

RUPCHA

(Catholic Health Association - North India)



Annual Report 2018-19



Annual Report 2018 - 19

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Integrated Approach to Community Health & Empowerment

We would like to express our sincere gratitude to MANOS UNIDAS for the support given in the implementation of the pilot project at Jahangirpuri Slum, Delhi. The community health project was implemented for the slum dwellers & migrant workers in the four blocks (D, E, EE & K blocks) of Jahangirpuri Slum. RUPCHA launched the project in May 2017 and concluded it in May 2019.

We are happy to state that we have achieved our overall objectives within the stipulated time. Through our project activities we were able to raise the status of the target community, especially of women & children, to some extent. The project focussed on community mobilization, awareness generation about CDs & NCDs, healthcare, health rights, hygiene, sanitation and formation of grassroots organizations and it produced satisfactory results.

Formation of committed community volunteers helped in the good results. A well informed & united

community capable of standing for their rights from the public sector was formed. It generated a better response from the authorities and the outcome was efficient implementation of government schemes in the project area. We also helped many to enrol themselves in government records, enabling them to benefit from various government schemes & privileges.

Our awareness programmes and community mobilization under the project have visibly improved the quality of basic amenities such as drinking water, toilets and bathrooms, drainage system and garbage disposal. Incidence rate of various infectious, communicable and non-communicable diseases especially respiratory infections, tuberculosis and diarrhoea/ dysentery, skin problems and mental illnesses decreased immensely. The most common diseases in the area were directly linked to a poor personal and environmental hygiene.



1) Awareness Creation Programmes on Communicable & Non-communicable Diseases

Areas of special focus on awareness & education:

- TB & HIV/AIDS
- Dengue, malaria and other seasonal communicable diseases
- Drug abuse & its consequences among children, youth & community
- Adolescence issues of girls & prevention of domestic violence
- Cancer, diabetes & other NCDs
- Sanitation, clean environment & importance of safe drinking water
- Personal hygiene, hand wash, hygienic use of toilets
- Antenatal / postnatal care
- SHGs, health clubs & income generation programmes
- Government schemes etc

In view of the above, we have successfully conducted:

Awareness programmes on Communicable and Non Communicable Diseases	83
Mid Media Programmes (Rally, Street Play, IEC)	29
Total	112

As a result of these orientation programmes, the patients diagnosed or suspected of TB started using masks; the diagnosed started treatment; defaulters restarted DOTS; and all of them started taking nutritious food and other precautions. Now, people approach for tests voluntarily. More than 500 suspected cases of communicable diseases were reported during our home visits. Out of these



164 were diagnosed positive for various CDs and started treatment. Our Coordinators followed up with the patients unto their total recovery and the regular follow up did indeed reduce default cases. As an outcome of these activities, the number of epidemics/ outbreak of communicable diseases especially seasonal diseases in the target area were significantly curbed.

The standard of sanitation and personal hygiene has improved greatly. Community people are conscious of the need to clean their surroundings especially their air coolers as they provide breeding ground for mosquitoes. Water stagnation in the area got reduced very much. People are quite aware of communicable diseases in general and the spread of TB in particular, which in turn has reduced the stigma attached to TB patients and enables them to interact friendly and kindly.

Drug abuse and addiction is one of the major social evils in the area. Even the children are driven to this! Being a slum area, it is not so easy to restrict the availability of drugs either. However, through the awareness they received as part of the project, the children of the area started to propagate information on the evil effects of drug addiction resulting in visible changes in their attitudes and their homes.

Awareness programmes on adolescence issues helped the girls to face their problems. As they were made aware of the issues, some came forward for counselling & testing voluntarily. Domestic violence is another social issue prevalent in the community. Financial disparity between men & women and the use of drugs seem to be the main reasons behind this. They were taught that through certain behavioural changes they could change the atmosphere in their homes for better. In fact, through the collective action of the community an alcohol outlet was relocated from the area.

As a result of ANC/PNC awareness programmes, now-a-days more women prefer institutional delivery as it provides specific care and attention to newborn babies and improve their survival chances. It has also reduced the risk of maternal mortality. The government also is encouraging institutional delivery and provides some benefits for women. We have provided 178 antenatal care support and 109 postnatal care support for the women in the area.

They have now become aware of various government schemes and apply for the same. However, another problem faced by many is that they have no valid identification documents to be able to apply for the schemes. Through our intervention especially before the parliament election, a good number of residents (1,623) got an opportunity to apply for voter ID cards and thereby for other government

schemes. Out of these, 576 people received new ID cards and 86 availed other government schemes. Through this initiative people got a permanent solution for their identity problem, an important eligibility criteria to apply for government schemes.

Through the thrift activities of SHGs, women are availing simple loans for small purposes. It will certainly uplift their financial status in the society. SHGs help in reaching out to the communities. We have formed 24 SHGs with a total membership of 313. They conduct regular monthly meetings (250 meetings this year), discuss health issues and participate in thrift activities. Community greatly benefits from these micro economic activities.

To promote healthcare activities, 20 health clubs with a task force of five volunteers each were formed for community mobilization. We organized trainings for these groups to capacitate them adequately. They will be our active community health volunteers in future.

Mid-media Activities:



We have conducted 29 mid-media activities such as rallies, street plays, installation of IEC boards etc to create awareness on different issues. Some 1,457 individuals participated in the activities directly while the community of the area as a whole also drew benefits from them. Sanitation, Road Safety, HIV/TB, Drug Abuse, Cancer etc were some of the main topics chosen for the mid-media activities.

As an outcome of these activities, people keep their surroundings clean, use dust bins at home and avoid throwing waste on streets/ drainages, which has restrained the spread of communicable diseases. The youth have become aware of harmful effects of drugs; they wear helmets and follow traffic

rules. The children have become ambassadors of the message in their families and among the neighbours.

2) Medical Camps



We have organized 12 medical or screening camps during the period. A total of 1,031 patients participated in them, directly benefitting from those camps. The camps included six general medical camps, four thyroid camps and two eye camps. Medicines were provided for general illnesses while those patients who required higher investigation or treatment were referred. The patients who were identified through home visits were referred to nearby government facilities. If patients required more support, our coordinators / volunteers would accompany them too.

3) Sanitation Drives & Awareness Programmes on Sanitation

We have conducted 34 cleaning drives and 26 awareness programmes on sanitation. As a result of





these, the area became cleaner. People started using the park again and the children go to play there. They have stopped throwing garbage in the park. They now know how to maintain the park neat and clean. As blockages of the drainage removed, there is no stagnation of water and sewage water doesn't enter in the houses. Community participation in sanitation activities has increased, reducing the rate of epidemic outbreaks.

These activities have not only created a conviction among the people that every individual has a responsibility to keep the surroundings clean, but also they participate in cleaning drives and put the waste in the dustbins and refrain from throwing them into the drainage. The drainage is cleaned regularly by MCD workers. Overall, the hygienic condition of the area has significantly improved, thus benefitting all residents of the area.

