**Annual Report for the Year 2012-13**

RUPCHA is one of the larger regional units of CHAI. It works in 8 States of North India. It has 260 Members.

1. **Rupcha’s Objectives are:**
* Enabling Universal Access to Primary Healthcare
* Access to Health Insurance for the Poor (RSBY coverage for all the BPL families)
* Scaling up Maternal & Child Health
* Women’s Empowerment through CBOs of Women
* Arresting the spread of TB esp. the MDR Strains
* HIV Awareness
* Promotion of Advocacy through Networking and Collaboration
1. **Description of Activities at the Regional Level**
	1. ***Organizational Development related programs:***

These consisted of a symposium on Health Insurance in which 52 Member Institutions were represented. These members were sensitized about the need to make people, especially the BPL families aware of the government’s insurance scheme (RSBY) for the BPL families exclusively. Rev. Dr. Tomi Thomas, the Director General of CHAI was the resource person. That was followed by the General Body of Rupcha.

As part of the organizational programs there were 4 meetings of the Governing Board and the Regional Advisory Council, with an average of 10-12 participants.

* 1. ***Consultative Meetings:***

There were two regional consultations. One was to plan for the activities in preparation for the 70th year celebrations of CHAI and the other was to plan future strategies in the context of the CCCs being closed down by the government.

1. In the first consultation, the proposed list of activities were explained to the members and they were given the option to choose whichever each would implement. The participants were then divided into diocese-wise groups and were given hard copies of the list of activities and were requested to make their commitments and return after which a consolidated chart was prepared and the same was forwarded to CHAI. 25 persons participated.
2. In the second consultation, a brainstorming session was conducted to gather the views of members regarding the strategies to be adapted in the event of the government withdrawing their support to the community care centers.

Since no viable options emerged, the matter was left for further consideration, after coming to know the details of what the government itself was planning and the role of NGOs in it. There were 13 participants.

Learning point: There is urgent need of collective action on the advocacy side to influence the government policies.

* 1. ***Review Meetings:***

There were two review meetings also, 1) one was the review of the Axshaya Project. That was part of the regional involvement in the project by way of monitoring the implementation. The Axshaya project is being implemented in 5 districts of Punjab and 6 Districts of Uttar Pradesh.

During the meeting reports of all the activities of the project from all the 11 districts were presented to the members who were present. They were also apprised about the contents of the management letters received from the auditors appointed by the UNION, which is providing the funds required for the project. There were 18 participants.

Learning point: The members came to know about the details of the Axshaya project and the TB Control efforts adopting a decentralized strategy of working through the like-minded NGOs, coordinated by the District Coordinator.

2) The second review meeting was part of monitoring the community health and PPTCT projects. There are ten member institutions implementing the community health activities and another 15 member institutions (larger hospitals) implementing activities intended to prevent the parent to child transmission of HIV. These are the two major components of the Misereor project.

Reports of all activities being organized were presented to the participants, who got well informed about the efforts of the 25 member institutions in the field of community health promotion and preventing the spread of HIV from parents to their children. The results of their services were also presented.

Learning points: The participants were enlightened on the benefits of concerted efforts in achieving the intended results more effectively and efficiently.

* 1. ***Diocesan Unit Meeting:***

A meeting of the Varanasi Diocesan Unit was organized under the patronage of Most Rev. Raphy Manjaly, the Local Bishop and Fr. Mathew Kayany as the Convener, being the President of the Varanasi Medical Society. The resource team was from Rupcha Secretariat.

During the meeting, the difficulties faced by the ‘Nurse Sister’ managed rural dispensaries in the wake of the stricter regulations being brought in by the government, such as insistence on the availability of a qualified Doctor and so on, were highlighted. It was proposed to depend on the visiting Doctors from the larger member hospitals in the Diocese for the present. In that context it was informed that at the national level the Christian network organizations were representing the matter to the concerned government authorities to review their policy decisions in the matter of rural dispensaries which were an absolute need for the villagers who had no access to any sort of healthcare facility.

Learning points: The voluntary sector health care institutions were facing unpresidented difficulties and survival issues. We will have to workout appropriate strategies and take joint action to counter the hostile forces.

