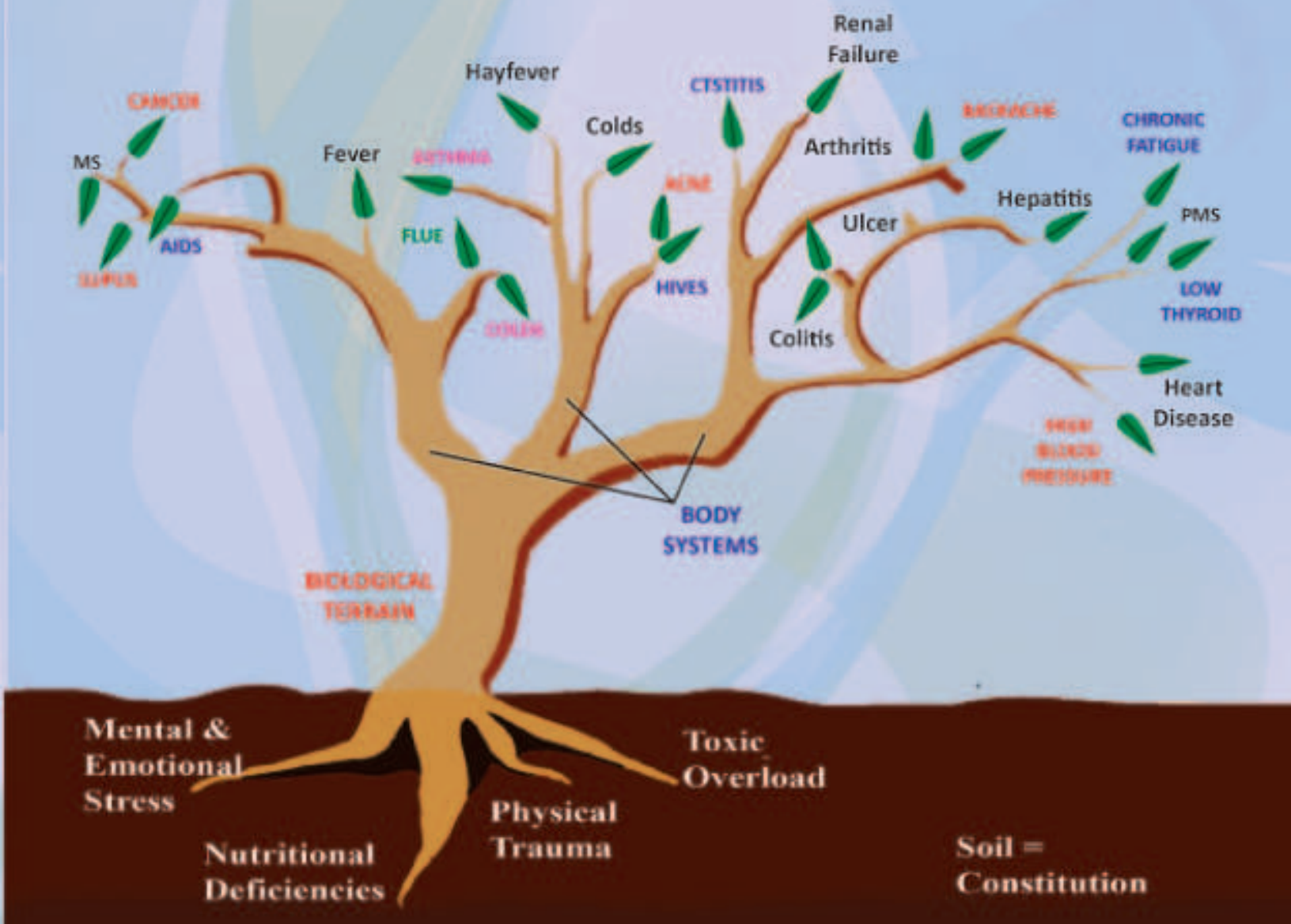
A regional unit of chai

RAJASTHAN UTTAR PRADESH CATHOLIC HEALTH ASSOCIATION

(A REGIONAL UNIT OF CHAI)

The Diseases Tree



Annual Report 2013 - 14

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Regional Bishop

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Vice-President

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Rajasthan Uttar Pradesh Catholic Health Association

Annual Report 2013 - 14

Inside

Editorial Team

Sebastian Kunnath

Shaju K.V.

Mathew Sebastian

& George M.K.

(For internal circulation only)

Vision and Mission of Rupcha

A Regional Unit of CHAI

Vision

Rupcha envisages a society:

- *Wherein justice and peace, equality and brotherhood, are established as realities of day to day life, being the universally accepted norms of social relations.*
- *Wherein the total well-being of all individuals, families, communities and society as a whole is ensured through the collective action of the people.*

Mission

Rupcha strives towards:

- *The fullness of life for all and as such works for the protection of the unborn, the newborn & care of the mother and child on a priority basis.*
- *Control of Communicable Diseases especially TB, HIV/AIDS, Malaria and Diarrhea are also thrust areas of intervention.*
- *Networking among themselves at the Diocesan as well as inter-diocesan levels and also with other NGOs and Government agencies are our preferred approaches.*
- *Creating awareness and motivation for action.*
- *Building Capacities at all levels in order to build a just society leading to total well-being of all, taking advantage of its presence even in the remotest of villages.*
- *Enhancing financial self-reliance and sustainability at all levels are our considered strategies.*

Rajasthan Uttar Pradesh Catholic Health Association

Operational office: **4435-36, 1st Floor, Makhanlal Lane,**
7, Ansari Road, Darya Ganj, New Delhi - 110 002
Telephone: **011-23251377, 23257354;** ***Telefax:*** **23251377**
e-mail: **mail@rupcha.org, rupchadelhi@gmail.com;** ***website: rupcha.org***

Registered office: **Fatima Hospital, 35-C, Mahanagar, Lucknow - 226 006 (U.P.)**

Editorial

Quite a few things have been happening in Rupcha during the past year both organizationally and at the program activity fronts.

1. ***At the organizational level the uppermost concerns in the mind has been sustainability especially in the financial sphere. Since the funding sources have been drying up for the regional and small scale organizations, while opening more and more to the national umbrella organizations, we have been finding it hard to find favour with any agency abroad or at home.***

   While that being that, a centralized common purchase system has been initiated at the organizational level to procure all hospital consumables centrally, mostly involving the larger hospitals enabling them to procure such items at the cheapest possible rates. We have also been working at updating our membership status, in the wake of informations that there have been instances of closure due to various factors.

   The latest OD (Organizational Development) initiatives have been adopted from the Strategic Planning Process (SPP) concept note that was proposed during the national AGBM at Bangalore during October 2013. The process is being successfully carried forward both at the Regional, Diocesan & MI levels.

2. ***At the program front, besides the specific activities engaged in by the members individually on behalf of their institutions and collectively on behalf of the dioceses, there are commendable instances of collaboration with other organizations, especially the FBOs (Faith based organizations). For example i) the RNTCP Project being implemented by the members in collaboration with the CBCI-CARD & Health Commission. ii) The AXSHAYA Project being implemented in 5 districts of Punjab and 6 districts of U.P., nationally managed by CHAI and regionally overseen by Rupcha. In addition to that non-communicable disease control programs are also being implemented in selected pockets.***

We invite the readers to go through these pages containing informative narrations, interesting visuals and useful statistical data.

All the best to one and all.

Sebastian

Sebastian Kunnath
(for the Editorial Team)

Rt. Rev. Francis Kalist
Bishop of Meerut

BISHOP'S HOUSE
283, Roorkee Road, Meerut
Pin code : 250 001 (U.P.) India
Tel. : 0121-2642790
e-mail : mrtdiocese@gmail.com

Message

Dear President and Members of Rupcha,

I am happy to have been associated with RUPCHA as its Ecclesiastical Advisor and as such I have also been playing appropriate roles in the concerted efforts of the organization in getting its members together on a single platform to address important health issues of the region especially in the areas of diseases control and community health promotion.

It is heartening to know that in collaboration with the CBCI Commission for Health and its various wings like the CBCI-CARD, the Catholic Health Association of India (CHAI) and its regional units are sphereheading a movement to unite and build an alliance of Christian agencies, both as individuals and organizations, in the health sector. As a result, the Christian Coalition for Health in India (CCHI) is taking shape and representing the Christian health sector concerns before the various policy making bodies of the government.

The Revised National TB Control Program (RNTCP) of the Government of India being implemented by the CBCI CARD in collaboration with the members of RUPCHA at the regional and CHAI at the national levels has been recognized as in ideal project and a model of networking with the government and as such it is producing commendable results, so also the Axshaya project focusing on MDR & XDR TB control in 11 districts in the region, in collaboration with the 'UNION'.

As the Ecclesiastical Advisor, I would personally recommend that all the members of RUPCHA, join hands with such collaborative efforts under the PPP Model.

In conclusion I wish RUPCHA all success.

Francis Kalist.

Rev. Bp. Francis Kalist
Bishop of Meerut
Ecclesiastical Advisor, Rupcha

THE CATHOLIC HEALTH ASSOCIATION OF INDIA
157/6, STAFF ROAD, P.B. #2126, GUNROCK ENCLAVE, SECUNDERABAD 500 009, T.G., INDIA
Tel : +91 - 40 - 27848457, 27848293 Fax : +91 - 40 - 27811982
Website : www.chai-india.org E - mail : directorgeneral@chai-india.org

Message

I am delighted to hear about the 24th Annual General Body Meeting of Rajasthan Uttar Pradesh Catholic Health Association (RUPCHA) being held on 28 July 2014.

The theme for this year's AGBM 'Communicable and Non-Communicable Diseases – CHAI's Thrust' has been chosen to enlighten people at large on the various diseases and problems which could be prevented through adopting right lifestyles. If communicable diseases were global killers a couple of decades ago, today their place is being taken over by non-communicable diseases. More people die of diseases like heart attack, diabetes and neurological problems. People need to be made aware of these diseases and the preventive steps to be adopted to avoid them. In these days, when people become impoverished through paying medical bills, knowledge of preventive measures will, to a great extent, help them to remain healthy at no cost.

I complement Sr. Cassia, President, and the Board Members on their commitment and diligence. I also congratulate Mr. Sebastian Kunnath and his team on doing a fine job. Keep up the good work!

Rev. Dr. Tomi Thomas
Director-General

From the President's Desk

Dear Members and well-wishers,

Prevention, Control & Eradication of diseases have been the core areas of activities undertaken by our member institutions. The strategic approach was promotion of 'Community Health' understood as a process of 'enabling' people to attain and maintain health by themselves and demand health as a right.

All along the thrust has been control of communicable diseases with special focus on HIV/AIDS, TB, Malaria & Diarrhea. In that context it is important to mention the effective role of the CBCI CARD & project AXSHAYA supported by the Union with global funds, in containing TB, thereby saving the lives of many patients and protecting their families from ruin.

Meanwhile the PPTCT and Community Health projects supported by MISEREOR are helping in the prevention of parent to child transmission of HIV/AIDS and also empowering the mothers, both the expectant and lactating, to ensure reduction in the maternal and infant mortality rates.

During the last 3 years, non-communicable diseases such as Diabetes and Cardio vascular ailments also have found space in the thrust areas of RUPCHA. In addition to all the efforts in controlling diseases, this year the Strategic Planning Process has also been initiated in the region, taking it down from the national level to the diocesan & membership levels.

I thank and congratulate all the members for their wholehearted cooperation with the organizational activities. Let us hope that more tangible results will emerge from these concerted efforts.

Sr. Cassia MSJ
President, RUPCHA

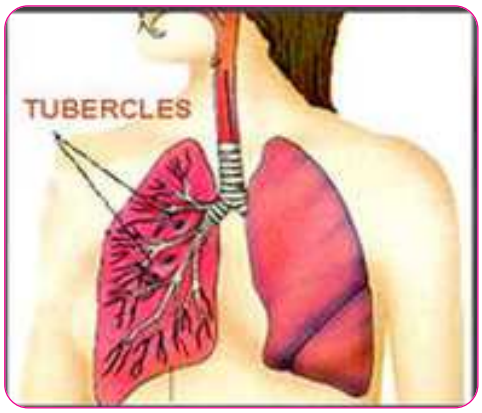
Communicable & Non-Communicable Diseases

Thrust of CHAI

- Rev Dr Tomi Thomas, IMS

Diseases are as old as human beings. And we have been waging relentless battles with microbes that cause diseases that spread from person to person and between animals and human beings. Some we have conquered but a few are yet to be outwitted. When one disease is contained, another raises its head. Some resurge while others emerge anew.

