



SWISS EMMAUS LEPROSY  
RELIEF WORK - INDIA

# Annual Report 2019

## Annual Report for the Year 2019

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## Message from the Director's Desk

Dear Well-wisher,

It's always a pleasure to share my experience with you as 2019 was filled with new initiatives, higher levels of collaboration, and a multitude of learnings that positions the leprosy program in good stead. The Government of India (GoI) has set its goal of eliminating leprosy by 2030. Keeping this new goal in mind all stakeholders along with the Government system is geared to reach out to the last case of leprosy in India. A series of activities specifically targeting high endemic districts were implemented to diagnose and treat more people with leprosy. In this regard, the Swiss Emmaus Leprosy Relief Work India (SEI) and its supported partners planned and executed the Government activities to further complement the existing program. While our supported projects were keenly providing services to people some of my colleagues visited their designated states in order to monitor and supervise these activities.



Additionally, during the National review of the SLO's (State Leprosy Officer's) meeting held in Goa from Dec. 3<sup>rd</sup>-5<sup>th</sup>, 2019, there was a strong policy drive to reinstate routine surveillance in the 10 high endemic states namely, Chhattisgarh, Uttar Pradesh, Bihar, Orissa, Maharashtra, Madhya Pradesh, West Bengal, Gujarat, Assam, & Delhi. All the above-mentioned states contribute close to 85% of the national burden. Hence a decision to focus all our energies in the above listed states would definitely make a significant impact at the national level.

Under the auspices of the Government of India (GoI), an external evaluation of the NLEP (National Leprosy Eradication Program) was undertaken in Nov. 2019. The evaluation was supported by the WHO India as well as ILEP (International Federation of Anti-leprosy Associations) along with the people's forum. The findings reinforced the importance of focusing on the 10 high endemic states along with strengthening local health systems so that people can avail medical services closest to their residence.

While all SEI supported prevention of impairment and disability projects came to a successful close in 2019, there has been a wave of new learnings for us to further focus on while designing new interventions. There have been a series of positive highlights including more new cases being diagnosed without disability, reducing the instances of disability among people along with strengthening of local health systems, which acts as a reinforcement for my team and all the diligent work that they've carried out in 5 years. I'd like to acknowledge the arduous work of my team along with my partners including the Government of Maharashtra, Alert India, and people affected by leprosy were able to

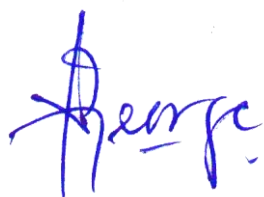
successfully stitch and execute is noteworthy. However, one big learning for us is that the rural medical practitioners (RMP) are a critical group of service providers that chiefly the youth and senior citizens usually contact as their first port of contact. Hence their training and capacity building is very essential and should form an integral part of the project.

I formally handed over the baton of ILEP India Coordinator to Netherland Leprosy Relief (NLR) in Dec. 2019. ILEP Coordinator's position is a rotatory position which one agency holds for a duration of 3 years following which another willing agency assumes this responsibility. It was a privilege to represent ILEP India in various forums to share the challenges encountered by people and find local solutions to fulfil their requirements.

As the year draws to a close, I take this opportunity to wish you all a warm festive season and an exciting year ahead. I'd like to thank you for all your valuable contributions, my HQ colleagues in Bern for their invaluable advice and direction, my board and all the unsung heroes who continue to unconditionally support us in our journey!

Thank you,

Sincerely,



(John Kurian George)



## Programmatic features

### The program highlights of 2019

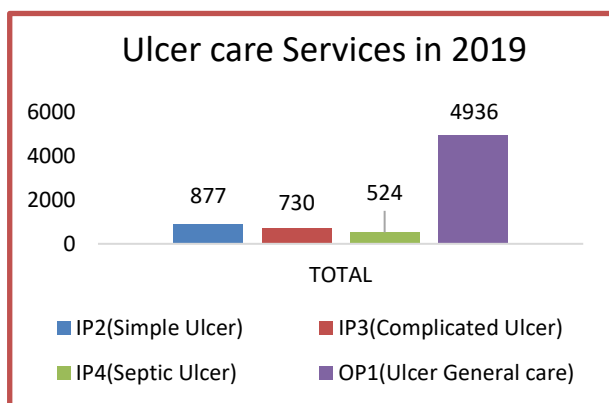
The multi-faceted country program of Swiss Emmaus India at one hand compliments the National Leprosy Eradication Program at the national and state levels, while on the other strengthens the three tier service (primary, secondary and tertiary care) provisions system on the ground. It also oversees that 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 categories: A- Hospital Services, B- Community Based Services, C- Support to Central Leprosy Division and D- Other associated activities.