Cleaning Drives	34
Awareness Programs on Sanitation	26
Total	60

4) Monthly Review-cum-Training for Community Coordinators



Monthly review-cum-training programmes helped the community coordinators in smooth implementation of the project. We have conducted 12 such monthly programmes and reviewed the activities every month. In those sessions, the participants were given necessary directions for better implementation of the project and information on activities planned for the coming months. The coordinators are fully active and intervene in more health activities of the area.

The coordinators have completed 1,871 home visits as part of the health education and promotion of health programme. They have supported the people in health related activities, in identifying illnesses and referring the cases to public facilities.



Through the camps conducted the coordinators were able to assist a total of 1,623 persons to avail various government schemes such as Delhi Ladli Yojana, Pension schemes and to obtain Ration card, Aadhar card, Labour card (135 persons), Caste certificates, Voter ID cards (1,063 applied & 576 received) and readmission of dropout students (20). Out of 167 persons who applied for various pension schemes, 86 have already received the benefits.

In collaboration with MCD, we also distributed dustbins to 1,700 households. It reduced the disposal of waste in open areas and on the streets. Interestingly, this has also reduced dog bite cases in the area!

5) Training Programmes for Community Volunteers

We have conducted 20 trainings for community volunteers. There are two types of volunteer groups — children & women. We have organized various capacity building & leadership trainings, training on prevention of domestic violence, drug



abuse & alcoholism, training on nutritional food etc for the volunteers. In these camps, we also formed a street play team of children to perform at various awareness creation programs. As part of the training, we also organized different competitions such as drawing, painting, placard making, poster making, slogan writing etc on selected topics. Volunteers also planted trees in the parks and surrounding areas.

6) Monthly Block Level Meetings



Monthly meetings at the block level were conducted to get feedback from the community. We have conducted 46 such meetings and it helped us to know the needs of the community better, especially of the women.

7) Quarterly Regional Level Review Meetings



We have conducted three quarterly review meetings at RUPCHA level to review & plan the activities and to make changes wherever needed. All block level coordinators, project coordinator at the centre level and the RUPCHA team participated in these meetings. There were some changes in the project activities planned for the 2nd year. The changes were well explained to the coordinators during these meetings. Each block coordinator presented his/her quarterly reports and reviewed the progress made and suggested the areas for improvement. Documentation, report writing of project activities, finance related issues and settling of accounts were also explained. Coordinators got an opportunity to understand their performance and review the targets to achieve within next quarter.



Important: To support the main activities we have also conducted/ coordinated/ initiated many other programmes such as:

- Planting trees in parks
- Re-admission of dropout children
- Dengue awareness rally (in collaboration with MCD)
- Drawing competition (in collaboration with other NGOs)
- Concreting the pathways of block areas (in collaboration with MCD)
- Distribution of dust bins
- Supported child immunization drive
- Installation of street lights in the block area
- Awareness for children on wrongdoings in the community
- Awareness creation on the need of income generation & non-dependence for girls
- Assistance in opening bank accounts
- Controlling street dogs & dog bites
- Observing important days (Women's day)
- Training on resource mapping

The Results of Project Activities – at a glance

Sl No.	Major Activities	Activities Conducted	Beneficiaries %	Participants
1	Community Awareness Programs on:	112		
	• Communicable & Non communicable diseases	83	20 - 25% people directly benefitted by each program	2694
	• Mid-media programs (Rally, Street Play, IEC Board, etc.)	29	85% of total population	1457
2	Quarterly Health Camps:	12	25% of total population	1031
3	Sanitation Activities:	60		
	1. Cleaning drive	34	90% of total households	
	2. Awareness program on sanitation	26	80% of total target group	
4	Monthly review cum training program for Community Coordinators:	12	100%	All team Members
5	Training programs for Community Volunteers:	20	92%	All team Members
6	Monthly block level meetings:	45	Whole community	
7	Quarterly regional level review meetings and training programs:	4	100%	All team Members





Enhancing Collaborations with Government & Scaling up Services of Community Health Interventions

The project aims to establish linkages with various government departments / other agencies / corporate houses to facilitate our MIs to implement programs/ schemes and to empower the communities to safeguard their healthcare and scale up development activities. Five MIs of Rupcha are involved in implementing this project and they cover 25 villages. At the national level, the project is being implemented in 150 villages through 30 MIs in six RUs of CHAI.

This phase (III) has its focus on strengthening MIs and CBOs, linkage with government agencies to access the schemes and facilities of the GOs and NGOs. It seeks to facilitate collaboration between Catholic healthcare facilities and various national disease control programmes through PPP mode in the areas of communicable diseases and community health. The goal of the project is to improve access to healthcare for marginalized sections of the population, through decreasing coverage gaps in the provision of healthcare service status of the rural communities.

Mapping of social issues in villages helped in identifying their needs, helping them to make linkage with various agencies to strengthen their capacity, fulfilling their primary needs, providing

support for quality preventive care to avoid health complications. Preparation of action plans helped to sort out the issues on priority basis.

We conducted two half-yearly meetings to review the progress made through the project. All the Coordinators along with Fr. Sebastian, Director; Ms. Indira Rani – Program Manager and RPO - Sam Philip participated in these meetings. The purpose of review meetings, Importance of the transformation of social development sector and the contribution of MIs were well explained. During the meetings project coordinators presented the achievements, new initiatives, challenges and plan for the next quarter.



The main activities conducted under this community health project are:

Health Education	
No. of Awareness Programs	608
No. of People reached through awareness programs	14097
No. of Meetings with SHGs	663
No. of women participated in health education programs	7010
No. of Immunization Programs	425
No. of Women & Children immunized	9116
No. of Home visits	7533
No. of people covered through home visits	23091
Referrals	
No. of women referred for institutional delivery	950
No. of people referred to health care institutions for various ailments (HIV/AIDS, TB, Leprosy, Malaria, Filariasis, BP, Diabetes)	2395
No. of children referred to PHC (for malnutrition, respiratory infection, diarrhea etc)	785
No. of people linked with Income Generation Program	231
No. of people referred to Social Security Schemes	299



As a result of these activities, symptomatic referral to the nearest health facilities has increased. It helped in reducing the infant mortality rate. Coordinators use diagnostic kits to detect non-communicable diseases such as BP, diabetes and fever at the early stage. 100% immunization was ensured for children and mothers during ANC/PNC. Awareness of health and personal hygiene has increased commendably in the community. They also get regular follow-up for communicable diseases like TB, HIV etc. They have started income generation programmes with the support of SHGs and access to various government schemes and facilities. Timely action plans helped them to sort out issues on priority basis. They strengthened the community volunteers for extension of the project and empowered the community through various initiatives.



Central Procurement Scheme

Rupcha has created a platform for common projects for member institutions like Central Procurement Scheme. It has been rolling out for the past six years. The MIs are getting the maximum benefit and the procurement procedures have been streamlined well. The program is being scaled up from consumables to capital equipments for the hospitals. Presently around 65 member hospitals are participating in / benefitting from the scheme.