Disease-patterns are changing the world over. Death from communicable diseases, poor nutrition, maternal and child illnesses, which used to be key global killers two decades ago, are down now. Today more people die of non-communicable diseases such as heart attack, high blood pressure, cancer etc and due to tobacco and alcohol consumption. This is one key finding of a study on the global burden of disease, published in *The Lancet*, December 13, 2012.



Among the communicable, maternal, perinatal and nutritional diseases, tuberculosis is perceived as the one requiring top priority in the short term followed by HIV/AIDS, vector-borne diseases and diarrhea. Then come nutritional diseases, hepatitis, pregnancy and child birth related diseases, acute respiratory infections, prenatal disorders, leprosy and sexually transmitted diseases.

COMMUNICABLE DISEASES

Communicable diseases were the major cause of mortality and morbidity in India at the time of Independence. But in the last 67 years, there has been a distinct change in the demography of India. Life expectancy at birth has increased to 66.8 years (Male 65.77, Female 67.95); Death rate crude (per 1000 people) was 7.40 in 2009 (World Bank Report). Infant Mortality Rate (IMR) is 42 per 1000 live births. (UNICEF Report, 12 Sept, 2013). Maternal Mortality Rate (MMR) dropped from 212 deaths per 100,000 live births in 2007 to 178 in 2010-12. (*Registrar General of India 28, December 2013).*

We have made great progress in controlling communicable diseases in the last seven decades. Small pox and dracunculiasis (guinea worm infestation) have been eradicated. And we have succeeded in eliminating poliomyelitis. Due to effective immunization programme, the incidence of neonatal tetanus, diphtheria, whooping cough, mumps and measles have reduced. Shortly, leprosy will be declared as eliminated in the country because the incidence rate is less than one in 1000 persons.

Tuberculosis Incidence

India has the largest number of tuberculosis (TB) patients. Everyday, more than 5000 people develop TB; nearly 3 lakh children drop out of school owing to TB and more than one lakh women are rejected by families in India.

TB is in today's world the biggest public health disease of an infectious nature. The Global Tuberculosis Report 2012 released by the World Health Organization (WHO) has revealed that in 2011 alone 11.7 million new cases of TB have been reported worldwide of which India constituted to one-fourth of the cases. Further, India also contributes to almost 60% the multi-drug-resistant (MDR) TB cases reported worldwide, along with Russia and China.

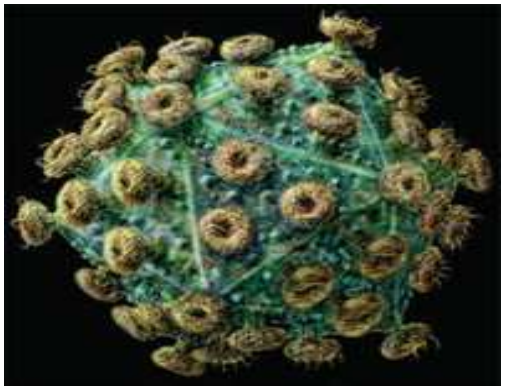
Most people in India think that TB is an old disease with no relevance in 2013. In fact, the country reports over 2 million cases every year. It kills 2,80,000 men, women and children, every year.

India's TB burden

- India's TB burden is estimated at 30 lakh cases
- About 20 lakh more cases develop each year
- Every three minutes two people die of TB in India – annually around 330,000 Indians die of TB.
- In 2012, there were 81,482 pediatric TB cases
- India accounts for one-fifth of the global TB incident cases of which 0.87 million are estimated to be infectious cases. Many remain undiagnosed.
- Only 5% of diagnosed cases have access to proper and constant treatment.
- Additionally, there are about one lakh patients who have multi-drug-resistant (MDR-TB)(*Frontline, 23 August 2013)*

HIV/AIDS

- In 2012, there were 35.3 million [32.2 million–38.8 million] people living with HIV worldwide
- Since the start of the epidemic, around 75 million [63 million–89 million] have become infected with HIV.
- The total number of people living with HIV/ AIDS (PLHIV) in India is estimated at around 20.9 lakh in2011.
- The adult HIV prevalence has decreased from 0.41% in 2001 to 0.27% in 2011. Also, the estimated number of people living with HIV has decreased from 24.1 lakh in 2000 to 20.9 lakhs in 2011
- Children less than 15 years of age account for 7% (1.45 lakh) of all infections; while 86% are in the age-group of 15-49 years. Of all HIV infections, 39% (8.16 lakh) are among women.
- It is estimated that about 1.48 lakh people died of AIDS-related causes in 2011 in India.



Malaria

Malaria killed an estimated 620,000 people in 2012. In 2012, about 1.3 billion people in South-East Asia continue to be at risk of malaria, even though substantial progress has been made in controlling the disease. The region bears 15% of the global burden. Second only to Africa, malaria is endemic in 10 of the 11 WHO-member states in South-East Asia. Maldives has been malaria free since 1984. WHO estimates that there were 2,59,19,000 – 4,18,66,000 malaria cases and 31,000 – 60,300 deaths in the region in 2010. India has a huge burden of malaria. While official figures put annual malaria deaths at 700, the number is contested by scientists who say it is more.

Water-borne diseases

Water-borne diseases are still a major problem. Outbreaks of cholera have decreased. In a study done in Delhi, it was found that among persons suffering from bacteriologically-confirmed typhoid fever, 43% of the cases occurred among under-5 children.

India has intermediate endemicity of Hepatitis B, with Hepatitis B surface antigen (HBs Ag) prevalence between 2% and 7% among the population studied. The number of HBs Ag carriers in India has been estimated to be over 40 million. It has been estimated that in India, of the 25 million infants born every year, over one million run the lifetime risk of developing chronic HBV infections. According to World Health Organization (WHO), globally there are around 350 million people infected with hepatitis B and 170 million with Hepatitis C. Media reports say there are 1.1 million hepatitis B and 400000 hepatitis C cases in India and the deaths are 240000 and 400000 respectively.

Hepatitis B and C are the most common causes of liver cirrhosis and cancer. Blood transfusion is one of the mediums for the spread of disease. Tattooing and sexual contact also cause spread. The WHO Global Burden of Disease Study 2000 found that unsafe injection accounted for 21 million cases of the deadly and virulent Hepatitis B virus infection, 2 million Hepatitis C and 2,60,000 HIV cases. Since there is no cure, the only measure is prevention. While there is vaccine available for Hepatitis B, there is none for Hepatitis C. Hepatitis B is more infectious than Hepatitis C.

Typhoid is still prevalent in the country. Widespread use of antibiotics has led to the development of drug-resistant bacteria. Hospital-acquired infections are becoming a major problem. Many of the fevers go undiagnosed due to lack of facilities for diagnosing and identifying newer organisms. Communicable diseases that are acquired by the behaviour of affected persons are increasing. Sexually transmitted diseases and HIV infections are also increasing in the country.

Newer communicable diseases are appearing in the country. Chandipur Virus in Andhra Pradesh and Hanta virus infection in Surat are examples. The country is also facing infections from other countries like SARS and avian bird flu.

Dengue

As many as 390 million people across the globe could be falling victim to the dengue virus each year, says a multi-national study in *Nature* (7 April 2013). India has the world's highest dengue burden with 34% of all cases occurring here. According to WHO, incidence of dengue has shot up to 30-fold in the last 50 years.

Reasons for increase in incidence

Failure of general health measures, lack of surveillance systems, lack of provision of drugs, wrong lifestyles of people, stigma and discrimination, government-private sector non-cooperation, lack of adequate research, lack of governance etc have contributed to the increase in the incidence of communicable diseases in the country.

How to tackle communicable diseases

All the partners of the civil society have a role to play in controlling as well as eradicating communicable diseases. More commitment on the part of the government as well as cooperation on the part of health care institutions in implementing programs is crucial. Medical practitioners have a vital role in their prevention. Teaching about communicable diseases in the nursing and medical colleges need to be strengthened. Involvement of the community is essential to check their spread. Individuals too have a role in this. There is also a need to consider local factors while planning health interventions. Habits of the community need to be taken into consideration. A few simple and proved interventions at the level of individuals include hand washing, clean water and use of rehydration therapy etc. Healthcare seeking behaviour also needs to be improved. Exclusive breastfeeding, improving nutritional status among mothers and young children, better immunization coverage, provision of good antenatal care and clean delivery will help. A simple and effective surveillance system should also be developed.

While the government drafts plans and programs as well as educate the public, people have to observe certain civic duties. Dumping garbage, around, polluting water sources, disturbing nature's rhythm and practicing unhealthy lifestyles are like an unlocked door which is an open invitation to burglars. The vectors do not indulge in blame-game; they do not pass the buck, but they go about destroying lives methodically and religiously. So we should keep ourselves equipped and vigilant and be on our guard against killer disease.

NON-COMMUNICABLE DISEASES

"Non-communicable diseases such as Ischemic heart diseases, diabetes, and cancer are perceived to be of major concern in the short run while these are likely to decline by 2020. However, experts also envisage an increase in suicides and homicides as also psychiatric disorders and accidents", according to APJ Abdul Kalam and Y S Rajan, (*India 2020: A Vision for the New Millennium)*

Prevention and control of major NCDs

A non-communicable disease, or NCD, is a medical condition or disease, which by definition is non-infectious and non-transmissible among people. NCDs may be chronic diseases of long duration and slow progression, or they may result in more rapid death such as some types of sudden stroke. They include autoimmune disease, heart disease, stroke, many cancers, asthma, diabetes, chronic kidney disease, osteoporosis, Alzheimer's disease, cataracts, and more. While sometime (incorrectly) referred to

as synonymous with 'chronic diseases', NCDs are distinguished only by their non-infectious cause, not necessarily by their duration.

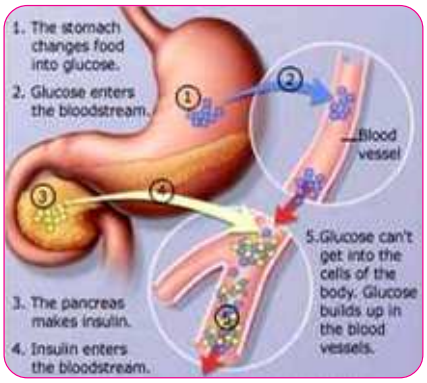
NCDs account for 63% (36 million) of all deaths globally according to WHOs World Status Report on NCDs. About 2 million people die every year from cardiovascular diseases. India would lose $ 237 billion over the next decade due to NCDs.

"It is nothing short of an epidemic", says Anshu Prakash, Joint Secretary, Non-communicable Diseases ((NCDs), Union Ministry of Health and Family Welfare. Compared to the rest of the world, India loses the maximum man-hours of productive population (between 35 and 64 years) due to heart diseases. In 2000, the country lost 9.2 million years to heart ailments. The loss is expected to increase to 17.9 million years by 2030. This is 94% more than the corresponding loss in the US which has 1/3 of the population of India, says Prakash.

The Big Four

According to WHO, more than 36 million people worldwide die of NCDs, every year. About 80% die from the 'Big Four' – 17.3 million die of cardio-vascular diseases followed by cancer (7.6 million); respiratory diseases (4.2 million) and diabetes (1.3 million). Globally, all are victims of the same risk factors – tobacco use, physical inability, unhealthy diets, and use of alcohol. These big four dominate the health care systems from Hanoi to Halifax, from Mumbai to Madrid. (*Pulse - Spring Summer 2013)*

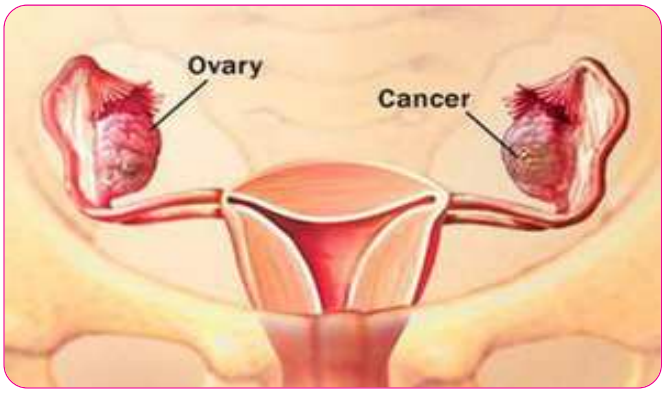
Diabetes



Diabetes affects 371 million people worldwide. 80% of whom live in low-and-middle income countries. About 90-95% of people with diabetes mellitus (DM) worldwide are type 2 (T2 DM) which causes the major disease burden. It affects both rural and urban societies. As per the survey conducted by the Indian Council of Medical Research and India Diabetes (ICMR-INDIAB), there are 62.4 million diabetics in India and 77.2 million pre-diabetics.

