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RELIEF WORK - INDIA

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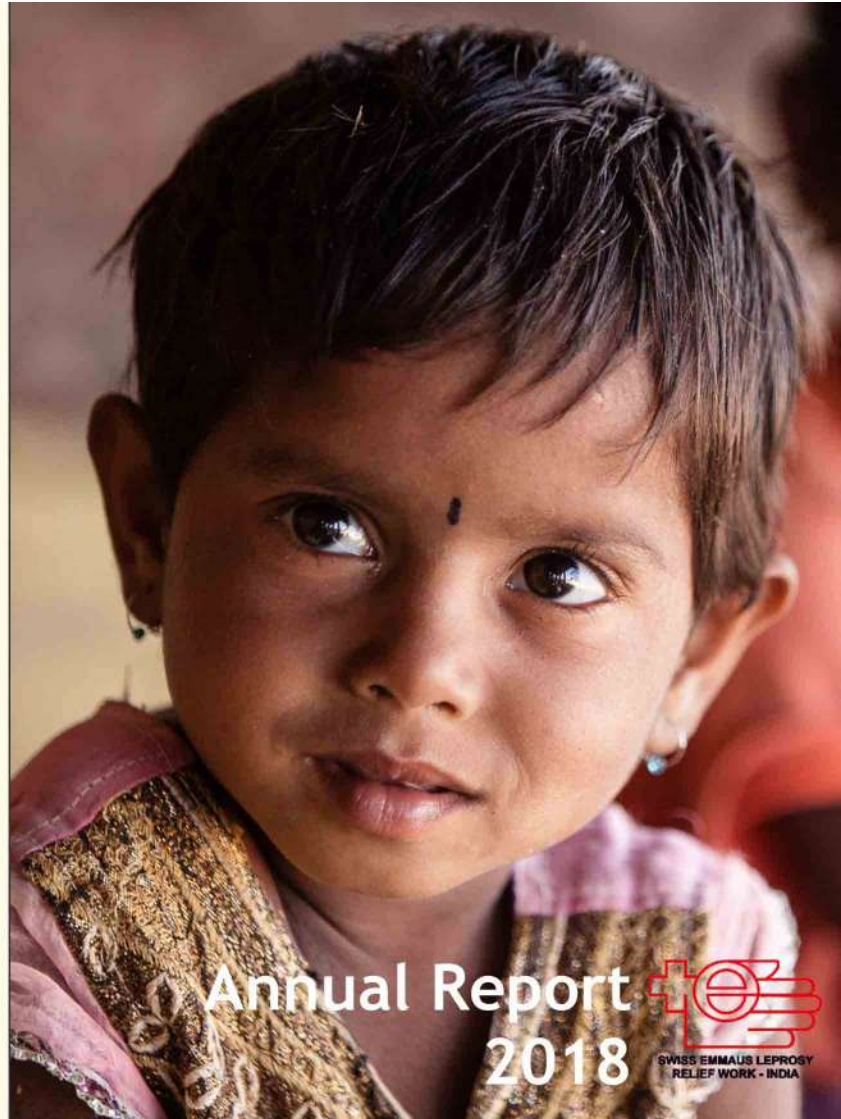
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Annual Report
2018



SWISS EMMAUS LEPROSY
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Message from the Director's Desk

Dear Well-wishers,

It gives me immense pleasure sharing the highlights of 2018! The year was filled with excitement with program planning for the transition phase of the comprehensive district leprosy control program (CDLCP) along with the mid-term evaluation of the prevention of impairment & disability (POID) project in Maharashtra. This coupled with planned activities of ILEP has not only kept the Secretariat engaged, but also paved the way for future planning & positioning as the Government of India (GoI) is keen to halt the transmission of *Mycobacterium Leprae* by 2030.



The year started with planning exercise of the transition phase of the CDLCP project being implemented by RISDT hospital at East Godavari. Various stakeholders including our international colleagues from Bern participated in the planning exercise. The Joint Director (Leprosy) of Andhra Pradesh along with the District Leprosy Officer (DLO) and his team along with people participated in the meeting. One of the key features of the transition phase is transferring ownership of the project to the community who'll ensure the sustenance of the project.

