



SWISS EMMAUS LEPROSY
RELIEF WORK - INDIA

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to transform the lives of
people affected by leprosy!*



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Swiss Emmaus Leprosy Relief Work India**

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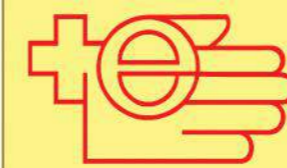
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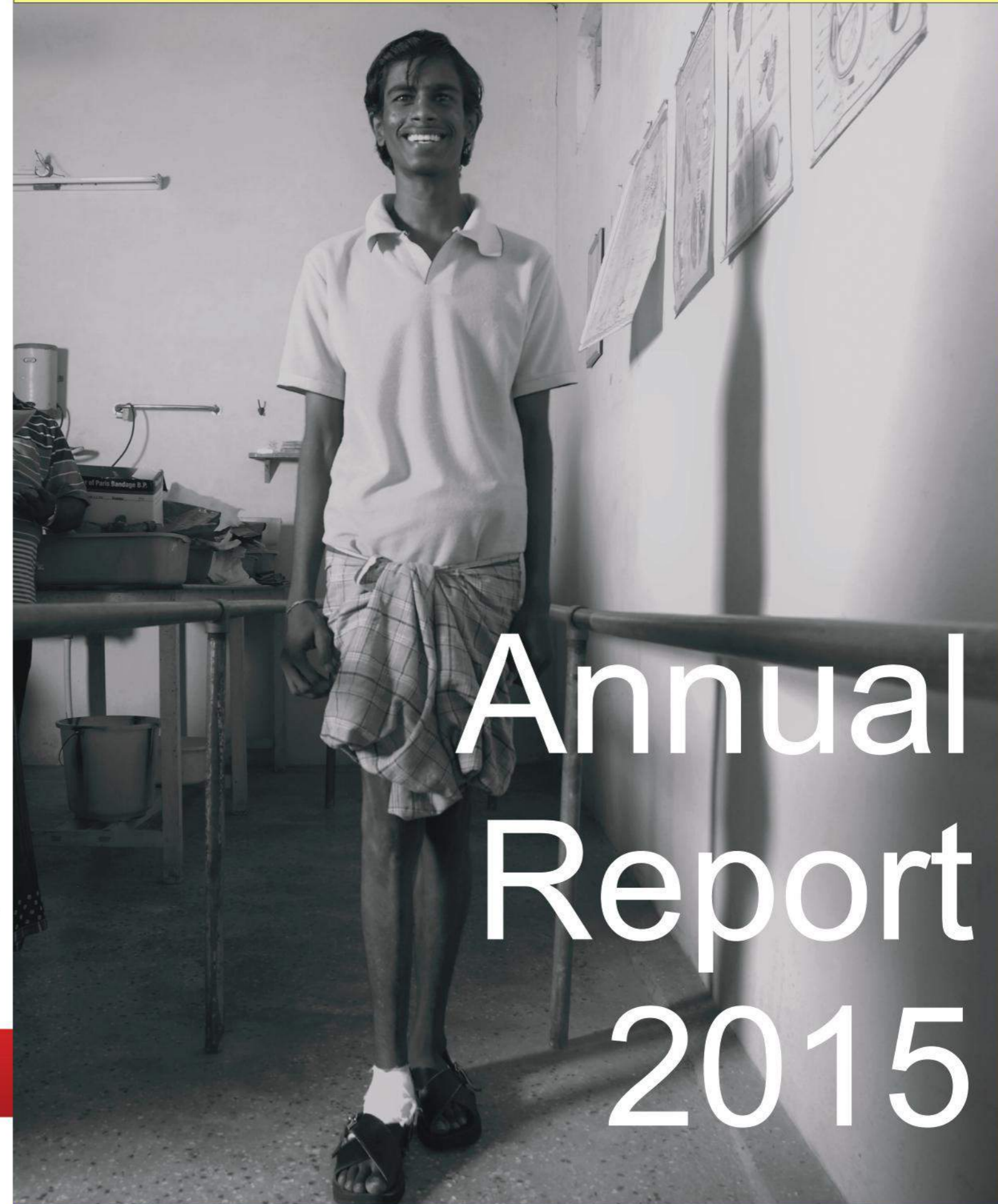
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Over 50 years of dedicated service to people affected by Leprosy