India is number one, followed by China and that the lowest figures are in Sub-saharan Africa, says International Diabetes Federation (IDF). Worldwide spending by governments on diabetes-related health care for the year 2010 was $ 465 billion. 366 million people in the world are diabetics, and India leads the pack with 6204 million children as well as young being diagnosed with diabetes.

Cancer



Cancer is another area that would require special attention. Among many high-level non-medical decision-makers, there is a general opinion that cancer is a disease of the rich and they can take care of it. But the facts are otherwise. Cancer is a degenerative disease influenced by age, environment, heredity, and lifestyle. Also increased life-expectancy means an increased incidence of cancer. The projected number of cancer incidence in India is as follows:

"Cancer incidence of all sites: 476308 males and 448482 females in 2001; 655787 males 574181 females in 2011 and 851904 males and 705896 females in 2021." (APJ Abdul Kalam with Y S Rajan. Page 232).

Neurological disabilities

Thirty-five lakh Indians suffer from brain-related disabilities, says a study. It is a silent epidemic. It is estimated that every year about 35 lakh persons will get afflicted by neurological disabilities. 3 major contributing factors creating the epidemic are

dementia, stroke and traffic accidents, according to study by the Kessler Foundation Research Institute, US and the SCT Institute of Medical Sciences and Technology, Thiruvananthapuram. 37 lakh people suffer from dementia in India and about 3-5 lakh are being added every year. There are about 7.6 crore Indians over the age of 60 at present, i.e 7% of country's population. This will shoot up to 30 crore (17%) by 2051. The annual incidence of stroke in India is about 145/100,000 people with about 15 lakh new cases reported in 2010. (*Times of India, Hyderabad 24 March, 2014).*

NCDs are chronic illnesses that require lifelong care and treatment. Over time, these illnesses can be debilitating and they can have a negative impact on both the individuals and family's lifestyles. NCDs including cardiovascular diseases, diabetes, cancer and chronic respiratory diseases are a major cause of death worldwide according to WHO.

Stigma and discrimination can affect a wide variety of people touched by NCDs. For example, obese adults may experience social isolation or stigma, simply based upon body size. Chronic respiratory diseases associated with chronic cough may result in social isolation because people may fear the disease is contagious. In some communities, an entire family may be stigmatized simply because one family member has a chronic disease. Reducing stigma may be the first step to effective, disease management. *(*Source: *Monthly Developments, November 2013)*

NCDs are expensive to treat. The government has to take steps to make available cost-effective approaches to care as well as focus on prevention and health promotion as key to reducing disease burden. Partnerships with civil society, NGOs, and faith-based networks can be initiated for effective care and control of NCDs.

What is the way out?

The two major contributors to India's poor health status are the lack of attention given to social determinants of health such as drinking water, sanitation, nutrition, environment, education and livelihoods and the failure of the health care system to provide essential promotive, preventive, diagnostic, therapeutic and rehabilitative services to all citizens, with assurance of easy access, appropriate quality and financial affordability. Together, these factors have undermined the average Indian's ability to enjoy good health across a long life-span, with the poor being the worst victims of imposed and ignored ill-health caused by non-communicable or communicable diseases.

India needs to go back to the basics as far as public provision of health care services – both preventive and curative – is concerned, with a renewed focus on primary health centres, village-level health workers, preventive health measures and other means of ensuring timely health care on a regular basis.

How to tackle NCDs?

Concerted action by the health ministry and all other sectors makes interventions effective. A political consensus to deal with alcohol, tobacco, junk foods, and inactivity through policies is vital. The government through adopting the right policy and political will must spread awareness among people about the causative factors and what they need to do to avoid NCDs.

Costly in terms of long-term care, these diseases call for a type of social and financial investment. Most of them have a social and lifestyle component that calls for a new thinking and preventive action. Unhealthy diet, overeating, lack of exercise, tobacco and alcohol consumption are the causes. Prevention must be given high priority. Along with prevention, early diagnosis and treatment avert life-threatening and disabling consequences.

Health promotion is strongly built into the concept of national health program, but it needs to be strengthened with simple cost-effective, innovative, culturally or geographically appropriate models combining issue-based and setting-based designs ensuring community participation. Efforts need to be strengthened to build healthy settings such as schools, hospitals, work places etc. For effective implementation of health promotion, sectors beyond health need to be engaged as well as an approach of health in all policies rather than just health policy.

Role of NGOs

Be it communicable or non-communicable diseases, the non-governmental organizations (NGOs) in the country, irrespective of their primary concern or task,

can play a significant role in the prevention and care of diseases. "The voluntary sector in India has grown from 1.2 million organizations in 2001 to 3.3 million when the last count was taken sometime ago. They are mostly known as Non-governmental Organizations (NGOs) or Civil Society Organizations (CSOs) registered as societies or trusts. Nowhere in the world are there so many voluntary organizations as in India. Some of the NGOs do pioneering work in areas where the government is unable to enter and have done much to lift large sections of people from illiteracy and poverty. *{The New Indian Express (Hyderabad Edition)*, 3rd October, 2012*}*

A non-governmental organization's biggest plus point is its access to people at the grassroots level. They can enlighten people through educative campaign on communicable and non-communicable diseases, and prevail upon them to adopt preventive measures so as to ward off these diseases. They are free to adopt any means to teach them as only the end matters. Even if an NGO happens to work in a different field other than health, still it can incorporate health campaign in its agenda. Subjects like pollution, sanitation and hygiene need to be included because all these together make health.

Work done by CHAI

Right from its inception in 1943, the Catholic Health Association of India (CHAI) has been focusing on Communicable Diseases and it has done substantial work in empowering communities. The work still continues. Diabetes, cardiovascular disease, and geriatric care are the future thrust areas. Well-thought-out plans are being made to create adequate awareness in the society. Efforts are already afoot in empowering as well as mobilizing the student community towards holding campaigns on a large scale to educate people at large, especially those on the bottom-most strata, on the dangers of wrong lifestyles that can play havoc with their lives. Starting CHAI Children's Health Club (CCHC) is a step in this direction. An ounce of prevention is any day better and beneficial than a pound of cure, they need to be told.

Useful Tips for Action

An NGO, CSO or any Health Organization planning to work with people to help them tackle communicable as well as non-communicable diseases will find these tips handy.

1. *Adopt a Village*

Through mobilizing communities, people could be educated on lifestyles, hygiene, sanitation, and waste disposal. With the support of people, safe drinking water could be made available to people. Regular health checks can be conducted for identifying those affected with tuberculosis, HIV, malaria etc. Those who are ill can be referred to the health facilities for timely treatment. Facilities could be made available to regularly screen people for diabetes, heart problems etc. A village committee could be constituted exclusively to educate people on preventive steps.

2. *Geriatric Care Volunteers*

A team of women can be trained as geriatric care volunteers who can go around the village to identify as well as take care of the health needs of the elderly people.

3. *Health Education to Children*

Health education must start early. It should be centered on children. Once children are provided with practical tips on healthy behaviour, they can be made to disseminate the information to the elders. This is indeed a wise health investment.

4. *Green Health*

A group of youth could be set up and trained to spread the message of green health among people. This will help in enlightening the villagers, especially those who are illiterate, about the urgent need to protect the environment against pollution. A specific action program could be planned.

*(*The author is Director-General, the Catholic Health Association of India, Gunrock Enclave, Secunderabad - 500 009)*

A Chronological Narrative Report of the Activities of RUPCHA during 2013 – 2014

01. 'Christian Coalition for Health in India' Meet :

A meeting of the Christian Coalition for Health in India was conducted on April 09, 13 at CMAI Delhi. CCHI has strength of over 80,000 hospital beds. CHAI, CMAI, EHA & 3 medical colleges are the constituent members of the coalition. 20 participants from various organizations participated in the meeting. The main theme of the meeting was, 'the role of not-for-profit/ faith based health care providers in the mixed health systems'.

The Christian healthcare sector is now almost sandwiched between the corporate sector healthcare and the government's public sector services. The boundary between the public and private sector healthcare are not clearly marked. Government's categorization of institutions and the eligibility criteria put the Christian sector in a very disadvantageous position especially the single nurse managed rural dispensaries of the Catholic sector. The main characteristics that differentiate the NFP healthcare providers from the rest are 1) Charitable mission – special purpose of organization, 2) Intrinsic motivation – motivation to serve, 3) Public benefit culture.

The FBOs have an urgent need of making the above characteristics more visible for public information as well as to strengthen advocacy efforts with the government. Some comparisons were drawn between the healthcare systems in Indonesia & India. Particularly in the area of collaborative efforts in advocacy among the FBOs. It was recommended that FBOs take full advantage of all permissible tax exemptions, by taking the necessary steps for obtaining required approvals.

On behalf of the CBCI CARD Sr. Prabha said that the quality of service, dedication & commitment, etc are the result of a matured and well informed partnership between the employees and the management. The management facilitating the growth and professional development of the employees and they, in turn, helping the organization/ institution to grow and develop as well as provide good quality services.

Mr. Sebastian Kunnath, speaking on behalf of the Catholic Health Association of India said that the Christian sector health services need to publicize their quality services and gain greater visibility and recognition before the public eye as well as the government.

02. Project Proposal Writing at Dalhousie:

The subject matter of the proposal was empowering women of the weaker section in 10 new villages of Dalhousie. This was an extension of the previous project in 20 villages around Sacred Heart School, Dalhousie. A total of 6 persons (3 female & 3 male) were involved in the exercise conducted during 18 – 20 April 2013. The exercise was also meant to design a proposal as follow up of the previous project.

The baseline data compiled by the project staff were formulated into the background information and the justification of the project. The project goal and objectives were also drawn up along with the expected outputs and outcomes and designing the activities that would be required to be implemented to achieve the above results. Finally itemized details of the budget was also worked out.

03. Sensitization Meeting on Immunization:

It was a sensitization meeting on the need & importance of immunization held on 30th April 2013 at India Habitat Centre. There were over 50 participants, representing various NGOs & CSOs. Dr. Kavita from CHAI anchored the program as the MC. The objective of the meeting was to form a coalition of CSOs to strengthen the advocacy efforts as well as achieve 100% immunization involving all CSOs.

'Only 61% of children have been fully immunized and we have to reach the rest 39% as well', said Dr. Ajay Khera, Deputy Commissioner, Child Health & Immunization, while detailing the immunization status of India, in his key-note address.

After the keynote, Dr. Roma Salomon from CORE group Polio Project presented a brief overview of GAVI (Global Alliance for Vaccine & Immunization) and CSO initiatives.

As a concluding session, group discussions were facilitated to elicit participants' views regarding the way forward. After an hour of discussions, the groups came out with the following points/suggestions.

- Identify gaps in the existing programs both by the government and CSOs and then plan to fill the gaps. Plan with the people and not for people.
- While the government is mostly on the supply side of services, CSOs can build up the demand side motivating and empowering the people and communities to demand quality services from the government.
- Clarify our goals to reach the unreached. Create strong and collective voice and play advocacy roles at the policy levels. Identify the under-performing areas/ districts and the unreached sectors and then plan out action accordingly.
- Presently immunization is not a 'felt need' of the community but only a perceived need. So the CSOs have to convert the perceived need to the 'felt' need through IEC/IPC (Inter-personal community) programs.

04. Strategic Planning Meeting for Community Care Centers:

CHAI organised a Strategic Planning Meeting for Community Care Centers at ISI, Delhi during 21 – 22 May 2013. There were 18 participants from northern states for the program and all were involved with mainstream care & support of the HIV/ AIDS. The main objectives of the meeting were, i) To look at care of PLHIVs in the post NACO decision; ii) To device means for the sustainability of CCCs in the future; iii) To formulate plan for advocacy for PLHIVs from grassroots to the national level; and iv) To formulate a common action plan for way forward on work of PLHIVs.