Additionally, a mid-term evaluation of the POID project in Maharashtra was carried out by an external evaluator. The highlights from the evaluation showcases the value addition of the project's block Coordinator's who've been instrumental in promoting the project's goals & objectives. Additionally, besides the focus on primary level care, the contributions made by secondary level set-up through the project supported Leprosy Referral Centres (LRC) was noteworthy. The suggestions also highlighted the importance of completing the planned capacity building of Government health care workers, which was identified as a gap.

It was also a learning experience to participate in the State Leprosy Officer's (SLO) review meeting supported by ILEP, which is one of the many activities that ILEP supports the central Leprosy division (CLD) directly. Usually only 2 such meetings are supported annually, but in 2018, 3 review meetings were held including one in the north-east region. These meetings review the implementation of the NLEP program at the State level with Dr. Anil Kumar (Deputy Director General, Directorate of Health Services, Government of India).

It is a mechanism to address bottlenecks and find local solutions to challenges being confronted by the States. It was good to see the commitment and passion with which the teams were jointly implementing the program. However, Dr. Anil Kumar urged a concerted effort in Bihar, Chhattisgarh, Punjab, & UP as these States significantly contribute to the national figures both with the number of new case as well as gr-2 disability.

Finally, SEI had it's quality circle meeting at RISDT Hospital, Kathipudi. The discussions mainly revolved around the programs and services for the future, to identify gaps, and to further strengthen our links with the community. This will be a discussion that we'll carry forward into 2019. I take this opportunity to express my appreciation for all your support and I look forward to our journey ahead.

Sincerely,

Thank you,



(John Kurian George)

THE PROGRAM

The multi-faceted country program of Swiss Emmaus India at one hand compliments the National Leprosy Eradication Program at national and state level, while at the other strengthens the three tier service provision system on the ground. It also oversees that the people affected by leprosy use a platform to establish dialogues with the service providers while availing their health rights by supporting the health system. It can be clubbed into three category; 1- Hospital Services, 2- Community Based Services, 3- Support to Central Leprosy Division and 4- Other associated ac-

1. Hospital Services

Swiss Emmaus Leprosy Relief Work India started its work in India in 1960 and initially worked to eliminate leprosy as a public health problem. Form last 59 years, SEI has dedicated itself to improve the lives of people affected by leprosy and other poverty related diseases through social and medical rehabilitation.

Swiss Emmaus India works mainly in collaboration with the Central and State Government in the Leprosy Control Program in partnership with local NGOs.



Figure 1: CEO Mr. John K George interacting with patients in RISDT Hos-

SEI has its presence in 4 states namely Andhra Pradesh, Karnataka, Tamil Nadu and Maharashtra supporting 5 tertiary care hospitals (3 in Andhra Pradesh, 1 each in Tamil Nadu and Karnataka states respectively) which are recognized by the Central leprosy Division, Government of India.

SEI's innovation regarding Hospital Information System (HIS) facilitates the monitoring of services being supported by SEI. This centralized HIS system captures the services provided to the people and analyze the type, frequency, and number of services provided to the beneficiaries.

Table-1: A comparative analysis of hospital based services across last 3

SI No	Type of Service(for all 5 hospitals)	Year 2016	Year 2017	Year 2018
1	General In Patient Care(IP0)	965	917	864
2	Reaction In Patient Care(IP1)	228	217	260
3	Simple Ulcer Care(IP2)	1129	1019	946
4	Complicated Ulcer Care(IP3)	876	816	790
5	Septic Ulcer Care(IP4)	704	648	615
6	Foot Reconstructive Surgery (IP5)	85	95	59
7	Hand Reconstructive Surgery(IP6)	176	146	149
8	Eye Reconstructive Surgery(IP7)	11	15	10
9	General Outpatient Care(OP0)	8146	7677	7299
10	General Outpatient Ulcer Care(OP1)	5885	5519	5329
11	General Outpatient Reaction Care(OP2)	1000	674	664
	Grand Total	19205	17743	16985

This above table indicates:

1. Continuous reduction in in-patient service provision in ulcer care indicates that people are becoming conscious on ulcer care. They are practicing self care measures and getting rid of an unwanted condition.
2. The reduction in Out-patient service indicates that the people are accessing the respective services at the PHC near to their residence.
3. The services at the PHCs are strengthened.

