“Courageously Innovative” is a compendium of harmonizing human efforts, bringing communion within the ministry of diakonia in the Catholic Church in India.

Courageous Innovation is a call for action from Pope Francis. Having embraced this expression of solidarity, Caritas India has been strategic in designing the blueprint for pursuit on the ground by bringing together different actors of the church system in translating action and transforming the lives of the people to harness new hopes and new horizons.

With gratitude we render the highest appreciations for the prodigious leadership exuberated by our eminent Cardinals, Archbishops, Bishops, and Directors of the church fraternity. It is my pleasure to take you through this repository of knowledge sheathed towards building an attitude of appreciation and to enthuse the future generations to invest their energy for a new culture of making a difference.

EDITOR’S NOTE
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The coronavirus pandemic struck the world by surprise. We had come to hear about it through the media but thought it was somewhere “out there”? We did not realize it would hit us soon — and with such ferocity and devastating effect. When our Prime Minister announced over national television that there would be a lockdown, we were awakened to reality. The pandemic had come to India. It was close to home!

A day after the pandemic was declared, I wrote to the Prime Minister assuring the Government of full assistance from the Catholic Church for relief effort. The Prime Minister’s Office replied very promptly, the very next day, inviting me for a meeting to discuss the help we could offer. I requested the Director of Caritas India, Fr. Paul Moonjely, and the Director of Catholic Health Association of India, Fr. Mathew Abraham CSsR to represent the Church at this Meeting as they would be better qualified to discuss details and speedily get into action. This Meeting chaired by the Prime Minister was the start of the Church’s involvement in Covid Relief. A few days later, the Head of the Prime Minister’s Office invited me for another meeting with heads of NGOs to further discuss covid relief.

The pandemic was a call to service and the Church swung into action immediately and strove very diligently to bring help to people in distress. During the pandemic, the challenges kept changing. First there was the long march home by migrant workers with no public transport and no railway services. The migrants needed food for the journey, medicines, money for personal expenses and to pay for some mode of private transport. That image of long lines of families trudging hundreds of kilometres will remain etched in our minds for a long time. Then came new waves of the pandemic and the struggle to obtain medicine, oxygen, transport to the hospital and even facilities for last rites.

All of us are truly and justifiably proud of the coordinated efforts of the Church in this critical situation. All worked unitedly, with just one objective: to bring relief to those in need, give some comfort and facilitate access to assistance. The needs kept changing and the responses were suitably modified: constantly monitoring the situation, continuously changing the strategy, not allowing red tape to slow down hatters. A couple of times we contacted the Government to clear roadblocks. Matters were attended to promptly. The pressure slowly diminished, and we were able to breathe more freely.

Now that the pandemic is leaving our shores, we realized that we need to document the Church’s efforts in this crisis. Future generations will look to see how we handled the coronavirus crisis. I think we did rather well. Our successes and our failures, the mistakes made and the modified approaches, will hopefully inspire future generations.

I express my deep, profound and personal gratitude on behalf of the Church and on behalf of the people of India to all those involved in this big project: to the leadership and collaborators of Caritas India, Catholic Health Association of India, our many Religious Institutes, Lay Associations and many individual volunteers. All put their minds, hearts and hands together and worked with total dedication and in full coordination. Thank you, Thank you! You are too many for me to name you personally, but I thank each one of you. Get ready for new challenges. With the Lord’s assistance, you will always do well. All God’s blessings to you.

Oswald Cardinal Gracias
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Covid19 struck the world as a total surprise. The Covid pandemic resulted in the loss of millions of precious human lives and produced enormous human sufferings. The Covid19 pandemic was also a big opportunity to express our Christian solidarity in concrete actions of human care and support. Motivated by the ever-memorable words of our Lord Jesus in the Last Judgement scene—“whenever you did this for one of the least important of these brothers (sisters) of mine, you did it for me” (Mt 25:40) - millions of Christians all over the world immediately and spontaneously got themselves involved with providing care and support to the medical and other emerging human needs of people around the world.

Giving manifold expressions to Christian solidarity, the Catholic Church in India did a splendid medical emergency human response to the Covid situation in our country. Several millions of people were reached out to and supported by the Church Organizations and Institutions with food, medicines, sanitizers, masks, home-based and hospital-based medical care through First Level and Second Level Treatment Centers. The concerted efforts of the Church’s Covid mission in the country has helped in saving millions of lives and in reducing both social and economic stress of several millions of poor people of the country.

I extend my deep appreciation to Caritas India and all the other social and health care arms of the Church in India for exhibiting such a huge witness of Christian Compassion and Solidarity during this Covid period and beyond and pray that the Love of Christ continue to motivate us to walk the extra mile in the service of our sisters and brothers of our country.

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Message....................................................

Courageously Innovative
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“I have said to you that in me you may have peace. In the world you face the persecution. But take courage; I have conquered the world!” (John 16:33)

The joys and hopes, the anxiety and sorrows of men and women of this era, due to the recent Covid pandemic that affected especially the poor and vulnerable, resonate the expressions of the struggles during these challenging times. The Church believes in sacredness of human life and the importance of the quality of life, moved to respond to preserve human life through the momentous participation in the healing ministry of Jesus Christ during this pandemic.

The faith in Jesus motivated and sustained thousands engaged in the social and humanitarian activities during these difficult times. There has been a huge outpour of Good Samaritans in serving and assisting the poor and needy in their times of anguish. This action promoted the Church to rediscover the virtues inlaid in our brothers and sisters that “judges” our choices and lifestyle. Having spent time among the poor induced us to understand that there are “seeds of the word” precisely hidden within them that will end up in the process of evangelization. Often the poor evangelize us by their patience and their capacity to sustain any suffering without indignation.

Amidst intense poverty, the poor still continued to live with sensitivity, understanding and mutual connectivity. They incite the spirit of support and consideration which emerged strongly as the hallmark of the post Covid scenario. This has created a community that has imbibed the Christian virtue of compassion towards the sick and lonely that ensures the well-being of four vulnerable neighbour who is in utter need.

I am indeed glad that the relentless efforts, support, and contribution rendered by the Church in India and in a special way the intervention of the Caritas India, throughout the pandemic times are being documented and presented in a book form to highlight its service to the nation. It is extremely significant for the Church to showcase itself as one body of Jesus Christ bring in the healing and succour to those who are in need.

I earnestly congratulate Rev. Fr. Paul Moonjely, Executive Director of Caritas India for his relentless service to the organization. I very much appreciate the Church network for their contribution and service to humanity.

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While continuing to develop, with undiminished zeal, its multifarious projects in the benefit of the underprivileged throughout our nation, Caritas India has recently emerged as an outstanding contributor to the alleviation of the overwhelming pain and suffering caused by the Covid 19 pandemic in our sub-continent.

I am indeed glad to know that Caritas India is intending to embark into the 60th year of its most beneficial existence with the publication of a Consolidated Report of the Catholic Church’s Covid Response in our country, which would include the contributions of other social service related organizations like CHAI, CRS, CRI, CBCI Office for Health and Sisters Doctors Forum.

I rest assured that this publication, coming out in the attractive format of a coffee table book, will serve as a most important document to register, for future generations, the outstanding contribution that the parishes, dioceses, religious houses and institutions of the Catholic Church in India have made for the alleviation of the untold misery that Covid 19 has caused in our land.


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The concerted efforts of our dioceses, religious institutions, Conference of Religious India, Catholic Relief Services, Religious congregations, and the Catholic Hospitals Association of India have brought significant and remarkable mirage of relentless service. I would like to congratulate the Catholic Church fraternity in India under the leadership of the Catholic Bishops' Conference of India for having stirred such an overwhelming response and outreach. I also would like to specially appreciate the covid warriors and thousands of Samaritan volunteers for their committed services to bring the support and solace to the affected during the pandemic even risking their lives. I am deeply touched by the generosity shown by so many committed young people who displayed their courage and commitment as inspired by the faith.

The church in India under the leadership of Caritas India have taken unprecedented efforts to reach out to the distress and have attempted to generate evidence and knowledge that has helped us to strategize our future interventions and response in different states. This book may be a short glimpse of the service rendered by the Church; However, it is a tribute to acknowledge the brave front put forth by our Church leaders and the laity towards emancipating those in distress from their struggle amidst the pandemic.

My cordial regards to all

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The recent pandemic, while it brought much pain, suffering, loss of life, grief and sadness, Caritas India along with other social service Church-related organizations like CHAI, CRS, CRI, CBCI Office for Health and Sisters Doctors Forum reached out unceasingly to humanity. The varied ways in which the Church reached out were Food & Nutrition Support (Cooked and Dry Ration), Medical Support (Medicines and treatment), Personal Hygiene Kits (Oximeter, Mask, Sanitizers), Hospital Support (including I°PE Kits, Oxygen Concentrators, Oxygen Cylinders, Bi-Pap Machines, Ventilators, etc.), Covid Treatment Centres (First Level, Second Level Treatment Centre, Medical camps), Information Sharing Centres, Psychosocial Support, Livelihood Support, Risk Communication, and Community Engagement to provide the right information on COVID-19 and encourage people for vaccination, Funeral Support, Telemedicine Support, Ambulance Support, Home-based health care support, Education Support and financial aid for Income Generation.

Collating the church’s response in a coffee table book is a mammoth and a very useful task. It will help present and succeeding generations to look back with pride on this enormous “labor of love.” I thank and appreciate all who have helped out during COVID and who have helped to prepare this memorable coffee table book.

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The unprecedented Covid pandemic also showcased the unprecedented and huge outpouring of human solidarity globally, nationally and locally. Besides the Government efforts, all people of goodwill and communities all over the world came forward to reach out and support one another under the banner of the Religious Groups, Civil Society Organizations, Charity Clubs etc. Caritas India the national level arm of the Catholic Bishops' Conference of India spearheaded the excellent coordination of Covid Response mission in the country.

Caritas India’s Covid mission helped in creating a roadmap for the emergency response in all the Catholic Dioceses of the country, mobilizing and allocating the required human and material resources and thus supplementing the Central and State Governments' efforts in efficiently dealing with the Covid pandemic. I recall with deep appreciation the multifaceted efforts made by the Catholic Dioceses, the Diocesan Social Service Societies, the Regional Fora, the National Caritas Organization, the Religious Congregations, the medical fraternity of the Church’s Institutions and the large number of volunteers of the Church who generously contributed towards the Covid prevention mission of the Church in India. May the Good Lord bless all those Good Samaritans who exemplified their courageous witness to Christian charity during the Covid pandemic in India.

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Chairman, Caritas India
As the Representative in India of the Holy Father

POPE FRANCIS

I convey my best wishes and blessings with the assurance of my prayers to

CARITAS INDIA, CHAI, CRI, CBCI OFFICE for Health, various Offices of the CBCI, and the Sister Doctors Forum of India for

the noteworthy initiatives in bringing timely solace, lifesaving equipment, counseling support and relief, and showing solidarity to those affected by the Covid-19 pandemic.

New Delhi, 19 October 2022  Archbishop Leopoldo Girelli
Apostolic Nuncio
COVID
The Pope has been putting a prophetic preparation “putting into practice a new way of being the church”. A simplified church, a church that goes to the people, loves the poor and is close to nature.

The Church has continuously observed with deep concern the developments around the spread and dire effects of the Coronavirus (COVID-19). This virus was clearly determined, and it continues to ravage human life while creating fear, hopelessness and uncertainty. God has been using His People as the Church in a new way. This moment rather movement of humanity is an occasion to discern about our life and what defines us.