Mr. Ramu Karra of CHAI updated the efforts taken by CHAI at different levels to address the issue of closure of the CCCs. They have addressed this sensitive issue to the appropriate authorities and the after effects in treatment, care and support of the PLHIVs in future. All the participants shared their positive feelings and discussed the challenges with regard to the closure of the CCCs which they are going to face.

They have discussed about the way forward and role of each other and made an action plan based on time frame.

05. GB & RAC Joint Meet at Delhi:

It was a joint meeting of the Governing Board & the Regional Advisory Council of Rupcha, which was held on 31 May 2013 at Rupcha office. There were 10 participants. During the meeting, it was decided to call a separate meeting of larger institutions (above 30 beds) sometime before the CHAI AGBM to discuss the proposal for the central purchase of hospital consumables and to form a core group.

Sr. Cassia said that at the national level there was a proposal to organize regional AGBM at Bangalore. She continued to speak about the 70th year celebration of CHAI and the proposed activities, such as Healing Retreats, Novena Prayer, Cataract Surgeries, Observing Kidney Care Week, etc. As regards the date and time of regional AGBM, it was fixed for the post-lunch session of CHAI AGBM on 26th October 2013 at Bangalore.

06. Axshaya Project Monitoring & Review Meeting:

The monitoring visit and review meeting of Axshaya project were held during 24-26 of June 2013 at Bareilly. The objectives of the visit to Bareilly were:

1. To meet with the District TB Officer for the review of the government collaboration and its effectiveness in the implementation of the Project.
2. To meet the MNGOs and review their functioning as MNGOs first and foremost and then as field level implementing partners of project Axshaya.
3. To review the overall implementation of the project by the District Coordinator.
4. Collecting & perusing all the relevant documents related to the project implementation from the DC, culling out documents that need corrections, changes, replacements or further improvements.
5. Sharing the contents of the management letter of the Union Auditors particularly the adverse remarks regarding the activity & financial reports and documents furnished by the DCs to the RC, in order to ensure 100% improvement in the future.

All the objectives of the visit were satisfactorily achieved, especially the meeting with the DTO, was able to establish close collaboration of the project functionaries with the government.

07. Inaugural Function of Training for Differently Abled Women:

The inaugural function of the training for differently abled women in the art of photography, videography and documentary film making was organized on 1st July 2013 at NISCORT. Niscort is the National level communication wing of the CBCI (Catholic Bishop Conference of India).

CHAI took the initiative of entering into a partnership agreement with Niscort to organize a training in documentary film making for the differently abled women lasting from 20 days to one month at the Niscort Centre using their facilities. Rupcha was one of the organizing partners. There were around 50 participants for the inaugural function. Fr. Dr. Tomi Thomas was the Chief Guest for the program. Fr. George Plathottam, the Director of Niscort, welcomed the participants and briefed the gathering regarding the training, its objectives, etc. There were over 20 women candidates who were all differently abled persons for the training and were drawn from all over the country.

08. Valedictory Function of the Training for Differently Abled Women:

The valedictory function of the training for differently abled women in photography, videography and documentary film production was organized at NISCORT on 19th of July 2013. There were a total of over 70 participants, including the 20 trainees.

Beginning the function Fr. Biju welcomed the gathering while Ms. Meena from CHAI anchored as the MC. During the inaugural address, Prof. Purushotham Rai, Chief Guest said that when one dimension of a person decreases (like in the case of disabilities) other dimension increases.

The trainees shared their experiences in the meeting. Earlier, the trained women were divided into two groups and were assigned responsibilities of producing a short documentary each as a proof of what they had learned. Both the groups produced excellent documentaries and were screened then and there and all enjoyed and appreciated their work as well as the resource team of Sr. Nisha, Fr. Biju and Fr. Jose Ollikat for the successful training. Certificates were distributed to the trainees. The trainees also put up a cultural program as a fitting conclusion to the training.

09. Signet Workshop at Ajmer:

SIGNET Workshop was conducted at Ajmer during 2-4 August 2013 and one person from Rupcha participated in the workshop. It started with a recap of one of the previous workshops such as important indicators of HRD, etc. Research development, utilization & education need to lead to awareness, understanding & knowledge to organizational level to evidence based practice.

Dr. Lazar Mathew introduced the history of SIGNET and also conducted a pre-test. Bp. Pious Thomas inaugurated the Workshop.

There were many group discussions related to the major problems they were facing in their institutions like i) Difficulty in retaining the best personnel & talents, aptitude, etc through adequate payments, facilities, incentives, etc., ii) Workloads over & above certain benchmarks, iii) Overcrowding of every space in the hospital, including wards, iv) HRD opportunities for developing soft skills and other competencies, etc. To keep better quality in our institutions, we need more effort, competency and proper information.

The major contribution of Signet to the hospital & healthcare sector are: i) Change of mindset – involve in 'fact' finding than in 'fault' finding, ii) Implementation of the norms of NABL (National Accreditation Board), iii) thought of 'when life gives you a kick, let it kick you forward, iv) Never mind however hard your fall, what matters is that, you get up and come back on your feet.

There were some other issues presented by the representatives of various institutions and discussed the same in groups like Challenges in HR Management, Challenges in Pharmacy Management, Non-availability of medicines and overcrowding at the pharmacy counter, Challenges in Nursing, Challenges of faulty system, Rapidly changing medical technology, Need of patient centric attitudes and approaches, Patient satisfaction, etc. and also identified proper solutions.

10. Meeting with Government of Uttarakhand:

It was a joint meeting of humanitarian agencies in the Health Sector and the Health & Family Welfare department of the Government of Uttarakhand held at the Directorate of Health & Family Welfare, Dehradun on 9th August 2013. The meeting was presided over by Dr. Piyush Singh IAS, the Addl. Sec. of the Department of H&FW.

A team of 4 representatives of the UN Disaster Management Team under the leadership of Dr. Puthumai A. Nazarene, coordinated the discussions. There were 7 representatives of the Uttarakhand Government, H& FW Dept. There were also around 10 voluntary sector health agencies including CHAI (The Catholic Health Association of India), Karuna Social Service Society, EHA (Emmanuel Hospitals Association), Doctors for You, WHO & VHAI and a few others present for the meeting.

After initial individual introductions, a statistical document containing detailed information about the damages caused by the flash floods to the state's health infrastructure were circulated for the information of the participants.

Dr. Piyush took up the important points for the day's discussions one by one. The points were:

i. The requirement of Doctors beyond September 2013. On this issue, the CHAI group said that we were working on the issue of availing Doctors & nurses for relief work and would come up with a firm commitment soon.

ii. Providing disaster management & relief specific training to the Doctors who come as volunteers.

iii. Providing training for the adolescents in coping with disaster situations.

iv. Provide post-trauma psycho-social support and organize programs aimed at minimizing the impacts of the tragedy targeting the most affected individuals, families and communities.

v. TBA/Dai trainings. The CHAI group was the first to volunteer taking up the responsibility. We also informed that we have the necessary modules, one approved and being used in Bihar and the other approved and used by the Himachal Pradesh government.

We undertook to train 200 Dais initially and would follow up with additional numbers as time goes and more funds become available. The government was happy and readily agreed to the proposal and wanted us to share the contents of the module with the government of Uttarakhand, as and when we finalize the same. It was agreed in this regard that the government would provide the venue and mobilize the trainee candidates.

11. Meeting of the Delhi Chapter of JSA:

It was the Delhi Chapter of Jan Swastya Abhiyan held at Lajpath Nagar on 14 August 2013 to discuss the important health issues and take up advocacy initiatives – also in the context of the clinical establishments act. There were 14 representatives of various health sector NGOs. It considered the public health status of Delhi as very poor. ICDS is one of the important schemes of the government but running very poorly. In government hospitals there are even 2 or 3 patients per bed, while mobile clinics have neither doctors nor only standard medicines. The so called 'free medicines or generic drugs' are all of very low quality.

The CHAI/Rupcha group spoke of the need of taking up the issue of clinical establishments act, affecting the rural dispensaries which are managed by just a single nurse sister. They also brought up the need of voluntary health services in the disaster affected areas like Uttarakhand and other issues like the need of PHCs or CHCs in unauthorized colonies, uncontrollable crowds in the Government hospitals, etc.

It was decided to take up one issue at a time like the availability of standard medicines in hospitals and other health services centers and when you succeed in it take up a second one. And also getting updated about the government schemes like NRHM, etc, providing orientation and information so that JSA members can organize IEC programs in villages/slums, etc.

12. The 1st Central Purchase Scheme Meeting:

The meeting was held at Rupcha office on 16 August 2013. The main objective of the meeting was to discuss and decide the matters of central purchase of hospital consumables for Rupcha region. There were 24 participants including the heads of major hospitals. Mr. Sebastian welcomed the participants and also gave an introduction to the purpose of the meeting. During his introductory speech he also informed the need to send volunteers to Uttarakhand for relief works. He proposed to send a team of Doctor, Nurse and Social worker for a minimum period of 10 days. He also introduced newly joined Programme Officer Mr. Mathew Sebastian for MISEREOR project for RUPCHA Region.

Thereafter, Fr. Jeejo Antony facilitated the discussion. Fr. Jeejo started the session by sharing his view that better quality of services should be maintained in our own hospitals. Middle and Lower class families are the target groups and he also reminded the group that our work is not profit motive but, are Non Profit Organizations. He also said that uniformity in purchasing cost is very necessary and by increasing the quantity, price can be reduced. Fr. Jeejo has informed forming a committee for collective bargaining he also shared that it is possible only when we work together.

During the meeting it was unanimously decided to form an executive core group to represent Rupcha before pharmaceutical companies to formulate and conclude MoUs/ agreements with them as well as bargain to get hospital consumables at the cheapest cost. The members nominated to the executive core group were : i) Fr. Jeejo Antony (Convenor), ii) Fr. Reginald D'Souza, iii) Sr. Blessy MSJ, iv) Sr. Grace SH, v) Fr. George H.F.H., Delhi & vi) Mr. Sebastian Kunnath. It was further decided to form a regional consultative council, with representatives from all the Congregations and Dioceses engaged in the Health Ministry, involving hospital management. The members of this council will gather information regarding the consumable items and their quantities required by the different institutions owned and managed by the respective congregations or Dioceses and inform the convener of the executive core committee.

Thereafter Fr. Jeejo undertook to circulate the list of consumables to all the participants so that they could fill up the required quantities and return the same to him by the end of August 2013. Mr. Sebastian Kunnath concluded the meeting with a vote of thanks to all the participants from different Dioceses.

13. Misereor Project Review Meeting:

The review meeting of Misereor project (PPTCT & Community Health) was held during 28-29 August, 2013 at Secunderabad. Ms. Kavita, Projects Manager of CHAI welcomed all and spoke of the objectives of the meeting. Mathew from Rupcha explained about the objectives of PPTCT and community health project and presented the report of activities undertaken at the regional level. Mr. Girish from CHAMP and Mr. Kishore from CHAAP also presented their regional reports.

After that Mr. Ramu presented a consolidated data of achievements by the 3 regions, separate statistics for each of the regional units. Thereafter Dr. Rao presented the outcomes of the technical assistance provided to the CCCs. Dr. Shalini then explained about the issue of the abrupt closure of the CCCs and the strategic planning done by CHAI in order to address the same. She further highlighted the need to record and report, the short & long term results of our activities that have produced some outputs. Thereafter the regional units presented their action plans for the next 10 months/ one year.

14. Presenting the Dai Training Module to the Uttarakhand Government:

The meeting with the State Director of Health Services was arranged on 9th September 2013, to present the Dai Training modules to the Uttarakhand government as agreed in the previous meeting. We had obtained 2 different modules for the proposed Dai Training at Uttarakhand. One was a module approved by the Government of Himachal Pradesh and the other approved by the Government of India. Sr. Annie Mathew, SCJM from Dalhousie, helped us in getting both the modules.

Before submitting the modules, Fr. Pious, Dr. Jose Padayatty CMI, & Sr. Dr. Rose Mary, perused through both the modules and approved the quality and standard of the modules. Four of us, including Mr. Sebastian, met the Director of Health Services, at the Directorate of Health and presented the module from Himachal Pradesh, to him, which he readily appreciated and approved for use by our trainers.

Thereafter the Director said that he would write to the CMOs of the concerned Districts informing them about the contract with CHAI for the Dai Training as well as instructing them to mobilize the people to be trained and make arrangements for the venues.