Every year we review the services & performances of the companies and enter in annual rate contracts with major suppliers / companies. The rate applicable to each item is the same for all member hospitals. Periodic review meetings are organized at the regional level to monitor and check the quality and the efficiency of the same. Administrators, directors or procurement in-chargers of the hospitals attend the meetings. During the review each institution expresses its experience with the companies. The feedbacks are mutually shared & recorded and an early rectification is carried out, if needed.

We strive to scale up our central procurement system by adding more items, as per the need of member hospitals. This time we signed agreements with three companies for each product without compromising on the quality of the product, service & price. Accordingly we have renewed the terms and conditions of Central Purchase. In that way we have made sure the availability of items to small hospitals too. This year we issued a 'Partnership ID Card' to each company for easy recognition. Presently we collaborate with 22 medical companies.



28th AGBM of RUPCHA

Inaugural Session

The 28th Annual General Body Meeting of Rupcha was held on September 08, 2018 at Navinta Retreat Centre, Delhi. The meeting started at 8.30 a.m. with the Solemn Mass. His Grace Archbishop Anil Thomas Couto was the main celebrant.

The Inaugural Session started at 9.30 a.m. with a general welcome and prayer. Chief Guest His Grace Anil T. Couto, Archbishop of Delhi lighted the lamp followed by other dignitaries. He also presided over the meeting. Among the dignitaries on the dais were Sr Lizy Abraham, President of Rupcha; Fr. George PA, Director of Holy Family Hospital, Fr. Robin Mandode, Director, Divine Nature's Cure, Ms. Indira Rani, Program Manager, CHAI & Fr. Reginald D'Souza, Vice-President of Rupcha. Around 80 participants attended the meeting.

After the lighting of the lamp Fr. Reginald D'Souza delivered the welcome speech. He

invited the dignitaries onto the dais with a bouquet and extended a warm welcome to the gathering. He gave the opening remarks and listed the objectives of the meeting. After the welcome address Sr. Lizy Abraham presented the highlights of AGBM. Sr. Susheela presented the narrative report of activities of Rupcha. Thereafter the Chief Guest released the Annual Activity Report of RUPCHA by presenting copies to other dignitaries. Copies of the report were circulated among the participants too. It was followed by the presidential address by the Chief Guest.

Felicitation of former Director Fr Jeejo Antony was the next. Sr. Susheela read out the 'Word of Appreciation' and Fr. Reginald D'Souza, Vice President of Rupcha presented the memento. Fr. Sabu PL from Gorakhpur received the memento on behalf of Fr. Jeejo who was unable to join the programme due to unavoidable circumstances.

Sr Vinaya Francis UMI delivered the vote of thanks.

Scientific Sessions

The Scientific Sessions started at 11.00 a.m. Fr. Robin Mantode, Founder of 'Divine Nature's Cure' from Pune was the main resource person for the session. He shared the findings of his research on the subject. Some excerpts from his speech: "All diseases are curable, if the root cause is treated.... Nature's Cure is nothing but using the God-created natural green raw organic plants.... Weak & impure blood leads to sickness and disease. The wheatgrass is a raw organic & nutritious diet which helps to purify our blood and internal organs. It strengthens the immune system leading to better health and healing..."

The second session was on 'Legal Aspects Related to Healthcare System'. Fr. Antony Moonjely, CST was the resource person for the session. He covered the legal aspects under various heads such as:

- The recent trends & amendments
- Consumers vs Patients
- Schedules of charges and establishment details
- Medical negligence and defense
- Landmark judgments

Ms. Indira Rani, Program Manager of CHAI spoke on the topic of Social Behaviour Change & Communication. She defined Communication as "the purposeful activity of information exchange between two or more participants in order to convey or receive the intended meanings through a shared system of signs and semiotic rules". She also explained the changes that have happened then and now, communication styles, relevance of SBCC, tools, methods & approaches of SBCC, behavior change process, etc.

The meeting concluded at 4.30 p.m. with the vote of thanks by Fr. Reginald D'Souza.





Diocesan / MI level Visits

Rejuvenation of member institutions (MIs) is a need of the hour. To get to know each other's activities, to keep a close contact with MIs, to get more active participation and for better networking and collaboration in our activities, we have planned to visit our MIs more frequently. Another important purpose of these visits was to update the MI tool. We convened diocesan level meetings at seven locations in order to meet all members in one place. It helped us get an overall picture of health activities in the dioceses. In addition, 33 MI visits and five village / field levels visits were also organized.

During our visits we tried to meet each of the MIs, especially their Directors, Administrators & Heads of the departments. Members introduced themselves and briefly explained their services rendered to the people of their neighborhood. The difficulties faced at the institutional level and in community health areas were also narrated. We discussed about the ways of strengthening the centres with available resources or with new strategies. Establishing linkages with government schemes as well as collaboration and networking with GOs, NGOs & Corporate companies were also discussed. We also presented Rupcha's regional level activities & achievements, goals & objectives, new initiatives, available government schemes, methods to establish the

community health care services etc.

Community health centres and dispensaries are the backbone of a village community. After the execution of Clinical Establishment Act 2010, some of our community health care centres were forced to shut down their services. It directly affected the village level preventive care programmes.

Another common but important issue faced by MIs was the registration of centres and unavailability of doctors and health professionals. High salary expectation of qualified healthcare professionals and a lack of interest for work in rural and semi urban areas are the major challenges in this sector. Now RUPCHA is finding alternative solutions with the support of modern technologies to overcome such obstacles.



Another point of discussion was the central procurement system of Rupcha and its advantages. Some dioceses did not have a diocesan level health coordinator. In such cases, we were able to elect a health coordinator for the diocese during the meeting.

India's healthcare sector is growing swiftly. Some of our member institutions also have made a remarkable growth and upgraded their levels by transforming to professional care. It increased their level of competence and chance of sustainability. Regular monitoring and evaluation is essential for improvement. It helps not only to find the gaps but also to perform more effectively.

In our observation, we have found that registration of health institutions under each state health authority is most important. Only registered institutions can be empanelled in government schemes. Our institutions need to improve the quality of service to increase the footfall and attract the financially capable people. Mobile health clinics are another option to reach out to the people at remote places. It is also necessary to spread awareness on modern technologies and to implement it in our care centres.

We express our gratitude to all bishops, diocesan social work directors, provincials of congregations and those who have taken initiatives to organize the meetings. Bp. Dev Prasad Ganawa, Diocese of Udaipur, Bp. Peter Parapullil, Diocese of Jhansi and



Bp. Francis Kalist, Diocese of Meerut have made themselves available for the meeting and given their valuable advice and blessings for the programme.

List of Our Visits

Udaipur Diocese: On 23 January 2019, we organized a meeting for the Udaipur Diocese at Social Works Centre, Udaipur, where we met the Bishop of Udaipur Most Rev. Dev Prasad Ganawa, the Social Works Director and the representatives from 11 member institutions. We discussed the current issues of the MIs and ways to strengthen the MIs. We also updated the MI tool. The meeting nominated Sr. Sereena as Diocesan Health Coordinator for Rupcha.

At many of the centers the patient footfall was not satisfactory; many had not done the registration of their centers. Hence we suggested them to upgrade the centres by improving the quality of service and starting mobile clinics and diagnostic / laboratory services at the centers.





meeting. 10 participants from 8 member institutions were actively participated the meeting and shared their experiences.

