



SWISS EMMAUS LEPROSY
RELIEF WORK INDIA

ANNUAL REPORT 2011





Message from CEO

Dear Colleagues,

It gives me immense pleasure to be writing this note to share some of the highlights during 2011. One of the biggest highlights has been the establishment of Swiss Emmaus India's (SEI) new office in Gurgaon (part of the National Capital Region-NCR). After collaborating with the GLRA for the last 5 decades, it was time for us to plan ahead for the future by creating new opportunities and approaches to development work in India. This gave us the unique opportunity to be autonomous and promote our mandate, mission, and vision, which is primarily 'people' centric and revolves around their physical, psychological, emotional, and social well-being. The decision to establish the office at Gurgaon was with keeping in mind the long term organizational plans along with the fact that majority of our work entails advocacy and liaisoning with the Government of India (GoI), and other institutional donors who have their respective offices in the NCR.

The establishment of the office also involved recruiting new staff to manage our operations in India. Specifically, we recruited 2 additional staff at the senior management level along with further reinforcing our fundraising team. Three colleagues continued with SEI from the erstwhile team that operated from Chennai. Cumulatively we currently have a staff strength of 10 colleagues that includes both programmatic and administrative staff.

I'm glad to report that we were able to accomplish all our planned activities in spite of all the transitions and movement from Chennai to Gurgaon. Most interestingly, one of our major activity that is, fundraising was really gratifying. For the first time since its short existence, the fundraising unit of SEI was able to generate income over expenditure. Following our discussion with our funding agency we have further reinforced some of our key activities that'll hopefully yield encouraging results in the future.

I would also like to sign off by sharing another major milestone and that is, my colleague Mr. Rene Staeheli (Managing Director, FAIRMED, Berne) being elected as ILEP President for the second term, which by itself is a huge achievement and acknowledgement for his invaluable contribution towards the fight against Leprosy globally.

As we embark on another year of exciting work, I would like to wish you and all our project colleagues the very for 2012.

Thank you,

Sincerely,

(John Kurian George)



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Swiss Emmaus Leprosy Relief Work India Operations

Swiss Emmaus Leprosy Relief Work India (SEI) is a registered Trust supported by FAIRMED formerly known as Leprosy Relief Work Emmaus Suisse (LRWES) situated in Switzerland (Bern). The organization launched its activities in India in 1960 in the field of Leprosy and in 1976 it established the Regional Secretariat for India and Sri Lanka at Chennai. Globally and in India, Swiss Emmaus is one of the founding members of International Federation of Anti-Leprosy Associations (ILEP).

Due to the constantly decreasing trend of new cases of Leprosy, SEI changed its strategies to focus on newer areas like TB and Urban health. In June 2011, Swiss Emmaus India had relocated its Indian Headquarter from Chennai to Gurgaon, NCR (National Capital Region), Delhi.

Activities in India

SEI India was involved in the Leprosy and TB control activities in partnership with the Government of India's (GoI) the National Leprosy Eradication Program (NLEP) and the Revised National TB Control Program (RNTCP). Besides, SEI also supported urban slum based interventions for holistic development of the urban poor. In 2011, SEI supported 22 NGOs/ programs across the country to work in the field of Leprosy, TB and urban slums. SEI could detect and treat around 3.2 lakhs people affected by leprosy over a period of five decades through these NGO partners. After closure of the Technical Coordination office at Mumbai in December 2010, all operations of Swiss Emmaus India was actively monitored from the central office in Gurgaon.



Leprosy

Support for NLEP interventions

SEI India and its partners have been engaged in various interventions as a part of the NLEP to eliminate leprosy, to reduce stigma and discrimination and empowering the affected communities to live a dignified life with their family.

As the country changed its strategy to mainstream Leprosy activities into the General Health Care system, the NGOs' role of active case finding and treatment was also changed to more of Rehabilitation and Prevention of deformity (RPOD). The NGO partners were more focused towards providing both out-patient (OP) as well as in-patient (IP) services to the leprosy affected patients for ulcer management, management of reactions, other complications, reconstructive surgeries and other non-leprosy related illnesses.

Table No. - 1: Current trend of new case detected and services provided by partner projects for 2011

Details of the services	Total
No. of leprosy patients treated for complications	36,682
Number of patients treated for reactions	775
Self reported new leprosy cases diagnosed and referred to Govt. centre	950
Patient with disability among new referrals	725



Hospital Services

Hospital services have been one of the key areas of support provided by the NGO partners of Swiss Emmaus India. These include both out-patient and in-patient care to the persons affected by Leprosy. In 2011, SEI supports 6 referral hospitals in 4 states for providing care to the affected groups for managing Leprosy related complications like reactions, ulcers, pre and post surgical care, and other non-leprosy related ailments etc.