In the scale of its spread and effects, Covid-19 is perhaps an unprecedented event for not only India but the entire globe. Uncertainty is the predominant word and fear runs rampant. An event of such scale and such universalism will likely leave a very lasting impact on all of humanity. As we look back at the past, our approach has been pragmatic, yet one deeply rooted in our commitment to continuous improvement from recent learnings.

The current pandemic has in many ways ignited new breakthroughs and redrawn the lines of commune in our society. It remains crucial for us development actors; to scale up solutions co-produced by our local communities and focus on strengthening new alliances. Community led solutions are necessary but insufficient. Building alliances, networking and collaboration can direct new transformative plans to evolve from within our community institutions in fostering social justice.

Compassion moves the Church to create community with the sick and lonely, but now the wellbeing of vulnerable neighbour is best served. Being liberated by God’s grace through Faith has much more meaning and expression in times of this pandemic. Faith is not diminished but has embodied endurance in a new way. The church has invested in the community to meet the overwhelming needs that are and shall evolve post Covid. Churches have started overlooking their historical denominational divisions, bringing it to the cup of revival.

COVID-19 Humanitarian Response had brought forth the creative and collective emergency responses by the catholic church in India under the governance of Catholic Bishops Conference of India. Caritas India in collaboration with the diocesan partners, religious institutions and congregations, hospital networks and social work institutions at Regional & National level banked on the strategy in line with Caritas International’s policy, which is: “Be Informed, Be Trained, Be Cautioned, Be Connected & Be Compassionate.” Caritas is committed to work towards emancipating those that are suffering through migrant crisis, food shortages, psychological issues, job losses and many of the unfortunate consequences of the pandemic itself.

As we have embarked on the 60 years of transcending beyond, this helps us to think differently and amplify our efforts to cultivate an array of spirituality, solidarity, social justice, and social friendship envisioning and daring to be different and courageously innovative.
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The Church has continuously observed with deep concern the developments around the spread and dire effects of the Coronavirus (COVID-19). This virus was clearly determined, and it continues to ravage human life while creating fear, hopelessness and uncertainty. God has been using His People as the Church in a new way. This moment rather movement of humanity is an occasion to discern about our life and what defines us.

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The current pandemic has in many ways ignited new breakthroughs and redrawn the lines of commune in our society. It remains crucial for us development actors; to scale up solutions co-produced by our local communities and focus on strengthening new alliances. Community led solutions are necessary but insufficient. Building alliances, networking and collaboration can direct new transformative plans to evolve from within our community institutions in fostering social justice.

Compassion moves the Church to create community with the sick and lonely, but now the wellbeing of vulnerable neighbour is best served. Being liberated by God’s grace through Faith has much more meaning and expression in times of this pandemic. Faith is not diminished but has embodied endurance in a new way. The church has invested in the community to meet the overwhelming needs that are and shall evolve post Covid. Churches have started overlooking their historical denominational divisions, bringing it to the cup of revival.

COVID-19 Humanitarian Response had brought forth the creative and collective emergency responses by the catholic church in India under the governance of Catholic Bishops Conference of India. Caritas India in collaboration with the diocesan partners, religious institutions and congregations, hospital networks and social work institutions at Regional & National level banked on the strategy in line with Caritas International’s policy, which is: "Be Informed, Be Trained, Be Cautioned, Be Connected & Be Compassionate." Caritas is committed to work towards emancipating those that are suffering through migrant crisis, food shortages, psychological issues, job losses and many of the unfortunate consequences of the pandemic itself.

As we have embarked on the 60 years of transcending beyond, this helps us to think differently and amplify our efforts to cultivate an array of spirituality, solidarity, social justice, and social friendship envisioning and daring to be different and courageously innovative.

Fr. Dr. Paul Moonjely
Executive Director, Caritas India
The pandemic has attacked our religion, ideology, beliefs and other things that we hold dear all at once. Hence, to protect them, we must first defeat Coronavirus. Today, it is essential that people of all the views, ideology and sects come together to beat the coronavirus.

Shri. Narendra Modi
Hon. Prime Minister
We have realized that we are on the same boat, all of us fragile and disoriented, but at the same time important and needed, all of us called to row together, each of us in need of comforting the other.

Pope Francis
Courageously Innovative

Catholic Church started responding to COVID-19, even before WHO declared it as a global pandemic, in March with basic awareness programs at the community level. Since then, it has served more than 20.07 million people in the country. This section of the report will give a glimpse of the number of people reached by the Church from March 2020 to August 2020.

Volunteer Engagement

*Data from 17th DMS*
COVID-19

First Wave Total Coverage

Catholic Church started responding to COVID-19, even before WHO declared it as a global pandemic, in March with basic awareness programs at the community level. Since then, it has served more than 20.07 million people in the country. This section of the report will give a glimpse of the number of people reached by the Church from March 2020 to August 2020.

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>People fed through Community Kitchen</td>
<td>31,24,476</td>
</tr>
<tr>
<td>People reached through Hygiene Kits</td>
<td>6,00,729</td>
</tr>
<tr>
<td>People reached through Migrants</td>
<td>14,22,553</td>
</tr>
<tr>
<td>People reached through Dry Ration</td>
<td>97,26,345</td>
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<tr>
<td>People given Psychosocial Care</td>
<td>7,43,662</td>
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<tr>
<td>People reached through Sanitizers</td>
<td>8,68,130</td>
</tr>
<tr>
<td>Masks Distributed</td>
<td>55,90,282</td>
</tr>
<tr>
<td>Volunteers Engaged</td>
<td>1,07,151</td>
</tr>
<tr>
<td>Total People Reached*</td>
<td>2,20,76,176</td>
</tr>
</tbody>
</table>

*Data finalized after 5% reduction from the report considering the duplication (Data Source: 174 DSSs, 14 Regional Forums, CRI & CCL)
Information and communication were provided to the community on Covid appropriate behaviour. This approach focused on developing awareness (IEC) materials, drawing from authentic sources and reaching out to mass population through the institutions and Faith-Based Organizations (FBO) by multiple initiatives, such as webinars, social media campaign, rapid researches and assessments etc.

Be trained was another important steps initiated by Caritas India. This measure focused on equipping oneself with the required knowledge and skills for preventive and protective measures of COVID-19 and capacitating others through various means and mode, such as virtual training, real time communication and tracking etc.

Preventing and being cautious by highlighting the four essential ways of curbing the spread of the virus i.e. Hygiene and sanitization, physical distancing, Frequent cleaning and disinfection of surroundings and Regular monitoring of one’s health. This particular measured yielded significant resulted in self protection and protection of the community.

Caritas India COVID-19 strategy provides and overarching framework to the Humanitarian Response. The COVID-19 Humanitarian Response went the extra mile to show solidarity and support to the vulnerable and marginalized sections in the society. The strategy is aligned with the Caritas Internationalis to protect the people and ensure better health security by mitigating the spread of the infectious disease and building resilience.
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Pope Francis calls for being courageous and going out to the peripheries to reach out to the poor and aid them with resources from abundance. It is a call to explore new avenues and innovate to accelerate the mission of the Church to serve. This strategy has resulted in demonstrating extra-ordinary courage to come out and serve the community by the Caritas fraternity.

Calling to serve the poor with compassion and helping those in dire need with essential items that could help them sustain through the crisis. Covid-19 pandemic revealed the real demonstration of this universal value across all the sections of the society leaving no stone unturned. This indeed has created a new way of solidarity with the communities.

Ever since, the lockdown peoples and communities were isolated into the confinements of their own houses. It necessitated to develop a strategy for interconnectedness by means of virtual platforms and telecommunication pathways. It has resulted in developing new synergies and solidarity.

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Be Connected

Be Courageous

Be Compassionate
BUILDING AWARENESS:

Be Informed

Caritas India played a critical role in the time of crisis by gathering information, organizing meetings, online campaigns, collecting regular activity data, conducting rapid assessments in areas where it has a presence and raising awareness through dissemination of important information on prevention, hygiene, fighting disinformation and encouraging people to stay at home. Keeping in line with the strategy of 'Being Informed and Trained', proposed by Caritas India, multiple initiatives were undertaken to keep the communities, volunteers, staffs and the partners aware of the pandemic and relief measures through three important ways - Awareness Drives, Webinars, Researches and Assessments.
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Courageously Innovative
Caritas India

Individuals and front line workers across the country engaged in public service and high risk groups like sanitation workers, domestic workers, street vendors, Hawkers, rag pickers, etc were trained and provided with masks, sanitizers. Hospitals were equipped with PPE Kits, Thermal scanners, Disposable ventilatory circuits, Heat and Moisture Exchange (HME) filters, etc. for preparedness. Observation rooms for COVID Patients were also prepared. The locality and surroundings were cleaned and sanitized by the community. Houses, shops and other places were sprayed with disinfectants in coordination with the village Panchayats. Hand washing units were installed at public places by the volunteers.

Be Trained

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HEALTH, HYGIENE AND SANITIZATION:

Women Self Help Groups (SHGs) were facilitated to stitch the cloth masks. Cloth masks were stitched in bulk and distributed to those in need. Some of the groups turned this as an opportunity of raising income by selling the masks at minimal rates as compared to the market rate. Other than the SHGs, many volunteers also helped the institutions in making masks and hygiene kits and its distribution to various people and stakeholders.

Personal Protective Equipment (PPE) was a scarce commodity in the wake of the pandemic induced emergency. The demand and supply gap pushed these commodities to be more expensive, thus becoming unaffordable to the larger section of the population. As per the WHO and Govt. guidelines, preventive measures have always been the mandate to arrest the spread of the disease. Therefore, the use of PPE items such as sanitizers, soaps, masks, gloves etc. became essential items to fight against the pandemic. On realization of this deficit, the Caritas India decided to reach out in three main areas – Hygiene, Healthcare Assistance and Sanitization, keeping the approach of 'Being Cautious'.
HEALTH SYSTEM STRENGTHENING

As part of the Covid Response, Caritas India has supported the Government Medical Colleges and Hospitals in various states with medical equipment, such as ventilator machines, Bi-Pap machines, Oxygen Concentrators and cylinders, Oxygen masks, nebulizers, vaporizers, thermal scanners, pulse oximeters, protective gears, syringe pumps, canula etc. These equipment have come as a blessing in disguise for many of the centers which were struggling to treat the patients due to the shortage of life saving equipments.
First Level Treatment Centers [FLTCs]

- **14 FLTC**
- **14 Partners**
- **4612 Patients Supported**

Map showing the distribution of FLTCs across various states, with detailed number of patients supported:

- **ASSAM (3)**: 1 FLTC & 1 SLTC (160 Patients)
- **Bihar**: 3 SLTCs & 6 ISCs
- **Uttar Pradesh (2)**: 145 Patients
- **Delhi**: 1 FLTC, 1 SLTC & 3 ISCs
- **Rajasthan**: 1 SLTC
- **Gujarat (3)**: 3 FLTCs, 1 SLTC & 5 ISCs
- **Madhya Pradesh**: 1 FLTC, 3 SLTCs & 5 ISCs
- **Maharashtra**: 1 FLTC, 8 SLTCs & 7 ISCs
- **Karnataka (2)**: 2 FLTCs, 6 SLTCs & 6 ISCs
- **Kerala**: 7 SLTCs & 10 ISCs
- **Telangana (1)**: 779 Patients
- **Tamil Nadu**: 5 SLTCs & 8 ISCs
- **Pondicherry**: 1 ISC
- **Andhra Pradesh**: 2 SLTCs
- **Chhattisgarh**: 5 SLTCs & 6 ISCs
- **Odisha**: 1 SLTC
- **Jharkhand**: 4 SLTCs & 5 ISCs
- **West Bengal (1)**: 413 Patients
- **Goa (1)**: 86 Patients
- **Karnataka (2)**: 114 Patients
- **Uttar Pradesh (2)**: 145 Patients
- **Madhya Pradesh (1)**: 17 Patients
- **Maharashtra (1)**: 84 Patients
- **Goa (1)**: 86 Patients
- **Karnataka (2)**: 114 Patients

Courageously Innovative
Second Level Treatment Centers [SLTCs]

55 FLTC
54 Partners
1,39,486 Patients Supported

ASSAM (3) 160 Patients
Uttar Pradesh (2) 145 Patients
Delhi 29 Patients
Gujarat (3) 2785 Patients
Madhya Pradesh (1) 17 Patients
Maharashtra (1) 84 Patients
Karnataka (2) 114 Patients
Telangana (1) 779 Patients
West Bengal (1) 413 Patients
Goa (1) 86 Patients

Bihar 3 SLTCs & 6 ISCs
Uttar Pradesh 2 FLTCs, 4 SLTCs & 5 ISCs
Delhi 1 FLTC, 1 SLTC & 3 ISCs
Rajasthan 1 SLTC
Gujarat 3 FLTCs, 1 SLTC & 5 ISCs
Madhya Pradesh 1 FLTC, 3 SLTCs & 5 ISCs
Maharashtra 1 FLTC, 8 SLTCs & 7 ISCs
Karnataka 2 FLTCs, 6 SLTCs & 6 ISCs
Kerala 7 SLTCs & 10 ISCs
Andhra Pradesh 2 SLTCs
Pondicherry 1 ISC
Tamil Nadu 5 SLTCs & 8 ISCs
Jharkhand 1 FLTC, 2 SLTCs & 10 ISCs
Odisha 1 SLTC
Chhattisgarh 5 SLTCs & 6 ISCs
West Bengal 1 FLTC, 2 SLTCs & 10 ISCs
Port Blair 1 SLTC
Caritas India and DSSs have joined hands to support and strengthen the health infrastructure. In some locations, Church rendered its institutions to set up the treatment and quarantine centres to lighten the burden on the hospitals. Caritas India supported the hospitals to provide medical care to the vulnerable community. It has supported the hospitals and treatment centres with medical equipment and supplies, such as Ventilator machines, Bi-PAP machine, Oxygen Concentrators, Oxygen Cylinders, ICU beds, Oximeters, protective gears, syringe pumps, Humidifiers, Canula, Oxygen Masks and voltage convertors at both Government and private institutions.
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6,48,060
Population benefitted from medical camps

4093
AMBULANCE SUPPORT

19,92,497
MEDICAL KIT
Population benefitted from medical camps:

- 46,386 CASH SUPPORT
- 17,068 TELEMEDICINE SUPPORT
- 112 HOSPITAL PARTNERS
27
VENTILATORS

250
OXYGEN CYLINDERS

405
OXYGEN CONCENTRATORS

3
OXYGEN PLANTS

AMBULANCE
2,38,530
Covid Patients treated

2,13,942
RTPCR TESTS CONDUCTED

21,630
PEOPLE RECEIVED OXYGEN SUPPORT

2,938
ICU & VENTILATOR SUPPORT

1,14,780
PEOPLE SUPPORTED WITH QUARANTINE FACILITIES
FOOD FOR SURVIVAL: BE COMPASSIONATE

During the pandemic, access to the basic essentials for the survival i.e. food & water, became inaccessible for the significant section of the population in our country. Caritas India left no stone unturned to reach out to varied sections of the society across the country – migrants on the move, individuals at the camps and quarantine centers, differently-abled, hostellers, tribal refugees, sex workers and their children, daily wage laborers, landless families, widows/widowers, orphans, pregnant women, homeless people, individuals and families with no PDS cards, people living in remote areas, PLHIV, cancer patients in the hospitals, old age people, the third gender, police personnel on duty, cyclists and truck drivers on the highways – the list is long and non-discriminatory. Access to food was ensured through four primary means – distribution of dry ration kits, initiation of community kitchens guaranteeing the distribution of cooked food, delivery of packed food items for the people on the move and providing access to Public Distribution System for a sustainable solution.

The Caritas India followed a target-based approach where beneficiaries were prioritized as per their need and situation. A committee was formed for the identification of the beneficiaries and the distribution of relief materials. This committee involved parishioners, village leaders, organization staff, volunteers, etc. The formation and involvement of such committees ensured a transparent process and avoided duplication and helped in understanding the need of the community and finalizing the materials accordingly. Once the list was finalized, local vendors were identified, and items were purchased in bulk. These items were packed, keeping in mind the needs of a family and for a duration of a certain period. The packing and distribution of the materials were done adhering to all the precautions and guidelines and prior permissions. Relief or Distribution Points were selected as per the convenience of the community. Hand to Hand distribution was avoided in most of the cases.

Every food kit contained dry ration that could support a family of 4-5 on an average, for two weeks at least. These packets had provisions to support full meals that could serve the essential nutritional needs for sustenance at about 600 to 700 Calories per meal. The content of the kits was decided based on refined food factors and dietary standards. The kits consisted of various cereals, pulses, and other essentials as per the local dietary diversity. In the case of Community Kitchens also, the nutritional value was not compromised, serving a sufficient quantity of staple food of the region – Rice, roti, poha, idli, sambar, dal, poori-bhaji, etc.
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COURAGEOUSLY INNOVATIVE

Caritas India

JOURNEY WITH MIGRANTS

As a learning organization, Caritas India, along with the partner organizations, attempted to generate evidence and knowledge from every situation, program and response. COVID-19 response created such opportunity to gather evidence from its communities regarding their immediate and long-term needs and challenges.

Spearheading the process, Caritas India conducted a few research/assessments. These studies and assessments helped to strategize the future interventions and responses in different states. The recommendations of the studies were used by various stakeholders to engage in advocacy works and lobby with respective states and philanthropists to develop proactive and innovative strategic responses. For the same, the findings of these researches were shared in different platforms to strategize future programs.

14,22,553
Migrants Reached
As part of food and nutrition support to the vulnerable families, Caritas India and the partners ensured nutritious cooked meal to the stranded migrant communities, informal sector workers who lost their jobs and homeless. Dry ration kits were provided to the most marginalised and socially excluded families including widows/widowers, cancer and HIV Positive patients, members of the transgender community, sanitation workers, members from the nomadic community, tea garden workers, people with disabilities, the elderly, brick kiln workers, rag pickers, beggars and the homeless.
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Caritas India

Population: 1,54,86,273

Dry Ration Support: 26

States & UT: 36,19,219

Cooked Food: 14

Regional Forum: 174

Diocesan Partners: 47

MILLION
26 STATES & UT

47 MILLION POPULATION

174 DIOCESAN PARTNERS

14 REGIONAL FORUM

36,19,219 COOKED FOOD

1,54,86,273 DRY RATION SUPPORT
During the upheaval times of Covid, many of brave Caritas Samaritans volunteered themselves to reach out to the general population and households that were unable to take care of themselves. Around 8800 Samaritans extended their aid and presence to provide succour to each and every person they came across. They assisted the elderly, disabled and women who were unable to move out for accessing basic services.

Courageously Innovative

Caritas India

BURIALS HELD

Caritas Samaritans, amidst the lockdown and deserted roads extended their support in distributing food, water, door to door delivery of medicines, supplying food and clothing to the patients that needed immediate attention. Many households were unable to bury their own family members due to the covid safety norms. Samaritans came forward to escort and bury the dead giving them a proper dignified burial. Samaritans also counselled and spent time with the distressed, served as care takers in hospitals, old age homes, tend to the sick and the needy.
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Courageously Innovative Caritas India

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2,548 BURIALS HELD
Risk Communication and Community Engagement (RCCE) program was a pan India campaign for Covid appropriate knowledge generation initiative lead by Caritas India. This campaign ensured that authentic and updated Covid information and advice are shared with the communities, mitigating the rumours, with the support of the frontline volunteers - Caritas Samaritans. The RCCE component will mainly focus around: Covid Appropriate Behaviour, Early Testing and Treatment Initiation, Identifying Warning Symptoms, and Post Covid Symptom management.

RCCE program has worked through Caritas Samaritans in 14 regional Forams which associated with more than 170 Diocese. The Caritas Samaritans were the torch bearers of communicating RCCE messages with target communities. As part of the campaign Audio visuals was made around 20 covid related issues and this was developed in thirteen vernacular languages. RCCE program has helped Social Apostolate to come together for halt Covid spread and management. RCCE instrumental in promoting Volunteering feeling among communities and come together for a common social cause.
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A QUICK GLANCE

8,863 VOLUNTEERS ENGAGED

1,68,75,959 POPULATION REACHED THROUGH RCCE

33,75,192 HOUSEHOLD REACHED

Practice COVID-appropriate behaviours even after taking both shots of the COVID-19 vaccine!
RECOGNITION & APPRECIATIONS

HEALTHGIRI AWARD 2020
Best NGO for Healthacare Services in India.
TEAM CARITAS

Archbishop
Sebastian Kallupura
Chairman

Fr. Dr. Paul Moonjely
Executive Director

Fr. Dr. Jolly Puthenpura
Asst. Exe. Director

Fr. Sushil Modi
Administrator
SINCERE THANKS TO OUR DONORS

- Caritas Internationalis
- CAFOD Catholic Agency for Overseas Development
- Caritas Australia
- Caritas Italiana
- Caritas Japan
- Development and Peace CARITAS CANADA
- Caritas Austria
- Caritas Malaysia
- Caritas Germany
- Catholic Mission Reach out for Life
- Misereor Ihr Hilfswerk
- SCIAF Untying to end poverty Caritas Scotland
- HCL Foundation
- Siemens Caring Hands
- Zomato Feeding India
- 60 Caritas India Compassion in Action
It is with the sense of gratefulness to God and you, we present this CHAI COVID report. The pandemic continues to remind us that we should continue to lend a helping hand for the vulnerable. We all need to be united and support one another relentlessly. In these challenging times of pandemic, natural disasters and conflicts, collaboration and networking is more important than ever. The member institutions of CHAI continue to provide affordable, accessible and compassionate quality care to the community despite the pandemic. Innovations such as Tele-health services, online courses through CHAI Academy and assistance to the Member Institutions with need-based equipment are enabling us to equip ourselves to meet current and emerging challenges.

My sincere appreciation for all of the Member Institutions, Regional units, Diocesan units, fellow members of the Board, Director-General and staff of central office for their commitment and incessant support to all

With prayers and good wishes,
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With prayers and good wishes,

Sr. Victoria Narichiti, JMJ
President, CHAI
The reach of the CHAI network despite the pandemic, its critical role in saving lives, providing oxygen and promoting vaccination reflect upon the dedication and selflessness of the Sisters. The use of modern technology such as telehealth and digital training reflects the evolution of the network to meet modern challenges.

I am grateful to the CHAI team at the directorate, the member institutions, the funding partners, technical partners, the Regional Units, the Governing Board and all those who worked hard, and gave commendable leadership during the pandemic.