Meerut Diocese: Meerut diocesan level meeting was arranged on March 10, 2019 at Meerut Seva Samaj. Fr. Demasis, Diocesan social works director was made all the arrangements. There were 20 participants from 13 member institutions.

Jammu Diocese: We met with our members at Sevaniketan, Social Service Centre, Jammu during 8 - 9 February 2019. Members from Sevaniketan, St. Joseph's Community Hospital, Nirmal Mata Health Centre, Kristu Jyoti Hospital and so on participated in the meeting. We discussed the current issues of MIs like registration of healthcare institutions and new strategies to strengthen the centres. We also updated the MI tool. In the meeting Sr. Annie, Administrator of St. Joseph's Community Hospital was nominated as the Diocesan Health Coordinator.

Jhansi Diocese: On 18 March 2019, we have visited Jhansi Diocese. The meeting arranged at Diocesan Social Works Centre by Fr. Arul & Fr. Johnson. There were 7 participants from 5 member institutions.

Agra Diocese: The meeting was organized at Agra Catholic Diocese Samaj Seva Sansthan on 20 February 2019. Directors of Agra Diocesan Social Works, KNEUS, St. Dominic Hospital and Etawa Samaj Kalyan Samiti participated. Fr. Dr. Sebastian introduced Rupcha and its present activities and invited them to participate in the activities. He also explained the advantages of participating in the central procurement system. Thereafter they discussed the present status of the diocesan unit and ways to strengthen the MIs of the diocese.

Jalandhar Diocese: Jalandhar Diocesan visit was organized on 29 April, 2019 at Sacred Heart hospital, Jalandhar. There were 10 participants



Lucknow Diocese: On 26 February 2019, we have visited Lucknow diocesan members at Prabhat Tara, the Diocesan social works centre. Fr. Praveen Quadras, Director of Social Works organized the

from 5 member institutions including social works director Fr. Antony Madassery.

MI visits

We met the members of the institution, project coordinator and the community animator to apprise the progress of the program at the grassroots level. They discussed the present activities and achievements. After updating MI tool they also visited the target villages.

We have discussed the issues of MIs, difficulties in registration of hospitals, how to strengthen the MI & the difficulty to get qualified doctors in the area. We also discussed health issues in the community such as the need to improve health & hygiene of the area, individual responsibility in sanitation programme and its maintenance.



We found that the health care providers need proper training on establishment of health care sector.

- **Shanti Niketan Ayurveda Hospital & CHC, Lucknow** visited on January 17, 2019.
- **St. Joseph's Community Health Centre at Mahmudabad, U.P.** on January 18, 2019.
- **KNEUS (Kusht Niyantaran Evum Unmoolan Samiti), Greater Noida.**
- **Kristu Jyoti Hospital, Samba, Jammu** on February 08, 2019.
- **St. Joseph's Hospital, Akhnoor, Jammu** on February 09, 2019.
- **Karunashray Hospital, Sultanpur** visited on February 15, 2019.
- **St. Dominic Hospital, Tundla** visited on February 20, 2019.
- **Fatima Hospital, Lucknow** on 26 February 2019 & June 27, 2019.
- **St. Ann's Hospital, Mohanlal Ganj** on February 26, 2019.
- **Holy Cross Hospital, Dasna Massoori** on March 01, 2019 & May 29, 2019.
- **Social Action Centre, Kanpur** on March 26, 2019.
- **Poliganj Hospital** on March 29, 2019.
- **St. Joseph Hospital, Ghaziabad** on April 17, 2019.
- **Jivodaya Hospital, Ashok Vihar, Delhi** on April 24, 2019.
- **Sacred Heart Hospital, Jalandhar** on April 29, 2019.
- **St. Joseph Health Centre, Mahmudabad** on May 7 - 8, 2019 & June 26, 2019.
- **Lisieux Bhawan, Lucknow** on June 26, 2019.
- **St. Joseph Hospital, Gomti Nagar** on June 27, 2019.
- **St. Joseph's Hospital, Roorkee** on July 04, 2019.
- **St. Paul's Health Centre, Dehradun** on July 05, 2019.
- **Karunashray Hospital, Sultanpur** on July 24, 2019.
- **BCM Hospital & BCM College of Nursing, Sitapur** on July 25, 2019.
- **Jeevan Jyothi Community Centre, Sitapur** on July 25, 2019.
- **St. Francis Leprosy Centre, Sitapur** on July 07, 2019.





Field Visits & Meetings

Field visits are necessary to assess the progress made through the intervention of the project activities on the ground. It also helps to monitor project activities and strengthen MI level activities. In this connection we have visited the targeted villages and discussed the challenges they face in implementation and the achievements through the project and their future plans for improvement. Majority of these MIs had established their centres two to three decades back. Over this period of time, they have been able to build good rapport with the local community and the stakeholders.

The project aims to establish linkages with various Government departments/ other agencies/ corporate companies to facilitate our MIs to implement programmes/ schemes and to empower the communities in safeguarding their healthcare and development activities.

Visit to Vallipur & Bouva villages: On 15 February 2019, we visited Vallipur & Bouva villages, where the project activities are implemented under the supervision of Karunashray Samajik Seva Kendra (KSSK).

During the visit we met Animators,

Volunteers and the public in the targeted area. They have done wall paintings & village mappings as per the Objective II of the project. We observed the need for a) introduction of IGP programs for their livelihood, b) focus on child health & personal hygiene, and c) proper awareness on antenatal & postnatal care.

Visit to Chaku Village: Along with Sr. Lalita, the Coordinator of Santhi Niketan, the team including Fr. Sebastian - Director, Ms. Indira Rani - PM, Mr. Sam Philip - RPO & Ms. Prameela - Community Animator visited the model village Chaku in Lucknow on 17 January 2019.

Ms. Prameela, Community Animator, welcomed the team and arranged a meeting with the women and children. She gave an awareness session on the Importance of Health and Hygiene to prevent communicable diseases. They also discussed the social and health issues of the community. The listed issues were: lack of proper toilet facilities (those who have toilets do not use them or use them for other purposes), lack of transport facilities to reach PHCs/ hospital and the poor financial status and inability to afford the cost of transportation and treatment.

The results achieved through the activities are: increased institutional delivery, increase in the use of toilet and reduction in open defecation especially by women & children, reduction in the number of school dropouts and TB cases in the area.

They discussed with the Animator and the Project Coordinator about the mapping of the model village and systematic establishment of project activities. They also discussed about the action plan for improvement of the community healthcare programme.

Visit to Katar Purva Village: Sr. Bimla Toppo, the Project Coordinator from St. Joseph's Community Health Centre arranged the visit to Katar Purva Village on 18 January 2019. The team consisting of Ms. Indira Rani, Mr. Sam Philip and Animator Ms. Sunita visited the village and interacted with the people. During the consultation certain issues were highlighted as requiring immediate attention, such as health & hygiene of the area, maintenance of sanitation system, need for improvement in education system and lack of proper housing. Increase in diseases such as tuberculosis, diabetics and skin diseases from the target communities were also reported.

