

CBCI OFFICE FOR HEALTH CARE BIENNIAL REPORT 2016-17

Chairman : Most Rev. Prakash Mallavarapu,

Members : Most Rev. William D'Souza and Most Rev. Jacob Manethodath,

Secretary : Fr. Mathew Perumpil, MI.

Introduction

CBCI Office for Health Care was established in 1989 by the Catholic Bishops' Conference of India to function as the coordinating body of all the health related organizations of the Church in India. The office is to inspire and guide all the health related organizations according to the spirit of the Catholic teaching, practice and tradition (Report of the CBCI General Body Meeting, Pune, 1992.)

The Office for Healthcare now is operating from St. Johns Medical College campus, Bangalore as part of the restructuring process of CBCI.

Context and Background – (Scope and Relevance of the Office of Healthcare)

The activities of the Healthcare office are two-fold: INSPIRATIONAL and FUNCTIONAL. In the inspirational role it is focused on Animation and networking of the healthcare mission of the Church in India in collaboration with the various Catholic bodies like CHAI, SDFI, CNGI and other Christian Organizations like CMAI and EHA. At the functional role through CBCI-CARD, it is implementing Tuberculosis control program with the support of Global Fund in collaboration with the UNION.

During the tenure of Fr. Dr. Mathew Abraham, Csr, a process was started to re-define the role of this office so as to focus more on animation and guidance of the Health care mission and leave the functional role to Catholic Health Association of India. This process was seriously taken up during 2013-15 along with the Strategic Planning process to re position the Catholic Health Care Ministry in the changing and challenging context of India. As Fr. Mathew Abraham moved to CHAI as its Director General the functional role of the Office remained by and large in the animation and guidance sphere.

Catholic Health Care Mission in India Today

India is going through a challenging phase of health care services to its citizens. On the one hand, advancements and developments in Medical science and technology puts India on top of the world, on the other hand millions of its citizens are deprived of basic and primary health care. Catholic Church was not only the largest player in health care services after the government, but also the abode of most of the poor and marginalized sick of our country. We were the only source of humane health care in the remotest villages of our nation. But today, we are struggling to exist and provide compassionate and affordable health care to the poorest and the hardest to be reached sick of our society due to the mounting external and internal challenges in the healthcare field. Most of our dispensaries in the villages are closed. Many of our Mission Hospitals are either closed or on the verge of closing. Those willing to work

are under tremendous pressure to deliver their mission faithfully. Yet, it is precisely in this context that the Church has to re-discover its unique and prophetic role to witness to the Compassionate Healing Presence of Christ in India today.

Key activities of the Office

Animation and Guidance

In 2005 Catholic Church in India brought out its National Health Policy, the first time in India by any organization in health care mission. This policy document was the result of a series of deliberations and consultations taking into consideration the special context of India focusing and shaping the vision and mission of the Church in India in this vital field of our ministry. The primary function of the office of Health Care is to make sure this policy is known and implemented through our health care initiatives. A lot has happened since and the context and situation of the health care scenario in India has changed and there is an urgent felt to re-visit this policy and make it more relevant to our context today.

It is also important to take into consideration the National Health Policy of the Government of India enacted in March 2017 and where do the Catholic Health Care mission fits in today. The office during these two years primarily focused on making our health care institutions aware of the changing policies and context and adapt accordingly without losing our primary mission of healing and wholeness to the lives of people, especially the marginalized. The office implemented these activities primarily through networking with all those who are engaged in healthcare ministry.

Networking with Catholic and other Christian Healthcare Networks

CBCI office of Healthcare works as the apex unit in coordinating and networking with all other players, especially the Catholic Health Association of India. Both the Chairman and the Secretary of the Office of Health Care are members of the Board of CHAI and over the past few years the office was able to work very cohesively and effectively with CHAI in the health care mission of the Church. CHAI functions as the arms of the Church in delivering what is envisioned in our mission statement.

From 2013 the office was working closely with CHAI in what was called the “Strategic Planning Process” in an attempt to Reposition Health Care Mission in India. Using the project support of Tuberculosis control program we brought together all stakeholders at various levels to seriously guide the health care institutions and leaders to understand and change according to the needs of the times and deliver Catholic Health care in a meaningful manner. A strategic shift was inevitable in the context of the changing health care regulations by the government, especially the Clinical Establishment Act of 2010 at the Centre and the subsequent Acts in each States. Another major factor in the health care field was the entry of the private and business sector which threatened the very existence of mission hospitals as it was hard to compete with them.