Rev Dr Mathew Abraham C.Ss.R., MD.
Director-General, CHAI
The past two years have witnessed pandemics, calamities and war and the most affected are the people at the margins. The marginalized and the vulnerable are the first to be deprived of basic needs such as food security and healthcare during these periods. The report below outlines the efforts of the CHAI network and the directorate to alleviate the sufferings of those affected by these catastrophes.
Response from CHAI Directorate

Introduction

In India, the second wave of Covid-19 was worse than the first wave with more than four lakhs Covid-19 infected cases and four thousand deaths per day at the peak. Being in the health sector, invariably most member institutions of CHAI are part of the frontline fighters and contributed in different roles, however, the journey was not easy for them. During the pandemic, CHAI supported member institutions with PPE kits, drugs and oxygen support equipment. CHAI also initiated an ambitious vaccination campaign to reach the poor and those at the margins. CHAI successfully mobilized resources in kind and monetarily; and swiftly distributed them among the member institutions to fight the Covid-19 pandemic. The major focus areas were:

1. Supply of PPE kits, drugs, Oxygen cylinders and concentrators and other essential equipment
2. VacciNet Movement: An effort to provide equitable distribution of vaccine
3. Webinar Programs: Continuous education program for health care workers
4. Self-care: Enhancing self-care & resilience among sisters

Identification and selection of MIs

In order to ensure that hospitals involved in providing services for Covid-19 services are supported in a transparent manner, CHAI introduced a systematic process comprising of few steps. CHAI called for an Expression of Interest (EOI) from member institutions using Survey Monkey platform regarding their capacity, involvement in Covid-19 related activities and requirements. Based on set select criteria like provision of Covid-19 services, geographic location, collaboration with government, bed capacity and whether they are being supported by other organizations for providing treatment for Covid-19, the member institutions were prioritised and categorised for providing various support services from CHAI.
Supply of Personal Protection Equipment (PPE) & Drugs

CHAI developed a standardised bucket list of materials to be included in the PPE kit consisting of ten items to provide protection to the health care workers against the Covid-19 infection. CHAI also prioritised four essential drugs used for Table No.1: Items provided in PPE Kit:
PPE items:
- Face mask (3 ply)
- Temperature gun
- N95 masks
- Alcohol swab
- Hand sanitiser (500 ml)
- Pulse Oximeter
- Hand Gloves Latex
- Oxygen mask
- Space suit (PPE kit) reusable
- Nasal Prongs

Drugs:
- Zinc
- Vitamin C
- Vitamin D3
- Paracetamol tab

first-level treatment of Covid-19 infected people. The items included in the PPE kits are given in table no.1. Member institutions were supported with items of PPE kit and drugs in various combinations. The support for providing different items of PPE kits and drugs came from several donor agencies - Catholic Relief Services, Begaca –Misereor, Hilton Fund for Sisters and Allan & Maria Meyers.
Supply of Oxygen Cylinders
To combat the second wave Covid-19 pandemic, the availability of medical quality Oxygen has become one of the most crucial elements. Across India, during the second wave of the pandemic, institutions faced severe problems in procuring, filling and transporting medical oxygen. At the peak of the second-wave infections, though securing permissions to move cylinders across state borders was difficult, CHAI deployed 437 Oxygen cylinders to 128 hospitals involved in Covid-19 treatment. Catholic Relief Services, Swasth Foundation, Caritas India and Allan & Maria Meyers are the donor agencies who supported CHAI to provide Oxygen cylinders.

Supply of Oxygen Concentrators
When the supply of medical oxygen was in shortage, one of the medical equipment that came to prominence is Oxygen concentrators. CHAI was quick to procure and distribute 911 Oxygen concentrators to 234 hospitals. These concentrators were either directly imported to India or distributed through Indian suppliers. CHAI received financial support from Begaca- Misereor, Catholic Relief Services, Pundarika Charity, Swasth Foundation, Allan & Maria Meyers and Project Vision to provide Oxygen concentrators to the member institutions.

VacciNet Movement: An effort to provide equitable distribution of vaccine
The only one tenable solution suggested by the medical bodies around the world for Covid-19 is to vaccinate as many people as early as possible. Realising that unless prioritised, the socio-economically vulnerable in India face barriers to access the vaccines in terms of accessibility, technology hurdles and financial barriers; CHAI planned to reach out to marginalised people with two doses of vaccine free of cost and initiated the ‘Vaccinet: A Nationwide Movement for Equitable Vaccine Distribution’. The VacciNet movement aims to reduce vaccine hesitancy, improve equity and accessibility to reduce the pandemic impact. 14,850 people were provided vaccines free of cost.
Webinars: Education support for health care workers

During the pandemic, CHAI organised webinars for the frontline health care workers involved in providing Covid-19 treatment. The webinars were intended to equip the health care workers especially the sister leaders to address the highly challenging work conditions they are in.

The webinar on “Self-care and resilience building of Healthcare Professionals during Covid-19 Pandemic” aimed to provide the health care workers with an understanding of the symptoms and severity of mental health and to suggest measures for self-care by early detection & mitigation and management. The webinar was attended by 390 health care workers mainly the sisters from more than 350 member institutions and had provided an opportunity for self- introspection to the health care workers.

The second webinar on “Preparedness for rollout and management of COVID 19 vaccine” was to clear member institutions apprehensions about the vaccines and to bring more light on the effectiveness of vaccines and to prepare them for its rollout. There were 193 participants from across India.

Self-care: Enhancing self-care & resilience among sisters

CHAI in collaboration with Sister Doctors Forum of India (SDFI) proposed a project - Enhancing self-care & resilience among sisters – is an initiative to provide self-care and social support to the sister doctors. This initiative provided support to 100 sister doctors to address stress generated due to additional work burden in this Covid-19 care, build resilience and thereby improve the quality of healthcare provision and pandemic containment. The project aims to engage sister doctors with updated information on self-care, Covid-19 management, psycho- social support and counselling, peer support forums and sabbatical to recover from burnouts & stress.

Also, CHAI prompted several initiatives which served the main causes for which it stands for.

They include:

1. Volunteering platform: Compilation of existing initiatives in the country
2. Awareness program on Covid-19
3. Networking: Catholic Vaccine Coalition
Volunteering platform:
Compilation of existing initiatives in the country
At the heights of the second wave, CHAI compiled information on the websites, apps etc available in the public domain from both government and civil society groups who are trying to make a difference across India so that the member institutions can access the services from them or can collaborate/ get involved to make a difference during the COVID crisis. The compiled information was available through the CHAI website too.

Awareness program on Covid-19
During the pandemic time, member institutions have created awareness on Covid-19 prevention, Covid appropriate behaviours, infection control measures for isolation care, and care requirements after Covid-19 infection for people across India. These projects were supported by Missio-Munchen, Liliane Fonds and Christoffel-Blindenmission.

Networking: Catholic Vaccine Coalition
CHAI joined the international campaign “Catholic Cares Coalition” a network of global catholic institutions to promote vaccine equity. With 56 member institutions from across the globe, the coalition aims to promote education on vaccination to individuals, advocate for vaccine equity and to provide and act on Catholic social teaching including the teachings of Pope Francis and the U.S. Catholic Bishops. In line with the teachings of Pope Francis, the coalition promotes vaccine equity in the U.S. and around the world for underserved or marginalized people that matches with the commitment of CHAI and our effort ‘Vacccinet Movement’. CHAI was one of the first global partners accepted in the coalition. The link to the international campaign is Participating Organizations - CatholicCares.org
CHAI raised 32.5 crore INR in cash and 8.5 crore in kind to support the COVID response. CHAI is grateful to the donor agencies Hilton Foundation, Hilton Foundation for Sisters, Catholic Relief Services, Malteser, Begecca & Misereor, Caritas India, Swasth Foundation, Allan & Maria Meyers, the Redemptorist Congregations, PULS GMBH, Project Vision, Missio-Munchen, Pandarika Charity, Liliane Fonds, Christoffel-Blindenmission and several individual donors for providing timely help to support our member institutions. Technology solutions like SurveyMonkey, Zoom was engaged for seamless communication facilitation and information collection.

Technology partners helped to improve and develop effective initiatives on IM works, Medigate to engage with the member institutions. CHAI Academy became a learning venue for the member institutions. The ‘Helpdesk’ instituted at CHAI was also a helpful initiative as 65 queries from member institutions were on Covid-19 which was appropriately addressed.
Response from CHAI Network
Survey result from 144 CHAI Member Institutions

Introduction
As the second wave of Covid-19 spread wild, India faced a challenging time. Outside government, the CHAI network of 3,552 member institutions is the biggest network in the health care sector in India. The majority of the network members played different roles – like a treatment centre, critical care centre, isolation centre, testing and referral centre or were involved in the community creating awareness - in this fight against Covid-19. Though, it will be a herculean task to capture the entire contribution of our network towards the Covid-19 pandemic in a short span of time, to understand the involvement of our member institutions, CHAI has conducted a rapid survey on the surveyMonkey platform to quantify the contribution from the network member institutions. This compilation of the information based on response received from 144 member institutions is a humble effort and is of a sample of institutions from our network.

CHAI acknowledges that the battle our member institutions had fought is beyond words and larger than the numbers provided here.

Characteristics of the member institutions who responded to the Survey
Location: The survey got responses from member institutions in 21 states and 1 union territory of India. A state-wise distribution of member institutions participated in the survey is provided in table number 1.

<table>
<thead>
<tr>
<th>Table No.1: Statewise distribution of member institutions who responded</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>States</strong></td>
</tr>
<tr>
<td>---------------------</td>
</tr>
<tr>
<td>Kerala</td>
</tr>
<tr>
<td>Tamil Nadu</td>
</tr>
<tr>
<td>Karnataka</td>
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<tr>
<td>Maharashtra</td>
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<tr>
<td>Jharkhand</td>
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<tr>
<td>Telangana</td>
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<tr>
<td>Uttar Pradesh</td>
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<tr>
<td>Andhra Pradesh</td>
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<tr>
<td>Madhya Pradesh</td>
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<tr>
<td>Gujarat</td>
</tr>
<tr>
<td>Meghalaya</td>
</tr>
<tr>
<td>Assam</td>
</tr>
<tr>
<td>Chhattisgarh</td>
</tr>
<tr>
<td>Odisha</td>
</tr>
<tr>
<td>Pondicherry</td>
</tr>
<tr>
<td>West Bengal</td>
</tr>
<tr>
<td>Andaman Nicobar Islands</td>
</tr>
<tr>
<td>Delhi</td>
</tr>
<tr>
<td>Bihar</td>
</tr>
<tr>
<td>Manipur</td>
</tr>
<tr>
<td>Punjab</td>
</tr>
<tr>
<td>Uttarakhand</td>
</tr>
<tr>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>
Organizational capacity:
Under the CHAI umbrella, the network member institutions varies in size and service. Among the 144 member institutions who responded to the survey, there are health care institutions of varying bed capacities and social service societies also. The fact that not just medical care institutions but also other member institutions contributed to the Covid-19 care is remarkable. A table describing the distribution of member institutions is given in graph 1.

Services provided:
In the second wave of Covid-19 pandemic, the member institutions played different services to suit the need of the time and at times as per the request of the local government. Almost 99% of the respondents played a direct role in the Covid-19 pandemic in one way or the other. A brief description of services played by the member institutions is provided in graph 2.

