, Director-General, CHAI presenting the Annual Report said he felt immense pleasure in welcoming them to the 67th Annual General Body Meeting of the Catholic Health Association of India.

Election to the Vacant Posts

Sr Delina Lingdoh (NECHA) was elected the I Vice-President. Fr Dominic Mundatt (CHAW) and Fr.P.Thangasamy (CHAT) were elected Counsellors of the Executive Board.
To 
The members of Catholic Health Association of India, Secunderabad

We have audited the attached Balance Sheet of Catholic Health Association of India, Secunderabad as on 31.03.2011 and the Income & Expenditure Account for the year ended on that date annexed thereto.

The preparation of these financial statements is the responsibility of the Society’s management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted the audit in accordance with the auditing standards generally accepted in India. These standards require that we plan and perform the audit to obtain a reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by the management, as well as evaluating the overall financial statement presentation.

We believe that our audit provides a reasonable basis for our opinion.

Further to the comments above, we report that:

1. In our opinion and according to the best of our information and explanation given to us and as shown by the books of accounts of the Society, the Balance Sheet read with the notes thereon, is a full & fair Balance Sheet containing all the necessary particulars and properly drawn up, in conformity with the generally accepted accounting principles in India, so as to exhibit a true & fair view of the affairs of the Society;

2. We have obtained all the information and explanation which to the best of our knowledge and belief were necessary for the purpose of our audit;

3. The Balance Sheet and the Income and Expenditure Account dealt with by our report are in agreement with the books of account;

4. In our opinion proper books of accounts have been maintained by the Society so far as it appears from our examination of such books;

5. In our opinion and to the best of information and according to the explanations given to us, the accounts read with the schedule and notes thereon give a true and fair view:

   a) In the case of Balance Sheet, of the state of affairs of the Society as at 31.03.2011
   b) In the case of Income & Expenditure Account, of the excess of expenditure over income for the year ended on that date;

For Leo Amalraj & Associates
Chartered Accountants

Sd/-

(A. Leo Amalraj)
Partner
M No. 22073

Date : 15.06.2011
Place : Hyderabad
THE CATHOLIC HEALTH ASSOCIATION OF INDA
157/6, Staff Road, P B No. 2126, Gunrock Enclave, Secunderabad – 500 009

Notes forming part of accounts for the year ended 31.03.2011

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. The fixed assets are shown at original cost and the depreciation is taken to depreciation reserve account.

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

5. Recognition of Income / Grants: The grants received from various agencies are accounted only on actual receipt basis. The interests on fixed deposits are accounted only on realization/maturity of deposits.

6. Retirement Benefits: Retirement benefits to employees are not provided in the accounts and the same are accounted as and when the payments are made.

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

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

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

For Leo Amalraj & Associates
Chartered Accountants

Sd/- Sd/- Sd/- Sd/-
President Director-General Treasurer [A. Leo Amalraj] Partner
M No. 22073

Date : 15.06.2011
Place : Secunderabad
# Balance Sheet as at 31st March 2011

<table>
<thead>
<tr>
<th>Sources of Funds</th>
<th>Current Year Amount (Rs Ps)</th>
<th>Previous Year Amount (Rs Ps)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Funds and others</td>
<td>7,27,85,155.68</td>
<td>6,90,08,182.68</td>
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<tr>
<td>Reserves</td>
<td>6,38,96,343.56</td>
<td>6,55,96,855.44</td>
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<tr>
<td>Current Liabilities &amp; Provisions</td>
<td>28,42,883.00</td>
<td>52,91,354.11</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,95,24,382.24</strong></td>
<td><strong>13,98,96,392.23</strong></td>
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<table>
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<tr>
<th>Application of Funds</th>
<th>Current Year Amount (Rs Ps)</th>
<th>Previous Year Amount (Rs Ps)</th>
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<tbody>
<tr>
<td>Fixed Assets</td>
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<td>8,14,40,136.72</td>
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<tr>
<td>Current Assets Loans &amp; Advances</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Current Assets</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Cash &amp; Bank Balances</td>
<td>2,04,45,197.50</td>
<td>1,10,99,421.75</td>
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<tr>
<td>2. Fixed Deposits</td>
<td>2,17,00,527.00</td>
<td>3,99,49,367.00</td>
</tr>
<tr>
<td>B. Loans &amp; Advances</td>
<td>66,98,469.02</td>
<td>74,07,466.76</td>
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<tr>
<td>Advances Recoverable/Adjustable</td>
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<td></td>
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<tr>
<td>Notes to the Account</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>13,95,24,382.24</strong></td>
<td><strong>13,98,96,392.23</strong></td>
</tr>
</tbody>
</table>

As per our report annexed
For Leo Amalraj & Associates
Chartered Accountants

Sd/- President                          Sd/- Director-General       Sd/- Treasurer          Sd/- Partner
[ A. Leo Amalraj ]                      [ ]                         [ ]                      [ M No. 22073 ]

Date : 15.06.2011
Place : Secunderabad
## THE CATHOLIC HEALTH ASSOCIATION OF INDIA SECUNDERABAD, A.P.