#### A. The hospital-based program

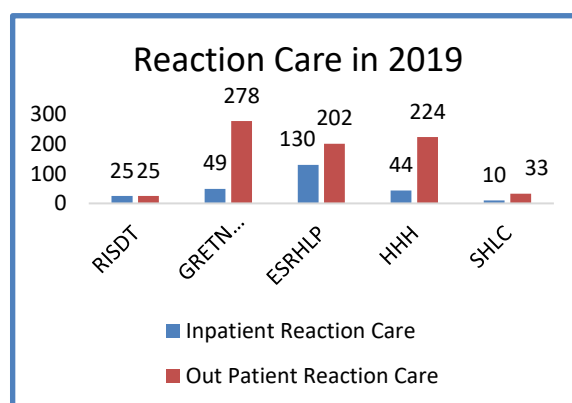
Swiss Emmaus India works mainly in collaboration with the Central and State Governments in the Leprosy Control Program in partnership with local NGOs. SEI has its presence in 4 states namely Andhra Pradesh, Karnataka, & Tamil Nadu supporting 5 tertiary care hospitals (3 in Andhra Pradesh, 1 each in Tamil Nadu and Karnataka states respectively) which are recognized by the Central leprosy Division, Government of India.

*Table-1: A comparative analysis of hospital based services in 2019*

Sl No	Type of Service (for all 5 hospitals)	Year 2016	Year 2017	Year 2018	Year 2019
1	General In Patient Care (IP0)	965	917	864	839
2	Reaction In Patient Care (IP1)	228	217	260	258
3	Simple Ulcer Care (IP2)	1129	1019	946	877
4	Complicated Ulcer Care (IP3)	876	816	790	730
5	Septic Ulcer Care (IP4)	704	648	615	524
6	Foot Reconstructive Surgery (IP5)	85	95	59	56
7	Hand Reconstructive Surgery (IP6)	176	146	149	140
8	Eye Reconstructive Surgery (IP7)	11	15	10	5
9	General Outpatient Care (OP0)	8146	7677	7299	6569
10	General Outpatient Ulcer Care (OP1)	5885	5519	5329	4936
11	General Outpatient Reaction Care (OP2)	1000	674	664	762
<b>Grand Total</b>		<b>19205</b>	<b>17743</b>	<b>16985</b>	<b>15697</b>



Graph 1: Graphical representation of ulcer care services provided



Graph 2: Reaction care services provided by all hospitals in 2019

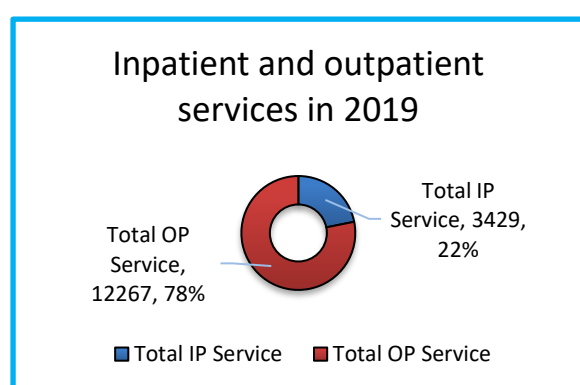
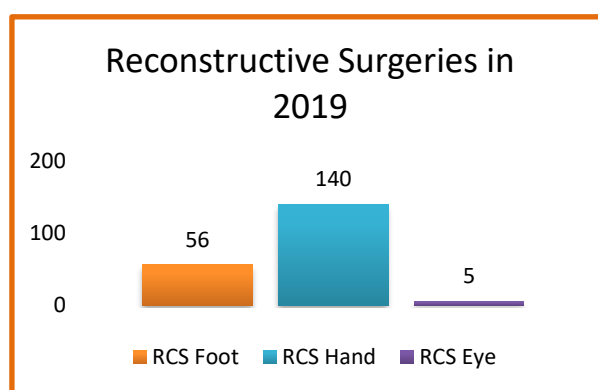


Diagram 1: In-patient and out-patient services provided in 2019



Graph 3: Details of surgeries carried out in 2019

## B. Community Based Services

### 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 Dec 2016



Photo 1: ASHA sensitising families on signs and symptoms of leprosy during her home visits at chandser PHC, Jalgaon

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

The major focus during the reporting period January to December 2019 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.