Table No.2: Distribution of activities taken up by MIs and people reached out

<table>
<thead>
<tr>
<th>Sl. No</th>
<th>Activities by MIs</th>
<th>Total MIs</th>
<th>People Covered</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Awareness activities</td>
<td>134</td>
<td>3,45,423</td>
</tr>
<tr>
<td>2</td>
<td>Counselling</td>
<td>129</td>
<td>61,733</td>
</tr>
<tr>
<td>3</td>
<td>Referral services</td>
<td>129</td>
<td>24,569</td>
</tr>
<tr>
<td>4</td>
<td>Treatment</td>
<td>135</td>
<td>76,587</td>
</tr>
<tr>
<td>5</td>
<td>ICU care</td>
<td>113</td>
<td>7,846</td>
</tr>
<tr>
<td>6</td>
<td>Bereavement S</td>
<td>128</td>
<td>2,132</td>
</tr>
<tr>
<td>7</td>
<td>Relief activities</td>
<td>128</td>
<td>3,62,882</td>
</tr>
<tr>
<td>8</td>
<td>Rehabilitation services</td>
<td>127</td>
<td>3,552</td>
</tr>
</tbody>
</table>

Service beneficiaries:
Service-wise, the institutions have served multiple roles including counselling, referral services, treatment centres, critical care centres, isolation centres etc. 3,45,423 people were reached out through 134 Covid-19 awareness creation events taken up by 134 institutions. Specific counselling sessions were conducted to create awareness on Covid-19, 24,569 people received referral services for Covid-19 related treatments. From the 135 member institutions, 76,587 people received Covid-19 treatment and 7,846 people received Intensive Care Unit services. 2,132 people received bereavement support. 3,552 people received rehabilitation services. More than 3.5 lakhs people received relief services in terms of dry rations, free medicines, hygiene kits, nutritional support, awareness on Covid-19. Detailed break-up of the people reached out through various services provided by the MIs are given in table 1.

Vaccination services:
Many CHAI member institutions are also part of the vaccination drive. Through few of the 144 institutions, 1,58,674 first doses of vaccines and 77,804 second doses of vaccines were provided.

Heath care workers:
As Dr Tedros Adhanom Ghebreyesus, WHO Director-General commented, “The COVID-19 pandemic has reminded all of us of the vital role health workers play to relieve suffering and save lives.” From the responded CHAI network institutions, nearly 9,000 health care workers were actively involved in Covid-19 related care and treatment from different segments of health professions. A detailed break-up of the health care workers involved in the Covid-19 care is provided in Graph 3. 144 community staff were involved in the community interventions during Covid-19 second wave.
It was also reported that many staff left their job during the pandemic due to fear. The response from the institutions also revealed the vulnerability suffered by the health care workers. During the second wave, 2,180 staff were infected with Covid-19 and 61 of them lost their life. Table 3 describes the people who lost their life in the path of service during the pandemic second wave.

<table>
<thead>
<tr>
<th></th>
<th>Sisters</th>
<th>Priests</th>
<th>Lay staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>People infected</td>
<td>723</td>
<td>168</td>
<td>1289</td>
</tr>
<tr>
<td>with Covid-19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>People lost life</td>
<td>25</td>
<td>15</td>
<td>21</td>
</tr>
</tbody>
</table>

**Healthcare workforce & Skill development:**

One of the biggest challenges faced by member institutions during the pandemic was the shortage of skilled workforce including doctors, nurses, allied health professionals, support workers across the spectrum of healthcare. This is apart from the shortage of oxygen and lack of basic resources to treat the patients, patient care management, difficulty in referral services to higher centres and lack of availability of medical supplies etc. CHAI Member Institutions have made considerable efforts to improve the skills of their staff. 1,315 healthcare workers received COVID training and out of that, 274 are trained by CHAI, 79 by CMC, Vellore, 16 by St. John’s, Bangalore, 7 by TATA Trusts and others are trained in other organizations.

**External support received:**

For most of the institutions, combating the Covid-19 second wave pandemic was a herculean task. Most institutions reached out to gather support to sustain their combat. The institutions were quite successful too as supports flowed in for them in kind or money. 53% of the member institutions reported receiving support in kind, 4% received in financial support and 18% in both kind and finance. 72% of the member institutions reported receiving aid from CHAI and 2% from the government. 45% of the member institutions received support from their congregation and diocese. 36% did not receive any support for combating the pandemic but actively participated in fighting the combat.

**Conclusion**

Out of the 144 institutions, 94 institutions received supplies of PPE, oxygen, basic medicines, training and other technical assistance from CHAI. Though the member institutions were marooned by the harshness of the second wave, in their own way member institutions held on against all odds and looked out for ways to overcome the issue by reaching out to their most trusted fallback support institutions – congregation and diocese. Another significant fact is that in spite of all hurdles, the institutions could provide diverse services and fight against the Covid-19. CHAI appreciates and acknowledges the good Samaritans work CHAI member institutions are doing for the wellbeing of people in our country during COVID-19 pandemic.
Financial & in-kind Support

In-cash Contribution

<table>
<thead>
<tr>
<th>COVID Support</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Food kits</td>
<td>1,52,87,617</td>
</tr>
<tr>
<td>PPE, COVID kits &amp; Equipment</td>
<td>19,31,58,547</td>
</tr>
<tr>
<td>Self Care</td>
<td>98,08,021</td>
</tr>
<tr>
<td>Trainings, Awareness &amp; Patient Care</td>
<td>2,04,15,570</td>
</tr>
<tr>
<td>Oxygen Plants</td>
<td>3,87,54,188</td>
</tr>
<tr>
<td>Vaccine</td>
<td>3,43,15,227</td>
</tr>
<tr>
<td>Oxygen Concentrators</td>
<td>1,40,05,024</td>
</tr>
<tr>
<td><strong>Total Amount</strong></td>
<td><strong>32,57,44,194</strong></td>
</tr>
</tbody>
</table>

In-kind Contribution

<table>
<thead>
<tr>
<th>COVID Support</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>N95 mask</td>
<td>30,00,000</td>
</tr>
<tr>
<td>Oxygen Concentrators</td>
<td>8,45,63,000</td>
</tr>
<tr>
<td>Oxygen Cylinders</td>
<td>72,50,000</td>
</tr>
<tr>
<td><strong>Total Amount</strong></td>
<td><strong>9,48,13,000</strong></td>
</tr>
</tbody>
</table>

Partners - In-cash contribution

- Maria and Allen Myers
- Pundarika Charity
- Catholic Womens League
- American Association of Indian Nurses
- BEGECA

Partners - In-kind contribution

- Swasth

79 Years of Healing & Joy

chai-india.org
The COVID-19 pandemic and the ensuing lockdown adversely affected peoples’ lives, particularly the marginalized sections of the populations with loss of livelihoods, food shortage and disruptions in access to health services and education. The pandemic had a cascading impact on various sections of society with substantial economic cost at various levels because of the lockdown. The COVID-19 pandemic has shown how vulnerabilities in health systems can have profound implications for health, economic progress, trust on the system, and social cohesion.

India’s effort to combat COVID-19 pandemic has been acknowledged across the globe. Various measures were taken by the Government of India along with States/UTs in terms of strengthened community awareness and surveillance, quarantine facilities, isolation wards, adequate PPEs, trained manpower, and rapid response teams for management of COVID-19. Several organizations and citizens have supported and complemented these efforts.

Since the beginning of the pandemic, Catholic Relief Services has been working with its partners to support communities with basic needs and address the inequalities that existed in access to COVID-19 vaccines, tests, treatments and personal protective equipment. Through the COVID-19 Response and Recovery Initiatives, CRS and its 41 partners have supported more than 16.1 million population across the country. The crisis offered a unique opportunity for our partners and CRS to come together and leverage our collective experience and strengths to support communities in need. My sincere thanks to our partners, Caritas India, Catholic Health Association of India, Catholic Bishop Conference of India, Sister Doctors Forum of India, and all other church and non-church partners, for ensuring the delivery of last mile services despite the difficult situation and the odds they faced. The pandemic has reinforced the importance of partnership and the value and critical role of organizations closer to people in need.

I take this opportunity to convey my gratitude to all our donors - Asante Foundation, Bureau of Population, Refugees and Migration, Latter-Day Charities, O’Neil Foundation, Tarsadia Foundation, USAID, and Vista Hermosa Foundation, for their generous support.

G Senthil Kumar
Executive Director
Catholic Relief Services India
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G Senthil Kumar
Executive Director
Catholic Relief Services India
CRS’s Response to COVID-19 Pandemic in India

16.1 Million

2020

Addressing the life-saving needs of migrants and daily wage workers

2021

Support delivery of health services & information on COVID-19 for resilient communities (Sudhir)

Sectors of Intervention

Health

Protection

Livelihood
15 MONTHS
$20,74,179

41 LOCAL PARTNERS
25 STATES

Catholic Relief Services
www.crs.org
Helping Hands by MSS, Uttar Pradesh

Mr. Surajmal lives with his two sons, his wife, and elderly mother in Ghaziabad, UP and runs a small grocery shop for his livelihood. He was living a simple and happy life before the pandemic but during the first phase of the pandemic, he suffered a lot because of the financial losses due to strict lockdown. He became COVID-19 positive during the second wave and got admitted in a hospital in Noida. He recovered after 15 days and returned at home. The entire family went through a very difficult time. Eating two meals a day was not always possible for the family as they did not have money. Partner MSS reached the family with dry food and cash support of INR 2500/- during this difficult time. Mr. Surajmal was in great need of money for medical treatment, which he received at right time. He explained that the help provided by the organization in such needed time not only fulfilled food and financial needs but was also a great mental satisfaction for the family. Mr. Surajmal said, “the assistance was worth more to me than just dry ration and Rs.2500”.

KEY HIGHLIGHTS OF COVID RESPONSE

With support from our generous donors and in partnership with 41 church and non-church partners, Catholic Relief Services (CRS) complemented the government’s efforts by providing life-saving assistance during the first and second waves of Covid in India. This initiative was guided by the principles of 'do-no-harm' and 'leave-no-one-behind'.

More than 2.74 Million USD was invested by CRS towards Covid Response in India.
The COVID-19 response during the first wave was a joint response by Caritas India and CRS in India in the states of Kerala, Odisha, Uttar Pradesh, Bihar, and Delhi in partnership with the diocesan network complementing the Government’s efforts to provide life-saving assistance with the ‘do-no-harm’ and ‘leave-no-one-behind’ approach. The response was implemented under the most challenging of situations by the partners owing to severe restrictions imposed in the context of the Lockdown. CRS and Caritas India supported and complemented each other by sharing resources, setting up a joint project monitoring unit to support the management and implementation of the response, undertake capacity building of respective staff and partners to implement the response. Through this project, 3,146 families (13,361 individuals) and 1,524 individuals were supported with dry ration or cooked food and hygiene kit thereby reaching out to a total of 14,885 individuals (6,709 female, 8176 male).
74 HOSPITALS RECEIVED NECESSARY PPE KITS AND ESSENTIAL MEDICAL SUPPLIES, PHARMACEUTICALS, AND DISINFECTANTS

CRS in collaboration with CHAI [Catholic Health Association of India], delivered life-saving medical supplies of PPE kit, drugs and oxygen support equipment, concentrators, and cylinders to 74 hospitals. PPE kit comprised of surgical face mask, N95 face mask, hand sanitizer, gloves, gowns, shoes and head cover. In addition, pulse oximeter, thermometer, and essential drugs such as Arvizin, Vitamin C and D, Paracetamol tablets were supplied to these hospitals.