Table No . - 2: Details of Services

Details of the services	RISDT, Kathipudi	ESLP, Palamaner	SHLC, Kumbakonam	HHH, Hubli	Gretnaltes, Morampudi	Sevadham, Pune	Total
Beds	60	60	115	30	31	6	302
Admissions	2205	1367	1563	211	947	26	6,319
Completed treatment	2158	1220	1480	204	930	26	6,018
Bed days	19727	46299	27299	4305	10935	156	1,08,721
Average length of stay	9	42	17.5	11.79	11.55	6	16.3



Output Based Aid (OBA) & Quality circle meetings

SEI India had introduced the concept of OBA from 2006 onwards for reimbursing the Leprosy activities by the local NGO partners in India. To start with, RISDT, Kathipudi was considered the platform to pilot test the concept and the costing of each category was calculated with the help of a Swiss Management student and an Indian Costing consultant. Over the years the process was evolved and in the mid 2011, Mr. Tinu Joseph from Switzerland along with SEI OBA consultant, the process was further fine-tuned based on the actual expenses incurred by the partners towards Leprosy services provided exclusively in the hospitals in the calendar year 2010. In the QC meeting of Sep. 2011, held in Vijayawada the revised unit costs of all the OP and IP categories were shared among all the 5 OBA partners, which would form the basis for funding in 2012. There were concerns among the partners regarding the revised costs, more specifically due to the fact that these costs were to be used for calculating the budget for 2012 and is devoid of the inflation factor of 2011.

Later as per the earlier understanding, all the partners were requested to develop their budget for the year 2012 based on the revised unit costs. During the 3rd QC meeting held in Nov. 2011 at Bangalore the performance of the 3 quarters of 2011 was analyzed and presented to all the partners and also partner-wise targets / budgets for all the categories were discussed at length.



Disability Prevention and Medical Rehabilitation

In the post-elimination era, the local NGO partners have realigned their priorities to meet the changing needs of the NLEP program and have geared up their services to provide tertiary care services to the people affected with Leprosy. Among the partner hospitals supported by Swiss Emmaus India, 5 of them listed below have been recognized by Govt. of India's National Leprosy Elimination Program (NLEP).

1. Swiss Emmaus Referral Hospital – Palamaner, Andhra Pradesh.
2. Gretnaltes Hospital – Tenali, Andhra Pradesh.
3. RISDT – Kathipudi, Andhra Pradesh.

4. Sacred Heart Leprosy Hospital, Kumbakonam, Tamil Nadu.
5. Hubli Hospital for the Handicapped, Hubli, Karnataka.

As a part of DPMR services, our centers act as referral facilities for all the primary and secondary level health institutions in the state towards:

- (i) Preventing disabilities and worsening of existing deformities in all needy affected persons including both patients on treatment as well as those released from treatment.
- (ii) Developing a referral system for providing POD services to all leprosy disabled persons in an integrated set up.

Table No. - 3: Performance of the hospitals

Details of the services	Total
Number of patients with Gr.I & II disabilities	9,833
Patients underwent physio assessment	17,358
No. of patients received MCR footwear	5,373
No. Of reconstructive surgeries performed	412



POID Project – Andhra Pradesh

As part of the POD services, SEI India has also launched a pilot project in the two high prevalent districts of Andhra Pradesh (East Godavari and Guntur) since 2010, which will be implemented for 3 years in collaboration with the Department of Health, Government of Andhra Pradesh. The project is aimed at preventing the deformity by early detection of new leprosy cases even before the disability has set in the patients and among old patients through training the patients on home-based self care. For all these it is envisaged to strengthen the mainstreaming of the Leprosy interventions at primary health system level, involve the ASHA workers in the districts not only for identification of the suspects and referring them to the nearby primary health centre, but also for follow up of the old disabled patients for ulcer care at home and selective referral.

As part of this project, 110 PHC / service delivery points have been chosen in both the districts and at each point a camp is held every 2 months to attend to the patients (New & Old). Two teams have been formed with a physiotherapist, a counselor and a cobbler in each district to visit all the service delivery points once every 2 months to counsel and train the patients on self care and home-based ulcer care. This camp is also utilized for screening of the patients for Reconstructive Surgery (RCS), follow up of old cases of RCS, provision of microcellular rubber (MCR) footwear and referral of complicated ulcer / reaction cases for appropriate management to the higher referral centers.