- ❖ 39 Medical officers, 950 ASHAs and 106 nursing students were trained in 2019.
- ❖ 31 participants (leaders / members) from 14 CBOs (Community Based Organisations) of the groups of people affected by leprosy were trained on leprosy and associated issues, government schemes, group dynamics and leadership.
- ❖ 20 CBO leaders along with the project staffs were then went for an exposure visit in Nandurbar district in collaboration with a local NGO.
- ❖ There were 14,001 leprosy cases enlisted for Line Listing at the beginning of 2019, 1,046 new leprosy cases were registered during 2019, arriving at a total of 15,047 registered cases.
- ❖ Out of the total line-listed (11,057) patients, 7,190 (65%) people were assessed with risk for nerve damage and 2,265 (20%) with disability (Grade-I- 789, 7% & Grade-II- 1476-13%).
- ❖ A total of 21 PHC level POID Camps (Jalgaon-18 and Dhule-3) were conducted in 8 blocks (Jalgaon-7; and Dhule-1). 1061 beneficiaries availed POID camp services including 285 leprosy suspects identified by ASHAs as a part of their surveillance task.
- ❖ In total 70 people were referred (Dhule-41 and Jalgaon-29) for Reconstructive surgeries, 40(57%) leprosy affected persons with disability benefited from RCS (Dhule-17 and Jalgaon-23).
- ❖ The trained NLEP staff actively participated in the functioning of L R C. A total of 1,812 high risk cases and 1,151 disability cases were on the records of the L R C by December 2019, of which 517 were new high risk cases and 174 were disability cases registered.
- ❖ A total of 328 reaction /neuritis cases were treated and managed during the reporting period.
- ❖ During the current reporting year, the LRC have taken 85 skin smears of which 20 were confirmed.
- ❖ 19 CBOs (community based organisation) of people affected by leprosy are formed in 26 PHC areas (Jalgaon-9, Dhule-17) in 11 blocks (Jalgaon-7, Dhule-4).
- ❖ Health care personnel at PHC level were sensitized about CBOs of people affected by leprosy. They participated in the process of formation of groups.

- ❖ 9 CBOs, 145 Self Help Group (SHGs), 11 NGOs, 208 Panchayat Raj Institute (PRI) members, 12 Rugna Kalyan Samiti (RKS) members & 28 Block level Welfare Officers were sensitized on leprosy related disabilities, schemes. Whereas 62 Govt. schools and 27 Ashram School Teachers and Students are aware of signs and symptoms of Leprosy.

### **CDLCP East Godavari:**

The CDLCP of East Godavari district 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 the partner organisation RISDT in East Godavari district. Following the planning exercise, the transition plan for East Godavari district 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 1<sup>st</sup> September 2018 till 31<sup>st</sup> August 2019.

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

- ❖ *Training to 126 Nodal Persons of 128 PHCs have been imparted followed by on job training to the nodal person at their workplaces by the divisional coordinators.*
- ❖ *2953 pairs of MCR footwear through Govt. and 195 pairs through RISDT, a total 3148 pairs were supplied.*
- ❖ *The project staffs made it possible to make the availability of dressing materials even at the sub center level. Currently, out of 841 sub centers, in 812 sub centers (96.5% in total) MDT, dressing materials including bandages & ointments are made available.*
- ❖ *2,385 ANMs at all PHCs were provided with the name of the people affected by leprosy living in their work area for follow up activities.*
- ❖ *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.*
- ❖ *The project has been successfully managed to form more than 37 self-care groups in the villages during this period. Hence a total of 361 self-care groups were in function so far till December 2019.*
- ❖ *Each Panchayat has been supplied with the handouts prepared on the schemes and benefits for people affected by leprosy.*
- ❖ *As many as 239 schools were visited and 25,567 children were screened. 22 were confirmed of affected by leprosy out of 86 suspects identified.*

## **C. Supporting the Central Leprosy Division (CLD), Government of India (GoI)**

### **1) Supervision of LCDC in Haryana State**

Swiss Emmaus India as an ILEP (International Federation of Anti-Leprosy Association) agency coordinating the leprosy control program in Haryana, Punjab and Chandigarh by placing a NLEP consultant, based on mutually agreed upon terms between Swiss Emmaus India and Central Leprosy Division (L).



Mr. Bijoy Kumar Swain has been assigned the state of Haryana to monitor the LCDC campaign. As a central Implementor, he had visited two districts Gurugram and Panipat and from 4th September to 7th September, interacted with key stakeholders including the community members involved in this campaign and validated the efforts of the State based on which a report was submitted to the Ministry.



*Photo 2: Exploring the facts from people living in a construction site at Pataudi, Gurugram*



*Photo 3: Monitoring the LCDC reach in houses at Sonipat district, Haryana*

### **Key Recommendations:**

- ❖ *All field staffs engaged in the campaign needs refreshers trainings on LCDC as per the guidelines.*
- ❖ *Supervisory/monitoring visits were carried out on a routine manner, however the frequencies and handholding during the visit needs further improvement.*
- ❖ *Data analysis for understanding the gaps to be carried out in a regular interval during the period of campaign.*
- ❖ *Quality of reporting to district and state needs improvement.*
- ❖ *IEC activities should be carried out as per the guidelines.*

### **D. Other Activities**

#### **i. Goa meeting; a roadmap for India program:**

Swiss Emmaus India team along with its FAIRMED Bern team had a strategic planning meeting in January in India to discuss over the recent developments in global funding scenario in relation to India. The overall outcome can be clubbed as

- The India country program strategy to be developed.
- There is a need for paradigm shifting from hospital-based program to community-based program, from charity to inclusion.
- People's centric approach with strong collaboration with various stakeholders.
- Exploring new projects in the states where FM India is still present and possible expansion to other states.