Messaging on COVID-19 preventive behaviour through hospitals was another key component of this response. Information on COVID-19 Appropriate Behaviour (CAB) was shared in-person by health care staff with people treated both as COVID-19 inpatients and outpatients. Additional messaging was shared with COVID-19 patients discharged from hospitals after treatment. This messaging focused on post COVID-19 care. Health care providers in hospitals and the partner volunteers in the community were engaged for messaging.

For medical supplies, an end line was conducted in January 2022. It captured the services provided by hospitals during the project period. The survey captured information on five COVID-19 related services provided by the hospitals – testing, isolation/quarantine services and COVID-19 treatment provided in Outpatient Department (OPD), In-Patient Department (IPD) and Intensive Care Unit (ICU). All 74 hospitals participated in the survey. The hospitals reported that more than 91% of the consumable materials received through the project were already utilized. More than 73% utilization was for the COVID-19 care services.

CRITICAL HEALTHCARE INFRASTRUCTURE ESTABLISHED OR REPAIRED IN 41 HOSPITALS

It was important to assist the infrastructure needs of the hospitals to address the COVID-19 pandemic. An amount of INR 40,000/- (USD 533) was allocated to each of the 41 hospitals. With this, hospitals either replaced some of the medical equipment due to increased wear and tear or added few equipment to meet the increased demand as per specific requirement of the hospital. The equipment replaced or added were nebulizer, fumigation machine, air conditioner for operation theatre, ECG machine, BP apparatus, cardio monitor, washing machine, vacuum cleaner, bacteriological incubator, biochemistry analyzer, wheelchairs, and bedding for patients.
100 HEALTH CARE WORKERS (SISTER DOCTORS) RECEIVED PSYCHO-SOCIAL SUPPORT

As health care workers faced huge workload and burn-out challenge, enhancing self-care and resilience among Doctor Sisters providing COVID-19 healthcare in the CHAI network hospitals across India was an important initiative. As part of this initiative, 100 Sister Doctors who are active members of the Sister Doctors Forum of India (SDFI) were identified. All 100 sister doctors were briefed about the overall project goal, process to be followed and were sought their willingness to take part in the process. CHAI has developed a self-care module in consultation with the spiritual leaders with biblical note. These modules were printed and shared with all Sister Doctors as part of the COVID-19 care kit. CHAI organized virtual learning series on Self-care for the Sister Doctors. Professional counselling services was designed in the project and sisters could access the same confidentially.

CHAI provided Sister Doctors support to avail of short sabbatical leave. The Sister Doctors are engaged in multiple tasks and hold different responsibilities within their congregations, workplace, and in their ministries. Many Sister Doctors work in a single doctor health care set up in remote areas making it difficult for them to take any leave from work. Only one of the sister doctors utilized this service, while another 10 sisters opted to participate in training programs instead of Sabbatical leave. The sisters participated in a clinical course on ‘emergency response’ from St. John’s Medical College, Bangalore, and ‘Management & Leadership’ from Rajagiri Business School, Kerala.

4,134 INDIVIDUALS RECEIVED VACCINES

As part of the Vaccinet Initiative of CHAI, a total of 4,134 individual were vaccinated through five health institutions in the states of Maharashtra, Kerala and Karnataka. As part of vaccine education, CHAI drafted SOP on COVID-19 vaccination based on the guidelines issued by the government. The SOP was developed and ratified by medical experts in CHAI and vetted by the vaccination practicing member institution representatives. It provides guidelines on vaccination for public in general, and for pregnant women and near to home-provision for living in elderly homes. Two webinars were conducted to address the vaccine myths and misconceptions and setting up COVID-19 Vaccination Centre – SOP. 122 health professionals from the CHAI hospital participated in the webinars.

COMMUNITY HEALTH CARE WORKERS RECEIVED COVID-19 PROTECTIVE KIT FOR COMMUNITY OUTREACH

CRS and its partner SDF in collaboration with NHM and the Ministry of Health and Family Welfare in Uttar Pradesh provided COVID-19 safety kit to 23,623 urban and rural ASHA workers and their supervisors (ASHA Sanginis) along with other 149 NHM staff. This critical support helped these workers to continue their services to approximately about 43,446,906 population in 9 high burden districts with COVID-19 in Uttar Pradesh (Noida / Gautam Buddha Nagar, Ghaziabad, Meerut, Kanpur, Varanasi, Bareilly, Gorakhpur, Prayagraj, and Lucknow).

The Sister Doctors Forum of India is a pan India network of over 1000 Sister Doctors engaged in the healthcare mission. CHAI, in collaboration with SDFI proposes an initiative to provide self-care, vocational and social support to these COVID-19 warriors.


082 Courageously Innovative
IMPLEMENTING RISK COMMUNICATION AND COMMUNITY ENGAGEMENT (RCCE) STRATEGY IN COLLABORATION WITH CARITAS INDIA

CRS rolled out the COVID-19 RCCE initiative in collaboration with Caritas India. This pan-India initiative implemented in partnership with 14 Regional Bishops’ Conferences and 165 dioceses disseminated the COVID-19 related messages to 3,226,178 families that correspond to over 16,130,890 individuals in 25 states of India. The messaging was done through virtual means and focused on promoting CAB and addressing vaccine hesitancy. The messages were relayed in 10 languages and 4 dialects by 8,115 Caritas Samaritans who were trained by CRS and Caritas India. This was a crucial component of the overall response grounded on the pillar of volunteerism to break the chains of transmission and mitigate the impact of the pandemic. Through RCCE initiative, the Caritas Samaritans shared information and advised communities on COVID Appropriate Behaviors (CAB) and addressed vaccine hesitancy, mitigated rumors and misconceptions. The focus areas of messaging were identified after a quick assessment of the COVID-19 situation and discussion with community health workers and Caritas Samaritans of few states.
7902 VULNERABLE HOUSEHOLDS RECEIVE ESSENTIAL FOOD ITEMS

CRS and 11 partners in the states of Maharashtra, Karnataka, UP, Kerala, Mizoram and Delhi reached 31,573 affected people (7,902 households) with dry food. The food support package was for one month, and the items were as per local food preferences. An average family size of 5 including three adult and two children was considered while calculating the ration size. Minimum calory intake per member per day was the base for selecting the food items and the quantity. The food assistance complemented government food schemes and savings of the family to help the targeted families to survive till the lock down relaxed.

4,026 VULNERABLE HOUSEHOLDS RECEIVED CASH OR VOUCHERS TO MEET THEIR BASIC NEEDS

Cash transfer was planned to meet the diverse needs of the families affected with COVID-19. Decision for cash transfer was taken as the needs were varied that include the need of food, education, travel, rents, medical, etc. It was also found feasible as local markets for essential items and banks were operational. A total of 14,240 people (4026 households) got this assistance which met their diversified need including medicine, rents, travels, rituals etc. Daily wage earner, migrant labour, families where bread earner was in quarantine, families infected with COVID-19, having COVID-19 death were targeted for this assistance.

2,039 CHILDREN AND YOUTH RECEIVED DIRECT FOOD ASSISTANCE FOR 5 MONTHS

CRS and partners distributed food ration to 2,039 (male 943; female 1096) children and youth in Odisha and Tamil Nadu, who had selected a preference of direct food distribution over cash support. It comprised suji (semolina/rice flour), chuda (flattened rice), dal, white matar (peas), sugar, soybeans, sunflower oil, chatua (multi-grain powder), milk powder, biscuits, salt, turmeric powder, and bath soap.

793 CHILDREN IN TAMIL NADU RECEIVED CASH SUPPORT FOR FOUR MONTHS

CRS and partners provided non-conditional cash support to 793 (245 male; 548 female) children and youth in Tamil Nadu, who had selected a preference of cash support over direct food distribution. The partner team bank transferred an amount of INR 1,000 (about $14) to the girls and INR 900 (about $12) to the boys, to their bank accounts for 4 months. The last month was a combination of cash support and food assistance for meeting the emergency needs as described above.
STRENGTHENING OF CHILD PROTECTION STRUCTURES IN ODISHA AND TAMIL NADU; AND FAITH-BASED GROUPS WORKING IN CHILD PROTECTION IN TAMIL NADU

CRS and partners worked intensively with child protection structure by conducting a series of capacity building initiatives with district and community level structures including four trainings on psychosocial support for DCPU and CCI caregivers, and 40 sensitization sessions with community structures including Panchayati Raj Institutions (PRI), Village level Child Protection Committees (VL CPC), Self-help groups (SHGs), Basic Christian Community (BCC) members on the importance of alternative care services. It facilitated the recognition of the faith institutions by the government as credible stakeholders focused to work on family-based care and presented opportunities of working extensively with child protection committees at the block level.

In response to the increase in incidents of reported aggressive behavior by children in CCIs during the prolonged period of confinement and isolation during this second COVID-19 wave, CRS and partners conducted psycho-social orientations for 52 CCI based caregivers in 23 CCIs (7 in Odisha and 16 in Tamil Nadu) to better handle attitudinal and behavioural issues of children.

CORE GROUP POLIO COVID-19 RESPONSE INITIATIVE IN UTTAR PRADESH AND HARYANA

As part of the Core Group Polio grant, CRS worked with its partners Gorakhpur Environmental Action Group (GEAG), Meerut Seva Samaj (MSS), Sarathi Development Foundation (SDF) and Society for All Round Development (SARD) in Uttar Pradesh and Haryana to support the government's fight against COVID-19 by promoting COVID Appropriate Behaviors (CAB), COVID-19 vaccination, and extending psychosocial support to communities, especially among underserved and migrant populations. With this initiative, we reached **572,300 people in Uttar Pradesh and 1,555,258 people in Haryana**. CRS in collaboration with Fakirana Sisters Society (FSS) and Bettiah Diocesan Social Service Society reached out to 3430 households in West Champaran district of Bihar with immediate food and hygiene kits.
BUILDING BACK BETTER WITH DIGNITY AND RESILIENCE - COVID - 19 RESPONSE AND RECOVERY TOWARDS CHIN, ROHINGYA AND AFGHAN REFUGEES AND HOST COMMUNITIES IN INDIA

The COVID-19 Response and Recovery Program prioritises to alleviate human suffering by saving lives and uphold human dignity of the Chin, Rohingya and Afghan refugees and host communities in India. These wide-ranging interventions span across the northern states of Delhi and Haryana, Telangana in the south, and remote hard to reach terrains of the north-eastern states of Manipur and Mizoram. The primary goal of the program is to ensure communities in identified locations build their resilience by recovering from the socio-economic shocks of the COVID-19 pandemic. The program is led by the Catholic Relief Services (CRS), in partnership with the Development and Justice Initiative (DAJI), Diocesan Social Service Society (DSSS) Imphal, Jesuit Refugee Services (JRS), Modern Architects of Rural India (MARI), and Zoram Entu Pawl (ZEP). A snapshot of the intervention is given below:
DONORS AND PARTNERS

Donors

- Latter-Day Saint Charities
- Vista Hermosa Foundation
- Asante Foundation
- Tarsadia Foundation
- W. O’Neil Foundation
- United States Agency for International Development
- Bureau of Population, Refugees and Migration