Evaluation of the POID project was conducted at the end of 1st year for two key components of the project; Community based rehabilitation (CBR) by Ms. Valerie from Switzerland and Medical Rehabilitation by Dr. S. Ananda Ramakrishnan. The evaluators visited the project sites at length and suggested certain recommendations to be incorporated in the Project Implementation Plan (PIP). Based on the recommendations, the project Implementation plan was modified and revised plan after approval from the

FAIRMED –Headquarters was shared with the project partners for implementation. Based on the recommendations, a training program has been planned for the PHC staff of both the districts to build their capacities in Nerve Function Assessment and Self Care, who in turn will train the grass root level health workers like ASHA (Accredited Social Health Activist) and ANMs (Auxiliary Nurse Midwife) in their jurisdiction.

Tuberculosis

Link workers intervention in Goa

Swiss Emmaus India has been an important partner to the Govt. of India's Revised National TB Control Program (RNTCP). In order to strengthen the intervention in the state of Goa, SEI India under the banner of Goa Urban Health Project provided its support in the form of outreach services in one of the biggest slum in Chimbél. The project was aimed at bridging the gap between the RNTCP and the TB affected and related program components in the field. There were 11 link workers engaged in this project to assist RNTCP for the following:

1. Identification of Suspects
2. Delivery of DOTS
3. Drug Compliance & defaulter retrieval
4. PPM promotion & execution
5. Special assistance for pediatric TB by



grass root level support.

6. ACSM - Awareness programs by IEC/IPC
7. Regular feedback & necessary action in discussion with STO office
8. Microscopy services by sputum sample delivery.

LSS Mumbai

Bainganwadi has Mumbai's oldest and largest waste dumping ground. With the help of our local partner Lok Seva Sangam (LSS) a comprehensive project is being implemented from 2009 onwards for the slum dwellers. As a part of this project, it is aimed to the health care delivery for improve the slum population especially for Tuberculosis.

In this regard, 5 DOTS centres and 1 sputum collection centre and 1 Designated Microscopy Centre are being run for the control of TB for the population of 2 lakh in collaboration with RNTCP.

In 2011 total 164 TB patients were provided DOTS treatment through our centres from the community.

Urban Health

The Baiganwadi project executed through our local partner LSS in Mumbai aimed at Improving the socioeconomic status of the community,

Improvement of health standards through better hygiene and sanitation measures and Strengthening the health care delivery services through community participation.

Most of these were achieved through formation of self-help groups. Last year total 12 Self Help groups were

formed led by Mrs. Seema Patil, The residents were trained in life-skills education that improved their confidence and enthusiasm to initiate their own income generating ventures.

Among the members, 95% were able to sign and 30 - 35% were also able to read and write at the end of the year through our intervention and all the groups put together were able to generate an income of around 1 Lakh through various income generation activities.

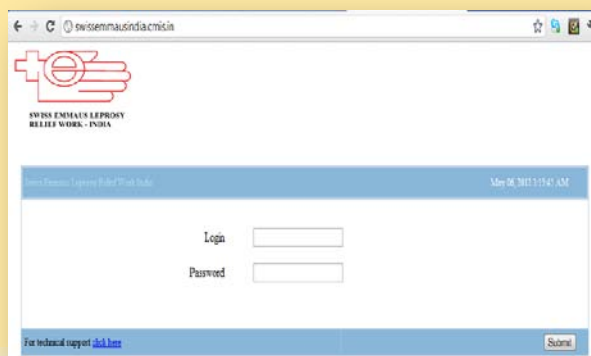


They were also resourceful in Awareness programmes, provision of DOTS, patient follow-up, sputum collection and transport, motivating the patient to come for regular treatment, referring leprosy patients for follow-up treatment, accompanying patients to the nearest municipal dispensaries, distribution of Albendazole and Vit A.

Hospital Information System (HIS)

The existing system of HIS was found to be having a lot of limitations, especially in terms of data retrieval and data transfer, due to which the entered data could not be put to much use by the program managers at all levels. Considering the importance of data based monitoring required for the Output Based AID (OBA), it was decided to go in for a completely newer version of the HIS, which would be web-based and will have no limitations regarding installation of the software by any partner and will provide the data on a real time basis. This would also attend to concerns regarding data transfer as the same data would be available for all

the partners at any point of time. It has also been envisaged to import the data from the old HIS to the new one, wherever available. The new HIS would be the available for use by the end of 2011, so that necessary pilot testing, training of the data managers can be completed and the HIS can be rolled out from the beginning of 2012.