2. Community Based Services

A. MH-POID (Maharashtra Prevention of Impairment and Disability) Project

With a mission to provide dignified and respectful access to equitable health care for people in Dhule and Jalgaon district, the MH-POID project in its 2nd term continued with its phase-II from 2017 to 2019. ALERT-India, the State Health Society (L), Government of Maharashtra and Swiss Emmaus India, collaborated to implement MH-POID project through a participatory consultative process in December 2016.

The objective of the project is to increase the access of persons from 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 2018

The major focus during the reporting period January to December 2018 was to expedite the planned but unfinished training activities and the strengthening of Leprosy Referral Centres (LRC) approved under the NLEP Program Implementation Plan of 2016-2017.

Outcome 1: Collaborative and facilitated capacity building of health service providers leads to leveraging public services and entitlements for people affected by leprosy.

- ★ The missed out trainee medical officers from the batches conducted during 2017 along with new recruits were scheduled to be trained in 5 batches during Q-3 & 4. 35 Medical officers were trained taking a total of 315 medical officers out of 405 totals have been trained in two districts altogether.
- ★ A total of 783 ASHA (498 from Jalgaon and 285 from Dhule) from the project area undergone the refreshers training during this reporting period.
- ★ Referral services at the 19 LRCs are sustained. PHC level leprosy control activities are sustained by GHCS' health care personnel including medical officers.
- ★ Training and Capacity building of project team through three day training on group formation, group dynamics and facilitation was organised at Jalgaon during 8th to 10th August 2018.

- ★ The comprehensive training plan (two weeks institute level training) including syllabus for physiotherapy training for project staff and NLEP personnel is finalised in concurrence with the authority of SIHRL at Karigiri (TN). 29 staffs (15 from project and 14 from NLEP department) received this training.

Outcome 2: Need based leprosy services including POID are ensured along with referrals and follow-up to other mainstream activities.

- The line listing activity is a part of routine field task of block coordinators. As of December 2017, there were 12,590 leprosy cases were enlisted for line listing since inception of the project. 1,233 new leprosy cases were registered during January to December 2018 taking total to 13,823. Similarly, during reporting period 1,557 leprosy patients were brought under line listing thus covering total 10,677 (77%) out of 13,823 total registered cases. 67 cases were deleted due to migration and deaths during the year. Further, 505 have temporarily migrated for farming work.
- The trained NLEP staff actively participated in the functioning of L R C. A total of 1,471 high risk cases and 2,336 disability cases were on the records of the L R C by December 2018, of which 548 were new high risk cases and 984 were disability cases registered.
- 354 lepra reaction cases were registered at 19 LRCs during reporting year which include 47 cases with recurrent reaction. Total 217 (61%) out of 354 cases with lepra reaction / neuritis recovered without developing NFI / disability. 96 cases are still continuing the treatment. While 12 patients were referred to other health facility to continue steroid treatment, 31 discontinued (dropped out) treatment due to seasonal migration etc.
- 398 (14%) out of 2,812 leprosy suspects referred to L R C are diagnosed with leprosy. These suspects were examined by rural, sub-district hospital general medical officer with the support of NLEP staff.
- During the reporting period 277 people with deformity including 28 new detected people with deformity were reported to the L R C. A total of 984 cases of disability are under care in these 19 Leprosy Referral Centres.
- As many as 646 ulcer care dressings have been carried out at the LRCs.
- During the current reporting year the LRC have taken 40 skin smears of which 14 were confirmed.

Outcome 3: Capacitated community and community organisations lead, participate, and influence actions that promote dignity and respect through inclusion.

