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Annual
Report
2017

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Message from the Director's Desk

Dear Well-wishers,

It's a pleasure sharing with you the highlight of 2017. Generally, 2017 was a tumultuous year with a series of social changes as a result of implementing the new financial policies of the Government of India (GoI), namely the Good & Services Tax (GST) and the impact of the demonitization drive implemented in 2016. Additionally, the NLEP program was invigorated with the series of new activities that were implemented such as the leprosy case detection campaign (LCDC), creating awareness through the SPARSH campaign, and the like. How have these changes impacted the leprosy world?

The new activities in the NLEP program is a positive development as more people being diagnosed and treated is a welcome sign as it's our common intention to reach out to the last case of leprosy. The SPARSH awareness campaign complimented the LCDC as when the community is aware there is likelihood of more people being diagnosed and treated. However, in the long run it's important to design a national awareness campaign via different media platforms that'll facilitate wider reach and provide the much needed coverage in remote areas.



An end evaluation exercise was undertaken on SEI's flagship POID program in Andhra Pradesh. Two external evaluators were engaged in this exercise. They visited both the districts and engaged with various stakeholders. The dissemination of the findings was shared with various stakeholders in Kathipudi. It was generally recommended that the POID program in Kathipudi to be extended by 1 year to include a transition phase as it had fulfilled all its objectives. However, the Tenali POID project did not achieve its project objectives hence this also was extended by 1 year to complete the unfinished planned activities.

As a matter of fact, 2017 was a special year for Swiss Emmaus India (SEI) as it was designated as the India Coordinator for the International Federation of Anti-leprosy Associations (ILEP). ILEP is a federation of 9 members working with a common goal of leprosy elimination in India. The activities of all 9 members were coordinated by SEI. Essentially, ILEP provides technical support to the GoI's NLEP program both at the central and state levels.

Against the above-mentioned backdrop, SEI's resource mobilization team was able to garner support from new loyalists. The team was under duress due to lack of preparedness as a result of implementing the new financial policies of GoI. However, as 'necessity is the mother of all invention', the team diligently overcame these challenges, which has made them more resilient and resolute. The team is ever eager to sensitize more stakeholders about leprosy and garner support for an Indian problem that needs Indian solution.

As we progress into the new year, my team and I look forward with keenness and vigour to continue our journey into the future. I'm confident with your continued support SEI will achieve its goal of leprosy elimination and preventing disability in an inclusive approach.

Thank you,

Sincerely,



(John Kurian George)

MH-POID Project

ALERT-India, the State Health Society (L) Government of Maharashtra and Swiss Emmaus India, have agreed to continue the MH-POID project in Dhule and Jalgaon districts as second phase through a participatory consultative process in December 2016. The objective of the project is to increase the access of persons affected by leprosy, living in the rural and tribal areas to preventive and curative leprosy services by means of health system strengthening and collaborations. The geographic coverage of the project is 2 districts out of the 19 leprosy endemic districts, namely Jalgaon (15 Blocks) and Dhule (4 Blocks) districts of Maharashtra State.

Major highlights of 2017

- All three collaborators of the project, FAIRMED India, NLEP and ALERT-India signed a Memorandum of Understanding for MH-POID Project (January 2017 to December 2019).
- A total of 163 batches of trainings were conducted, through which 3692 health personnel of the general healthcare system and NLEP across the two districts were trained.
- 627 ASHA were trained in the identification of suspects for leprosy from their communities.
- A total of 6262 individuals availed various services at these Leprosy Referral Centres.
- POID camps were organised at Primary Healthcare Centres (PHCs) to sensitize general healthcare staff and the persons affected by leprosy about the services and related management for leprosy.
 - * A total of 41 POID camps were organised in 2 districts where, 123 new cases were detected.
 - * 1925 people were assessed and benefitted in some form or other.

- * 59 new and old reaction cases were managed and 128 ulcer cases were also treated.
- * 345 MCR, 115 splints, 16 goggles and 119 self care kits were distributed. Out of total 90 ulcer cases about 72 % cases are reviewed by BC & 25 % cases are healed, 37% are under healing process.