## ii. Partner strategic meet in January 2019:

Following the strategic meet with FAIRMED Bern with India team, a partner meet was organised on 23rd of January 2019, at SEI office to discuss on the funding approach of SEI to its partner NGOs in India for the forthcoming periods.

It was discussed that henceforth funding will be made to organisations based on a proposal submitted by each organisation. These proposals will be a product-based proposal, where the products are the services offered by your tertiary hospitals to people affected by leprosy. For example, ulcer care, Reconstructive surgeries, Reaction management etc can be products for which any hospital can prepare and submit proposals. These product-based proposals can be submitted separately or combinedly.

## iii. Project Holder meeting:

**1<sup>st</sup> PHM:** 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. This year, a two-day meeting was held in GRETNALTES campus in Morampudi, Guntur district from 25th July to 26th July 2019.



*Photo 4: meeting with the Project partners at GRETNALTES, Tenali*

The theme of this year meeting was “how do we move forward” keeping the internal and external environment factors in balance. Mr. John apprised the participants on the updates of the decisions taken in the Country coordinators meet in Lumbini, Nepal. Additional discussions on code of conduct, anticorruption and sexual harassment policy and guidelines were carried out. A session on product base proposal was also elaborated in the meeting to facilitate the partners to prepare relevant proposals. Each partner presented their first six-month project detail activities along with the plan for next six months.

**2nd PHM:** It was observed that there is an increase in dependency by the project partners over the funding agency which has created a question mark on the sustainability of the organisations in rendering the services to the people affected by leprosy. In order to understand both the intrinsic and extrinsic factors responsible for the dependency and to find out a sustainable solution, a project holder meeting with all the projects was organised on 13<sup>th</sup> December 2019 at Hotel Belstade, Chennai.



*Photo 5: Project partners and FAIRMED staffs in project holder meeting at Chennai*

All the partners were requested to present their future sustainability plan. Mr. Rene facilitated a problem tree analysis of the problems to corresponding objectives and action need to be taken during the session. A plan of action was derived in concurrence to all the partners presented and was kept in place to be followed.

#### **iv. Visit of HQ colleagues:**

A team of 4 members lead by Mr. Rene Stäheli visited India projects from 8<sup>th</sup> December to 13<sup>th</sup> December 2019 including a project holder meeting on 13<sup>th</sup> at Chennai. This tour comprised of programmatic reviews with a focus on exploring success stories from the project for the fund raising perspectives and reviewing the fundraising unit activities in India. The team landed in Jalgaon for reviewing the MH-POID project and spent 2 days before leaving for Guntur for a short visit of GRETNALTES activities. They have visited different stakeholders like the general health care staffs, NLEP staffs, the people affected by leprosy and their self-help groups, the district government health administrative staffs and the project staffs including the CEO of Alert India.



*Photo 6: The visitors are being explained over the services provided to people at Urban health post, Bhusaval, Jalgaon*



*Photo 7: The visitors are in discussion with community members at Neri PHC, Jamner block, Jalgaon*



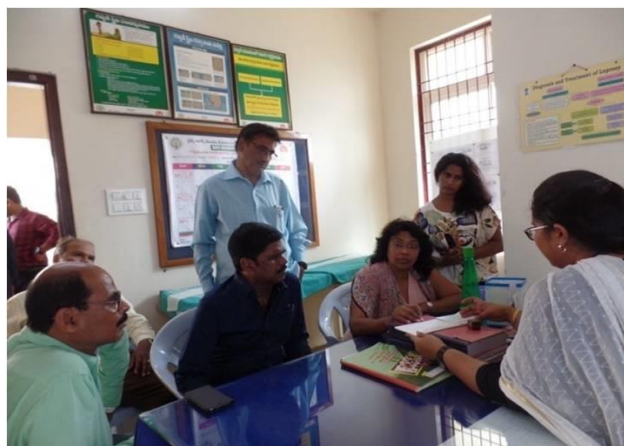
#### v. ILC Manila:

The 20th International leprosy Congress (ILC) was organised in the capital city of Manila from 11th to 13th September 2019 with an objective of “Global partnership of Addressing Global Challenges” in line with Zero Transmission, Zero Disability and Zero Discrimination. Swiss Emmaus India submitted 2 abstracts on poster presentation (Retrospective Data Analysis of Tertiary Care Leprosy Hospital Services in India & Highlights from the mid-term evaluation of the MH-POID Project in Maharashtra, India) and 1 abstract for oral presentation which were selected. Mr. John K George presented the oral presentation as well as the posters were displayed at the congress.

#### vi. Visit of Fairmed team from Sri Lanka:

FAIRMED Sri Lanka was looking out for options on training the relevant staff to improve their knowledge and understanding the activities that could be conducted at a field level and it was considered a good opportunity to train them on this aspect to obtain the services in the field when implementing activities in the future.