Fundraising Activities

The year 2011 was eventful and we made some significant strides in local fundraising. Following are the fundraising activities conducted during the year 2011.

Direct mailing (DM)

Direct mailing is one of our core strategies. It has dual benefits as in improving visibility for SEI India as well as sensitizing people about the cause of Leprosy. Direct mailing has been one of our core strategies as it facilitates in fulfilling fund raising objectives. Through our experiences in

DM we intend to reinforce this activity so as to reach out to more numbers of people across India.

Telemarketing

Telefacing is the hybrid of telephone and face to face fundraising. It is a modified extension of the major donor process to encompass cold solicitation. The objective of outsourcing this activity is to expand the warm & cold donor base and simultaneously encourage monthly giving.

Lucky Draw Event

Lucky Draw as a tradition started as a team building exercise among groups. SEI India planned Lucky Draw as one of its activities to raise funds dedicated to support the medical care and social rehabilitation of people affected by leprosy, tuberculosis and other poverty related diseases through its supported projects in India. The learning from the lucky draw event held during the year 2010, was incorporated for better performance.



The lucky draw event was conducted on 29th June 2011, at our office at Chennai. The whole program was sponsored by a local corporate.

School Fundraising

During the year 2010, we conducted few College Fundraising programs but since it was not cost effective, we decided to test the School Fundraising where more young volunteers could be involved for raising funds for our cause.



The test was conducted in two schools. All the students above the primary class were involved. Apart from raising funds, these young ambassadors will also provide a platform to Swiss Emmaus India to educate mass about our initiative for Leprosy. The principal and staff of the School extended their full support throughout the campaign.

Corporate Fundraising

In India there is a growing realization that the corporate bodies are created by the society and must therefore serve it, not merely profit from it. The corporate bodies in India woke up to a reality where they work towards achieving social and environmental outcomes in the society.

With the changes in the governmental policy more corporate bodies extend their hands towards Swiss Emmaus India to create a better world for those people affected with leprosy, TB and other poverty related diseases.

Financial report

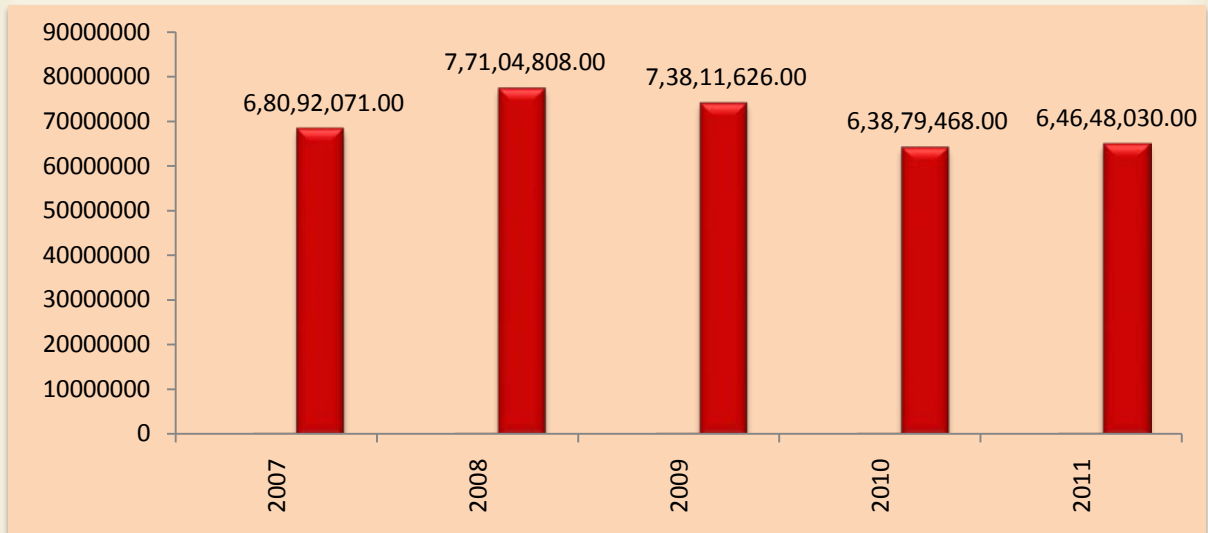
Balance Sheet

Liabilities	2010-11
Capital Fund	19,79,735.80
Project Fund	1,71,02,197.95
Total	1,90,81,933.75
Assets	2010-11
Fixed Assets	19,79,735.80
Advance & Deposits	6,62,961.54
Cash and Bank Balance	1,64,39,236.41
Total	1,90,81,933.75