Comprehensive District Leprosy Control Project (CDLCP)

The CDLCP has started in January 2014 till 2017 (4 years) which is an extension of the POID project in 2 high endemic districts of Andhra Pradesh state. Swiss Emmaus India implemented this CDLCP project in partnership with 2 NGOs, (GRETNALTES -Greater Tenali Leprosy Treatment and Education Scheme Society, Morampudi, Guntur district and RISDT- Rural India Self Development Trust, Kathipadi, East Godavari district) and the State/District Leprosy Society, Department of Health and Family Welfare, Government of Andhra Pradesh.

With a goal of improving the quality of life of the people affected by leprosy, the project aims to improve POID services in the primary health care system and at community level through a strengthened project management system while the referral hospital plays a pivotal role in taking care of tertiary health care service.

The CDLCP is a combined program which includes both field and clinical leprosy services to the people. The field services are provided by the divisional coordinators and the clinical leprosy services are provided through the referral hospital run by both partner organisations (RISDT in East Godavari district & GRETNALTES in Guntur district).

The Outputs of the project are:

- a. Strengthen existing public health care delivery system for detection of new cases of leprosy before development of any deformity.
- b. Generating community level participation and strengthening home-based care for rationalization of the tertiary care.
- c. Provision of best practice tertiary care in the referral hospital.
- d. Providing technical support in terms of capacity building and monitoring for the Program

Table-1: A comparative analysis of hospital based services in East-Godavari and Guntur Districts

Sl No	Type of Service	RISDT		GRETNALTES		Total		% of variance
		2016	2017	2016	2017	2016	2017	
1	General In Patient Care(IP0)	506	492	71	59	577	551	5% reduction
2	Reaction In Patient Care(IP1)	24	24	61	51	85	75	12% reduction
3	Simple Ulcer Care(IP2)	349	298	260	213	609	511	16% reduction
4	Complicated Ulcer Care(IP3)	305	301	123	101	428	402	6% reduction
5	Septic Ulcer Care(IP4)	59	60	20	16	79	76	4% reduction
6	Foot Reconstructive Surgery (IP5)	11	12	5	4	16	16	same as last year
7	Hand Reconstructive Surgery (IP6)	53	44	45	36	98	80	18% reduction
8	Eye Reconstructive Surgery(IP7)	3	3	2	2	5	5	same as last year
9	General Outpatient Care(OP0)	1554	1618	3678	3005	5232	4623	12% reduction
10	General Outpatient Ulcer Care (OP1)	2544	2587	1868	1540	4412	4127	6% reduction
11	General Outpatient Reaction Care(OP2)	26	26	346	276	372	302	19% reduction
	Grand Total	5434	5465	6479	5303	11913	10768	10% reduction

1. Reduction in service provision directly indicating that some people are receiving services at PHC.
2. The people are accessing the respective services at the PHC near to their residence.
3. The services at the PHCs are strengthened.
4. In case of simple ulcer care, a sizeable number of patients (102) have either got ulcer healed or are independently taking care by them. The home-based care by the people is in place.

End-line evaluation for CDLCP

The purpose of this evaluation is to assess the extent to which the project has been able to fulfil the set objectives as reflected in the original project document.



Picture 1: The Evaluator in discussion with the beneficiaries

The evaluators will also identify the level of change brought about by the activities of the project among the relevant stakeholders and the community as a whole in regards to supporting the POID services for people affected by leprosy in the community.

On the other hand, the evaluators assessed the management capacity of the implementing agency, in this case both RISDT & Gretnaltes hospital projects. With its focus being to explore the management capacity of the staffs deployed from the collaborating agencies including Swiss Emmaus India in delivering their roles and responsibilities in relation to the project output; and secondly, evaluate and appreciate the cost of management. It identified the achievements, challenges, lessons learnt and effective practices of the project.

Lastly, taking into account the stated goals and objectives of the project, and its objectives, the evaluator assessed the adequacy of the logical framework, its indicators and logical hierarchy of output-outcome-impact levels.