15. Cluster Visit cum Review Meeting of AXSHYA Project at Lucknow:

The cluster visit cum review meeting of the Akshaya Project was organized on the 2nd of October 2013 at Lucknow. The meeting was facilitated by Mr. Shaju, the Regional Coordinator and all the four district coordinators participated.

The DCs presented their reports of activities and support bills and vouchers for their account statements. Mr. Shaju perused through every detail of all the documents of the four DCs, individually calling upon each one separately. He also pointed out to each DC, the areas of improvements that were essentially required in the case of each individual DC. He also provided them with the necessary clarifications and guidelines for future functioning. The DCs were reminded about the earlier remarks and comments of the UNION Auditors regarding the photographs of activities which should be photos taken during the actual activity and tallying with the information provided in the report such as the venue, the number of participants, etc.

16. NRHM Workshop at Bangalore:

The workshop on National Rural Health Mission was conducted during 22-24 October 2013 at Snehadan, Bengaluru. Fr. John Vattamattom was the Chief Guest. The team of resource persons for the workshop included Dr. K R Antony, Dr. Rajani Ved, Dr. H E Ramesh, Dr. Krishnamurthy, Mr. Mohan, Dr. Ravi Narayan, Dr. Thelma Narayan, Dr. H Sudarsan & Dr. Mani Kaliath. The topics like the Background of NRHM, Vision, Goals & Principles of NRHM were dealt by Dr. K R Antony. Dr. Rajani dealt with the NRHM vision of community process. Dr. Ramesh dealt with the communitisation of healthcare institutions.

Dr. Krishnamurthy's presentation was on Sukshema project which aims at improving maternal, neo-natal and child health, assess & dialogue, manage, measure and advocate (AMMA), client and provider rights, self assessment, team assessment. Dr. Krishnamurthy's presentation was followed by a presentation by Mr. Mohan on Community Mobilization in the context of NRHM. Dr. Ravi Narayan dealt with Ayush. From 2012 onwards the 2nd phase started with a change of name to NHM (National Health Mission), i.e. a combination of both the NRHM & NUHM (the Urban). The Cafeteria Principle in NRHM is to provide options for the patients to choose from as far as the healing system used (Allopathy or Ayush), just as a customer coming to a cafeteria has.

Dr. H. Sudarshan spoke on 'Reaching the Unreached through Public–Private Partnership, in Healthcare'. Dr. Mani Kaliath spoke on Basic Needs (India) & Disability and Community Capacity Building. Community action for health through NRHM and NUHM was explained by Dr. Thelma Narayan of SOCHARA. She stated that the programs have to be not only community based but more importantly community-led. After that Dr. K R Antony spoke on non-communicable diseases particularly managing diabetes under NPCDCs. Thereafter an action plan was made. Some of the main points of the plan were:

- Strengthening Asha training.
- Introducing Ayush in our health facilities & Sensitize the community about Ayush through SHGs.
- Focus on nutrition through the anganwadis; Promoting kitchen & herbal garden as well as awareness about herbal medicine & training; and Promoting palliative care in the region.
- Participation in gram sabha and looking at the health expenses (review)
- Scale up RNTCP involvement like sputum collection; Generate additional data about NCD through field survey; Screening test for diabetes, hypertension, cardiac problems, cancer, etc.
- Participate and influence Rogi Kalyan Samiti at different levels and also GKS & VHSC
- Collaborate with the government and extend help and resources for cataract operations
- Explore possibilities of mobile health camps; Improve our own institutions for emergency care.
- Building rapport with our local PHCs & PRIs and all personnel; Get acquainted with DHO, health CMO, district program officer and also social service societies of dioceses, etc & other NGOs.
- The personnel transferred should introduce the new ones to the important officials, etc
- Share these ideas at the provincial, congregational, diocesan, etc levels to initiate change and influence policies; There has to be some strong advocacy by CHAI groups to motivate the government officials.

17. Annual General Body Meeting of CHAI:

70th AGBM of CHAI was held at St. John's National Academy of Health Sciences, Bengaluru during 25-26 October 2013. The theme of the meeting was, 'CHAI at the 70th Year and Beyond'. The programs started with Holy Mass in Archbishop Vincent M. Concessao presided as the Main Celebrant. After the mass was over, the delegates gathered outside the auditorium at the entrance where the CHAI flag was hoisted by His Grace Archbishop Vincent M. Concessao & Bp. Joseph jointly. After the prayer song all the dignitaries went to the stage and lighted the lamp led by Archbishop Vincent M. Concessao and Bp. Joseph Arumachadath, Chairperson, Health Commission, KRCBC.

Fr. Julius Arakal CMI, President of CHAI delivered the welcome address. Then Rev. Dr. Tomi Thomas, Director-General of CHAI presented the highlights of the AGBM, introducing his presentation saying that CHAI is in its members and not the office either the central or regional. He also presented the statistical data of health status improvements nationally which CHAI has helped to achieve especially in reducing IMR/MMR, etc and improving child nutrition & immunization coverage. Delivering the presidential address Bp. Joseph Arumachadath said, he was honoured to be part of the 70th AGBM and thanked CHAI for choosing Bengaluru as the venue for the same, being the burial ground of Sr. Dr. Mary Glowry, the founder of CHAI.

Thereafter Mr. S. Ashok Kumar, representative of the Vice Chancellor of Rajiv Gandhi University of Health Services spoke as the Chief Guest. He spoke with high esteem about the dedication and commitment of the members, which is instrumental in CHAI having achieved high percentage of results in the areas of IMR/MMR, RCH, etc. He offered all collaboration and support for CHAI in its efforts to promote health.

Thereafter, the founding congregations of CHAI (FMM, JMJ, PBVM, RGS, SAS, SCMM, SMMI & SJS) were felicitated & honoured as per prepared order by assigned dignitaries. Sr. Sundari, the Provincial of the JMJ Sisters responded saying that she was very happy & proud of Sr. Dr. Mary Glowry and the organization that she founded.

Padmashree Smt. Phoolbasan Bai Yadav also spoke and addressed gathering as the guest of honour. She started the women's empowerment movement by organizing women into a very strong organization which today has more than 2 lakh members and a turnover of more than Rs. 25 crores, and all that against the wishes of her in-laws, husband, society, etc.

Dr. Bimal Charles, General Secretary, CMAI, released the CHAI Herbal Calendar. Sr. Carol Keehan, President, Catholic Health, U.S.A., released the CD 'Heal us Lord'. Fr. Joe Mannath, National Secretary, CRI, presented the prizes for the winners of the Essay Competition. The winners were: i) 1st Prize: Sr. Anatole SJC, MUM Hospital, Kottayam, ii) 2nd Prize: Rao Sahib M Mugutmal, Nithya Seva Hospital, Sheagon, Ahmednagar, iii) 3rd Prize: Sr. Lizy Joseph, Fatima Hospital, Lucknow. Sr. Fatima JMJ, Vice Provincial, Hyderabad province inaugurated the Sr. Dr. Mary Glowry exhibition.

Thereafter Fr. Julius Arakal presented the CHAI Strategic Plan Discussion Paper. Strategic plan and approaches is based on the founders' thoughts and also that of Pope Francis – 'Unity is Strength'.

After that Regional Presentations of Activity Reports took place. Sr. Cassia MSJ & Sr. Alphonse Sebastian moderated the regional units' report presentations. Mr. Sebastian presented Rupcha's activity report.

On the second day, Sr. Dr. Mary Glowrey Awards were presented. The award winners were: i) Sr. Dr. Dominic Maria, FCC in the Doctors Category, ii) Sr. Annie Mathew, SCJM in the Nurses Category, iii) Sr. Annie Sebastian, SMI in the Social Workers Category, and iv) Sr. Innocent, SMI in the ASM Category.

CHAI Children's Health Club was launched by Fr. Joseph Manipadam (Commission for Education and Culture of CBCI-CHAI). Archbishop Vincent launched the Social Workers Association (SWAI). The aim is to bring about change in society for which SWAI brings Catholic Social Workers together on one single platform. Mr. KJ George, the Chief Guest, Minister for Home, Karnataka, released the CHAI 70th year Souvenir and presented the first copy to Archbishop Bernard Moras.

18. Annual General Body Meeting of Rupcha:

The 23rd AGBM of Rupcha was held on 26th October 2013, at St. John's Medical College, Bengaluru. Sr. Cassia, the President chaired the meeting. Starting the meeting, the President welcomed the delegates and appreciated them for having travelled all way to Bengaluru for the meeting.

Then, Mr. Sebastian presented the minutes of the previous meeting and the assembly passed it unanimously. After that the annual report of activities were presented by the Secretariat. The report was both narrative and illustrative and all the participants appreciated the results achieved by the members and dioceses of Rupcha besides the regional programs.

Thereafter, the Treasurer Sr. Reshma presented the audited statement of accounts and the assembly passed the accounts unanimously. As part of the accounts, the budget for the next financial year also was presented by the Secretariat for approval, which also the house did unanimously.

19. Misereor Project Review & Planning Meeting at Bangalore:

The Misereor project review & planning meeting was held on 27 October 2013 at Upasana, Bangalore. There were 3 participants each from the 3 regions of RUPCHA, CHAMP & CHAAP. Sr. Cassia, Mr. Sebastian & Mr. Mathew represented RUPCHA. From MISEREOR Dr. Piet Reiger & Ms. Kesuma Saddak were present. All were welcomed by the Director General Rev. Dr. Tomi Thomas. Ms. Kesuma introduced herself & Dr. Piet and their roles during the present meeting and in MISEREOR on an overall level.

Then Ms. Shalini presented an update on the five components of CH, NRHM, CCC & PPTCT & Diseases Control Programs of the MISEREOR project. Thereafter the 3 regions shared their experiences under the 3 heads: i) The best – Efforts by all was that it was a good starting point to link with the government, ii) The most difficult aspect of the experience was the apathy of the government, iii) Challenges were both at the government & grass root levels.

20. NGO Asia Expo Exhibition cum CSR Conference at Gurgaon:

Rupcha participated in the NGO Asia Expo exhibition cum CSR Conference during 19-20 November, 2013 at the Exhibition & Convention Centre – Epicentre at Apparel House, Gurgaon. The chief organizer was 'CSR-Live Stock'. It was a meeting point for the civil society organizations to interact with the major industry heads and get to know more about their CSR involvements as well as establish networking and funding collaborations between the two sectors. There were around 450 representatives from over 70 NGOs & Civil Society Organizations that participated and utilized the opportunity to disseminate information regarding their health and socio-developmental activities.

The overall theme was 'Sustainable Business through CBR and Role of Foundations and NGOs. As part of the programs, there were 7 conferences with pleneries and panel discussions. The topics taken up for discussions were, i) Community investment for sustainable development, ii) Health care as CSR, iii) Technology, media and knowledge interventions in CSR, iv) CSR: A public sector perspective and role of NGOs, v) CSR as a business strategy, vi) Relevance of the new amendment and provisions on CSR under sector 135 of the company act: on industry perspective, and vii) Innovations in CSR and sustainability.

All the participating industrial houses as well as the NGOs had put up their own stalls, disseminating pertinent informations regarding their activities and results through visuals, video & audio as well as leaflets and larger publications. Four persons from Rupcha had represented the organization in the event. A running documentary in the form of a slide show on the LCD screen, containing comprehensive information about Rupcha's Health & Socio-Developmental activities, Community Empowerment with particular focus on the weaker sections especially the women, was the highlight point of Rupcha's presentations. The participating civil society organizations established sustainable contacts with the major industrial sectors and set up the basic stepping stones to an effective network and collaboration between the service and business sectors as well as opened the door to the possibilities of future funding of NGO projects by the industry houses.

21. The 2nd Central Purchase Committee Meeting:

The maiden meeting of the central purchasing committee was held on 11th December, 2013 at Holy Family Hospital. All the committee members were present for the meeting. Fr Jeejo Antony, the convener of the committee welcomed the members and explained the objectives of central purchasing for all the mission hospitals in north India. The members discussed regarding the companies to be enlisted for central purchasing. The members felt the need to introduce uniform consumable items in our mission hospitals in order to be cost effective in central purchasing. Members also discussed and decided to prepare a format of consumables to be circulated among all the mission hospitals to include the consumables and to revise the list.