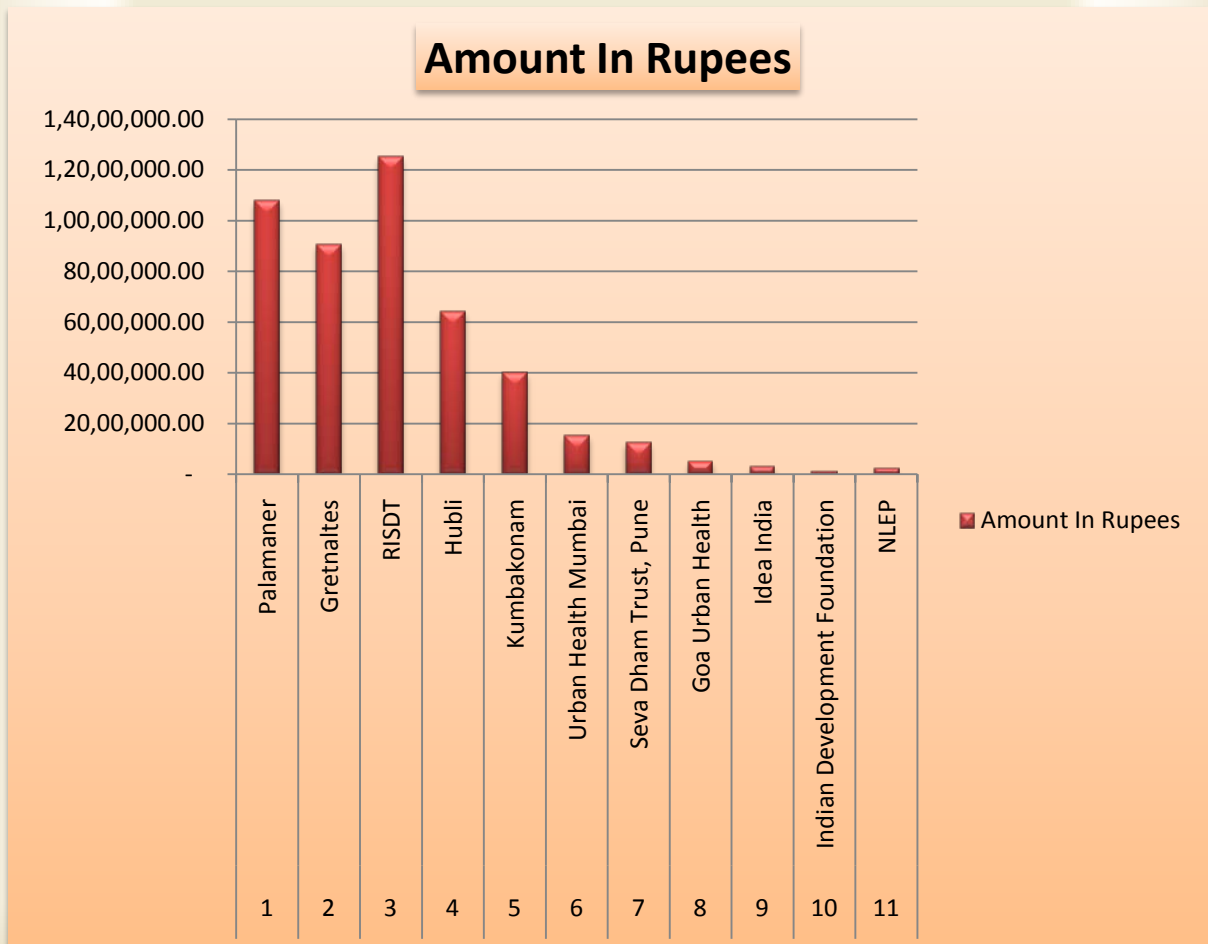
Consolidated Receipt and Payment account