One of the major players in the health care mission are the religious congregations, especially the Women Congregations. CBCI Office of Health Care joined CHAI in bringing together and working with them to reposition our ministry in the present day context and challenges. The goal is to bring together 45 major congregations in health care mission in India to guide them to reposition their ministry according to the

changing needs. So far 15 congregations are covered and sensitized including their major superiors and councilors.

Networking with SDFI and CNGI

Sister Doctors Forum is another significant player in the Catholic Healthcare mission in India. With more than 700 sister doctors serving across the nation, especially in the hard to reach and rural India, they witness the Healing Lord in a powerful manner. Office of healthcare supports and guides the Forum in their vision and practice of compassionate health care through their national and regional bodies.

Catholic Nurses Guild of India is another body in the Church directly involved in the health care mission as a formal organization bringing together nurses, especially lay Catholic nurses joining the mission of the Church. The office participates and animates in their meetings and gives direction for more effective working. This is a body that needs lot of support and has great potential to become an effective wing of the Catholic Health Mission in India.

Caritas India is another partner in the health care mission of the Church. Through various projects in the social development sector, they reach out to the rural areas especially in the preventive and promotive sector.

Advocacy with Government and Collaboration with CCH

In 2012 all the major Christian health care networks in India came together to form the Christian Coalition for Health to advocate and influence the government on policy matters. CBCI is an active player in the coalition. Through CCH, CBCI Healthcare Office engages in national matters of advocacy. In the aftermath of the Clinical Establishment Act of 2010 and the National Health Policy of 2017, the small dispensaries and health care centres are struggling to exist because of the regulations. CBCI office works through the CCH and other partners to bring to the attention of the concerned bodies the grievances and challenges these vital components of health care mission serving in the remotest places of India face. This has also brought in a greater sense of working together ecumenically with all the denominations.

Projects – Implementing TB Control Programs through CBCI-CARD

Office of Health Care has been implementing some national projects especially to control the infectious diseases like HIV and TB through a separate society named as CBCI CARD. After the noteworthy implementation of the largest Care and Support Program for HIV across India, CBCI –CARD now is a sub recipient of the Project Axshaya under The Union which is the Primary recipient of the Global Fund Project to control Tuberculosis in India.

CBCI CARD is presently Working in 29 districts & 2 urban sites in West Bengal, MP, UP & Bihar from 2013 till date.

Besides being a partner with the Government and other bilateral agencies in combating infectious diseases in India, CBCI-CARD was able to reach to the poorest sick and achieve the following results:

- a. 9057 TB patients were identified and linked to TB services
- b. Community meeting- 15943 meetings

- c. Axshya Samvad- 371293 Households reached through AS and 14420 symptomatics examined in DMC and 1166 diagnosed with TB
- d. Sputum collection and transportation – 25790 symptomatics examined at DMC and 2976 diagnosed with TB
- e. Prison intervention- in 10 prisons of Madhya Pradesh and Uttar Pradesh, 3447 prison inmates were sensitized and screened for TB
- f. TB patients sensitization- 3906 TB sensitized on their Right and Responsibilities out of this 1542 were women participants
- g. Axshya KIOSK(Flexi Dots & Counselling) - formed 9 Axshya KIOSK in Jabalpur and Ujjain district