The process continued even after training of the project team on group formation. Thus total 145 meetings were conducted at 111 health sub-centre level which were participated by 1,470 persons affected by leprosy. During the meeting participants were sensitized on the activity and explained the benefits of joint action through group formation for self reliance.

B. Comprehensive District Leprosy Control Project (CDLCP)- 2018, Andhra Pradesh

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 the 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.

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).

Based on the recommendation by the evaluator after the end evaluation of both the projects, it was decided that the CDLCP Guntur will be extended for a year and an exit plan for CDLCP East Godavari will be developed.

a: CDLCP-Guntur:

The project team had a plan based upon the recommendation given by the evaluator and started practicing so as to bridge the gaps between the planned activities and the outcome intended in the project proposal. To start with all the PHCs were given a grade based on the nos of services being provided without external support. As many as 15 services per PHCs were recorded and the categorization of strong, better and weak were graded. If a PHC is delivering 10 or more services it was graded as strong, if 6-10 services graded as better, and less than 5 as weak. More focused were given on the weak PHCs to upgrade the services.

During the beginning of the year 2018, 26% (31 out of 119) of the total PHC were found to be categorised as weak PHCs which were focused and at the end of the year almost all these PHCs were upgraded to better or best categorised. Only 4% of the PHCs (5) were remained as better at the end.

Table-2: services provided at the PHCs

Type of Services	2016	2017	2018
Suspected Cases	882	944	936
Treatment of Diagnosed Cases	456	566	828
Ulcer Care	659	496	281
Reaction Care	45	39	28
Referring Surgery Cases to Referral Hospital	52	42	51
SADAREM (Software For Assessment Of Disabled For Access Rehabilitation and Empowerment) Certificates	125	78	22
Railway Passes	84	22	13

- This is clear indication that the PHCs are capacitated; the services are made available and accessible to the people affected by leprosy thus serving the purpose of the project.
- The provisions of disability certificate and railway passes are initiated by the PHCs.
- There is a clear reduction of neuritis and reaction cases indicate that the people are followed up regularly by the PHC/NLEP staffs. The below table-3 explains this statement.

Table-3: Decrease in number of people with Neuritis and Reaction over the period:

Year	No of New Cases	No of Nerve Function Impairment (Neuritis)	No of Reaction
2016	456	112	45
2017	566	106	39
2018	828	40	28

b: Planning Exercise for CDLCP East Godavari:

With an objective of reviewing the outcomes of the evaluation of CDLCP project followed by development of a sustenance plan for EG project, a planning exercise for an exist phase was planned in the month of April 2018 at Visakhapatnam. The planning exercise was externally facilitated process where the partner NGO RISDT, chief collaborators FAIRMED Bern & India and both the state & district leprosy society deliberated on making an operational strategy. A participatory technique was adopted during the planning exercise.



Figure:2, Planning Exercise at Vishakapatnam

The exit plan was developed for a period of 12 month and was in implementation from September 2018 till August 2019.

c: Transition Phase of CDLCP East Godavari:

Following the planning exercise, the transition plan was developed following several consultations. With a purpose of sustaining “the effects of the good practices beyond project”, the transition phase was implemented in the district from 1st September 2018 till 31st August 2019.



Figure 3: Training to NLEP Nodal Persons in East Godavari dis-

The major highlights of the phase in the first six month of its implementation were:

1. Training to 128 Nodal Persons of 128 PHCs and followed by sensitization to most of ANMs and ASHAs were carried out.
2. The existing line list of People affected by Leprosy was further updated. A list of 2,800 people for MCR footwear was prepared and foot-prints were taken. 2,600 pairs were supplied through Govt. and 241pairs through RISDT, a total 2,841 pairs of MCR footwear were supplied.
3. ASHA workers and other general health staff of PHCs were motivated by conducting sensitization /orientation sessions during NLEP days (1st Thursday of every month). 92 such orientation sessions have been conducted during this