Members decided to have the first round of meeting with the companies/suppliers by 15th February at New Delhi. Fr George P.A., Director, Holy Family Hospital agreed to contact the short listed companies for further action. Members felt the need to have more expertise in the field of purchasing, stores and pharmaceuticals in the central purchasing committee. The name of Sr Ancy MSA, Administrator, St. Fransis Hospital, Ajmer was suggested by Fr Jeejo Antony and members unanimously agreed upon. The committee has decided to have the bidding with the companies in the 1st week of March meeting decided to have written contract with the companies by 15th March, 2014 with regard to the pricing of each item. All the members desired to take off the central purchasing system and implement in our hospitals by 1st April, 2014.

22. National Consultation on CHAI Strategic Planning Process:

A National level consultation was held during 15 – 16 of December 2013, at CHAI Central Office to discuss and finalize a plan of action to initiate the process at ground level. There were a total of 45 participants for the meeting including the Executive Board members of CHAI, Presidents and Directors of the RUs of CHAI along with the heads of Regional Health Commissions of CBCI and CBCI-CARD, CCHI, SDFI, EHA, CNGI & CMAI, Jesus Youth Doctors, etc. participated in the consultation.

Recognizing CHAI is its Membership, Strategic Planning Discussion Paper - the perspective framework, presented at the CHAI AGBM Bengaluru, it was decided to organize Regional level consultations between 20th January and 15th March 2014, and thereafter to the grass roots (Dioceses and Member Institutions). The process aims to equip CHAI and its associates to be capable of meeting the emerging challenges in health sector and be relevant as a strong united Christian healthcare network of India.

Rev. Dr. Mathew Abraham, Secretary - CBCI Health Commission presented a paper on Christian Healthcare Mission – the Present & the Future. Fr. Tomi Thomas presented 'The Strategic Planning Process – the Proposed Perspectives & Implications'.

There were group discussions on '*How do we strengthen MIs, Diocesan Units and Regional Units as a close knit Christian Health Care Network? What are the opportunities and challenges associated with it? How do we transform Challenges into opportunities?' and also on 'Hyderabad Declaration'.*

There were also group discussions on drafting schedule for the 10 regional meetings. Rupcha proposed the time, during 3-5 of February to conduct its meeting at Delhi.

23. Orientation of Regional Facilitators at Regional Levels:

A meeting on Orientation of Regional Facilitators for the CHAI strategic planning at regional levels was conducted during 20-21 January 2014 at YMCA Delhi. There were 15 participants including the facilitators. The first session was a presentation on the Clinical Establishments Act by Ms. Anuvinda. She provided the participants important informations regarding the legal and technical aspects of the Act as well as the implications of the same on small rural dispensaries.

Thereafter, Rev. Dr. Mathew Abraham presented a paper on NRHM/NUHM/NHM. That was followed by the presentations of statistical data regarding the Catholic Health Sector. There was also a session on Advocacy as well as one on Strategic Planning itself.

The most important session was on SOAR (Strengths, Opportunities, Aspirations and Results) as against the SWOT Analysis, which is commonly used. The SOAR exercise was expected to be used for the regional consultation and the results compiled together would become the core contents of the future action plan.

After the orientation, facilitators were assigned to each region to conduct the regional consultations.

24. CBCI CARD National Stakeholders Meeting:

The national stakeholders meeting was conducted on 22 January 2014 at YMCA Delhi and began with a welcome address by Sr. Prabha, the Executive Director of the CBCI CARD, had three distinct components vis-à-vis:

1. The meeting of the Regional Consultation facilitators with the regional Health Commission Bishops from across the country.
2. A combined meeting of the facilitators, the Bishops and the Government Representatives; and
3. A meeting of the Church hierarchy with the representatives of the CBCI Health Commission, the CBCI CARD and CHAI.

There were a total of over 65 participants. During the sessions, the participants were appraised of the activities and achievements of the Catholic Healthcare Network in India, which were very highly appreciated by all. Outstanding achievers in different fields were given award by the CBCI CARD. From Rupcha region Sr. Consilia Pengadu of BCM Hospital and Fr. Sunny James of KNEUS received award for excellent work in TB & Leprosy control respectively.

25. Meeting of People for Health on National Dissemination:

A meeting of People for Health on National Dissemination was organized by 'Swasti' in partnership with 'Public Health Foundation of India' held on 30 January 2014 at Surya hotel Delhi. There were around 60 participants.

The expected outputs & objectives of the workshop were, i) Dissemination of material developed under the people for health initiative, ii) Cross learning and sharing by specific state and non-state actor representatives, and iii) Exhibition by state and non-state actors on solutions towards addressing HRH (Human Resources in Health) challenges. The overall highlights of the workshop were:

- The 'People for Health' project, funded by European Union and lead by Swasti in partnership with PHFI, has been working with non-state actors and the public health system to address the issues of human resources in health.
- An evidence base of good HR practices and systems, from the different sectors and various states in workforce management, has been created which was disseminated at this workshop.
- Another innovative way of holding this workshop was holding an exhibition to showcase innovations by non-state actors in addressing the HR challenge and also to enable cross learnings.

On the topic, 'How do we ensure health for people through people for health?', there were some presentations, such as, i) People for health project, ii) EUs focus on HRH and health systems, iii) HRH towards universal health coverage, iv) Multi-stakeholder approach towards HRH and v) Efforts at the national level and sustaining the replication. The program concluded with an exhibition to showcase innovations by state and non-state actors in addressing the human resource challenge.

26. Strategic Planning Sessions for the Regional Level Planning:

The Regional Level Strategic Planning Meeting of RUPCHA was held during 3 & 4 February 2014 at Navinta Retreat House, Delhi. There were 24 participants for the meeting. It started with showing two videos of Rev. Dr. Tomi Thomas, one the message of speaking on strategic planning and the other about CHAI. Thereafter, there was a presentation about the regional unit by the regional President and that was followed by the presentation of the background of the meeting by the regional Director.

The main presentations and discussions of major issues began after the tea break. The issues discussed were, i) Advocacy as a tool to face the challenges, ii) The role played by the Christian Coalition for Health in India in the above regard, iii) The implications of the Clinical Establishments Act being implemented and the need to work together to face the challenges, iv) The need to improve our own standards in the context of the above act, v) Future trends in public health and how the members can take advantage of whatever openings the NRHM/NUHM or NHM may provide, and vi) The SOAR analysis of the regional unit

The major outcomes from the discussions of issues were:

- The participants became aware of the need and importance of strengthening advocacy efforts by coming together and networking at the diocesan as well as regional and national levels.
- Information was disseminated regarding the roles of CCHI as well as the challenges emerging from the strict implementation of the clinical establishment act.
- The participants realized the need for improving our own standards and maintaining quality of service.
- Clarity on the regional 'strengths, opportunities, aspirations, and results (SOAR) was gained and future thrusts and action areas were identified.
- One of the important outcomes was the drawing up of the diocesan action plans.

The meeting was concluded with a valedictory including the vote of thanks.

27. Diocesan Level Strategic Planning Meeting at Lucknow:

A meeting of the Lucknow Diocesan unit of CHAI was organized on 10th February 2014 at the Cathedral Hall. All the Major Superiors of the congregations working in Lucknow Diocese, Heads of all health care institutions and social work centers were the participants of the meeting. Most Rev. Gerald John Mathias, Bishop of Lucknow presided over this meeting. Sr. Cassia MSJ, President of RUPCHA welcomed the participants.

Sr. Vijaya HCM, was the resource person of this meeting. She conveyed the strategic planning process in a very impressive manner. She intended that all our healthcare institutions should come together to share their experiences, expertise, resources and personnel so that healthcare should be made affordable and accessible for our people, she said. She explained how the multinational drug and other companies exploit the healthcare delivery system. When we come together we are a great force and we can bargain jointly and purchase all the items for healthcare through the central purchase system of RUPCHA at a very affordable rate. Her presentation was impressive, interesting, informative and practical.

Thereafter the election of office bearers of CHAI Lucknow Diocesan unit was held. Miss Marykutty Varghese, IMP, who was the President of this unit for the last 7 years had resigned from this post due to her illness. Sr. Mabel, HCM, was then elected as President and Miss Annie Sebastian IMP as the Treasurer..

28. The 3rd Central Purchase Core Group Meeting at Holy Family Hospital:

A meeting of the Central Purchase Core Group was held on 22 February 2014 at Holy Family Hospital, Delhi. Fr. Jeejo, the Convener of the Core Group presided over the meeting.

Thereafter, the group went straight into its business agenda of compiling the prices at which the participating institutions were procuring the different consumable items from different companies. The prices of different companies and at the prices of which presently institutions were procuring consumables were compared and an average cost of different items of good quality were worked out. The above exercise was in preparation for the meeting with the representatives of various pharmaceutical companies, who would join the bidding process from 11.00 a.m.

From 11.00 a.m. onwards the company representatives were interviewed and called upon to make their presentations and make the bidding quotations. Some companies such as Nipro, BD Group, Ethicon, Standard Diagnostics of South Korea (SD), Seemed Surgicals, Romson 3M, Johnson & Johnson, Nulife, Surgicare, etc. participated in this process.

Thereafter the group decided to meet the next & final meeting with all the hospital administrators at Holy Family Hospital, during 6-7 March 2014.

29. The 4th Meeting of Central Purchase Scheme at Holy Family Hospital:

A meeting of major hospital heads to build consensus on central purchase matters conducted at Holy Family Hospital, Delhi on the 6th of March 2014. There were 20 participants. Fr. George presented a recap of the previous developments in the matter of central purchases. Thereafter taking up the important issue of the Number of hospitals in the region and the total bed strength, a fresh diocese-wise list was made and the total bed strength added up to 4550.

Then the list of the consumables, their quantities and current prices per companies were revised and finalized, depending on which companies would be approached for rate negotiation. The post lunch session took up the issue of prices per item and deciding upon the rates that we may propose to the companies on 7th March 2014. In the meantime the list of short listed companies that have been invited for the negotiation was read out for every one's information.

There were 8 Sisters congregation owned institutions and 4 diocese-owned institutions that were represented in the meeting. The lowest prevailing rates of various hospitals were noted against the various consumable items and a print out of the sheet containing the same were distributed to the participants.

In the meantime Fr. George was sincerely thanked for all the hospitalities provided and hosting the present meeting as well as the core group meetings during the previous occasions.

30. Diocesan Strategic Planning Meeting of Meerut Diocese:

The Meerut Diocesan Strategic Planning meeting was planned as part of the pastoral council meeting of the diocese because of the advantage of all the stakeholders being represented in addition to the presence of all the major superiors and the Bishop himself and was held on 15 March 2014 at the Cathedral Campus. There were around 50 participants including the Bishop, major superiors, commission in-charges, priests, sisters and lay persons.

The facilitation team from Rupcha consisted of Sr. Dr. Rose Mary, Sr. Susheela MSJ and Mr. Sebastian. After the presentation of reports by the various commissions, the Rupcha team took over. The first presentation was made by Sr. Dr. Rose Mary on the clinical establishment act. She presented the salient features of the act and explained how it all affected the future of our rural dispensaries and exhorted the members to study the state of U.P. level implementation plans and proposals and then prepare ourselves to cope with the demands as far as possible especially in areas of standardization of facilities and services.

Then Mr. Sebastian took the second session and presented a paper on advocacy and stressed upon the need to work together instead of in isolation and form a strong alliance of our healthcare facilities in the region. He also presented the statistical data regarding the Catholic health services in the country including infrastructural facilities offered, manpower engaged and beneficiaries.

The third presentation was on the SOAR analysis by Sr. Dr. Rose Mary. She presented and explained all the important steps involved in the exercise. She explained how the SOAR method focused on the possibilities positively than looking at the so called 'weaknesses and negatives'.

Due to time constraint, the exercise could not be done in groups and so it was decided to call a separate meeting of the health personnel of the diocese at Meerut Seva Samaj under the convenership of Fr. John Chiman, the Director of the Diocesan Social Works. Then the SOAR exercise will be done in groups and the diocesan strategic plan for the health sector would be drawn up including mapping of resources.

31. Final Meeting of Central Purchase Committee with the Companies:

The meeting of the Core Committee of the Central Purchase System of Rupcha was held at Holy Family Hospital on 20th March 2014. All the core committee members were present for the meeting. The companies were called in one by one at 11.00 a.m. onwards and after final negotiations the items & prices were fixed and came with an agreement with the companies. The contracts will come in to effect on April 01, 2014. Presently, There are 36 hospitals participating in the Central Purchase scheme of Rupcha.