Receipts	2010-11
Opening Balance	1,85,79,189.72
Grants from Fairmed, Switzerland	1,54,20,259.00
Grants from Idea India, Erode	-
Donations Received	35,46,695.00
Grants Received	14,74,968.00
Income from Events / Exhibitions	95,156.00
Income Received from Banks	5,94,202.00
Dividend on ICICI Mutual Funds	19,346.10
Profit on redemption of Mutual Funds	-
Sale proceeds from mobile phone	5,902.00
Total	3,97,35,717.82
Payment	2010-11
Management expenses on co-ordinating leprosy projects	13,19,001.16
Management development expenses	5,32,118.00
Urban health Mumbai	9,18,365.00
FRU Expenses	66,14,507.68
ATCOM Expenses	22,86,890.40
TST Goa expenses	6,61,765.00
NLEP Expenses	
Hubli Project	21,39,583.00
POID AP	26,86,251.19
Grants to other projects	4,57,500.00
Fund raising expenses	1,32,480.00
Grants to other projects from LC	48,65,283.00
Indirect expenses	19,775.44
Closing Balance	1,71,02,197.95
Total	3,97,35,717.82

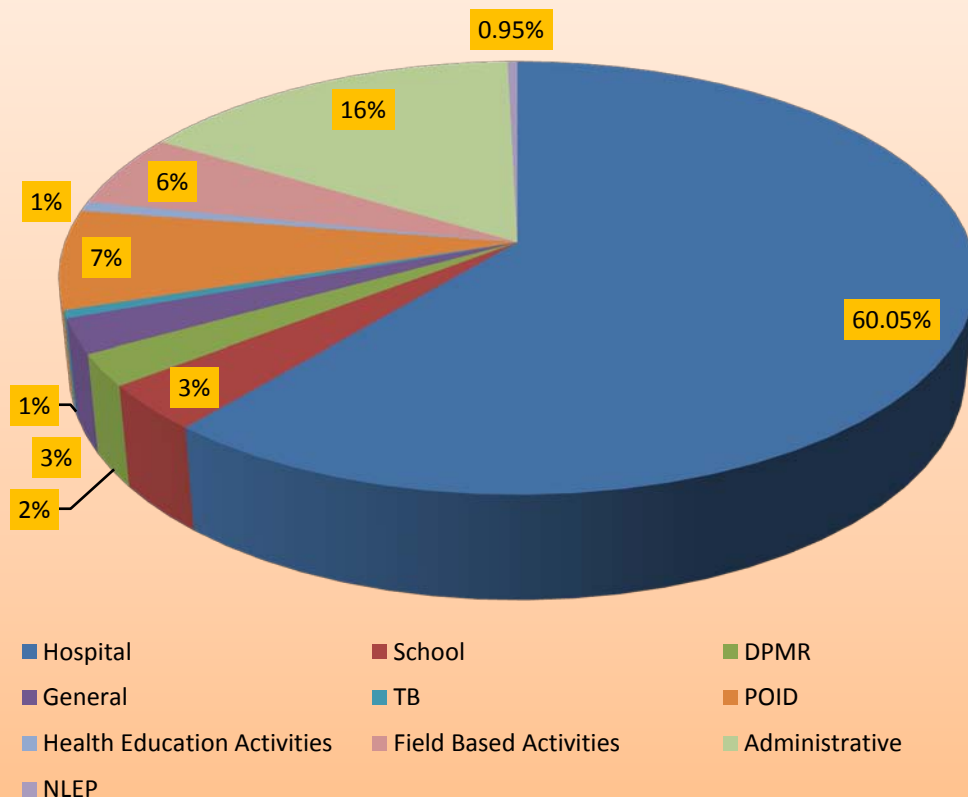
Trend of support for the last five years



Financial Support to Projects during the Year 2011



Deployment of funds



Human Resource - Year 2011

Swiss Emmaus leprosy Relief Work India: Human Resource			
Slab Of Gross Monthly Salary	Male Staff	Female Staff	Total Staff
5,001 - 10,000	1	-	1
10,001 - 25,000	1	1	2
25,001 - 50,000	2	2	4
> 50,000	3	-	3
Total			10

Partnerships: CCM & NTC

The year 2011 was significantly tumultuous for the India CCM since the call for proposal under round-12 was cancelled soon after its announcement. The reason cited was the lack of funds, which has left a major gap in financing health programs in India. Fortunately, the GoI has assured the CCM that the vacuum created from this scenario will be filled and attended to by the GoI. It is still very ambiguous when the Global Fund will resume its funding mechanism. In any case, we have to brave this challenge and collective work towards providing the much need access to the vital care and treatment under all health domain that fall within the Global Fund mandate.