4. AP government NLEP assessment team in collaboration with CDLCP staffs have done 12 such special assessment camps in 4 division and 8 municipality areas including tribal area PHCs. 158 old cases were reassessed, 232 suspects were identified and 52 new cases were detected.
5. 732 sub-centres out of 839 were providing dressing materials like bandages, ointments, spirits and the like for ulcer care to the people affected by leprosy.
6. As many as 3,137 people affected by leprosy along with their families were availing health services at their concerned PHCs.
7. 1,374 ANMs at all PHCs were provided with the name of the people affected by leprosy living in their work area for follow up activities.
8. A team of RISDT & District-NLEP division established a resource pool to provide necessary training, guidance and support to PHC staffs and public in general.
9. The project has been successfully managed to form more than 63 self-care groups in the villages during this period. 224 such groups which were formed prior to this phase were also strengthened. Hence a total of 287 self-care groups were in function so far till December 2018.
10. Each Panchayat has been supplied with the handouts prepared on the schemes and benefits for people affected by leprosy.
11. As many as 190 schools were visited and 17,351 children were screened. 15 were confirmed of affected by leprosy out of 115 suspects identified.

3. Supporting the Central Leprosy Division (CLD), Government of India (GoI)

A. Supervision of LCDC in Andhra Pradesh State

Swiss Emmaus India as an ILEP agency coordinating the leprosy control program in Andhra Pradesh state by placing a NLEP consultant on a part time basis based on mutually agreed upon terms 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 Andhra Pradesh state.



Figure 4: State level Training of district leprosy officers and NLEP staffs on LCDC

In 2018, Andhra Pradesh state increased the number of district to 10 instead of 5 last year on the basis of a criterion that % of G2D among new cases in a district was more than 3 or the absolute number of G2D cases was more than 2 in 2016-17. These districts were Srikakulam, Visakhapatnam, Krishna, Guntur, Chittoor, Prakasam, Kadapa, Kurnool, Ananthapuram and Nellore from 2nd October to 15th October 2018.

Mr. Bijoy Kumar Swain along with Dr. Rajendra Prasad trained all the DLOs and supporting staffs on various aspects of this campaign on 14th of September 2018.

As a mandate to support the campaign, the state prepared a list of supervisors and monitors for the entire campaign. Mr. Bijoy had visited 5 districts on a supportive monitoring visit from 3rd October to 11th October at a stretch and advised the respective district authorities to make all corrective actions wherever required during his visits.

B. Post LCDC evaluation of Odisha State:

Odisha is one of the high endemic states and in the list of top priority for CLD, Government of India. Like the past, LCDC in 2018 was planned in 29 districts of Odisha from 27th of September to 6th October 2018. The post LCDC evaluation was carried out in 10 districts by Mr. Bijoy Kumar Swain from 30th November to 31st December 2018.



Figure 5: Post LCDC Monitoring in a village in Nawapada district, Odisha-2

The Observations:

- The LCDC was conducted for 7 days altogether against 14 days with due information to CLD, which is not sufficient for such a high ambitious program.
- The evaluator got the responses from 2,220 families/people in all 10 districts.
- Out of 11,692 people from 2,220 families, only 29.6% were examined against 87% reported by the state.
- There was an instruction to the search team and the supervisors at ground level from the officials to achieve the target and this resulted in non-compliance of the quality
- It was also observed that people in the community voluntarily showing their patches and that's how they were enlisted as suspects
- One of the most important factors is monitoring the activities by the ANMs and MPWs: this particular activity was found to be ignored completely.

The Recommendations:

- It was recommended that the full 14 days should be allotted for this campaign
- They should not ask for any patch, rather try to convince the people to see their back as they themselves cannot see this part, especially the girls and women.
- The ANMs and MPWs should be actively engaged in monitoring without the search team members and any deviation in the campaign can be corrected immediately.
- They should be oriented enough to know their roles and the prime objectives of this campaign so that they can find out the deviations.
- The search team should be motivated and assured not to be scared of reporting correctly, so that the state will get an accurate report.
- Any difficulties faced by them during the campaign, they should bring it to the notice of the higher authority with immediate effect.
- Lastly but not the least, the supervising role by the state, NLEP Consultant, district and the block level team during the implementation should be ensured to see the campaign going through the desired way.