The achievements and results of the project activities were evaluated. Increase in institutional delivery and a marginal increase in the use of toilet were noted. Open defecation especially by women & children and number of school dropout cases have also come down.



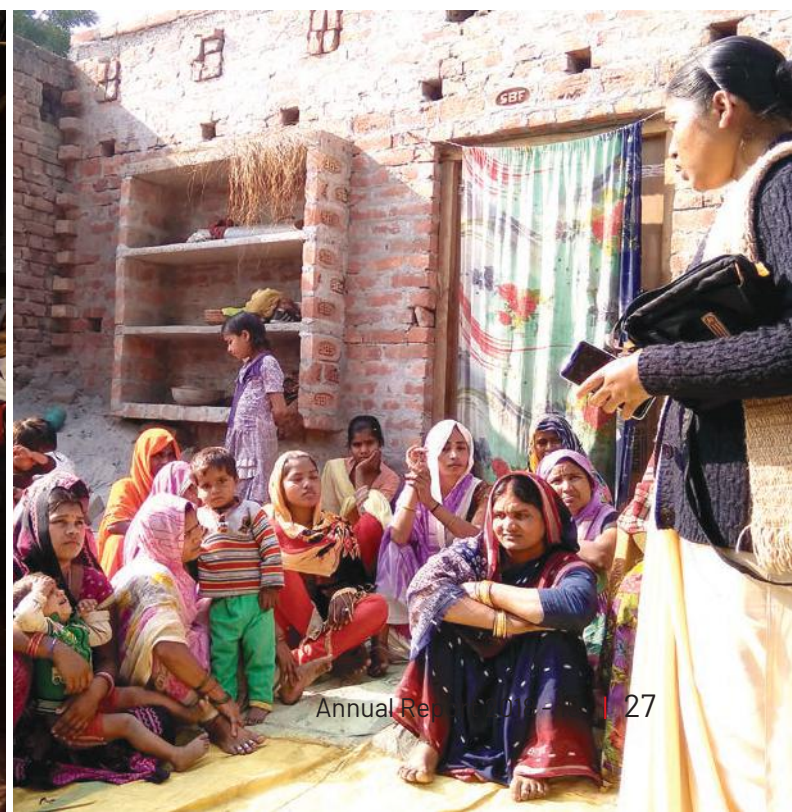
The Member Institution supported 50 families to build their houses. It started SHGs and is providing primary healthcare through the clinic. After a fruitful discussion, the people have also realized that they will be the real beneficiaries if they take care to maintain the sewer line.

Visited **Masota village**, activity implementation undertaken by Holy Cross Social Work Centre on March 01, 2019.

Visited **Jayaprakash Slum, Shastri Nagar, Ranjith Nagar**, activity implementation undertaken by Social Action Centre, Kanpur on March 26, 2019.

Visited **Banoga Village** on June 26, 2019, where the project activities implementing by Shanti Niketan, Lucknow.

Visited **Chadauna village** on July 24, 2019, where the project activities implementing by Karunashray Samajik Seva Kendra.



Governing Board Meeting

The Governing Board meeting of Rupcha was held on Monday, May 28, 2018 at Holy Family Hospital, Delhi. Five members participated in the meeting. Sr. Lizy Abraham, President presided over the meeting. The main objective of the meeting was a discussion / proposal for a new Director.

Regarding the official signatory, it made temporary arrangements till a new Director took charge. As the term of Fr. Jeejo Antony, the present Director of the organization was coming to an end, it was decided to have a farewell ceremony in his honour, as also a welcome ceremony for the new Director, during the AGBM.

Regarding the payment for the new Director, whether it should be as remuneration or salary, members expressed their opinions and decided to

discuss the matter with the new Director before taking final decision.

Fr. Reginald suggested that Fr. Jeejo could present a report about the things he has done during his tenure so that the new Director will get a clear idea of the ongoing activities.

Regarding the Central Purchase Rate contract, it was suggested to continue the same rates for the year 2018-19.

Dates were proposed for the next AGBM and decided to conduct it at Navinta, Delhi, which was to be finalized after consultation with Bishop Kalist.

After the deliberations, the board meeting ended with a vote of thanks.

Regional Level Review Meetings

We have organized 2 half-yearly regional level meetings to review the progress made through the community health project implementing in 25 villages. All the Coordinators along with Fr. Sebastian, Director; Ms. Indira Rani - Program Manager and RPO - Sam Philip participated in these meetings. Purpose of the review meetings, the

Importance of the transformation of social development sector & the contribution of the MIs, were well explained. Project coordinators presented the activities conducted in each village. Corrective measures, if needed, explained well after review. They narrated the achievements, new initiatives, challenges and action plan for the next quarter.



Regular Home Visits, follow up for ANC/PNC cases, Tuberculosis awareness on communicable and non-communicable disease, health camps, screening on communicable and non-communicable diseases were facilitated to improve the health seeking behaviour of the villagers. It was a great support for the poor and marginalized group of people in the village.

Moreover, we have participated in the National level review meeting of the project conducted at CHAI, Secunderabad during 8-9 April, 2019.





Governing Board Meeting

The Board meeting of Rupcha was held on Wednesday, November 14, 2018 at RUPCHA Office, Delhi. President Sr. Lizy Abraham presided over the meeting and welcomed all the members in general and in particular, Fr. Dr. Sebastian Ullathottam OFM Cap. the new Director. The main objectives of the meeting were:

1. Welcoming the new Director, Fr. Dr. Sebastian OFM Cap.
2. Discuss the conduction of forthcoming CHAI AGBM

All the members joyously welcomed the new Director with a bouquet and expressed their happiness in getting a new Director for RUPCHA. After the welcome address, President Sr. Lizy introduced RUPCHA and narrated its present projects and the whereabouts of all in detail. Incidentally, Fr. Sebastian already had working experience with RUPCHA, when he was in Udaipur.

Later, Fr. Mathew Abraham, Director General of CHAI also joined the meeting. He gave a good introduction about CHAI through a PowerPoint presentation. As there was a plan to conduct the next CHAI AGBM in Delhi, he explained the details of how to conduct CHAI AGBM and gave some examples of previous AGBMs. Finally, the meeting decided on a tentative date and proposed a venue for AGBM and for accommodation of around 350 delegates. The meeting continued further to discuss other the AGBM related matters.



Continued Medical Education (CME) Programme

A CME-cum-Workshop on Cardio Pulmonary Resuscitation (CPR) – a process to bring back to life the heart and lungs to life again – was organized at St. Francis Hospital, Ajmer in collaboration with RUPCHA on the 3rd & 4th of May 2019. The resource person was Dr. Amit, a DM Cardiologist from Meerut, along with his ICU team. Around 150 staff, tutors and doctors participated.

Cardiopulmonary resuscitation (CPR) is an emergency procedure that combines chest compressions often with artificial ventilation in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person who is in cardiac arrest. It was meant to equip medical and nursing personnel to handle emergencies of such type.