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Message from the Director's Desk

Dear Well-wishers,

It gives me immense pleasure sharing our highlights during 2015. Generally, people affected by leprosy or the 'Community', as it's commonly referred to, is the core to our work in SEI India. This includes children, women, & men affected by leprosy. The community is vulnerable because they have challenges in accessing care and treatment due to various socio-economic reasons. During our many interactions with the community, it was commonly shared that their prime requirement is 'cure'. Additionally, 'Compassion' is another important factor that promotes people to seek health services. This was the outcome from the branding exercise in leprosy that SEI India engaged in 2015. Therefore, reinforcing the 3 C's that is community, care, & compassion in our daily work makes it even more meaningful.

I'm also pleased to share with you that due to your timely support SEI India and its partners were able to provide 20,095 services to people across 5 hospitals in 2015. Out of which around 15,195 were out-patient services and 4,900 were in-patient services. Close to 300 reconstructive surgeries (RCS) were conducted and around 3,088 ulcers cases were provided in-patient services. In addition, socio-medical rehabilitation services were provided by the Prevention of Impairment & Disability (POID) projects being implemented across 5 districts.



SEI India colleagues and partners participated in a 5 day project cycle management (PCM) exercise in July '15. This was undertaken for a couple of reasons that includes designing and developing time bound projects within SEI India. SEI India supported projects have a very clearly defined lifespan that are measurable with realistic and achievable goals and outcomes. Additionally, this also assures our core supporters of how effectively their support is being deployed.

I'm also pleased to share that SEI India opened another office in Bangalore to sensitize people about leprosy in Karnataka besides doing similar work in Tamil Nadu & Maharashtra. SEI India believes that providing timely information and education to people regarding leprosy is another way to promote the 3 "C's (Community, Cure, & Compassion)" I'd referred to earlier in my note.

Finally, I want to conclude by sharing our celebrations at SEI India where 2 of our key personalities, Dr. V. P. Macaden and Dr. Auburn Jacob, retired from service after dedicating 50 years to leprosy. This was truly a celebration of their lives as due to their tireless efforts scores of people have received services. On behalf of SEI India, I would like to express my gratitude for their diligence and sacrifices and best wishes for their onward journey.

Thank you,

Sincerely,



(John Kurian George)

Leprosy Hospital Services:

SEI India supports the leprosy services in 5 tertiary care leprosy hospital across 3 states namely Andhra Pradesh, Karnataka, & Tamil Nadu. In 2015, SEI India supported hospitals were able to cumulatively provide 20,095 services across all the 5 hospitals. Majority of them were out-patient services and a quarter of the services were in-patient services, which can be broadly classified under ulcer care, treatment for complications such as reactions, and reconstructive surgeries (RCS).

Table-1: Ulcer Care Service in 2015

Hospital Projects	Simple Ulcer	Complicated Ulcer	Septic Ulcer	Total
ESLP, Chittoor	68	118	351	537
Gretnaltes, Guntur	274	122	19	415
HHH, Hubli	46	43	109	198
RISDT, East Godavari	534	318	68	920
SHLC, Thanjavur	533	343	142	1,018
Total	1,455	944	689	3,088

Table-1, highlights the cumulative number of ulcer care services provided by SEI India supported projects in 2015. A total of 3,088 cases were provided ulcer care services. Majority among them were simple ulcer care services followed by complicated ulcer care services. The Sacred Heart Leprosy Centre (SHLC) hospital, Kumbakonam, Thanjavur district, cumulatively provided maximum number of ulcer care services in 2015, followed by Rural India Self Development Trust (RISDT) hospital, East Godavari District. Interestingly, SHLC provided the highest number of complicated ulcer care service in 2015. Whereas, Emmaus Swiss Leprosy Project (ESLP) hospital provided maximum number of septic ulcer care services in 2015.