FAIRMED Sri Lanka visited India program with 3 members from 11th march till 13th march. Within these 3 days, they visited key stakeholders like the District Leprosy Officer for Leprosy, primary Health centers and staffs including the ASHAs, people affected by leprosy and the project implementing staffs of the respective organisation. They also visited the two tertiary care hospitals in Guntur and East Godavari districts where SEI supports the services.



*Photo 8: FM Sri Lanka colleague in discussion with the Medical Officer at Karapa PHC, East Godavari district.*

The key lessons learnt as stated by the team in their report are as follows:

- ❖ *The importance of inviting the persons affected to the PHC at least once a month would build connections among the persons affected, as well as develop a bonding among them and the health care staff.*
- ❖ *Finding ways to support the children affected by leprosy or the children of parents affected by leprosy to improve their education was a good eye opener.*
- ❖ *The POID project was a very comprehensive project and it was linked to the Government health sector.*
- ❖ *The importance of setting up of SCGs (self-care groups) to fight for their rights as well as to support each other when needed.*
- ❖ *Regular screening conducted at the PHC where the PB case are screened once in 6 months for 2 years, and each MB case are screened once in 6 months for a period of 5 years.*
- ❖ *The treatment and follow up of leprosy patients are carried out at the PHC centers.*



## vii. End 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. The evaluation, carried out in the month of November for the period of 2017 to 2019 (date analysed till June 2019), used rapid evaluation methodology, a tested, reliable way to conduct a rigorous evaluation within a short time frame without sacrificing quality. It used an approach that had intensive fieldwork along with multi- method data collection and community participation that was fast, cost-effective, and yielded accurate information. The process, articulated theory of change which shaped the program alongside narrative descriptions of a programme as well as frameworks for measuring outcomes and impact.

The evaluation explored program technical aspects and program management aspects to ascertain the results made by the project. The project had carried out the mid-term evaluation and the findings were suggestive of a well laid treatment and care within the General Health System.



*Photo 9: The evaluator in discussion with the community members and hospital staffs at Jalgaon*

### 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.

Table 2: Disability reduction efforts from 2017 to 2019					
Grade	Status of Disability among the people attending LRCs from January 2017 to June 2019	Jalgaon	Dhule	Total	%
	Grade	People reporting to LRC with Grade 0	3701	2132	5833
People reporting to LRC with Grade 1		338	224	562	
People reporting to LRC with Grade 2		487	463	950	
Grade 0	Worsened to Grade 1 and 2	9	54	63	1.08
	Deleted Left Area, Died	7	17	24	
	Remained the same	3685	2061	5746	98.51
Grade I	Worsened to Grade 2	11	26	37	6.58
	Improved to Grade 0	21	38	59	10.5
	Deleted Left Area, Died	0	1	1	
	Remained the same	306	159	465	82.74
Grade 2	Conditions Improved	191	153	344	36.21
	Deleted Left Area, Died	2	2	4	
	Remained the same	294	308	602	63.37

**Table 3: No. of people benefited through the MH-POID project**

Description	Jalgaon	Dhule	Total
Total persons receiving minimum one non-health benefits	3589	3768	7357
Total Cases Referred for social schemes	709	178	887
Total Cases followed up from referred for social schemes at least once	491	153	644
Total CBO, people affected by leprosy improved knowledge min 5 social schemes	581	355	936

**RECOMMENDATIONS:**

- i. The continuous transfers and movement of Medical Officers of the general healthcare systems (GHS) necessitates mechanisms for online or digital updates or documents on leprosy that can assist interested doctors to update or refresh their skills.
- ii. With the LRC and POID camps moving towards achieving their total potential to reach the community, the time is opportune to focus on behaviour change interventions and organise counselling trainings and interventions.
- iii. The CBO leader training is currently pending and can be initiated on priority with the thought to hand over reigns of empowering community to the CBOs, thereby making them partners in the efforts to promote selfcare and early identification, reduce stigma and discrimination and increase access to entitlements
- iv. The GHS along with the project can plan to put a proposal to the government and continue the advocacy for the establishment of RCS in the districts, a demand that is long pending and can make access to RCS easier
- v. Reaching to migrant population is a challenge especially when urbanisation is fast growing in the project areas. In the next phase of the project, it may be meaningful to develop a strategy and approach for migrants.
- vi. In the absence of a sharp strategy and approach for early detection and treatment of suspects among the male members and the elderly is complicated with the lack of easy access to and confidence in government services. Planning activities and positioning services for men may improve assessment and early identification.
- vii. There is a felt need to strengthening referral communication and linkages at LRC and patient education for follow up at PHC
- viii. The pace of up scaling CBO formation and training of CBO is slow and there is a need to on priority establish CBOs across all PHCs
- ix. As CBOs evolve, they would require information on schemes and programs of the government that can be easily accessed. Hence, providing information and knowledge to community and effective tools is the need of the hour
- x. There is an increasing trend of educated youth getting infected and witnessing disabilities due to self and external stigma. Developing a stigma reduction communication plan may inform people and seek early services.