### Income & Expenditure Account for the year ended 31st March 2011

#### INCOME

<table>
<thead>
<tr>
<th>Shedule</th>
<th>Current Year Amount (Rs)</th>
<th>Previous Year Amount (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>VIII</td>
<td>9,48,17,160.05</td>
<td>12,56,59,537.18</td>
</tr>
<tr>
<td>IX</td>
<td>6,85,85,582.70</td>
<td>5,45,62,530.00</td>
</tr>
<tr>
<td>X</td>
<td>1,08,15,705.00</td>
<td>1,48,39,114.60</td>
</tr>
<tr>
<td>X</td>
<td>26,07,981.00</td>
<td>14,50,502.00</td>
</tr>
<tr>
<td>X</td>
<td>26,34,149.00</td>
<td>10,72,740.00</td>
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<tr>
<td>X</td>
<td>17,00,511.88</td>
<td>30,85,573.98</td>
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</tbody>
</table>

**Total**: 18,11,61,089.63

#### EXPENDITURE

<table>
<thead>
<tr>
<th>Shedule</th>
<th>Current Year Amount (Rs)</th>
<th>Previous Year Amount (Rs)</th>
</tr>
</thead>
<tbody>
<tr>
<td>XI</td>
<td>9,98,09,745.65</td>
<td>13,42,80,770.00</td>
</tr>
<tr>
<td>XII</td>
<td>6,67,32,485.95</td>
<td>5,46,31,956.00</td>
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<tr>
<td>XIII</td>
<td>85,93,990.03</td>
<td>73,35,462.06</td>
</tr>
<tr>
<td>XIV</td>
<td>22,47,666.00</td>
<td>16,86,487.00</td>
</tr>
<tr>
<td>IV</td>
<td>37,76,973.00</td>
<td>27,35,322.70</td>
</tr>
</tbody>
</table>

**Total**: 18,11,61,089.63

As per our report annexed

For Leo Amalraj & Associates
Chartered Accountants

**Sd/-**
- President
- Director-General
- Treasurer
- [A.Leo Amalraj]

**Date**: 15.06.2011
**Place**: Secunderabad
## Statement of Accounts

### The Catholic Health Association of India Secunderabad A.P.
Receipts & Payments for the period from 01-04-2010 to 31.03.2011 - General Account

<table>
<thead>
<tr>
<th>RECEIPTS</th>
<th>Current Year Amount</th>
<th>Previous Year Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>To Opening Cash &amp; Bank Balances</td>
<td>1,05,73,892.87</td>
<td>81,48,190.52</td>
</tr>
<tr>
<td>To Grant for Local Projects Local Contribution</td>
<td>6,85,85,582.70</td>
<td>5,45,62,530.00</td>
</tr>
<tr>
<td>To Membership Fee</td>
<td>1,51,230.00</td>
<td>97,055.00</td>
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<tr>
<td>To AGBM Registration Fee</td>
<td>2,25,850.00</td>
<td>3,77,260.00</td>
</tr>
<tr>
<td>To Rent Income</td>
<td>9,99,162.00</td>
<td>8,86,644.00</td>
</tr>
<tr>
<td>To Donations Received</td>
<td>2,67,500.00</td>
<td>5,32,761.00</td>
</tr>
<tr>
<td>To Interest</td>
<td>18,99,754.00</td>
<td>14,28,585.00</td>
</tr>
<tr>
<td>To Course fee, Essay registration fee</td>
<td>5,77,292.00</td>
<td>6,42,259.00</td>
</tr>
<tr>
<td>To Other Income (Advertisement, etc)</td>
<td>1,00,989.00</td>
<td>1,30,211.00</td>
</tr>
<tr>
<td>To Training Facilities Income</td>
<td>84,00,250.00</td>
<td>1,07,44,339.60</td>
</tr>
<tr>
<td>To Training Facilities - Farm</td>
<td>24,08,998.00</td>
<td>11,29,835.00</td>
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<tr>
<td>To Farm Products Income</td>
<td>1,59,741.00</td>
<td>90,554.00</td>
</tr>
<tr>
<td>To Miscellaneous Receipts</td>
<td>16,167.00</td>
<td>23,280.00</td>
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<tr>
<td>To Interest Income</td>
<td>3,01,106.00</td>
<td>2,06,833.00</td>
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<tr>
<td>To Interest Income</td>
<td>39,242.00</td>
<td>1,47,121.00</td>
</tr>
<tr>
<td>To Increase in Current Liabilities</td>
<td>5,18,868.28</td>
<td>15,62,697.00</td>
</tr>
<tr>
<td>To Decrease in advances</td>
<td>0.00</td>
<td>4,37,836.75</td>
</tr>
<tr>
<td>To Decrease in Fixed Deposit</td>
<td>40,74,915.00</td>
<td>0.00</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,93,00,539.85</strong></td>
<td><strong>8,11,47,991.87</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAYMENTS</th>
<th>Current Year Amount</th>
<th>Previous Year Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>By Local Projects Expenses</td>
<td>6,67,32,485.95</td>
<td>5,46,31,956.00</td>
</tr>
<tr>
<td>By Salaries &amp; Wages</td>
<td>13,05,118.00</td>
<td>15,01,674.00</td>
</tr>
<tr>
<td>By Mess Operational Expenses</td>
<td>23,03,757.00</td>
<td>11,24,660.00</td>
</tr>
<tr>
<td>By Office Building &amp; Maintenance</td>
<td>8,56,368.00</td>
<td>5,23,118.00</td>
</tr>
<tr>
<td>By Electricity</td>
<td>3,85,153.00</td>
<td>4,06,322.00</td>
</tr>
<tr>
<td>By Postage &amp; Telegram</td>
<td>1,14,825.75</td>
<td>1,30,297.00</td>
</tr>
<tr>
<td>By Travelling Expenses</td>
<td>3,13,301.00</td>
<td>1,48,269.00</td>
</tr>
<tr>
<td>By Vehicle Maintenance</td>
<td>96,695.00</td>
<td>5,09,109.00</td>
</tr>
<tr>
<td>By AGBM Expenses 09</td>
<td>7,09,282.00</td>
<td>6,74,791.00</td>
</tr>
<tr>
<td>By Audit Fee</td>
<td>2,51,484.00</td>
<td>88,240.00</td>
</tr>
<tr>
<td>By Office Building - Extension/Repairing</td>
<td>2,22,352.00</td>
<td>3,53,356.00</td>
</tr>
<tr>
<td>By Staff Welfare Expenses</td>
<td>2,58,095.00</td>
<td>86,872.00</td>
</tr>
<tr>
<td>By Seminar &amp; Programme Expenses</td>
<td>1,47,814.00</td>
<td>4,27,263.00</td>
</tr>
<tr>
<td>By Telephone Expenses</td>
<td>25,577.00</td>
<td>1,18,963.00</td>
</tr>
<tr>
<td>By Other running Expenses</td>
<td>16,04,168.28</td>
<td>12,42,528.06</td>
</tr>
<tr>
<td>By Farm Training Facilities and Farm Expenses</td>
<td>22,47,666.00</td>
<td>16,86,487.00</td>
</tr>
<tr>
<td>By Increase in Fixed Assets</td>
<td>92,40,052.00</td>
<td>50,09,724.00</td>
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<tr>
<td>By Fixed Deposit Invested</td>
<td>0.00</td>
<td>19,10,469.94</td>
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<tr>
<td>By Increase in Current Assets</td>
<td>6,91,986.30</td>
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</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>9,93,00,539.85</strong></td>
<td><strong>8,11,47,991.87</strong></td>
</tr>
</tbody>
</table>