32. Diocesan Strategic Planning Meeting at Allahabad:

The Strategic Planning meeting of Allahabad Diocesan Unit of CHAI/RUPCHA was organized at Nazareth Hospital, Allahabad on 25 March 2014. Rev. Fr. Reginald D'Souza was the local organizer under the able guidance of Rev. Fr. K K Antony and the patronage of His Lordship Bp. Raphy Manjaly. The meeting was attended by around 45 participants including Sisters, Fathers, Nurses and other lay persons. During his inaugural address his Lordship said that all those who serve the sick are in fact saintly and we must put in all our best efforts in promoting health among the people.

Sr. Vijaya HC of BCM Hospital, during the first session, explained how health care has become a profit making industry, like i) The drug industry, ii) Commercial health care industry, iii) Hospital industry by the corporate, who are following the 5-star hospitality styles, iv) The diagnostic industry, undertaking too many unnecessary tests and investigations which squeeze money out of the patients.

We have a lot of health facilities & manpower but do we have the data of results? We need it for any unified, advocacy process / efforts.

After the first presentation of Sr. Vijaya, Mr. Sebastian Kunnath spoke about updating of data regarding the results achieved by the Catholic Health sector. To highlight the importance of documentation and recording field level information in support of publishing the final result sheet, Mr. Sebastian presented also the statistical data regarding the catholic health facilities and manpower available.

During the post lunch session, Sr. Vijaya explained about the SOAR Analysis and later organized a group exercise to practically utilize the SOAR analysis method/tool in strategic planning for the Allahabad diocese. There were 4 groups and each group was assigned one part each of the SOAR analysis. And so group one took up discussions on 1) Strengths, group 2 took up - Opportunities, group 3) Aspirations and group 4) Results.

33. Review of Community Health & PPTCT Projects:

The review meeting of the Community Health and PPTCT projects of Misereor was held on 28 March 2014 at Holy Cross Hospital, Dasna, Massori. There were 11 participants including the representatives of CHAI & RUPCHA. The introductory remarks were given by Mr. Sebastian and Mr. Ramu. Participants presented their report of activities organized by them, including i) Income generation activities, ii) Educational activities, iii) Healthcare activities, iv) SHG related programs, v) Health camps & awareness programs, vi) mobile clinics & eye camps, etc. they also mentioned the positive changes that in the beginning they were not welcomed by the people, but now they are welcome and do collaborate with the government.

After the presentations of Sisters, Mr. Mathew explained about the other components of the project like PPTCT in 7 institutions in U.P., one in Delhi, Uttarakhand, Punjab & Rajasthan and the 3rd component of NRHM (NHM) and the government schemes for NGOs. He spoke also about vector-borne diseases control programs.

Diocesan Programs:

Fatima Hospital, Agra Diocese:

As part of the CHAI 70th Year Celebrations, the Agra Diocesan Unit conducted a free TB & Diabetes Awareness cum Screening Camp on 29th July 2013 at Fatima Hospital, Agra. Approximately 50 patients were screened for TB & Diabetes. And a 'Tree Plantation' event was organized at St. Vyas Mary School. The children and teachers of the school participated in the program and 50 plants were planted.

PGSS, Gorakhpur Diocese:

Purvanchal Gramin Seva Samiti has been striving with all its efforts in the transformation of the community through formation and strengthening of CBOs – Self Help Groups (SHG), Nav Jyothi Mahila Sangarsh Mandal (MM), Adolescent Girls Group (AGG) etc. The impact of which is the gathering of women for the celebration of International Women's Day 2014 in the PGSS focus areas of 7 Districts of Eastern Uttar Pradesh for sharing their experiences of collective actions initiated by them for the development of their communities. By its tireless efforts, 616 Mahila Mandals comprising of 13166 women members, 956 SHGs comprising of 12370 members and 344 AGGs having 5374 members have been formed till now.

BCM Hospital & Jeevan Jyoti Centre, Lucknow Diocese:

BCM Hospital & Jeevan Jyoti Centre at Khairabad, Sitapur organized a free health camp (TB & Diabetes) as part of the 70th year celebration of CHAI on 29th & 31st of July 2013 and was conducted at BCM Hospital. Sr. Consilia gave a warm welcome to all the participants and explained the importance of Chai and why we celebrate today as the Chai day. A total number 337 people benefitted from the camp. Out of that 57 were detected as diabetes. Dr. Sr. Cynthia & Dr. Manish were the resource persons for the camp.

Allahabad Diocesan Unit:

Allahabad diocesan unit conducted a two-day workshop on Safe delivery methods & hygiene for Dais during 6-7 May 2013 at Snehalaya, Jafferganj. The training generally focused on teaching DAIs to perform deliveries using more hygienic and safer methods, discouraging harmful practices, recognizing danger signs and referring women with complications to facilities where essential obstetric care is available.

Outputs achieved in the 11 Districts of Punjab & Uttar Pradesh as part of the RNTCP (Axshaya Project):

Sl. No	Activities	Result in Nos.
1	Orientation Training for Community Volunteers	15
2	Quarterly review meeting with trained Community Volunteers	25
3	Select & Train Local NGO Network	10
4	Gaon Kalyan Samiti Meetings	2,500
5	Special Activities	300
6	Number of houses reached for TB Control	85,000
7	No. of TB patients sensitized on their 'Rights & Responsibilities'	45
8	No. of Sputum collected and transported	7508
9	Develop & Orient TB forums in Districts	35
10	Sensitization prgs. NGOs to register uner various RNTCP schemes	10
11	Training health staff in soft skills	15
12	Number of RHCPs/AYUSH selected and trained	10
13	Sensitization of targeted interventions on TB Care & Control	15
14	Quarterly joint meetings of ICTCs & DMCs for sensitization	10

Outputs achieved under the project activities of PPTCT

- 15 Member Institutions in U.P. & 10 MIs in Rajasthan were mapped as per criteria of providing PPTCT services under PPP model & 7 MIs are implementing PPTCT services.
- 6 MIs were identified to become part of various components/schemes of National Disease Control Programs such as for Malaria, TB, blindness, vector borne diseases etc.
- Monthly 2 meetings were facilitated by RU to involve MIs in developing and implementation of Village Health Plans of NRHM
- 9 trainings were conducted for CH Coordinators & 6 trainings for CH Workers in Community Health. 2 & 5 numbers of Induction Training Programs were conducted for New CHCs & CHWs respectively, on Community Health and Medical kits were provided to CHWs for provision of primary health services.
- More than 40 meetings/trainings were undertaken with MIs & Government departments to establish PPTCT & Community Health and also conducted orientation programs based on the components of the program.

The Cumulative Presentation of Diocesan Units' Interventions in Curative Healthcare Sector, presented as a Concise Report/Chart

*(*chart prepared with available data)*

Curative Healthcare							
	OPD		In Patient		Surgical Interventions		Referral
	M	Fe	M	Fe	M	Fe	
Agra	3,285	17,211	135	671	1	162	4
Bareilly	213	3,134	-	156	-	-	-
Delhi	701	1,509	-	-	-	-	-
Gorakhpur	19,859	24,271	2,370	2,895	1,686	1,026	-
Jalandhar	12,000	13,160	1,000	1,218	75	-	-
Jammu	17,824	23,862	1,058	2,295	41	821	35
Jhansi	36,018	52,008	4,320	8,420	825	1,020	66
Lucknow	4,16,181	5,992	20,000	20,697	9,478	-	103
Varanasi	4,783	5,308	612	628	337	245	182
Total	**5,10,864**	**1,46,455**	**29,495**	**36,980**	**12,443**	**3,274**	**390**

Preventive Healthcare						
	Health camp incl. immunization		Youth & professional group formations like SWs, Lawyers, etc.		School Health	
	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries
Agra	27	1,686	4	153	10	1,038
Bareilly	120	74,860	3	480	44	4,328
Delhi	9	700	-	-	2	200
Gorakhpur	188	11,063	-	-	28	10,569
Jalandhar	8	1,000	-	-	-	-
Jammu	105	3,301	-	-	6	473
Lucknow	47	43,590	-	-	8	450
Varanasi	24	3,154	51	712	12	20,000
Total	**528**	**1,39,354**	**58**	**1,345**	**110**	**37,058**

Promotive Healthcare						
	Awareness Creation		ASM Related		Meetings/Seminars/ Workshops & Spirituality Related	
	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries
Agra	30	1,095	-	-	1	-
Bareilly	72	4,680	24	1,080	2	250
Delhi	5	150	-	-	-	-
Gorakhpur	76	6,532		-	2	250
Jammu	14	4,779	10	-	33	1,108
Lucknow	70	7,16,195	38	8,434	71	3,290
Varanasi	328	6,14,220	24	6,218	82	2,460
Total	**595**	**13,47,651**	**96**	15,732	**191**	**7,358**

	Empowerment esp. of Women						
	Capacity Building Training, etc.		CBO Related		Eco Protection & Promotion Related		Networking, Advocacy, etc.
	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries	No.	Participants/ beneficiaries	No.
Agra	4	95	-	-	-	-	-
Bareilly	12	1020	144	4320	48	1680	8
Gorakhpur	8	150	-	-	-	-	-
Jammu	83	75	8	78	94	1520	12
Lucknow	263	12540	-	-	-	-	-
Varanasi	24	1224	12	960	30	912	14
Total	**394**	**15104**	**164**	**5358**	**172**	**4112**	**34**

Special thanks to the following MIs, who cooperated & contributed to this data collection efforts at the regional level: Assisi Health Centre, Baheri; **BCM Hospital**, Lucknow; **Fatima Hospital**, Agra; **Fatima Hospital**, Gorakhpur; **Fatima Hospital**, Lucknow; **Kristu Jyoti Hospital**, Samba; **St. Joseph's Hospital**, Samba; **Maria Manzil,** Nuh; **St. Joseph's Hospital**, Sidhpur; **St. Mary's Hospital**, Ferozpur; **Nirmala Mission Hospital**, Kapurthala; **St. Joseph's Hospital**, Hoshiarpur; **St. Joseph's Hospital**, Baramulla; **St. Jude's Hospital**, Jhansi; **St. Joseph's Hospital**, Gomtinagar, **St. Joseph's Hospital**, Mahmudabad; & **St. Mary's Hospital**, Varanasi.

RAJASTHAN U. P. CATHOLIC HEALTH ASSOCIATION 35 - C, MAHANAGAR, LUCKNOW

S. TULI & Co.
CHARTERED ACCOUNTANTS
8-HALWASIYA COURT,
HAZRATGANJ, LUCKNOW, U.P.

"FOREIGN CONTRIBUTION ACCOUNT"

STATEMENT OF RECEIPTS AND PAYMENTS
FOR THE YEAR ENDING 31 - 03 - 2014

RECEIPTS	Rs. P	Rs. P.	PAYMENTS	Rs. P.	Rs. P.
To **Opening Balances:**			**By Flood Relief & Medical Care Project**		
(as on 01-04-2013)					
(As per Books of Accounts)			Travelling expenses	11,890.00	
Cash in Hand	32,747.00		Medical care resource materials	4,107.00	
With Federal Bank Ltd. S.B.			Communication expenses	1,209.00	
A/c No. 11490100100429	89,593.40	122,340.47	Contribution refund to CHAI	82,994.00	100,000.00
To **Foreign Contribution:**			**By Misereor Project**		
For Flood Relief &			i) Personnel costs:		
Medical Care	100,000.00		Salary - Regional Program Officer	220,000.00	
for Awareness about AIDS			Honorarium to C.H. Coordinator	258,000.00	
(Misereor Proj.) from CHAI	1,056,207.00	1,156,207.00	Travel expense - Regional Prog. Officer	61,580.95	
To Bank Interest on SB A/c:		11,354.00	Travel Expense - C.H. Coordinator	96,813.00	
			Communication to Reg. Prog. Officer	5,431.00	
			ii) Training Program & Activities:		
			Community Health Training to		
			Health Workers	93,454.00	
			Salary to Health Coordinators	327,000.00	
			iii) Review & Planning meeting at		
			RU level	17,040.00	
			Administrative Costs:		
			Honoratium to Accountant	15,000.00	
			Communication	2,534.00	
			Electricity	1,950.00	
			Hospitality	1,945.00	
			Internet/Data card recharge	1,080.00	
			Office Maintenance	2,500.00	
			Office Rent	9,000.00	
			Stationery	2,600.00	1,115,907.95
			By Closing Balances (As on 31/03/2014)		
			(As per Books of Accounts)		
			Cash in Hand	2,798.00	
			With Federal Bank Ltd.		
			S.B. A/c No. 11490100100429	71,195.45	73,993.45
Total Rs.		**1,289,901.40**	**Total Rs.**		**1,289,901.40**