PARTNERS

- Association of Bengal Collaborators for Development (ABCD)
- Agra Catholic Diocese Samaj Seva Sanstha (ACDSSS)
- Andhra Pradesh Social Service Forum (APSSF)
- Association for Rural Upliftment and National Allegiance (ARUNA)
- Barielly Diocesan Social Service Centre (BDSSC)
- Bangalore Multipurpose Social Service Society (BMSSS)
- Bihar Water Development Society (BWDS)
- Catholic Bishops Conference of India (CBCI)
- Catholic Charities (Khurda Road)
- Calicut Diocese Social Service Society
- Caritas India
- Catholic Health Association of India (CHAI)
- Changanacherry Social Service Society (CHASS)
- Chetanalaya
- Centre for Social Action (CSA)
- Development and Justice Initiative (DAJI)
- Diocesan Social Service Society, Imphal (DSSS)
- Fakirana Sisters Society (FSS)
- Gorakhpur Environmental Action Group (GEAG)
- Jesuit Conference of India (JCI)
- Kannur Association for Integrated Rural Organization And Support
- Karnataka Regional Organization for Social Service (KROSS)
- Kerala Social Service Forum (KSSF)
- Modern Architects for Rural India (MARI)

- Madhya Pradesh Samaj Seva Sanstha (MPSSS)
- Meerut Seva Samaj (MSS)
- North-East Diocesan Social Service Society (NEDSSS)
- The Nagpur Roman Catholic Diocesan Corporation Pvt. Ltd (NRCDCPL)
- The Organisation for the Development of People
- Prachodana Social Service Society (PSSS)
- People’s Service Society, Palakkad (PSS, Palakkad)
- Raipur Diocesan Social Welfare Society (RDSWS)
- Society for All-round Development (SARD)
- Sarathi Development Foundation (SDF)
- Shreyas
- Social Initiatives for Growth and Networking (SIGN)
- Society for Welfare Animation and Development (SWAD)
- Tamilnadu Social Service Society (TASOSS)
- Uttar Kshetriya Samaj Vikas Kendra (UKSVK)
- Western Region Social Service Forum (WRSSF)
- Zoram Entu Pawl (ZEP)
The COVID-19 pandemic presented us with an unprecedented global challenge, touching every community in every nation of the world. The pandemic also caused systems of work, education, finance and domestic lives to grind to a halt, affecting nearly every aspect of people's lives.

The Pandemic indicated the fragility of life and the world, the chaos, the dread and at times paralysing our movement. Self-isolation and quarantine created a sense of being separated from the community and world generally, a sense of anomie. This was summed up well over two thousand years ago by the Roman poet Virgil's notion of a 'maze of dread': 'The world itself seems entirely unreliable and dangerous. In other words, in terms of the poem, the pandemic crisis opened the eyes of every religious leader, each member of the community and as a collective body to do something.

As a result of our shared vulnerability, the coronavirus pandemic led us to embrace our common humanity. As religious we could play an important role in limiting the damage caused by COVID-19.

It is precisely at this time we felt assured of one thing - that the Lord is always with us and we need not be afraid. He will lead us and guide us. It is indeed a grace and a blessing that this COVID-19 has given all of us more time to listen to the Lord in silence, urging us to move and reach out. We feel deep gratitude to God for the immense work carried out by our Religious sisters and brothers reaching out to the lost and the least in various forms, risking their own lives for the sake of the mission.

We thank God for all of this resilience and courage and the passion to do great things for him and for His people.

We also salute all our frontline doctors, nurses, health workers and volunteers who braved the fear of the pandemic and perhaps lost their own lives. We remember these Heroes of the pandemic and may they continue to inspire us.

May we continue to reach out even though seemingly Covid-19 may be fading into the background, but the effect it has left on humanity will need lot of healing and building of lives.

Sr. M. Nirmalini A.C.
President CRI
Conference of Religious India
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As National CRI we appreciate the work done not only by large Congregations with complex organisational structures and networks but also by the smallest community who put themselves at the service of even a single person who was affected, as that service to that one individual was as important as to the masses. Neither this report nor any other report will capture the depth, vastness and immensity of the outreach of religious during the pandemic risking their own lives. While distribution of food, masks and medicine would have constituted a bulk of the work, there were groups that networked with other NGOs and government entities to reach out to the deep rural areas where help was not easily available. Many Congregations came together and formed relay services for migrants to get them safely and comfortably across the country. They were aware of the heightened vulnerabilities of different sections of people and available online and offline to provide guidance, support and comfort.

Many of the institutions turned over their infrastructure to the Government to set up COVID care centres, while hospitals and medical centres run by the religious were available round the clock for service. Educational Institutions run by the religious were constantly in touch with their students and staff providing online support. In rural areas where networks were not available sisters and staff risked their lives setting up classes and activities under the trees adhering to COVID protocols so that children were not deprived of education. Religious women and men not only reached out and supported each other but were in the forefront to respond to multiple needs of the vulnerable communities in their localities.

Indian Religious continued to be a beacon of hope to hundreds of thousands of people across the country, calming their fears, providing for their physical, emotional and spiritual needs while coping with their own vulnerabilities and losses due to COVID 19. Monitory contributions by the religious for relief work too was very substantial including to the dioceses and state and National Governments.

May we, who profess a countercultural stance in this sacred Universe, who hear the cry of the poor and the cry of the Earth, collaborate with one another to respond to the Pope’s call in ‘Laudato Si’ to Care for our Common Home and to the call of the United Nations to enable our government to achieve the Sustainable Development Goals, thus contribute to a healthy planet Earth.

May Christ the Healer be our stronghold.

Sr. Elsa Muttath PBVM
Secretary General CRI
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Sr. Elsa Muttath PBVM
Secretary General CRI

Conference of Religious India

CATHOLIC RELIGIOUS INSTITUTIONS - COVID RESPONSE REACH

**TOTAL POPULATION REACHED**

- DRY RATION AND FOOD SUPPORT
  - 36,23,053
- VACCINATION
  - 17,372
- EDUCATION AID
  - 1,26,304
- FINANCIAL AID
  - 21,640
- PSYCHO-SOCIAL SUPPORT
  - 17,372
- SCREENING
  - 1,60,383
- SPECIAL NUTRITION SUPPORT
  - 1,63,686
- INCOME GENERATION SUPPORT
  - 2,867
- MEDICAL KIT
  - 9,30,224

**TOTAL**

- 8.5 Million
- 39,718
- 142

CRLs PARTICIPATED

**POPULATION REACHED**

- 39,718
- 142
CONFERENCE OF RELIGIOUS INDIA

About CRI
The Conference of Religious India (CRI) - the conference of Major superiors of Religious Institutes and Societies of Apostolic Life operating in India - came into existence in 1961. The CRI brings together about 125000 men and women religious working in India, to promote fellowship at all levels of the Christian community in a spirit of humble service and in collaboration with all sections of the people of God and all people of good will.

Outreach
- Aiding the sick and the distressed
- Reaching out the elder and the vulnerable children with food and medicines
- Psychosocial counselling to the Widows, Elderly, Transgender, Domestic workers, Street vendors and differently able persons.
- Telemedicine facility with online doctors either
- Free door-to-door delivery of medicines based on doctors’ prescriptions
- Volunteer at doorstep for delivering groceries and medicines
CARING FOR THE VULNERABLE

Destitute senior citizens were taken care in home for the aged and care homes. Food essentials and small seed money distributed to the widows and households with disabled members. Residential Care homes were also made functional for the children.

Children were given special nutritional food to prevent them from the virus Bal Mela organized to break the monotony of remaining within the four walls during the Lockdown.
SOLIDARITY WITH MIGRANT POPULATION
COVID PREPAREDNESS
Courageously Innovative
MEDICAL AID.

- Medical kit comprising of oximeter, thermometer, sanitizer, inhaler, and first-aid materials.
- Reaching medicines to homes of various hamlets nearby.
- Reached out the lepers, bonded laborer’s, beggars on the streets and helped them reach shelter care.
- Provided Covid Antigen Testing. RTPCR test samples were also conducted in collaboration with Hospital.
FOOD ASSISTANCE

Covid 19 pandemic brought India to its knees. The virus had spread to all the states in the country. Panic stricken country came to a standstill with lockdowns, quarantine, home confinement, job losses and economic woes. These restrictions impacted heavily on the availability of lock food systems. The restrictions disrupted the agriculture and the supply chain of the food materials. The ordinary poor people were suffering from lack of adequate food materials. The church in India, rose to the occasion to mobilize the food materials needed and reached out to the people with a supply of food materials. The religious fraternity contributed significantly to this mission of providing food and nutrition to the poorest including women and children with a total of 3.7 million people.
VOLUNTEERING

Voluntarism is the new way to advance the mission and vision of the church. Covid 19 pandemic was the opportune time to demonstrate the true spirit of voluntarism in the church. Thousands of both men and women religious volunteers were available round the clock to take the sick calls, to arrange the accommodation for migrants and the quarantine facilities for the Covid patients and to take care of the hospital needs with proper medical care. Volunteers also provided Psycho-social support awareness a campaigns.
CBCI

Catholic Bishops Conference Offices
CBCI Office for Health Care

The Catholic Bishops Conference of India, 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. This Office is the forum for discussing various vital issues of national importance related to health and for planning common action. The Catholic Church in India envisages a healthy society where people, especially the poor and marginalized, attain and maintain holistic well-being and live-in harmony with the Creator, with Self, with One another and with the Environment. During the time of pandemic, the office for health care organised various activities, especially to empower the catholic health networks. The pandemic opened our eyes to think that the health of the sheep is the responsibility of the shepherd. With the help of regional secretaries we contacted the parish priests and empowered them to conduct home-based health care. This was a wonderful experience for us to realise the strength of Catholic Church. The training and awareness programmes conducted to diocesan youth group and religious was a wonderful experience that our youth and religious were shown their committed service to the society. I express my gratitude to all the church healthy organisations and the authorities for rendering the selfless service to our society.

Fr. Julius Arakal CMI
Secretary Healthcare
Established in 1989, the Catholic Bishops Conference of India, Office for Health Care serves as a coordinating body of all health-related organizations of the Church in India. As a forum for discussing issues of national importance related to health, this network has 14 regional offices with 174 diocesan health coordinators at Parish level, headed by Respective Chairman Bishops and Secretaries covering all the states of India. At present, its operations are managed from the Amala Institute of Medical Sciences campus, Thrissur, Kerala.

HOME BASED HEALTHCARE PROGRAM

CBCI introduced “Home- Based Healthcare program” to respond immediately to the Covid crisis through a network of diocesan secretaries and parish priests. With a firm belief of “Health being the concern of parish, to reach the remotest areas, a set-up of Parish- based home care was established with the support of Catholic Relief Services (CRS). The local staffs were equipped with medical kit comprising of fingertip pulse oximeter, Steam Inhaler, and a digital thermometer to enhance the household level monitoring of infected patients. In 3 phases of distribution, 39 dioceses were equipped with 1390 medical kits.
NETWORKING & DIALOGUE
Empowering Catholic Health Secretaries: Realizing the importance of strengthening networks during the pandemic, CBCI engaged in conducting a series of knowledge dissemination and capacity building session to strengthening Dioceses and Parish capacity to deliver quality assistance. Virtual meeting platform of 14 Catholic Health Secretaries at regional level disseminated Catholic Health Policies to the Doctors, Nurses, Paramedical and Administrators through Parish Network. Regular health check-ups for health workers at the parish level was undertaken to reduce infection rate.