Additionally, the INP+ audit report was made public that created a lot of furor locally as well as internationally. It was regarding mismanagement of the

grants provided by the Global Fund. Besides tarnishing India's image, the GF processes will become more stringent so that such episodes are not repeated. As SEI is the elected member from the TB constituency, we were involved in monitoring the Global Fund grant to implement the ACSM project in India. Three such visits were undertaken to Chennai, Bhopal, and Kolkata. As the name suggests, the ACSM project is intended to create awareness among people about TB and the service offered by the public health system. This is all geared to scale up TB care and treatment across India. The monitoring visit revealed that people are being sensitized but not enough that'll tantamount to 'scale-up of services'.

Visitor's to India

We highly benefitted from the couple of visits of our colleagues Mr. Rene Staeheli and Dr. Thomas von Stamm from the funding agency undertook last year. The first visit was crucial as we were recruiting new staff for our newly established office in Gurgaon. Additionally, the visit was also coupled with finalizing the new office in Gurgaon. We were able to successfully accomplish this task. Subsequently, Rene and Dr. Thomas also visited during the mid-year to

provide the much need guidance and technical support for the India team. This visit was also meant to provide the necessary capacity building for the India team with regard to strengthening the internal processes and systems. Additionally, we also organized theme based meeting with few of our key partners mainly to do with the direct project, the 'prevention of impairment and deformity POID)', being implemented in the state of Andhra Pradesh.

SEI India Team



Acknowledgements

We acknowledge with deep gratitude the support of all our donors, friends and well wishers for helping us to work towards eradication of leprosy, control of TB and other poverty related diseases.

Swiss Emmaus India would like to thank the functionaries of FAIRMED (Switzerland) for their continued support and guidance.

We would also like to acknowledge the support of the Government both at the Central and at the States. We are also indebted to ILEP India, CCM and National Tuberculosis Consortium (NTC) for their valued inputs and we realize the importance of working together to achieve 'a world without leprosy and TB'.

We would like to record our sincere thanks to our project partners working at the grass-root level for their dedication and effort at all times.

Finally, our sincere thanks to our trustees, colleagues at central office who have relentlessly helped us to serve better for the benefit of most in need.



Abbreviations

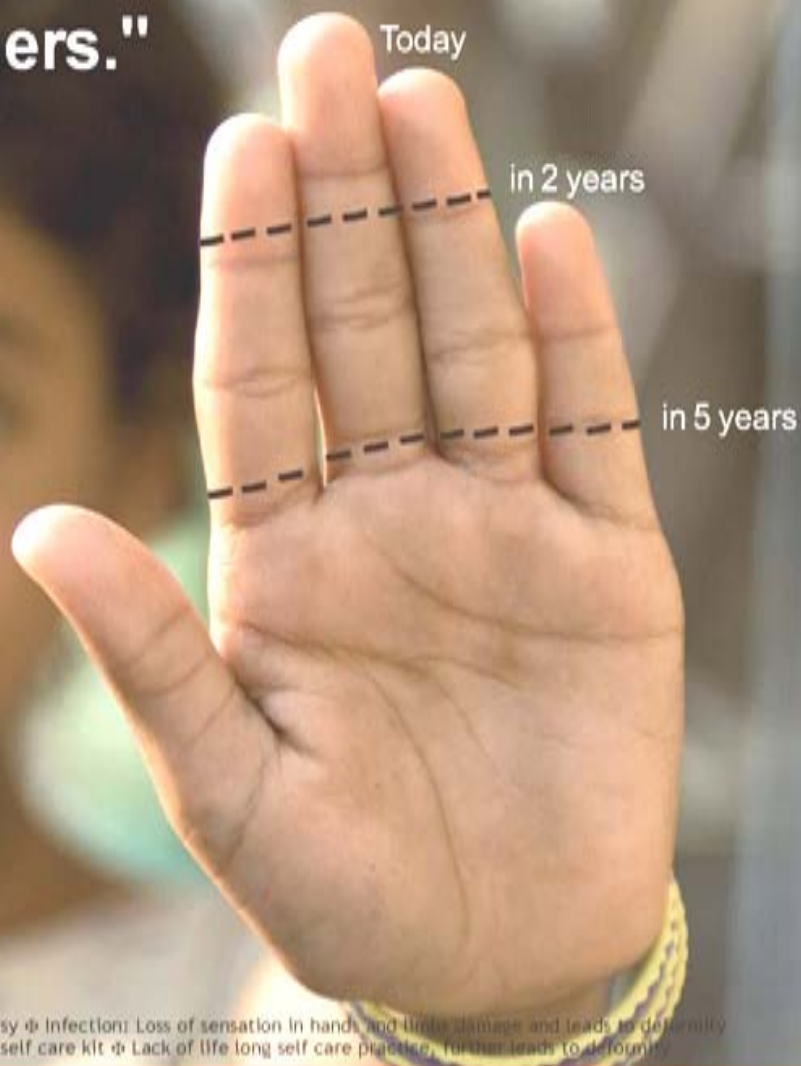
ACSM	: Advocacy, Communication, Social Mobilization
ANM	: Auxiliary Nurse Midwife
ASHA	: Accredited Social Health Activist
CBR	: Community Bases Rehabilitation
CCM	: Country Coordinating Mechanism
CO	: Central Office
CSR	: Corporate Social Responsibility
DPMR	: Disability Prevention and Medical Rehabilitation
DOTS	: Directly Observed Treatment Short-course
GOI	: Government of India
HHH	: Hubli Hospital for Handicapped
IEC	: information, Education and Communication
ILEP	: International Federation of Anti Leprosy Association
IP	: In Patient
IPC	: Interpersonal Communication
LSS	: Lok Seva Sangam
MCR	: Microcellular Rubber
NCR	: National Capital Region
NGO	: Non-Government Organization
NLEP	: National Leprosy Eradication Program
NTC	: National TB Consortium
OBA	: Output Based Aid
OP	: Out Patient
PHC	: Primary Health Centre
PIP	: Project Implementation Plan
POID / POD	: Prevention of Impairment and Disability
RCS	: Re-Constructive Surgery
RISDT	: Rural India Self Development Trust
RNTCP	: Revised National TB Control Program
RPOD	: Rehabilitation & Prevention of Deformity
SEI	: Swiss Emmaus India
SHLC	: Sacred Heart Leprosy Centre
STO	: State TB Officer
QC	: Quality Circle