Table-2: Highlights of the Evaluation findings

Sl. No	Areas of Exploration	Highlights
1	Community Survey and Routine identification of suspects	<ul style="list-style-type: none"> ASHA identifies people with patches and refers them to the PHC for diagnosis. ANM plays supportive role in survey, NGO co-partners during survey
2.	Contact tracing	<ul style="list-style-type: none"> Routinely done in both districts, more systematised and robust in East Godavari
3.	Case validation	<ul style="list-style-type: none"> All suspects identified are referred to PHC and are validated by the Medical Officers in concurrence with the DPMO and initiated treatment MDT treatment provided according to NLEP guidelines and the suspects who do not come for validation are followed up
4.	Self-care at community	<ul style="list-style-type: none"> Promoted to reduce deformity and for wound healing Self-care carried at <ul style="list-style-type: none"> Household level As community groups At PHC At referral centre Self care at household level fairly strong in East Godavari, satisfactory at Guntur. People carry out soaking, scraping and oiling.
5.	Ulcer care in community	<ul style="list-style-type: none"> People have learnt the procedure for dressing of wounds and have been dressing them regularly Ulcer care is carried out at the PHC; in East Godavari, it is carried out at the sub-centre level
6.	Self-care supplies	<ul style="list-style-type: none"> In East Godavari, people receive supplies at the sub-centre In Guntur, people come on monthly basis to the PHC to collect rations and collect supplies during this visit or when they seek treatment No shortage of self-care supplies such as bandage and gauze or medicines; provided through the PHC supplies Community satisfied with the supplies
7.	Use of MCR	<ul style="list-style-type: none"> MCR is provided through the Government channel through the District Leprosy unit As per the NLEP guideline, MCR foot wear is supposed to be provided to the eligible people two pairs in a year by the Government- this is not in practice. Risk perception or injury in the absence of usage of MCR is low especially at Guntur
8.	Stigma and discrimination	<ul style="list-style-type: none"> No obvious expression of discriminatory practices in the familial or societal sphere People live within communities – within households, within villages, did not meet people who lived excluded within community/household Children with leprosy are attending school People affected by leprosy are carrying out gainful employment Absence of stigma however cannot be generalised

9.	Civic rights and social benefits	<ul style="list-style-type: none"> Most had Aadhar card, voter identity and a ration card Guntur had made substantial efforts on pension scheme; almost 1900 of 2300 identified persons had received disability certificate and subsequent pension support. At East Godavari, there were problems of getting disability certificate and hence pension linkage became difficult Antodaya was accessible only to those who had disability certificate and hence Guntur had been more successful in linking the scheme to people
10.	Effectiveness	<ul style="list-style-type: none"> Role of NGO within the District Leprosy Program has established Effective in transferring of knowledge and skills in ASHA, Nodal person and to district leprosy team on the importance of POID Program has demonstrated that it is possible for Government Health System (GHS) to take lead and respond to leprosy Shifting of roles from a vertical leprosy program to a general health system program is seen, however, a long way to go for ownership and complete take over Project cycle management has been effective with timely movement from POID to CDLCP
11.	Efficiency	<ul style="list-style-type: none"> Project is efficient to an extent of bringing suspects and following them on treatment through the General Health System Efficiency should be evaluated by the identification of suspects before onset of disability. While East Godavari has been effective to refer cases, Guntur has been able to link communities to welfare services Program has been efficient in de-stigmatising leprosy and providing non-discriminatory health services through the PHC The relationship between the three partners has efficiently managed the role divisions and responsibilities to make a difference to the communities
12.	Sustainability	<ul style="list-style-type: none"> Program is largely owned by the GHS and hence there is greater probability of sustainability of efforts There is a facilitative and non-discriminatory relationship between community and health system staff making program more likely to sustain Continuing the momentum is related to motivation from system and in the shrinking leprosy workers, it is the Medical Officer who will be the driving force in the future. Supplies will play an important role in treatment, self-care and ulcer management and keeping momentum of government commitment will be decisive.

Recommendations by the Evaluators:

- The next phase of the project with a clear exit strategy has been recommended.
- A programmatic or interventional research focusing on “ulcer care” through the general health care system may be considered.
- Patients with recurrent ulcer admitted two or more times in a year should be identified and a targeted approach in terms of counseling, self-care teaching, job modifications/change, home visits by the project staff should be carried out to identify the ‘recurrent cause’ and suggest modifications.