2. Engagement

- a. NGO and Community Volunteers - 58 NGOs and 30 CVs
 - b. RHCPs Rural health care provider - 226 RHCP engaged
 - c. QPPs qualified private practitioner - 46 QPP engaged
 - d. Private Hospital and Private Lab- 13 Private Hospitals and 9 Private Labs
- Through various Interventions, we have tried our level best to reach out to maximum people.
 - **Through School interventions** conducted in all the 29 districts, we were able to disseminate the message of TB to more the **20,000 students**.
 - **Through various interventions in Islamic Madrasas** located in Agra, Bijnor, Saharanpur, Ujjain, Malda, Lucknow, Allahabad, Buxar, Muzaffarpur, **more than 10000 students** were sensitized on TB
 - **As part of Prison interventions**, 3447 prison inmates were sensitized and screened for TB in 10 prisons of Madhya Pradesh and Uttar Pradesh
 - **The aim** of this intervention is to increase the TB awareness among prison inmates and prison staff
 - **Skill Trainings**
Through various vocational Trainings conducted at Jabalpur, Howrah, Malda, Muzaffarpur, Bijnor, Ballia and Varanasi, **133 patients were trained** for different livelihood training like candle making, Poultry Farming, Bindi making, Agarbatii making etc.
 - CBCI-CARD has been involved with some special activities and initiatives at various occasions. These activities have helped us to reach out to many people and communities.
 - **URS**
Thousands of people across the world such as Arab countries, Iran and Pakista do visit JP Nagar on the occasion of URS every year. CBCI CARD organized an awareness camp during URS. More than 10,000 people were sensitized on TB through the awareness camp
 - **Community Schools**
 - CBCI CARD is running a community school at Moradabad slum area for the dropout children. In one of the slums, 40 children are getting benefit out of the community school.

Through these we continue to bring the presence of the healing face of the Church to the poorest of poor and become visible in the eyes of the government and other organizations and agencies and become a vital player in the health sector that addresses the marginalized sick.

HIV/AIDS Care and Support:

Although CBCI is not directly implementing any HIV/AIDS project in India, we are actively involved in the care of HIV infected adults and children across the nation. As an expert in HIV care of Adults and Children, the Secretary personally animates, guides and trains all our initiatives in HIV care in collaboration with CHAI. Catholic Church is still the largest player as an abode for HIV patients, especially when they are in their last stages. There are many child care initiatives for Children infected and affected by HIV under the Catholic Church. We are also very active in advocacy matters with the government as the Secretary is also a member of the Technical Resource Group of NACO in reducing Stigma and Discrimination of Children Living With HIV.

Developing and Implementing Catholic Ethical and Religious Directives for all healthcare facilities

Although CBCI had adopted our National Health Policy from 2005, we still do not have Catholic Directives or “Charter” in India to guide our healthcare institutions and services. Most Bishop’s Conferences in the world have adopted the Catholic Ethical Directives in line with Vatican’s Health Charter. The Health Office has initiated a process to develop a working draft to this direction with the help of experts. The goal is to develop a preliminary draft to discuss at various levels and evolve and adopt a Catholic Ethical and Religious Directives/Charter for India.

National Initiative on Eye Donation Campaign

Health Care Office joined the efforts of Project Vision, Bangalore to bring awareness and commitment in eye donation. Project Vision has conducted campaigns across the nation to make it a movement and is slowly showing results to bring sight to many.

Organizing and animating Lay Catholic healthcare workers (Doctors, Nurses and Para-medicals)

The Future of Health Care Ministry of the Church is going to be largely the dedicated and committed services of the Catholic Health Care personnel. As more and more restrictions and challenges are going to be placed on institutional delivery of healthcare, the evangelizing role of Catholic Health care workers will be vital in the healing mission of the Church in India. There were some sporadic attempts to bring together various groups and forums like Doctors’ Forum and Nurses Ministry Groups, but it has not taken shape as yet. But such initiatives at Diocesan, Regional and National Levels are needed to make the Church visible in a challenging and changing world of India.

Conclusion

In conclusion, I would like to extend my heartfelt gratitude to Archbishop Prakash Mallavarapu, the Chairman of CBCI Healthcare for his paternal care and guidance, Archbishop William D’Souza, Bishop Jacob Mananathodath, the Members of CBCI Healthcare; Bishop Theodore Macarenhas, CBCI Secretary General, Msgr. Joseph

Chinnayan, the Deputy Secretary General of CBCI; Sr. Nirmala SCN, the Executive Director of CBCI-CARD and her team; Fr. Mathew Abraham the Director General of CHAI; Dr. Sr. Beena UMI, the President of SDFI; Sr. Sarla Macwan, the President of CNGI and Fr. Frederick D'Souza, the Executive Director of Caritas India. I thank the CBCI office bearers for placing their confidence in me to guide this office. I know this office has to do a lot more in this challenging time and I hope with the Grace of God and Blessings and support of all who guide me, we can lead the Church in India to become an effective healing instrument to witness His merciful love to the sick and suffering, especially the most neglected and poor.

Rev. Fr. Mathew Perumpil, MI

Health Secretary, Catholic Bishops' Conference of India