## The Conclusion

The second phase of the POID program, built upon the learning and successes of the phase 1, has helped communities of people affected by leprosy to go beyond health care delivery. The program services extended through establishment of LRCs have been able to reduce the disability in the community and we can confidently say that simple interventions for disability reduction are able to contain deformities in affected people. The successes have energised the people in service delivery and those who are energised are able to provide treatment and care with much more vigour and commitment. This phase of the project has been able to build the agency of the community members by enhancing their desire and interest to form groups that help each other to access services.



*Photo 10: Meeting families during post LCDC evaluation, at Pataudi block, Gurgaon*

## Fundraising Initiatives – Healthfirst India

The year 2019 was eventful and we made some significant strides in local fundraising. Following are the fundraising activities conducted during the year 2019. 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 public

### Corporate Partnership

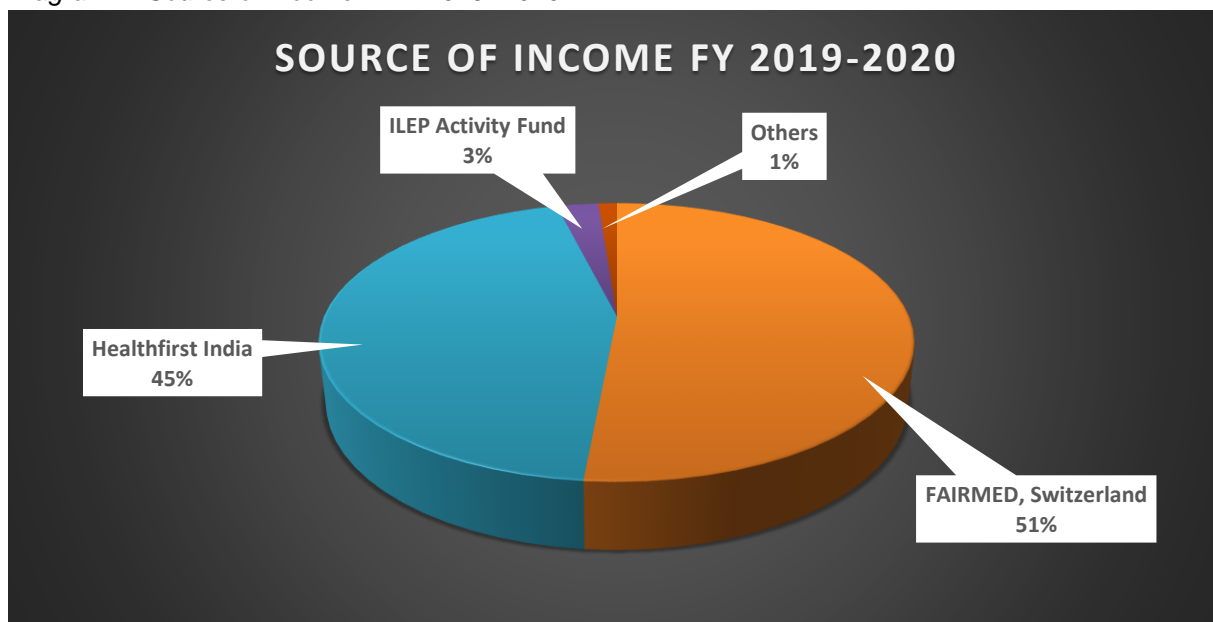
Corporate fundraising is one of the core strategies for raising funds in India. SEI approached various corporate bodies to support the cause of Leprosy. Proposals were submitted; few corporates extended their support for the cause of leprosy. During the year corporate events were organized and funds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

## Financial Reports

### Source of Income

During the F.Y. 2019-20, major source of Income i.e. 45% was generated locally with support from the Indian donors , 51% of the funds received from HQ, Switzerland (FC funds), 3% of the funds received from ILEP members and 1% of the funds were generated from Bank Interest and other incomes. Details are given below diagram - 2.