Topics like the seven steps of CPR and how it is administered, ratio of breaths to compressions during CPR (compression – ventilation ratio), what CPR does to the heart, elements of basic life support, ACLS drugs given during CPR etc were all well explained. The training was appreciated by all.





GB cum Central Procurement Meeting

A combined meeting of the Governing Board and the Central Purchase Committee was held on Saturday, December 08, 2018 at Holy Family Hospital, Delhi. In addition to the board members, 23 participants from various Member Institutions attended the meeting. Sr. Lizy Abraham, President, presided over the meeting and welcomed all the members. Thereafter Sr Susheela, Secretary, presented the minutes of the previous board meeting, which was later passed unanimously.

Fr. Dr. Sebastian OFM Cap., Director, gave an introduction to the meeting. The main objectives of the meeting were: i) Review of Central Purchase System, & ii) To discuss / decide the conduction of CHAI AGBM 2019.

The discussion started with the renewal of rate contracts with the companies. As the financial year was nearing its close, it was decided to renew the contracts for the next financial year (2019-20). It also decided to meet again in the first week of March for renewal of contracts and to invite the companies for discussion to finalize the rates.

Fr. Sebastian suggested that inclusion of all health institutions to the system will be better and beneficial for our small institutions. Later, more small hospitals (10 and above bedded hospitals) were added to the system enabling them to purchase either directly or indirectly from bigger hospitals. He advised the MIs to share the details of good companies which supply good quality material at less price to the committee, for the benefit of other MIs. He also advised the members

to inform the benefits that they are getting from the system in order to attract small MIs. The meeting also requested big hospitals to add new MIs of their area.

Fr. George, Director, Holy Family Hospital, explained his experiences and the benefits received through the system. He said if we could add volume, rates would reduce further. He also advised to make a requirement list and make a performance study of companies before the next meeting in March.

The next discussion was about the CHAI AGBM. All members willingly agreed to organize the CHAI AGBM in Delhi. The activity list, which we had received from CHAI, was distributed among the participants. We had already categorized the list of activities to be undertaken by RU & CHAI & together. The meeting discussed each item separately. It entrusted Fr Sebastian for further discussion with CHAI. A core team for the smooth conduction of the AGBM was also formed.

Fr. Sebastian explained his plans for the forthcoming programmes and diocesan level meetings to revamp the local units. The meeting also discussed about the annual contribution to Rupcha and decided to send a request letter to all MIs, at the earliest.

Thereafter the core team met and discussed further proceedings of CHAI AGBM as around 350 participants were expected for the event this time. The team entrusted categorized duties to each member and the meeting came to an end with a vote of thanks.



Ayushman Bharat (PM-JAY) Advocacy Meeting

RUPCHA organised a one-day advocacy programme as part of the process for Empanelment of Hospitals in Ayushman Bharat (PM-JAY) Scheme on 21st May 2019, at Holy Family Hospital, Okhla, New Delhi. A total of 34 people from 28 MIs participated in it.

The programme started at 10.00 a.m. with Fr. George PA, Director of Holy Family Hospital & GB Member of RUPCHA, welcoming one and all. Dr. Arun Gupta, Executive Director, PM-JAY, gave a short introduction or an overview of the programme. After the self introduction of participants, he explained in detail the felt need of the scheme. Statistically, in India, half the population do not go to hospital for proper treatment due to various reasons. The main reasons include the unaffordable treatment costs at private hospitals while treatment in government hospitals is either inaccessible or delayed due to heavy load. As around 600 million Indians remain at the bottom level economically and socially, the main focus of Ayushman Bharat is to empower the poor to access good healthcare. It seeks to ensure that the poor are able to access curative care across the hospitals.

He explained the main advantages of the scheme: It's a cashless & paperless treatment for poor patients. It covers costs of treatment, medicine, consumables etc up to 5 lakhs for a family. He also described the eligibility criteria for the beneficiaries. Each eligible beneficiary would receive an Ayushman Card - the 'Golden Card'.

After the overview, Mr. Aman Kher, Project Manager, led the session on empanelment of hospitals and how to apply online. The following areas were covered: submission of online application, empanelment procedure, mandatory

parts, implementation modes, modification of data in profile, procedure of approval, criteria of selecting packages and reimbursement.

After the tea break Mr. Aman Kher also led the session on Hospital Workflow and the tools for each key process. The scheme is meant only for in-patients and not for OPD. In this session he covered packages, pre-authorisation, beneficiary identification system, basic requirements for empanelment, functioning of the scheme, different ways to identify eligible beneficiaries/patients, member functionality and the role of Ayushman Mitra.

After this, the topic of "Hospital Transaction Management Workflow Summary" was taken up and it covered registration, diagnosis and admission, package selection, how to change from one package to another, role and responsibilities in TMS, reasons delaying the approvals and reimbursement, IT tools for each key process etc.

During the session participants clarified their doubts, quite frequently.

At the end, on behalf of RUPCHA Sr. Julita thanked the Ayushman Bharat team and all participants and the meeting concluded at 3.00 pm.



Governing Board Meeting

A meeting of the Governing Board of Rupcha was held on Saturday, July 20, 2019 at Rupcha office, Daryaganj, Delhi. The meeting started at 10.30 a.m. Fr. Sebastian welcomed all participants and a special welcome was extended to the team from CapBuild Clinical Skills Pvt. Ltd, Gurgaon. After the scientific session, Fr. Sebastian gave an introduction to the meeting. Next, the Board discussed the upcoming Rupcha AGBM and prepared a tentative schedule for it: Accordingly, it would start with the Holy Mass at 9.00 a.m. followed by inaugural & business sessions. After lunch break, the scientific sessions are to start at 2.00 p.m. The topics of scientific sessions would be 1) Enabling Member Institutions for Telemedicine; 2) Cancer & iBreast Exam and 3) Transitioning Community Hospitals to Referral Medical Centres. These sessions would be of 45 minutes each.

Fr. Dr. Sebastian provided an update on the projects, central procurement system and other activities. He explained the details of visits to diocesan centres, member institutions and project areas, (which were still going on). He also detailed about the plans of forthcoming programmes. All Board Members congratulated him on this.

Regarding CHAI AGBM, he explained the decisions taken during the preparatory meetings, updated all on the work already done in preparation for the AGBM and reminded us of our other responsibilities. He insisted that we must make it a pleasant experience for all.



Transitioning Community Hospitals to Referral Medical Centre



We had a meeting / scientific session on 'Transitioning Community Hospitals to Referral Medical Centre' with CapBuild Clinical Skills Pvt. Ltd, Gurgaon on Saturday, July 20, 2019 at Rupcha office, Daryaganj, Delhi. It was clubbed with the Board meeting of Rupcha and started at 10.30 a.m. Fr. Sebastian welcomed all the participants, especially the resource team from CapBuild Clinical Skills.

They work in partnership with hospitals for expansion and transitioning community hospitals to referral medical centers. It helps in capacitating hospitals to go to the next level. Referral network can ensure continuum of

care. Through this we can reach up to the last person. The team introduced their activities and experience through a PowerPoint presentation. They underlined the need of collaboration for growing up. They explained the increased burden of non-communicable diseases like cancer, diabetes etc. The incidence of cancer is increasing rapidly in Rupcha region too. They displayed a chart indicating the growth of cancer incidence in different regions. After the presentation, they were welcomed to present the topic to a wider audience – during the scientific session of Rupcha AGBM.