- * Output Based Aid (OBA) and budgeting has streamlined the type of support the funding/parent agency can offer to its partners in a resource constrained environment. It is commendable that Swiss Emmaus India has pioneered this funding method in delivering leprosy services. However, there are few limitations as OBA is 'output-based' and not 'outcome-based,' and is not linked to performance, quality, and efficiency parameters/indicators. The concept of health financing and its learning recommends strategic purchasing' rather than 'passive purchasing' of health services.
- * Based on the learning from OBA and the principles of health financing for Universal Health Coverage(UHC), develop a "Health Financing Policy for Health Coverage in Leprosy" that can be field tested/piloted for integration with UHC. This would serve as a model for other National programs in the country. Being a national ILEP (International Federation of Anti-Leprosy Associations) Coordinator, Swiss Emmaus India may consider advocating, initiating and developing a national policy on this.
- * Evaluation of outcome of POID interventions should be done every 3-year or 5-year interval by NLEP/ILEP. Intra and inter-tester reliability should be part of the monitoring and evaluation. Similarly, Grade-2 disability among new cases should be periodically evaluated for 'missing link' in early case diagnosis. This may be advocated to NLEP and ILEP through its district, national and state forum.
- * Both RISDT and GRETNALTES will prepare a checklist for the PHCs on the basis of service provision to find out the relatively weaker centers and then make plan in collaboration with the District unit to strengthen those.
- * RISDT in East Godavari districts will plan for an exit strategy for the year 2018, so that the government can take over the best practices of the project.
- * GRETNALTES in Guntur district will intensively act upon the gray areas identified by the evaluators and within a year (2018) will bridge the gap.
- * ILEP agencies in Andhra Pradesh state will continue to complement each other in Leprosy control program. A format to be developed and each agency will showcase its presence on type of services it is providing in various districts of the state.

Dissemination Workshop for CDLCP

Following the end evaluation of the CDLCP, a dissemination workshop was conducted on 24th July in Annavaram, East Godavari district of Andhra Pradesh state in order to share

the highlights of the evaluation with all the stakeholders of the project including participation from FAIRMED Bern. The ILEP agencies present in Andhra Pradesh state were also invited and participated amongst the 30 participants who were attended the workshop and shared their views.

Both the evaluators presented the findings in a power point mode and a detailed discussion was held on each and every aspect of the findings. The comments and suggestions were noted and the final report has been prepared to be shared with different stakeholders.

Picture2: Dissemination workshop at Annavaram



LCDC in AP state supervision

Swiss Emmaus India being an ILEP agency coordinating the leprosy control program in Andhrapradesh state by placing a NLEP consultant on a part time basis as agreed between Swiss Emmaus India and State Health Society (L). Mr. Bijoy Kumar Swain, the national POID manager for Swiss Emmaus India was placed in state health society (L) office as NLEP consultant for Andhrapradesh state. The successful implementation of three pronged innovation strategy under NLEP in 2016-17, like (i) Leprosy Case Detection Campaign (LCDC) (specific for high endemic districts), (ii) Focused Leprosy Campaign, (iii) Special plan for hard to reach areas, the rising of Grade-2 disability has been reversed from 5852 (4.60%) in 2015-16 to 5245 (3.87%) in 2016-17. More than 34000 leprosy cases were detected from 163 districts of 20 States during the 14 days span of LCDC, 2016.

Picture 3: Monitoring of LCDC in Ananthapuram district



The state conducted this LCDC in 5 districts named as Srikakulam, Vizianagaram, Kurnool, Ananthapuram and Nellore from 13th November to 26th November 2017. Mr. Bijoy Swain, the state NLEP consultant had visited all the 5 districts on a supportive monitoring visit and advised the respective district authorities to make all corrective actions wherever required during his visits.

Post LCDC evaluation of Telengana State

The Central Leprosy Division has assigned Mr. Bijoy Kumar Swain to undertake the post LCDC evaluation of Telengana state from 30th November to 2nd December 2017. Only one district that is Nalgonda was identified for this evaluation.

5 blocks and 15 locations have been selected for this activity. As many as 300 households were visited and contacted for this purpose.

- 1) Out of 300, 288 respondents reported that a search team visited their home
- 2) Out of 288, 284 respondents reported that the search team comprising of 2 members visited their house.
- 3) A total of 1101 people were examined out of 1273 (total number of family members of those 288 household), suggesting the body examination rate to 86.4%.
- 4) It was also observed that there were few challenges in the urban areas as there were insufficient ASHAs and health staffs available as shared by the authorities.
- 5) It was also observed that the supervision & monitoring activity for this program need to be strengthened.