Diagram 2: Source of Income FY – 2019 -2020

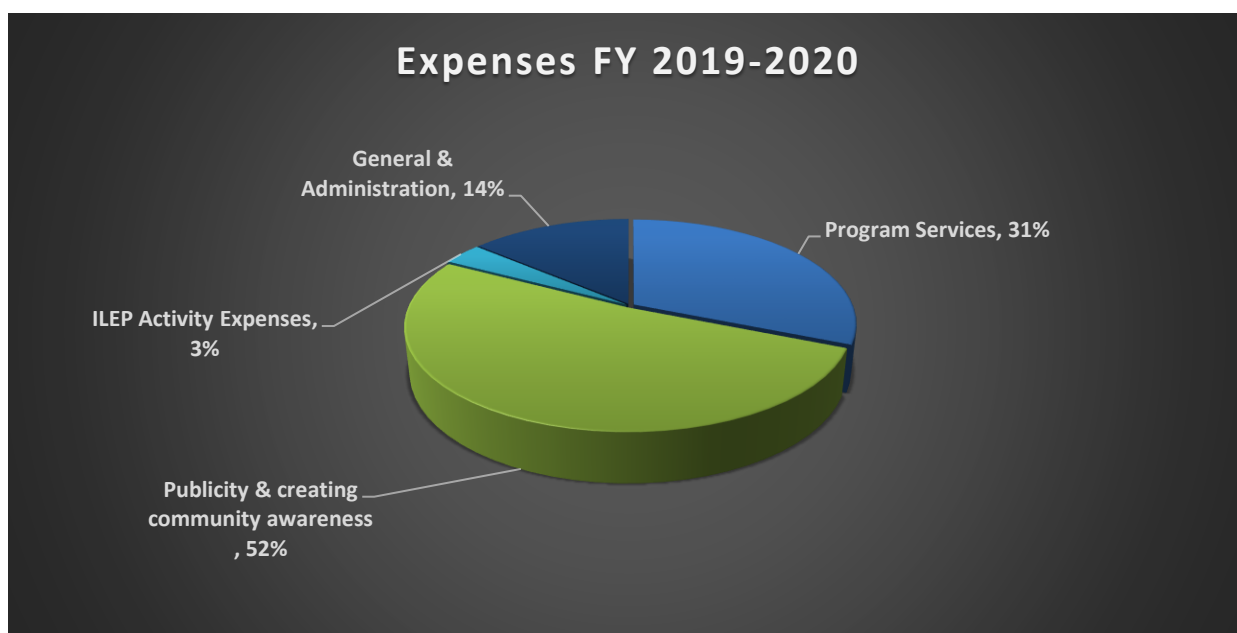


### Deployment of Funds

Swiss Emmaus Leprosy Relief Work India is relentless in its efforts to minimise its cost towards administration in order to maximise the support to people affected by leprosy.

In the F.Y. 2019-20, 31% of the funds were deployed towards Program implementation. 52% of the Funds were utilised in ongoing activities of publicity & creating community awareness, 3% of the funds were spent on ILEP Activities and 14% of the funds were utilised for General Administration purpose. Please refer diagram - 3 for Utilisation of Funds under different heads.

Diagram-3: Expenses FY 2019-2020

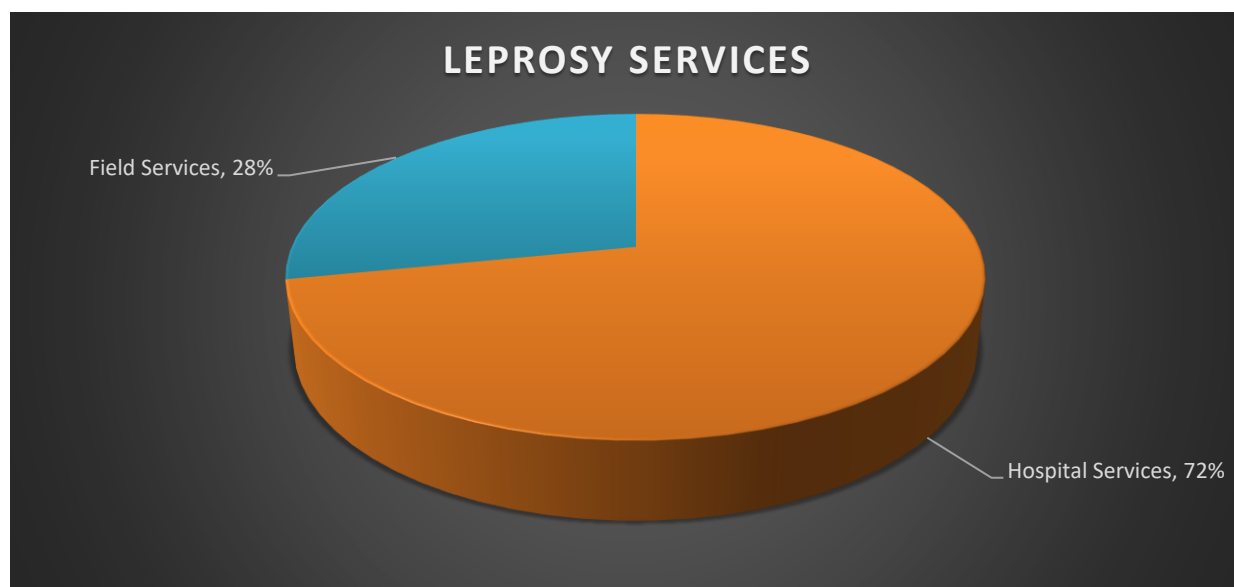




Out of the funds deployed towards the Leprosy services 72% was spent towards hospital services and 28% spent was towards field services.