A good seed brings out a good future....



Mrs. Meera was a poor villager of Bhowa village, Sultanpur, U.P. She was pregnant & anemic when our volunteers met her first time. Poverty, Illiteracy, community practices and lack of knowledge led her to anemic & critical health condition during her pregnancy. They were practicing the rituals passed down through the generations & they were

not ready to come out of their traditional beliefs and their community practices during the time of pregnancy and child birth.

Her family members have not taken adequate interest in taking proper antenatal care - regular check-ups, vaccinations, consumption of iron & folic acid tablets, nutritious food, etc. They were not aware of such ANC activities & its advantages in preventing potential health problems throughout the course.

Through the continuous interventions - health education & counseling - of our community health volunteers, slowly they changed their superstitious practices. Community volunteers introduced her to the government facilities and started to use it.

Our volunteers brought her back to the mainstream through determined course of actions. She started regular check-ups & vaccination. She received nutritional foods, powders (poshakahar) & financial assistance from the government facilities. Her health condition improved steadily. She gave birth to a healthy and active child through a safe institutional delivery. It is a right to health of an individual, which was not known to the poor villagers.

It is not a single story of Mrs. Meera, but many mothers of that village are grateful to our Community Health Volunteers for their on-time intervention, health education & for connecting them with Government facilities/schemes. It creates a healthy community and leads to safer practices. Still there are communities with superstitious practices during ANC & PNC, in many parts of our country.

Survival of Financial Crisis through SHG

It is a success story of Mrs. Suma (name changed) and Mr. Sanu (name changed) of Dharmendra Nagar, Kanpur. Mrs. Suma is affected with polio and paralysed her right leg and became partly incapable of movement. She has 3 children and the eldest is of 9 years. Her husband, Mr. Sanu is a daily labourer, faced difficulty in finding job everyday and the family suffered financial crisis and were living in very pathetic condition.

Though, she joined in our SHG, struggled to pay the monthly contribution to the group. One day she expressed her financial difficulty in the SHG meeting. The group members suggested her to take a loan from SHG and to start a small vegetable shop on the road side of their slum for their livelihood. The group approved a small loan of 5,000/- and with the amount her husband started a small vegetable shop on the street side.

As it grown to profitable and she also started a separate shop. Now both are doing the same business and having better income and standard of living has also been improved. Now she always has a better & victorious smile on her face. Their family survived their financial crunches and living happily. She is very grateful to the SHG group for the financial support, motivation & encouragement of group members, which helped her for taking challenges in life, for betterment.

We already have more than 50 well functioning SHGs in our project areas. Each SHG will have stories of success, but here we have narrated only one example of such achievements.



Training on Resource Mapping

RUPCHA has organised a special training on Resource Mapping for the block level coordinators of community health project at Jahangirpuri on 16th April 2019, at Delhi. The entire primary

stakeholders participated in the meeting. Fr. Dr. Sebastian, Director of RUPCHA led the sessions on Resource Mapping.

He explained the importance of resource mapping in community development. He has described about the context of resource mapping, areas, benefits, mapping methods, goal setting, identifying and collecting data, source of information, etc.

This training helped them to utilise the local resources for social development, to approach different situations on professional manner, to analyse cases and its consequence, and to find out suitable solutions.



Central Procurement Scheme Meeting

RUPCHA convened a meeting of central procurement partners at Holy Family Hospital, Delhi on March 07, 2019. Fr. Sebastian, Director of Rupcha, welcomed all the representatives of Member Institutions. The main objectives of the meeting were to welcome the newly enrolled member hospitals to the system and to meet the companies for signing the rate contracts for the year 2019-20. Around 40 participants from our MIs, mainly Directors, Administrators and Purchase In-charges, participated in the meeting.

Fr. Sebastian started with a presentation of activity report and achievements of Rupcha. This year we have expanded the system by including 10 bedded hospitals to the system. He explained the benefits and advantages of the system to the newly enrolled members. By adding more hospitals to the system, we will be able to show our strength and it will be

beneficial to our smaller hospitals. Presently 65 hospitals participate in the system.

He explained about the renewed terms and conditions for signing agreement with the companies. We will make agreement with 3 companies for each product, without compromising quality of the product, price & service.

Fr. George, Director of Holy Family Hospital addressed the audience and shared the experience of his hospital.

After the MIs meeting & discussions, the company representatives were invited for discussion and to present their products. Twenty-six companies participated and presented their products that day.





Deliverance from Tobacco & TB

It is a story of a young man, Mr. Love Kush of Chachk village, aged 21. His family was very poor and parents were daily labours. He started using chewable tobacco at a younger age and then became addicted to it. After a course of time, bad effects of tobacco started to show its symptoms on his body and his activities. He have developed cough and mild fever every day and started to reduce his weight.

His condition worsened and his parents took him to a nearby health centre. But from the primary treatment he did not get any relief and two-three days after he vomited blood. They again brought him to the hospital and after investigations it was declared as open TB.

[Tuberculosis (TB) is an airborne infectious disease caused by the tubercle bacillus. TB cases can be broadly classified as "open" and "non-open". Tiny tubercle bacilli can be seen, with special staining, inside the sputum under direct microscopy for "open" cases. "Open" cases are generally considered infectious].

The treatment started immediately and discharged from hospital after a few days. Even though he left his bad habits, due to the side effects of medicine, lack of appetite, he became very thin & unhealthy and was not able to eat anything.

Our volunteers have seen him in such a condition and their constant visit and support made a lot of improvement in his condition. Now he is regular to his medicines and food. He is getting good support from his family. He is coming back to his normal life.

‘Tobacco is one of the most widely abused substances in the world. It is highly addictive. The Centers for Disease Control and Prevention estimates that tobacco causes 6 million deaths per year. This makes tobacco the leading cause of preventable death. Nicotine is the main addictive chemical in tobacco.’



Social Change through Community Mobilization

Dumping the household garbage in streets or in nearby dumping station is a widely accepted way of doing in Jahangirpuri slum. MCD workers used to come and clean the station, bimonthly. By the time it will be decomposed and creates unpleasant smell in the area. It becomes a breeding ground for mosquitoes, flies, dogs, etc.

After a few days of this cycle, due to the filthy surroundings and the presence of street dogs, people don't go up to the dumping yard and starts to throw the garbage in streets, drainages and parks. It creates social issues and havoc among the community. It creates health problems among them especially in children & the aged. Illiteracy, lack of knowledge on hygiene leads them to ignore such serious social issues.

To find a solution to the problem, our community coordinators (of MANOS Project) met with Municipal Councillor Mr. Ajay Sharma and shared the issue with him.

In his guidance, our coordinators took initiative to submit a memorandum to the Municipal Council office. They had to repeat the process of submission of the memorandum, three times. After several follow ups, the memorandum forwarded to the

Zonal office with their recommendation.