Picture 4: Post LCDC Evaluation in Nalgonda district

Financial Reports

Partnership & Thematic Utilisation of Funds in the Year 2017

Swiss Emmaus Leprosy Relief Work India implements its programs through Partner NGOs (Non-Governmental Organisation). In 2017, Swiss Emmaus Leprosy Relief Work India has engaged 6 Local NGOs for implementing its 3 core Programs:

- a) Output Based Aid (OBA)
- b) Prevention of Impairment & Disability (POID) and
- c) Scholarship Program in Schools.

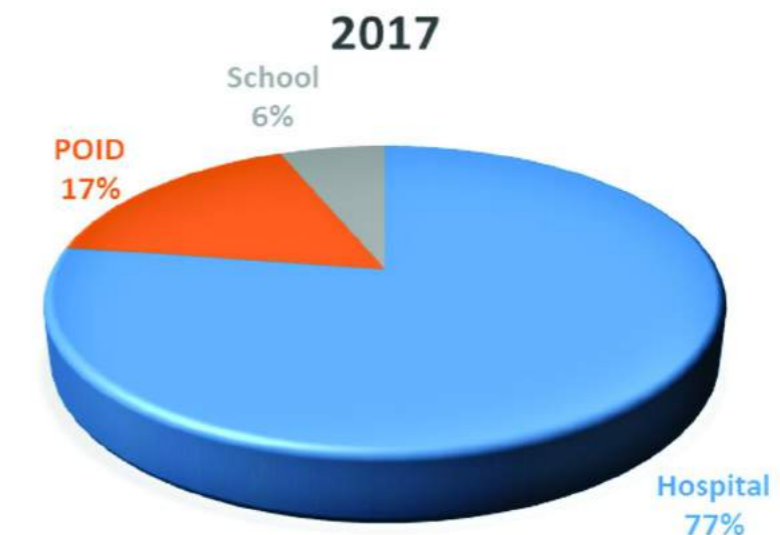
Table-2: Name of Partner NGOs and Program implemented

Sl. No.	Name of Partner NGO	Programs
1	Emmaus Swiss Referral Hospital and Leprosy Project	OBA POID School
2	Rural India Self Development Trust	OBA POID School
3	Greater Tenali Leprosy Treatment & Education Scheme Society	OBA POID School
4	Sacred Heart Leprosy Centre	OBA
5	The Hubli Hospital for the Handicapped	OBA
6	ALERT India	POID

During the Year-2017, 77% of the funds are utilised in OBA, 17% in POID and 6% in school. (Please refer to Diagram-1)

Diagram:1

THEMATIC UTILISATION OF FUNDS

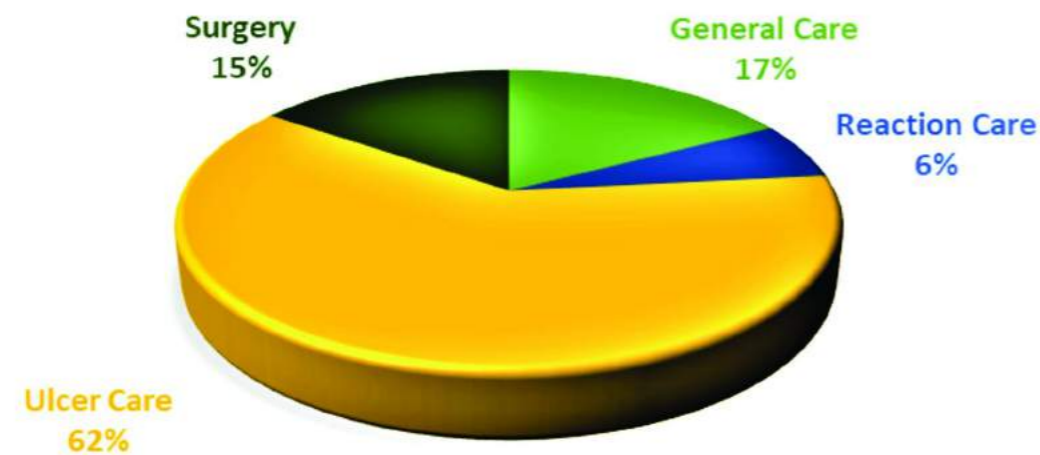


Utilisation of Funds Under Different Hospital Services

Hospital services are broadly categorised in four categories i.e. General Care, Reaction Care, Ulcer Care and Surgery. General, Ulcer and Reaction are given to in patient and out patient both. Proportion of funds utilised in the different categories of Hospital Service for the Year-2017 are given in the Diagram-2 below:

Diagram-2

UTILISATION OF FUNDS UNDER DIFFERENT HOSPITAL SERVICES

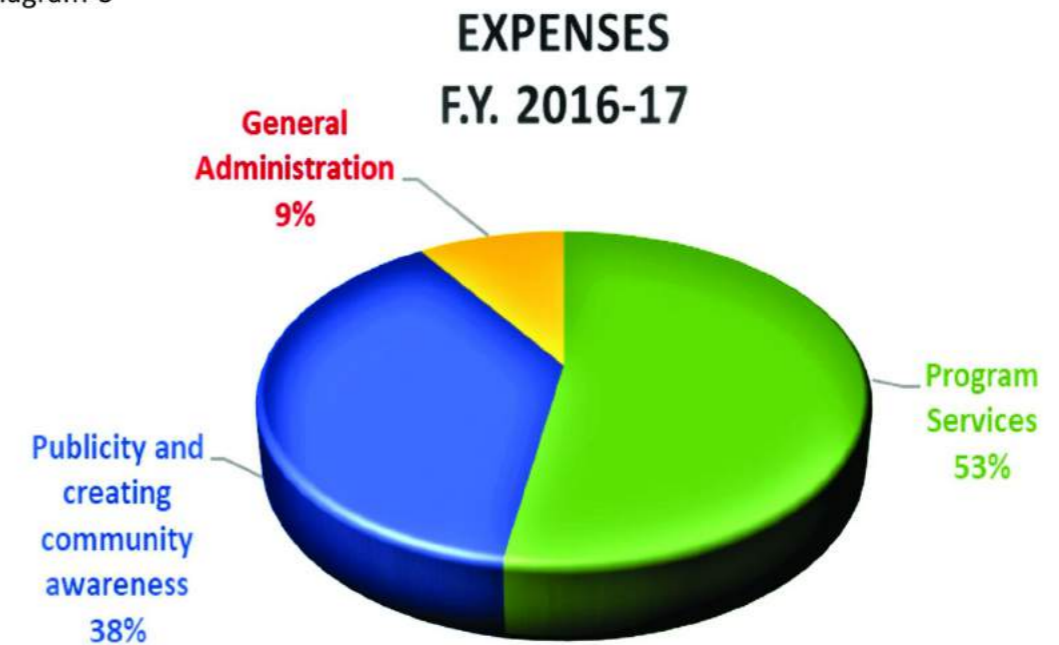


Deployment of Funds

Swiss Emmaus Leprosy Relief Work India always make effort to minimise it's administration cost, so as to maximise the support to Programs, and same was replicated during the F.Y. 2017-18.

In the F.Y. 2017-18, 46% of the funds were deployed towards program implementation (please refer to diagram -3). 38% of the funds were utilised in publicity and creating community awareness. Expenses were made towards publicity activities, printing, training and other overhead costs. Only, 16% of the funds were utilised for general administration purpose.