4. Other Activities

A. Mid Term Evaluation of MH-POID Project:

To safeguard the technical supervisory role while implementing the project along the lines of the project description, an external evaluator was hired to undertake review in each district based upon the project goals and objectives. An external expert in the field of Leprosy carried out the task for a total period of 15 days including the field visits and reporting.

Objectives of the Evaluation:

- To safeguard the technical supervisory role while implementing the project.
- To review the log frame and assess the fulfilment of project objectives.
- Exploring the level of confidence and motivation amongst the PHC staffs dealing

Methods:

- Developed the evaluation approach
- A participatory and consultative approach was adapted in order to collect information and data from the field on the basis of defined parameters.

- Documentation of 'lessons learnt' and recommendations.
- Information to be gathered via focus group discussions (FGD), multi-stakeholder consultation workshops, personal interviews, & resource mapping, case studies.

The Findings:

The MH-POID project has made significant progress towards achieving its objectives and improving the quality of services provided to people affected by leprosy in the districts of Dhule and Jalgaon. The GHC staffs in general have also benefited by having their capacity built and feel motivated to carry out the required activities. The project staffs have built up a good rapport with the health care staffs and so have gained the cooperation of the GHC staff. The GHC staffs appreciate the contribution of the MH-POID project to their work and the service provided to leprosy affected people.



Figure 6: The evaluator in Interaction with PHC Medical Officers

Table-4: Overall Impact on the deformity status

LRC Disability Status Details January 2017 to June 2018			
Overall Figure	People reporting to LRC with Grade 0	1,067	
	People reporting to LRC with Grade 1	335	
	People reporting to LRC with Grade 2	649	
Grade 0	Worsened to Grade 1 and 2	14	1.31%
	Remained the same	1,053	98.69%
Grade 1	Worsened to Grade 2	31	9.25%
	Improved to Grade 0	18	5.37%
	Remained Same	286	85.37%
Grade 2	Remained the same	584	89.98%
	Conditions Improved	65	10.01%

Note: World Health Organisation has categorised the level of deformity due to leprosy into grades.

Grade-0: People without any anaesthetic patches are at risk of developing any deformity

Grade-1: People having anaesthetic patches over palm and sole

Grade-2: Any visible deformity due to leprosy

Conclusion:

The MH-POID project has made significant progress in providing quality leprosy services to people at the primary and secondary centres. The general healthcare (GHC) staffs in general have also benefitted by having their capacity built and feel motivated in carrying out their roles. The GHC staffs appreciate the contribution of the MH-POID project in providing further clarity to their work and to the service provided to people.

The Recommendations:

- Have a mid-term review meeting of all the partners to assess the progress and consider modifying the planned Log Frame Activities, so that the block coordinators (BCs) are able to reinforce the learnings so far disseminated, to the GHC and focus on them.

- The log frame should be examined in the light of this report and if all partners are agreeable, some of the trainings such as for nursing schools and the rest of the gram panchayats may be deferred, after discussion.
- Develop an exit strategy for the project especially focussing the LRCs.
- Training on smear for lab technicians and other appropriate staff. Make smear facilities available wherever possible, especially when it is not easily available at the LRC.
- Training of project and NLEP staffs in physiotherapy to carry out pre and post operative measures along with DPMR activities.
- Complete the trainings and conduct POID camps in the 27 PHCs which have not had them on a priority basis.
- With engagement of all partners, initiate a dialogue with Dhule Government Medical College to develop a RCS centre so that surgeries can be carried out as per needs and nearer to patient's homes. While the above is in progress, engage with ILEP partners and conduct RCS surgery on a camp mode at Chopda PHC, with the help of the Medical Superintendent of the SDH
- Develop a realistic time frame for forming the self-care groups, identifying and building the capacity of leaders and developing the groups into CBOs
- Identify one person from each group who can be the point person for arranging meetings and contacting the BC in case of need. He/she can be a leader from the group at PHC Level

B. Quality Circle Meeting:

Swiss Emmaus India facilitates an open platform for the community based intervention projects to share the outcomes and challenges encountered during the year and learn from each other's experiences. This platform also provides ample opportunity for all the participants to work on strategies from the learnings, current trends & developments across the globe.