The Hospital services were rendered in TamilNadu 20%, Andhra Pradesh 69% and Karnataka 11%. The field services were entirely rendered in Maharashtra State.

Diagram - 4: Leprosy Services



## 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.

## Acknowledgements

Swiss Emmaus India acknowledges all the donors, friends and well-wishers for recognizing its work and making a meaningful contribution towards our endeavours 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

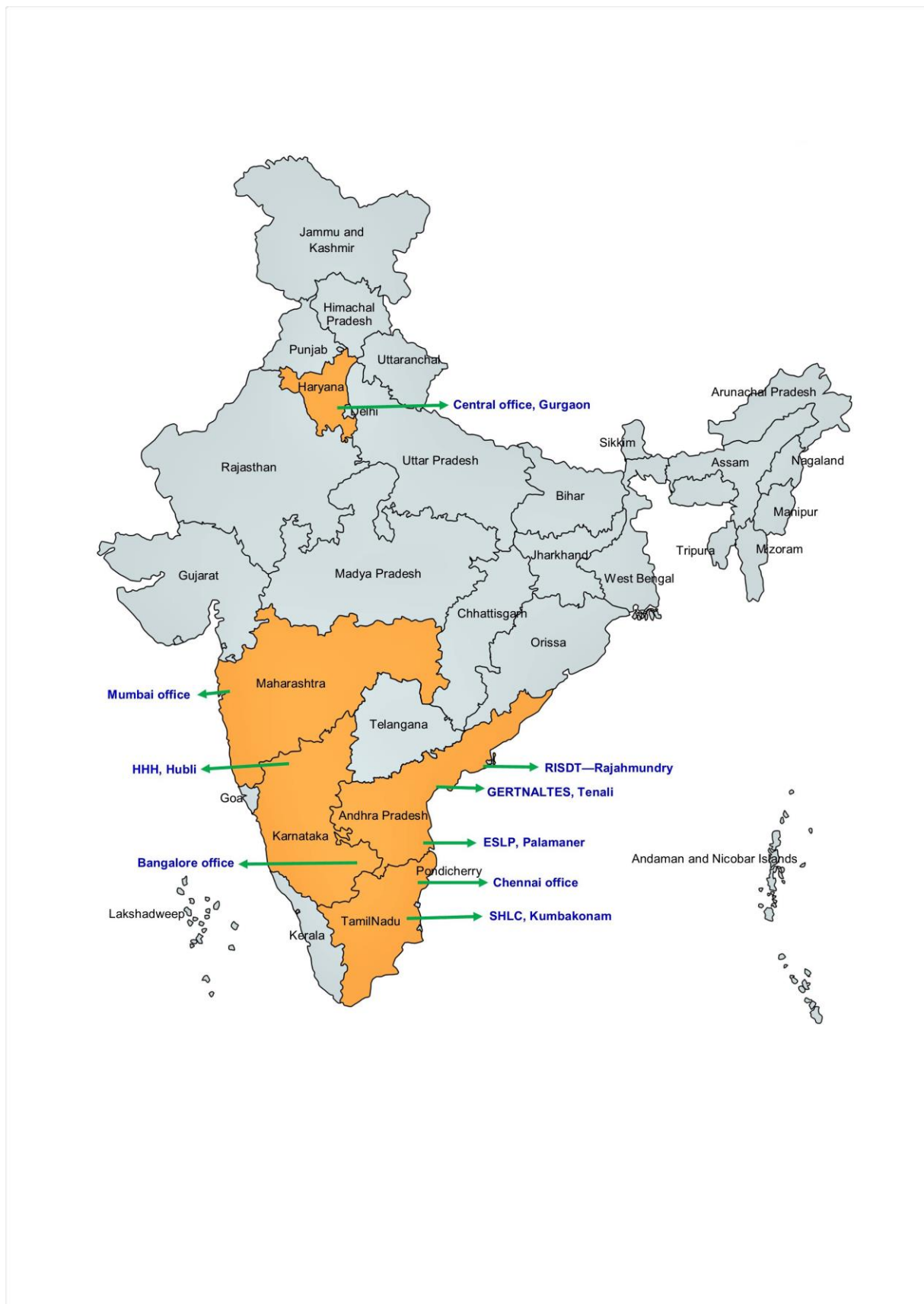
SEI: Swiss Emmaus Leprosy Relief Work India

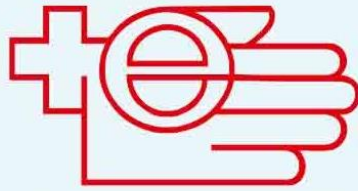
SET: Survey, education, and treatment

SHLC: Sacred Heart Leprosy Centre

WHO: World Health Organization

## SEI Project Map





SWISS EMMAUS LEPROSY  
RELIEF WORK - INDIA

**Support us**  
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HealthFirst India is a fundraising initiative of  
Swiss Emmaus Leprosy Relief Work India

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