AUDITOR'S REPORT

"We have examined & audited the above statement from the books of accounts maintained on cash basis and found the same to be in accordance therewith as per information given and explanations furnished to us, in our opinion the said account give a true and fair view"

PLACE: LUCKNOW
DATE: 14.05.2014

Sd-
CHARTERED ACCOUNTANTS
AUDITORS

RAJASTHAN U. P. CATHOLIC HEALTH ASSOCIATION 35 - C, MAHANAGAR, LUCKNOW

S. TULI & Co.
CHARTERED ACCOUNTANTS
8-HALWASIYA COURT,
HAZRATGANJ, LUCKNOW

"GENERAL ACCOUNT"

STATEMENT OF RECEIPTS AND PAYMENTS
FOR THE YEAR ENDING 31 - 03 - 2014

RECEIPTS	Rs. P.	Rs. P.	PAYMENTS	Rs. P	Rs. P.
To Opening Balance (as on 01.04.2013)			**By GFR9 TB Project**		
(As per Books of Accounts)			Communication Material	312,096.00	
Cash in Hand	26,816.00		Human Resources	2,279,762.00	
Cash in Hand with DCO's	18,525.00		Monitoring & Evaluation	652,424.00	
With Federal Bank Ltd.			Overheads	524,205.00	
S.B. A/c No. 114 901 000 90778	54,822.45		Planning & Administration	753,275.00	
With Federal Bank Ltd. S.B. A/c			Training	5,494,836.00	10,016,598.00
No. 11490100179589 (CHAI Project)	10,064.00		By **Personnel Costs**		
FDRs with Federal Bank	5,736,084.00	5,846,311.45	Cost of Program Personnel	782,033.00	
			Cost to Secretarial Staff	282,400.00	
To Contribution from CHAI for			Cost to Admn/Account Officer	452,950.00	
GFR9 TB Project		10,445,773.00	Cost to Office Assistant	38,760.00	1,556,143.00
			By **Program Costs**		
To Membership Fee		16,324.00	Network and Collaboration	85,015.00	
			Regional Level Coordination		
To Contribution from CHAI		31,099.94	Meeting	74,573.00	
			Diocesan Level Coordination	11,348.00	170,937.01
To Contribution from Axshaya Project		429,027.00	By **Axshaya Project**		
			(GFR9 TB Project)		
To Contribution from Misereor Project		243,500.00	Management Expenses	89,375.99	
			Office running cost	34,658.78	124,034.77
To Contribution from CBCI-CARD		56,000.00	By **Organization Costs:**		
			Annual General Body Meeting	59,234.47	
To Contribution from MIs		1,500.00	Governing Body Meeting	12,258.00	71,492.47
			By **Administrative Expenses**		
To Sale of old material		4,400.00	Audit & Accountancy	26,304.88	
			Comp. software maintenance	45,825.00	
To Bank Interest			Electricity/ Water	28,445.00	
On SB A/c	17,316.00		Hospitality	7,737.00	
On Project A/c	34,171.00		Office maintenance	28,292.00	
On FDRs	314,742.00	366,229.00	Office Stationery	26,653.00	
			Postal Charges	1,058.00	
			Salary TDS	102,800.00	
			Staff welfare	8,804.00	
			Subscription: Newspaper/		
			Internet	14,282.81	
			Telephone Charges	22,818.12	
			Travel Expenses	7,975.47	
			Bank Charges	2,754.00	323,749.28
			By **Capital Expenditure**		
			Electrical equipments		4,015.00
			By **Closing Balances**		
			(As on 31.03.2014)		
			(As per Books of Accounts)		
			Cash in Hand	30,435.00	
			Cash in Hand with DCOs	1,882.00	
			With Federal Bank S.B. A/c		
			No. 114 901 000 90778	443,677.86	
			With Federal Bank Ltd. S.B.		
			A/c No. 11490100179589		
			(CHAI Project)	490,053.00	
			FDRs with Federal Bank	4,207,146.00	5,173,194.86
Total Rs.		**17,440,164.39**	**Total Rs.**		**17,440,164.39**

AUDITOR'S REPORT

"We have examined & audited the above statement from the books of accounts maintained on cash basis and found the same to be in accordance therewith as per information given and explanations furnished to us, in our opinion the said accounts give a true and fair view & sunject as Form No. 10-B"

Sd-
CHARTERED ACCOUNTANTS
AUDITORS

PLACE: LUCKNOW
DATE: 14.05.2014

RAJASTHAN U. P. CATHOLIC HEALTH ASSOCIATION 35 - C, MAHANAGAR, LUCKNOW

S. TULI & Co.
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HAZRATGANJ, LUCKNOW

"FOREIGN CONTRIBUTION ACCOUNT"

BALANCE SHEET AS ON 31 - 03 - 2014

LIABILITIES	Rs. P.	Rs. P.	ASSETS	Rs. P	Rs. P.
CAPITAL FUND			**FURNITURE:**		
			Balance as on 01-04-2013	23,094.00	
Balance as on 01-04-2013	482,479.40		Less: Depreciation@ 10%	2,309.00	20,785.00
			EQUIPMENTS:		
Less: Excess of Expenditure			Balance as on 01-04-2013	337,045.00	
over Income	101,212.95	381,266.45	Less: Depreciation @ 5%	50,557.00	286,488.00
			CLOSING BALANCE		
			(As on 31-03-2013)**:**		
			(As per Books of Accounts)		
			Cash in Hand	2,798.00	
			With Federabl Bank Ltd.		
			S.B. A/c No. 11490100100429	71,195.45	73,993.45
Total Rs.		**381,266.45**	**Total Rs.**		**381,266.45**

AUDITOR'S REPORT

"We have examined & audited the above statement from the books of accounts maintained on cash basis and found the same to be in accordance therewith as per information given and explanations furnished to us, in our opinion the said account give a true and fair view"

PLACE: LUCKNOW
DATE: 14.05.2014

Sd-
CHARTERED ACCOUNTANTS
AUDITORS

RAJASTHAN U. P. CATHOLIC HEALTH ASSOCIATION 35 - C, MAHANAGAR, LUCKNOW

S. TULI & Co.
CHARTERED ACCOUNTANTS
8-HALWASIYA COURT,
HAZRATGANJ, LUCKNOW

"GENERAL ACCOUNT"

BALANCE SHEET AS ON 31 - 03 - 2014

LIABILITIES	Rs. P.	Rs. P.	ASSETS	Rs. P	Rs. P.
			FIXED ASSETS		
Balance as on 01-04-2013	5,846,311.45		Electrical equipments		
			Addition (before 30.09.2013)	4,015.00	
Less: Excess of Expenditure			Less: Depreciation @ 15%	602.00	3,413.00
over Income	669,703.59	5,176,607.86			
			CLOSING BALANCE		
			(As on 31-03-2013)**:**		
			(As per Books of Accounts)		
			Cash in Hand	30,436.00	
			Cash in hand with DCOs	1,882.00	
			With Federabl Bank Ltd.		
			S.B. A/c No. 11490100100429	443,677.86	
			With Federal Bank Ltd. S.B.		
			A/c No. 11490100179589		
			(CHAI Project)	490,053.00	
			FDRs with Federal Bank		
			(as per list)	4,207,146.00	5,173,194.86
Total Rs.		**5,176,607.86**	**Total Rs.**		**5,176,194.86**

AUDITOR'S REPORT

"We have examined & audited the above statement from the books of accounts maintained on cash basis and found the same to be in accordance therewith as per information given and explanations furnished to us, in our opinion the said account give a true and fair view & subject as Form No. 10-B"

PLACE: LUCKNOW
DATE: 14.05.2014

Sd-
CHARTERED ACCOUNTANTS
AUDITORS

Minutes of the 23rd AGBM of RUPCHA

held on 26th of October, 2013

at St. John's National Academy of Health Sciences, Bengaluru

The 23rd AGBM of Rupcha started at 2:00 p.m. on 26th October 2013, in the auditorium of the college of nursing at St. John's Medical College, Bengaluru, with a prayer.

Sr. Cassia, the President chaired the meeting, which was attended by 32 members. Starting the meeting, the President welcomed the delegates and appreciated them for having travelled all way to Bengaluru for the meeting.

Taking up the day's agenda, since the Secretary could not be present, the Chair requested Mr. Sebastian to read the minutes of the previous meeting. After the reading the minutes were open to the floor for comments or clarifications. All the delegates appreciated the minutes. No clarifications were sought, as the minutes were clear enough. The minutes were passed unanimously on the proposal of Sr. Annie Mathew, seconded by Sr. Nistula.

After that the annual report of activities were presented by the Secretariat. The report was both narrative and illustrative and all the participants appreciated the results achieved by the members and dioceses of Rupcha besides the regional programs.

Thereafter, the Treasurer Sr. Reshma presented the audited statement of accounts. After the presentation, the same was opened to the floor for clarifications after which Fr. Mathew Kayani proposed to pass the accounts and Fr. Jeejo Antony seconded the proposal, whereupon the assembly passed the accounts unanimously.

As part of the accounts, the budget for the next financial year also was presented by the Secretariat for approval, which also the house did unanimously on the proposal of Sr. Priti seconded by Sr. Cassia, the President. Thereafter, the matter of appointing auditors was taken up. In this regard the Secretariat proposed that the present auditors were doing a satisfactory job for the organization and so they can be continued. Fr. Jeejo seconded the proposal and M/s. Tuli & Co. were re-appointed as auditors of Rupcha for the financial year 2013-14.

Resolution Passed

The 23rd Annual General Body of RUPCHA hereby resolves to ratify the nomination of Mr. Shaju Kunnathparambil Varghese, S/o Kunnathparambil Antony Varghese, Administrative Officer of Rupcha, to the Governing Board as a member by the Board during its meeting on 26th October 2013 with effect from 31st May 2013.

There having been no other matter for consideration the 23rd AGBM came to an end by 4:00 p.m. with a vote of thanks by the Director.

Sr. Sunita Antony
Secretary, Rupcha

Rupcha Regional Level Strategic Planning Meeting at Delhi

Strategic Planning Meeting for Community Care Centers at ISI, Delhi

A Project Review Meeting with Misereor Officials

RUPCHA'S REGIONAL FORECAST FOR THE FINANCIAL YEAR 2014-15

Sl No	Activities and Accounts Heads	Total Costs
1	Towards Organizational Costs:	
	a Governing Board Meetings	30,000.00
	b Annual General Body Meeting	35,000.00
2	Costs of contract personnel for organizational management as well as organizing programs and activities	6,00,000.00
3	Organizing diocesan level Strategic Planning Meetings	2,80,000.00
4	Activities under the Misereor Projects of PPTCT & Community Health	10,79,400.00
5	Activities under the Axshaya Project for Control of TB	1,05,00,000.00
6.	Cost of program related official travel, including TA & DA	1,00,000.00
7.	Administration and Staffing	7,44,411.00
	Total Budget Requirement	**1,33,68,811.00**

Note: These above expenses are proposed to be met from the following sources:

a. Expected contribution from Caritas via CHAI - Rs. 2,80,000.00

b. Contribution from Misereor via CHAI - Rs. 10,79,400.00

c. Contribution from UNION via CHAI - Rs. 1,05,00,000.00

b. Drawn from the general (local savings) account - Rs. 15,09,411.00

Some Visuals from the Regional Programs

Sr. Aruna Mathew SCJM receiving the Sr. Dr. Mary Chinnoy Award

Fr. Sunny James & Sr. Cecilia Pragati receiving the Outstanding Achievers Award of CBCI - CARD

Fr. Julius Anakal, President of CHAI speaks on Strategic Planning

Sr. Cecily, President of Nayche addressing the CHAI SOAM Participants

Dr. Timi Thomas speaks during the Workshop for Differently Abled Women

Visuals of Medical Camps & other assistance during the Flood Relief Work at Uttarakhand

Central Purchase Committee meets at Holy Family Hospital, Delhi

CHAI Participation in NGO Expo at Epicentre, Gurgaon