State Wise Partner NGOs



Samiya, 8, affected by leprosy

"Help - I don't want to
lose my fingers."



❖ Cause : Nerve damage caused by Leprosy ❖ Infection: Loss of sensation in hands and limbs damage and leads to deformity
❖ Treatment: Life long practice of self care kit ❖ Lack of life long self care practice, further leads to deformity



Insensitive limbs get infected easily.
Treating ulcers prevents the loss of
limbs.



With reconstructive surgery crippled
hands and feet can be saved and
made usable again.



Special footwear protects the
insensitive feet and helps avoid
infections.

Leprosy is curable.

However, drugs alone are not sufficient.

...they need continuous medical care and social rehabilitation.



Swiss Emmaus Leprosy Relief Work India



Leprosy is curable

However, drugs alone are not sufficient

Let's join hands to make a Difference



Reconstructive surgery



Physiotherapy



MCR Footwear

J-17, First floor, South City -1, Gurgaon—122007, Tel: 0124 - 2581224

www.swissemmausindia.org ; www.healthfirstindia.org

You can also contribute
as a Volunteer



**A patch with loss of sensation in any part of the body
may be leprosy—consult your Doctor**

- 👉 **Leprosy is curable with multi drug therapy**
- 👉 **Early treatment of leprosy prevents disability**
- 👉 **Free treatment is available in all government health facilities**

Swiss Emmaus Leprosy Relief Work India, is dedicated to support the medical care and social rehabilitation of people affected by leprosy, tuberculosis and other poverty-related diseases.



SWISS EMMAUS LEPROSY
RELIEF WORK - INDIA

Swiss Emmaus Leprosy Relief Work India

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Website: www.swissemmausindia.org, www.healthfirstindia.org
Make online donation: <http://www.healthfirstindia.org/donate.php>

*Support us
to transform the lives of many!*

✓ **Tick one of the following**

- ☐ Care for a person affected by Leprosy @ Rs
- ☐ Sponsor special protective footwear @ **Rs. 300** per pair
- ☐ Sponsor the cost of medicine @ **Rs 500** per patient
- ☐ Support 3 awareness programs @ **Rs 900**
- ☐ Sponsor patient's Ulcer care @ **Rs. 1500**
- ☐ Support a Child in School for 1 year @ **Rs 2500**
- ☐ Sponsor corrective eye Surgery @ **Rs 10429** per patient
- ☐ Hand / foot surgery @ **Rs. 19185** per patient

Every little bit that you give will rehabilitate a person affected by Leprosy

Mode of Payment

- MO /DD/Cheque in favour of HealthFirst India payable at Chennai
- Payment to **HealthFirst India— No: 016010100833141**
- Donate Online : <http://www.healthfirstindia.org/donate.php>



SWISS EMMAUS LEPROSY RELIEF WORK—INDIA

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Donate Online: www.healthfirstindia.org/donate.php