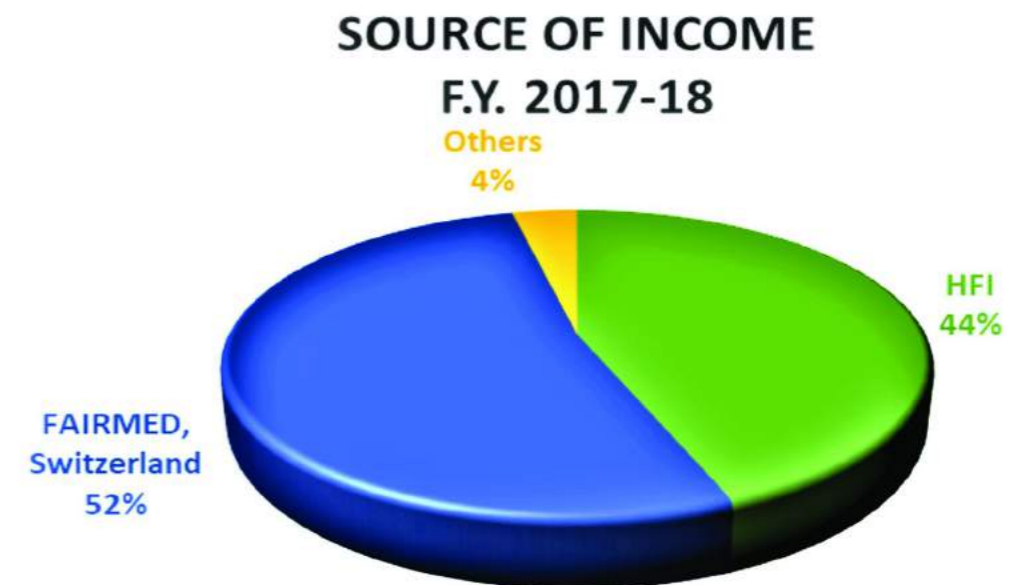
Diagram-3



Source of Income

During the F.Y. 2017-18, Major source of Income i.e. 44% was generated locally by Health First India, 52% of the funds received from HQ, Switzerland (FC funds) and 4% of the funds were generated from Bank Interest.

Diagram: 4



Fundraising Initiatives – Healthfirst India

The year 2017 was eventful and we made some significant strides in local fundraising. Following are the fundraising activities conducted during the year 2017. Various activities were implemented to raise funds to support the cause of leprosy in India.

Telemarketing

Swiss Emmaus Relief Work has its fundraising office at Chennai, Mumbai and Bangalore where in-house tele-calling activity is conducted. The objective of this activity is to expand the warm & cold donor base and create awareness about leprosy to general public

School Fundraising

We approached few schools at Chennai, Mumbai and Bangalore to spread the awareness about Leprosy. All the students above the primary class were involved. Apart from raising funds, the students were also involved in educating the mass about our initiative for Leprosy. The principal and staff of the School extended their full support throughout the campaign.

Corporate Fundraising

Corporate fundraising is one of the core strategies for raising funds in India. SEI approached various corporate bodies to support the cause of Leprosy. Proposals were submitted; few corporate extended their support for the cause of leprosy. During the year corporate events were organized and funds were raised through these events.



Picture 5: Awareness Program at Corporate

Human Resources

All employees working with Swiss Emmaus India play an important role in the organization and are working towards a common goal i.e. to provide their support to the people affected by leprosy. Staffs are being provided remuneration based upon their experience and job responsibilities handled by them.

Table - 3:-staff salary distribution between different levels of management.

S. No.	Designation	Band
1.	Senior Management Staff	50,001 - 300000
2.	Middle Management Staff	30,001 - 50,000
3.	Supervisory Level	10,001 - 30,000
4.	Junior Level	5,000 - 10,000

Acknowledgements

Swiss Emmaus India acknowledges all the donors, friends and well-wishers for recognizing its work and making a meaningful contribution towards our endeavors in elimination of Leprosy and other poverty related illnesses. We are grateful to the dignitaries in FAIRMED, Bern, Switzerland for their timely support and guidance.

We are also thankful to the Government at Central, State and District level for extending the necessary support towards our cause. Our heartfelt gratitude is to ILEP.

We take this opportunity to express our deepest appreciation towards our partners who implement the projects and activities with sincerity and professionalism. Finally, sincere thanks to our trustees, colleagues at Central Office who have continuously guided and motivated us to serve better to achieve our goal.

Abbreviations

AP: Andhra Pradesh

CEO: Chief Executive Officer

DOTS: Directly Observed Treatment with Short course Chemotherapy

DRDA: Department of Rural Development Agency

ESLP: Emmaus Swiss Leprosy Project

TB: Tuberculosis

HHH: Hubli Handicapped Hospital

IDF: Indian Development Foundation

IEC: Information, education and communication

ILEP: International Federation of Anti-Leprosy Organizations

IP: In patient

OP: Out patient

POID: Prevention of Impairment & Disability

RISDT: Rural India Self Development Trust

RNTCP: Revised National TB Control Program

SEI: Swiss Emmaus Leprosy Relief Work India

SET: Survey, education and treatment

SHLC: Sacred Heart Leprosy Centre

WHO: World Health Organization

SEI - Project MAP