Figure 7: Quality Circle meeting with partners

This year, a two day meeting was held in RISDT campus in Kathipudi, East Godavari district from 24th October to 25th October 2018. The theme of this year meeting was "how do we move forward" keeping the internal and external environment factors in balance. Mr. John had an exceptional presentation with discussion on this topic which has a deep rooted relevance to each project. All the project holders except Sacred Heart Leprosy Center, Kumbakonam attended the meeting and several topics other than the project details were discussed.

Fundraising Initiatives – Healthfirst India

The year 2018 was eventful and we made some significant strides in local fundraising. Following are the fundraising activities conducted during the year 2018. Various activities were implemented to raise funds to support the cause of leprosy in India.

Tele-Calling

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 create awareness about leprosy to general public and accept volunteer donations.

Corporate Partnership

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.

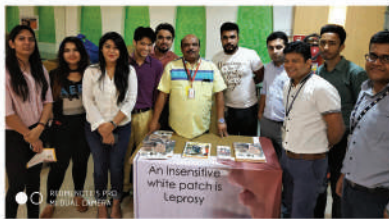


Figure- 8: Awareness Program at Corporate

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.

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

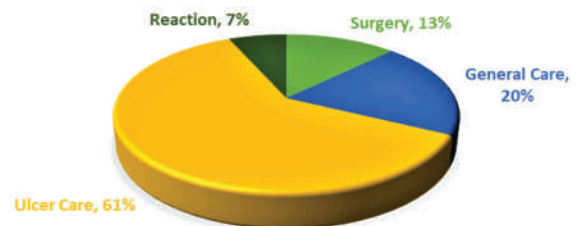
Table - 5: staff salary distribution between different levels of management.

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-2018 are given in the Diagram-2 below:

Diagram-1

UTILISATION OF FUNDS UNDER DIFFERENT HOSPITAL SERVICES

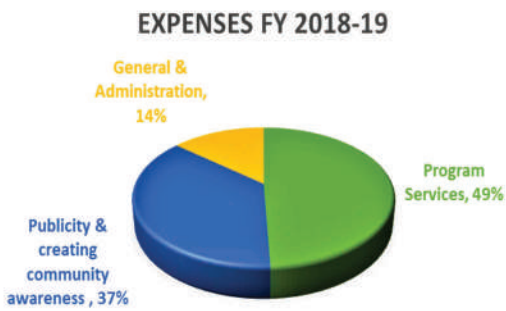


Deployment of Funds

Swiss Emmaus Leprosy Relief Work India always make effort to minimise its administration cost, so as to maximise the support to Programs, and same was replicated during the F.Y. 2018-19.

In the F.Y. 2018-19, 49% of the funds were deployed towards program implementation . 37% of the funds were utilised in publicity and creating community awareness. Expenses were made towards publicity activities, printing, training and other overhead costs and 14% of the funds were utilised for general administration purpose.

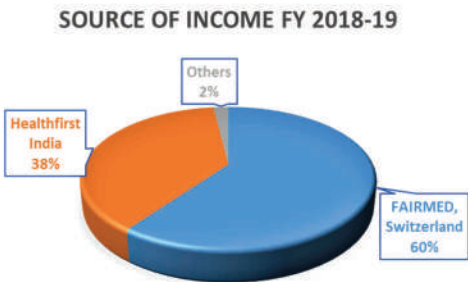
Diagram-2



Source of Income

During the F.Y. 2018-19, major source of income was generated locally by FRU India (38%), 60% of the funds received from FAIRMED, Switzerland and 2% of the funds were generated from bank interest.

Diagram: 3



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, 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 extended to ILEP, for giving us this opportunity.

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 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