HEALING MINISTERS
Health Ministry being a blending art & science, CBCI aimed to bring a non-discriminatory approach to quality health assistance through the concept of Healing Ministers. The Priests and Nuns were imparted the learning of extending medical service beyond the barriers of religion, caste and color, and being more compassionate and effective caregivers by nurturing body & soul for a healthier community.

NATIONAL MEET OF REGIONAL SECRETARIES AND MEMBER BISHOPS:
A two-day Second National Meet of Regional Health Secretaries and Chairman Bishops was organized on 17th & 18th November 2021. The introductory address by Fr. Sinto & Fr. Julius Arakkal began with an abstract “Health of the sheep is the responsibility of shephards”. His Grace Archbishop Prakash Mallavarapu in his inaugural message talked about the need to “Listen to one another and care one another and their souls”, drawing attention towards how the pandemic acted as an accelerant to our mental health priorities. Most Rev Felix Toppo- Member Bishop of Health emphasized on the importance of “networking between church and healing ministry” and “involvement with people beyond the church activities”.

Catholic Bishops Conference Offices 107
COMMUNITY ENGAGEMENT

CBCI promoted Volunteerism in Covid related activities through trainings and discussions with multiple stakeholders acted as a catalyst for youth participation particularly from non-medical background. Volunteers were engaged in assisting catholic funeral services, community kitchen services and supporting healthcare workers in caregiving of Covid-19 infected patients.

CATHOLIC HEALTH ASSOCIATION OF INDIA

The CHAI, a network of 3,552 member institutions in the biggest network in health care sector in India. During Covid pandemic, CHAI has provided support through treatment centre, CCUs, isolation centre, testing & referral centre and community awareness. Total of 144 members institutions from 21 states extended their infrastructural and human resource support and focused its intervention on (i) upscaling health infrastructure (ii) increasing vaccine rollouts (iii) enhancing knowledge and resilience among health professionals.

STRENGTHENING EXISTING HEALTH INFRASTRUCTURE

Understanding the need for capacitating the overwhelmed health system with adequate infrastructure and human resource, CHAI focused on upscaling the health services through supply of PPE kits, oxygen cylinders, concentrators, and essential drugs for first and second level treatment. Standardized bucket list of materials was developed which provided optimum protection to the healthcare workers against Covid-19 infection in 94 institutions. To address the rising demand of medical oxygen, over 342 hospitals were geared up with 437 oxygen cylinders and 911 concentrators.

A STEP TOWARDS RESILIENT HEALTH WORKERS

Webinars were organized for the frontline Healthcare workers to equip them with adequate capacity for addressing highly challenging work conditions. Developing a comprehensive understanding of mental health conditions and symptoms, early detection, and mitigation, through self-care, psycho-social support, and counselling was ensured with the help of peer support forums. A total of 350 member institutions, 390 health workers and 193 participants were reached through the virtual platform. A total of 1315 healthcare workers skills were improved through COVID training by peer support organizations such as CMC Vellore, St. John’s Bangalore and TATA Trust.
VACCINET: EQUITABLE DISTRIBUTION OF VACCINE

Realizing the importance of early vaccination, CHAI initiated “VacciNet” movement to reduce hesitancy and eradicate technological or financial barriers to increase vaccine rollout in the country. Total of 14,850 individuals from socio-economically vulnerable backgrounds were reached through free vaccine thus safeguarding lives from Covid Infection. Through CHAI member institutions 1,58,674 first doses and 77,804 second doses of vaccines were provided as well.

RESOURCE POOLING & NETWORKING

A compendium of existing initiatives and support at the government and civil society level on COVID crisis were prepared to make the process of assistance seeking seamless and hassle free. This has promoted inter-organization collaboration and improving healthcare assistance at critical times. CHAI also joined the international campaign “Catholic Cares Coalition”, a network of global catholic institutions to promote vaccine along with 56 member institutions from across the globe. In line with the teachings of Pope Francis, the coalition promotes vaccine equity around the world for underserved or marginalized people. Nearly 9000 health care workers were actively involved in Covid-19 related care and treatment from different segments of health professionals. The “Helpdesk” instituted at CHAI was also a helpful initiative which addressed 65 queries from member institutions.

ADDRESSING BASIC SERVICES

A total of 3,45,423 people were reached out through 134 Covid-19 awareness creation events. A total 24,569 people received referral services for Covid-19 related treatments, 7,846 individuals received treatment in Intensive Care Unit, 2,132 people received bereavement support and 3,552 people received rehabilitation services. More than 3.5 lakhs people received relief services in terms of dry rations, free medicines, hygiene kits, nutritional support, awareness on Covid-19.
Education & Culture

Archbishop Thomas D’Souza  
President CBCI Education & Culture

Fr. Charles Maria SDB  
Secretary CBCI Education & Culture

CBCI Office for Education and Culture, since its inception in 1966 has been at the service of the Church in coordinating the education ministry of the Church in India.

When schools all over the world shut down and everyone wondered if there was a way out to keep education uninterrupted for children, our Catholic Schools once again came up with the innovative idea of starting virtual class rooms and conducting classes online even during the peak of COVID 19. It was indeed a true challenge as many teachers did not have any training in conducting classrooms online and the use of different software. There were many training for the teachers to organize themselves as COVID WARRIORS in the field of Education. They ensured that the children continued with their education with so many obstacles which they had to face. Within a few months, the teachers became experts in online education and the schools furnished latest software platforms for them to have a clear view of the whole classroom and various tests and projects ensued.

Quite a few schools organised many programmes for the wellbeing of their children- their emotional and physical wellbeing. Courses were organised for the teachers and parents on how to cope with the mindset of children who have been locked for months in their own homes. Our schools had to muster every ounce of their energy to ensure that education was uninterrupted and that our teachers had to be sustained and most of our schools became also the good Samaritan in need. Every one of our schools has gone through a metamorphosis of change and have been transformed to offer education which is no more mundane but one that is evolving with numerous possibilities.

Fr/Dr. Maria Charles SDB  
National Secretary  
CBCI Office for Education and Culture
CBCI OFFICE FOR
EDUCATION & CULTURE
Office for Education and Culture held a national level
online consultation with all the National and Regional
Secretaries of Education from different major Religious
Congregations under the Catholic Church in India. The
discussion was mainly on “Rethinking Education
Ministry during and post-COVID days”, wherein both
the challenges and opportunities that lay ahead for the
educational institutions in India was discussed at length.
Most Rev. Thomas D’Souza, in his opening remarks
urged everyone to reflect on making the education
system agile by retaining or introducing infrastructure,
capacity enhancement of teaching faculty, technology
and implementing new Government policies.

Highlighting stories of positive change, Archbishop
Most. Rev. John Moolachira, shared how the
archdiocese of Guwahati is coping with this pandemic
issues with online classes, and necessary cooperation
from teachers and guardians in terms of admission and
monitoring the learning. Taking forth Archbishop’s
recommendation for greater attention to rural children
with limited digital access and financial capabilities,
Rev. Fr. Joe Mannath SDB, CRI National Secretary
shared that as disciples and prophets, Catholic schools
should be a centre for learning and not business models.
Need to reach out to the poorest with courageous
compassion, and within the church to help those institute
which are financially worse off and to reach out most
excluded educationally should be the prime motive of
interventions.

PANDEMIC AS A WINDOW
OF OPPORTUNITY
Realizing the challenges brought by the pandemic, working out new
avenues of improvement the role of Catholic Educational Institutions
was outlined as follows:
• Being Considerate & Humane to Covid-19 affected students
  and institutions
• Developing strategies to ensure moderate spending
• Adapting to blended approach to learning using conventional
  and digital modes of learning.
• Identifying needs and enhancing digital literacy and capacity
  among teaching faculty and students. Also catering to their
  psychosocial needs.
• Liaising with Government bodies to work on tangible solutions
  on salary issue.
• Reshaping the education process to create lifelong learners.
• Cultivating an appetite for environmental habits and
  promotion of eco friendly life in the campus.
IMPROVING ADAPTABILITY OF EDUCATION SYSTEM
Adopting the digital pathway: Improved the technological capacities of teachers through necessary capacity building measures, enabling a self-learning environment for students through a blend of digital learning platforms which are useful and user-friendly websites or mobile applications to improve learning speed. Also, to insist on learning management systems (LMS) where the students can study in their own space.

AGILE INFRASTRUCTURE:
Building up a better infrastructure to cope with pandemic situations such as through contingency funds, improved guidelines, and SOPs, make the education system shock proof to such pandemics or crisis.

ACCESSIBILITY TO THE MARGINALIZED:
The need to pay more attention to children from low-income backgrounds, tribal communities, and migrants by devising a mechanism to limit adverse coping strategies. In the face of acute poverty amidst unemployment and migrancy, drop out rates was required to be tackled by instilling hope, courage, and support through counselling and financial support. Apart from this, need to develop an inclusive pedagogy in a post-COVID situation where young people slowly try to come out of depression, loneliness, and lack of interest in studies was also identified.

ADAPTIVE POLICIES:
To improve peer learning and strengthen guidelines at the Catholic Church level, each region came up with a regional plan on handling post-COVID education crisis. In alignment, the National Secretary also prepared “Strategies and Practical Guidelines for the post-COVID school reopening” situation to bring a sense of direction in education during the uncertainty brought by pandemic.
During the COVID crisis, we witnessed several individual and organised expressions of goodness, solidarity, inter-connectedness and love of neighbour. Love your neighbour is the new culture. In many ways, it has generated a new globalisation of solidarity and interconnectedness. Our biggest achievement has been to defeat the fear of the virus.

Dr. Sr. BEENA M.D.
President SDF
COVID-19 had unsettled the normal prospect of doing the pastoral ministry. This disrupted the functioning of the church but also gave opportunities for the clergy and the congregation to think differently. The church responded in key areas of ministry through worship and pastoral care, thus reshaping the way that clergy understood their role and envisioning a renewed future of the church. Amidst this odd predicament, the church found creative ways to

PASTORAL OUTREACH AMIDST COVID

Courageously Innovative
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TO OUR BELOVED PRELATES, PRIESTS, SISTERS, VOLUNTEERS AND LAY BROTHERS & SISTERS WHO WERE CALLED TO ETERNAL BLISS DURING THE COVID-19 PANDEMIC. WE FONDLY REMEMBER THEM THE REAL COVID HEROES.
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Prayerful Adieu

Most Rev. Dr. Jacob Mar Barnabas

Bishop Paul Alois Lakra

Bishop Basil Bhuriya

Prayerful Adieu
WE
SERVED
60 MILLION
End Note

The Church in India has contributed significantly to nation building over the years. The COVID-19 pandemic exemplifies yet another instance when the Church institutions came together and to the fore, courageously and defying the odds posed by a difficult situation, to support the efforts of government and other actors to support the communities in India. The response of the Church institutions to the pandemic signifies the collective strength of these institutions, their resilience, and the passion and commitment to the communities they serve. It is heartening that we were able to raise to the need of the hour and innovate solutions and develop newer ways of working. My sincere gratitude to the various institutions for their work and the Church leadership in the country for their constant guidance and support. Words are not enough to express my deepest sentiments of joy and gratitude to everyone who contributed to this document, "Courageously Innovative". May the Good Lord bless each and every one of us.

In solidarity
Fr. Dr. Paul Moonjely
Caritas India.