As a result of these efforts, finally they granted the approval for alternative solutions. The garbage dumping station is closed down and MCD vehicle started to come & collect the garbage from each street on daily basis. Municipal Corporation distributed 1700 dustbins to the residents of Jahangirpuri Slum D, E & EE Blocks – the areas in which we are working.

Our block coordinators took initiative to aware people and motivated them to follow the new system. It made huge impact among the community.

- a) Drainage blockages are reduced
- b) Dog bite cases are reduced
- c) Park and surroundings are clean for use

Block coordinators also took initiative to clean the park, planted trees with the support of MCD & with participation of the community people. After the cleaning campaign people started to use the park.

Positive and timely interventions always lead to social change. While following up, coordinators faced a lot of rejection and opposition. As aimed, through the focussed community mobilization, we could make a change in/for the community.



RAJASTHAN UP CATHOLIC HEALTH ASSOCIATION 35-C, MAHANAGAR, LUCKNOW

FOREIGN CONTRIBUTION ACCOUNT

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDING 31.03.2019

EXPENDITURE	Rs.	P.	INCOME	Rs.	P.
To Misereor Project			By Foreign contribution		
I) Human Resources	750,000	00	I) Contribution for self care & foot care in diabetes - CHAI	147,445	00
II) Travel	325,979	00	II) Contributions for misereor project fund from CHAI, Secunderabad	1,537,906	00
III) Monitoring & Evaluation	123,703	00	III) Contribution for Manos-Unidas Project	1,974,077	00
IV) Programs	253,865	00	By Bank Interest on S.B. A/c	48,662	00
V) Stationery & Documentation	10,615	00	By Excess of Expenditure over income transferred to Capital Fund	478,564	00
VI) Communication	15,946	00			
VII) Administration Costs	70,000	00			
To Self Care & food Care in Diabetes					
I) Health Education to diabetes groups	72,000	00			
II) Health Camps	33,000	00			
III) Quarterly Meeting with front line workers, community, volunteers & leaders of diabetic club	3,000	00			
IV) Administrative cost	34,845	00			
V) Project disseminating meeting	7,000	00			
To Integrated approach to community health and empowerment project					
I) Labour & Salaries	914,918	00			
II) Project Activities	1,518,799	00			
III) Operational costs	21,600	00			
To Depreciation	31,384	00			
Total	4,186,654	00	Total	4,186,654	00

BALANCE SHEET

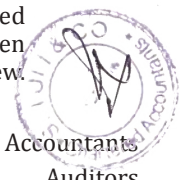
LIABILITIES	Rs.	P.	ASSETS	Rs.	P.
Capital Fund			Furniture	12,272	00
Balance as on 01.04.2018	1,128,963	00	Equipments	127,117	00
Less: Excess of Expenditure over Income	478,564	00	Camera	13,412	00
	<u>650,399</u>	<u>00</u>	Computer & Printer	26,000	00
			Closing Balance (as on 31.03.2019) (As per books of Accounts)		
			Cash in Hand	6,592	00
			With Federal Bank S.B. A/c	465,006	00
				<u>471,598</u>	<u>00</u>
Total	650,399	00	Total	650,399	00

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
Dated: 05.08.2019

Chartered Accountants
Auditors



RAJASTHAN UP CATHOLIC HEALTH ASSOCIATION 35-C, MAHANAGAR, LUCKNOW

GENERAL ACCOUNT

STATEMENT OF INCOME AND EXPENDITURE FOR THE YEAR ENDING 31.03.2019

EXPENDITURE	Rs.	P.	INCOME	Rs.	P.
To Human Resources	811,625	00	By Contribution from Misereor Project	101,849	00
To Program Costs	55,352	00	By Contribution from Manos-Unidas Project	1,011,636	00
To Organisational Cost	164,779	00	By Contribution from Member Institutions	431,497	05
To Other Project Expenses	41,743	00	By Contribution from Companies	780,000	00
To Administration Expenses	386,626	00	By AGBM Registration Fee	27,000	00
To Depreciation	13,650	60	By Membership Fee	16,634	00
To Excess of Income over Expenditure transferred to Capital Fund	1,042,633	45	By Bank Interest		
			on Sb A/c	11,569	00
			on FDR's	136,224	00
				<u>147,793</u>	<u>00</u>
Total	2,516,409	05	Total	2,516,409	05

BALANCE SHEET

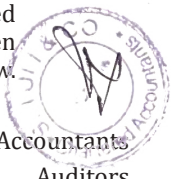
LIABILITIES	Rs.	P.	ASSETS	Rs.	P.
Capital Fund			Furniture	14,352	00
Balance as on 01.04.2018	3,781,270	43	Electrical Equipments	56,928	00
Add: Excess of Income over Expenditure	1,042,633	45	Office Utensils	11,389	00
	<u>4,823,903</u>	<u>88</u>	Income Tax (TDS)	89,679	00
			Closing Balance (as on 31.03.2019) (As per books of Accounts)		
			Cash in Hand	17,988	00
			With Federal Bank S.B. A/c	1,298,615	88
			FDR's with Federal Bank	3,153,698	00
			Accrued Interest on FDR's	181,254	00
				<u>4,651,555</u>	<u>88</u>
Total	4,823,903	88	Total	4,823,903	88

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
Dated: 05.08.2019

Chartered Accountants
Auditors





Minutes of the Last AGBM

The 28th Annual General Body Meeting (AGBM) of Rupcha was held on September 08, 2018 at Navinta Retreat Centre, Delhi. The meeting started at 8.30 a.m. with Solemn Mass. After the Holy Mass, followed by Inaugural & Scientific Sessions, the business session started at 3.30 p.m. with a welcome address by Sr. Lizy Abraham, President of Rupcha.

The following was the agenda for the session:

- Welcome
- Presentation of the minutes of the previous AGBM
- Matters arising from the Report
- Presentation of Audited Accounts
- Presentation of the Budget
- Appointment of Auditors
- Vote of Thanks

Sr. Lizy Abraham presided over the meeting and after the welcome address she invited Sr. Susheela, Secretary, to present the minutes of the previous AGBM. Sr. Susheela presented the minutes and as there were no clarifications sought, Fr. Sabu proposed the report to be passed and Fr. Biju seconded it and the minutes was passed unanimously.

Sr. Vinaya Francis, Treasurer, presented the audited accounts and placed it open for clarifications. Fr. Antony KK suggested not to mention the bank account number in the annual report. Fr. Viju noticed that high expense for a small programme like AGBM is not desirable. After explaining the reasons by Sr. Lizy, the accounts got passed unanimously. Thereafter the budget for the year was also presented and passed unanimously.

Regarding the appointment of auditors, the floor sought the opinion of Accounts Officer and as his opinion was positive to the present auditors M/s. Tuli & Co., the floor decided to appoint them for the current year (2018-19).

There was also a short discussion on the appointment of a new Director. The President invited proposals for the post. As nobody could propose names at that time, she suggested to send in their proposals later.

The meeting was concluded at 4.30 pm with a vote of thanks by Fr. Reginald D'Souza, Vice President of Rupcha.