* 1. ***Evaluation of Projects:***

Rupcha had undertaken an evaluation assignment at Dalhousie. It was a Women’s Empowerment Project in 20 villages of Dalhousie in the Champa district of Himachal Pradesh. It was a participatory exercise involving all the stakeholders including the management, field staff and the beneficiaries groups. The evaluation report clearly brought out the degree to which goals and objectives were achieved as well as recommendations for future improvements. The report was appreciated by all concerned including the funding partners of the project. The evaluation team consisted of 7 persons.

Learning points: The participatory method of evaluations involving all the stakeholders is the ideal way of organizing evaluations because that will reflect the views of the organizers, the implementers as well as the target community members.

* 1. ***Cluster visits to Axshaya project areas:***

Four visits were undertaken to the Axshaya project areas of Punjab and Uttar Pradesh. Two such visits, one each to Punjab and U.P. were undertaken jointly by the regional Director and the Regional Coordinator, while the second visit was by the Regional Coordinator alone. During the visits the District Coordinators were met & their activity reports as well as account statements were perused and collected. The important points from the management letters of the UNION appointed auditors, were shared with the DCs, especially errors and recommendations for improvement, in the future.

Learning points: There needs to be closer monitoring of the MNGOs involved in the village level implementation of the project activities to avoid the repetition of errors that have already been pointed out by thy Auditors.

* 1. ***Advocacy related Network programs:***

Rupcha has been working in close collaboration with various networks and networking civil society organizations to strengthen and advance advocacy efforts in different sectors of health, development organizational progress and governance. In that context, our representatives actively participated in the following events and programs organized by other like-minded organizations and networks:

1. Micah Challenge Campaign’s Steering Committees Meetings
2. Joint Workshop on Clinical Establishment Act 2010
3. The National Appeal Launching Program
4. ‘Malnutrition: Rural Vs. Urban in India’
5. International Symposium on Leprosy and Human Rights in Asia
6. Inaugural and Foundation Ceremony of the Bioethics Centre
7. CCCs Meeting
8. Special CHAI Board Meeting at Snehadan, Bangalore
	1. ***Human Resources Development Programs:***

Rupcha personnel had participated in the HRD programs organized and conducted by the Head Office by the National CHAI. They were:

* The Certificate Course in Project Proposal Writing at Secunderabad.
* Review cum Orientation program of the Axshaya project for all the DCs & Regional Coordinators also conducted by the national office at Secunderabad.
1. **Report of Activities at the Diocesan Unit/Membership levels**
	1. The Diocesan Unit of Allahabad observed World TB Day and made over 400 people aware of TB in general and the great danger of spreading the MDR/XDR etc strains in the general population. Dr. Chauhan was the resource person. He also provided information about ways of preventing TB and treatment available through the RNTCP of the Central Government.

Learning point: Mass awareness programs can bring changes in the thinking & behavior patterns of people.

* 1. The unit also organized a two-day workshop cum training for Dais on the topic of ‘Safe delivery methods and hygiene for Dais’. The resource team was from Nazareth Hospital. The training was intended to scale up the competence of Dais so that maternal deaths due to delivery complications can be avoided/reduced.

Learning point: If there are well trained Dais in all villages, maternal deaths can be reduced considerably.

* 1. The diocesan unit at Jalandhar organized a meeting of the Unit. During the meeting the members discussed topics like: 1) What are the steps required to be taken to improve the health of the people further, 2) What interventions are possible at present, 3) How to improve the network system among the members.

Learning point: If all the diocesan units organize similar meetings and discuss health issues of importance and common interest, concerted efforts by all the members can be initiated. Thus a regional network itself can emerge to address serious health issues like MDR/XDR TB / HV etc.

* 1. There are three success stories from the Dioceses. One is from Lucknow (Shanti Niketan) and the other two are from Jalandhar Diocese (Sidhpur – St. Joseph’s Dispensary)
		1. Shanti Niketan in Lucknow has the following success story to share:

REBIRTH THROUGH CARING HANDS - *A Success Story*

*by Sr. Resmy MSJ*

An NGO found a sick lady was laying with her 3 years old son, on the side of a busy road at Kanpur and took them to a hospital and admitted them. The lady died after two days. The boy was looking very miserable and on investigation, he was diagnosed to have HIV+ve. So the NGO (Umang) brought him to Shanti Niketan, Lucknow, where the HIV+ve patients and children are looked after.