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As per our report annexed

For Leo Amalraj & Associates, Chartered Accountants

Sd/-
President

Sd/-
Director-General

Sd/-
Treasurer

M No. 22073

Date : 15.06.2011

Place : Secunderabad

HEALTH INSURANCE
THE CATHOLIC HEALTH ASSOCIATION OF INDIA  SECUNDERABAD, A.P.

Receipts & Payments Account for the period from 01-04-2010 to 31-03-2011
(Foreign Contribution Account)

<table>
<thead>
<tr>
<th>RECEIPTS</th>
<th>Current Year</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount (Rs</td>
<td>Amount (Rs</td>
</tr>
<tr>
<td></td>
<td>Ps)</td>
<td>Ps)</td>
</tr>
<tr>
<td>To Opening Cash &amp; Bank Balances</td>
<td>5,25,528.88</td>
<td>83,468.70</td>
</tr>
<tr>
<td>To Foreign Grants Received</td>
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</tr>
<tr>
<td>To Interest Received</td>
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</tr>
<tr>
<td>To Decrease in Current Assets</td>
<td>14,00,984.04</td>
<td>6,92,911.00</td>
</tr>
<tr>
<td>To Decrease in Fixed Deposit</td>
<td>1,41,73,925.00</td>
<td>79,68,234.00</td>
</tr>
<tr>
<td>Total</td>
<td>11,14,28,151.97</td>
<td>13,53,29,769.88</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>PAYMENTS</th>
<th>Current Year</th>
<th>Previous Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Amount (Rs</td>
<td>Amount (Rs</td>
</tr>
<tr>
<td></td>
<td>Ps)</td>
<td>Ps)</td>
</tr>
<tr>
<td>By Foreign Grants Utilised</td>
<td>9,98,09,974.65</td>
<td>13,42,80,770.00</td>
</tr>
<tr>
<td>By To Decrease in Current Liabilities</td>
<td>29,67,339.39</td>
<td>5,23,471.00</td>
</tr>
<tr>
<td>By Closing cash &amp; bank balances</td>
<td>86,50,837.93</td>
<td>5,25,528.88</td>
</tr>
<tr>
<td>Total</td>
<td>11,14,28,151.97</td>
<td>13,53,29,769.88</td>
</tr>
</tbody>
</table>

As per our report annexed
For Leo Amalraj & Associates
Chartered Accountants

Sd/-          Sd/-            Sd/-             Sd/-
President     Treasurer       Director-General   [A. Leo Amalraj]

Partner
M No. 22073

Date : 15.06.2011
Place : Secunderabad