They named his as Rajesh. When he came to Shanti Niketan, his weight was 7 kg and was suffering with indigestion, diarrhea, severe anemia, and distended abdomen. So he was taken to Fatima Hospital, Mahanagar, Lucknow, and all investigations were done. He was diagnosed to have pulmonary tuberculosis along with HIV+ve. The doctors started the treatment immediately. He was given antibiotics and ART. Within a few days time the tuberculosis bacteria attacked his brain and he developed TB meningitis. He had developed high fever, convulsions and rashes all over the body. His condition became very serious and he was at the point of death.

The Sisters, staff & inmates of Shanti Niketan had given extreme care of Rajesh. The inmates (children) stood around his bed and prayed for his recovery. Since he was suffering with continuous fever, body pain and blisters all over the body, the Sisters could not take him to ART Centre. There was no place left in his body where we could touch him. The only hope was a touch from the Mighty Healer who could make him well.

On the request of Sisters, ART medicine was started at AGMC ART Centre. Along with ART medicines, continuous prayer sessions were going on for his recovery. After about 15 – 20 days he started showing little progress and slowly he started improving and regaining his health. We were very grateful to Lord Jesus, the Mighty Healer for his special intervention in healing of Rajesh. At present his weight is 20 kg. He is very active and naughty. He is very much interested in drawing and painting but can’t study.

The story can be not only a story of Rajesh but many more. Today AIDS is a stigmatized disease. Though we say HIV doesn’t spread through direct touch, still people are afraid, when they see or hear about HIV patient. But these people can lead a normal life through the loving care of the people and through ART treatment which is available freely in the government hospitals.

* + 1. St. Joseph’s dispensary has two success stories to relate:
1. **Networking with Government – A Success Story:**

I feel proud and happy to note that our dispensary, St. Joseph’s dispensary, at Sidhpur, Dharmasala, is functioning well, with the help of many Doctors who are working in Tanda Government Medical College, Kangra. Each day one specialist from the college visits our dispensary. They all render their services voluntarily for the poor people. We appreciate their generous heart and services rendered to the poor around. People are very happy to come and avail the services. Average 100 patients per day visit the dispensary. They inspire others too, especially their own relatives and neighbors from far places.

Our hearts are filled with joy and gratitude to God to see the patients go happily and healed. We also participate in the DOTs program too. We have a very good networking with Government Hospital and other Schools around.

1. **The Success Story of one patient cured miraculously:** Recently, one of the patients who was having continuous loose motion and was diagnosed as Cancer of the Bladder and was told that she would live only for 5 months, came to us with full of hope, faith and trust that she would be healed from here. Surprisingly she is fully cured and walking around inspiring others and telling, “Yeh Bhagwan ka hospital hi”. Yes, we experience every day the hand of God in our service. Most of the patients coming here after all their treatment fail elsewhere. But we never send them back without having the treatment.

**We have received statistical data of services rendered and activities organized by the members of the following dioceses (especially larger hospitals) - Allahabad, Bijnor, Gorakhpur, Jalandhar, Meerut, Delhi & Lucknow.**

1. According to the reports received these institutions together have catered to over half a million sick people as out-patients and over 70 thousand as in-patients while over 10,500 surgical cases were attended to.
2. A total of around 1000 health camps including immunization have been conducted benefitting over 50,000 persons.
3. 84 professional and youth groups have been formed with a total membership of around 1500.
4. 180 school health programs were conducted making over 20,000 school students’ health conscious and practicing healthy life styles.
5. Over 4500 mass awareness programs were conducted making over 70,000 people aware.
6. On the women’s empowerment front, over 200 capacity building programs were organized for the CBOs, benefitting around 25 to 30 thousand members of SHGs, Mahila Mandals, Youth Groups, Farmers Associations, etc.

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