SEI India through it's POID project is strengthening the Indian Public Health System to provide simple ulcer care services at it's primary health care (PHC) centres so that people avoid traveling long distances to visit the SEI India supported tertiary care hospitals to avail simple ulcer care service

Table-2: RCS services in 2015

Hospital Projects	Eye RCS	Hand RCS	Foot RCS	Total
ESLP, Chittoor	5	77	58	140
Gretnaltes, Guntur	5	46	5	56
HHH, Hubli	0	20	4	24
RISDT, East Godavari	6	62	9	77
SHLC, Thanjavur	0	0	0	0
Total	11	205	76	297

Table-2 highlights the cumulative numbers of RCS services provided through 5 SEI India supported hospitals in 2015. Majority of the RCS performed were hand RCS followed by foot RCS. ESLP Hospital performed maximum numbers of RCS in 2015, followed by RISDT hospital. The decreasing trend for eye RCS is indicative of the fact that majority of the cases being operated upon to attend to lagophthalmos (a condition where a person is unable to close his eyelid). People that require cataract surgery are being referred to the District Blindness Control Program.

Benchmarking costs for leprosy services

SEI India partners are supported through a funding mechanism known as the Output Based AID (OBA), where the partners are advanced funds based on the number of services provided. The services provided are reported through the hospital information system (HIS) that is monitored by the Country Office. The previous benchmarking exercise was undertaken in 2013, with an understanding that the costs will be revisited in 2016. However, the project partners were keen to advance it based on which an external Consultant was engaged to undertake the benchmarking exercise.

The Consultant visited all the 5 hospitals and evolved the cost per service from each respective hospital. Subsequently, the costs were benchmarked and presented during the quality circle meeting held in Gretnaltes Hospital, Guntur. The benchmarking exercise highlighted that out of 11 services being supported, 8 services were provided on par costs when compared to the remaining 3 services with below par costs. However, the 3 below par costs were matched the on par cost categories by receiving the inflation (CPI-cost price index) based annual increments.

Prevention of Impairment & Disability Projects

A. Comprehensive District Leprosy Control Project (CDLCP)

The CDLCP was implemented in January 2014 till 2017 (4 years), which is an extension of the POID project in 2 high endemic districts of Andhra Pradesh state. The lessons learnt from the POID project essentially highlights the importance of early detection of new / hidden cases of leprosy, ensuring complete treatment, and timely identification of cases with reaction / neuritis and prompt management hold key to prevention of impairment and disability in leprosy cases. Keeping the recommendation of the pilot phase of the POID project the current CDLCP project is addressing these issues in order to further strengthen the primary level care, strengthening referral systems along with the public health systems, focusing on generating community participation and home based care to rationalize the burden of disability management on tertiary care facility.

SEI 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, Kathipudi, East Godavari district [EG]) and the State/District Leprosy Society, Department of Health and Family Welfare, Government of Andhra Pradesh. For the implementation of CDLCP in the district (2014-2017) a MoU was signed between Directorate of Health, Govt. of Andhra Pradesh (State Leprosy Society), both the SEI India supported NGOs, and SEI India (FAIRMED India).

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

The CDLCP project combines both the field based services and clinical leprosy services to the people affected with leprosy in order to extend the services to entire population of people affected by leprosy in the given districts. The field services are provided by the CDLCP supported divisional coordinators and the clinical leprosy services are provided through the referral hospital run by both partner organisations (RISDT in East Godavari district & GRETNALTES in Guntur district). The divisional coordinators who are responsible for 15-20 PHCs are exclusively coordinating, supporting and consolidating the leprosy services at the PHC level so that the people can avail quality services at their doorstep. This is one of the processes of sensitising the general health care staff towards affected community. Some of the important areas of work carried out by the divisional coordinators are:

- Ensure involvement of the PHC (nodal person) in NLEP activities and the documentation, record maintenance and reporting at PHC level is complete.
- Undertake linelisting of all the cases in the allotted PHC areas, prioritize for follow up action.
- Involve and motivate the ANMs and ASHA workers in suspect identification, referral, follow-up, and treatment completion in all the PHC areas and ensure timely payment of eligible incentives with maintenance of all necessary record.
- Provide the technical support in Nerve function Assessment (NFA) and voluntary muscle testing of all the new cases and timely initiation of treatment for the people
- Develop the directory of all the schools .
- Using the linelist to generate the list of ulcer cases

The Result

1. The people affected by leprosy accessing the quality POID services in the primary health care (PHC) system are improved.

- The PHCs are taking ownership in Leprosy care and management
- The suspects are referred and diagnosed followed by initiation of prompt treatment by the PHC staffs. The early identification and treatment which are key to prevention of deformity due to leprosy has become a prime focus at the PHCs. The ASHAs are playing a crucial role in referring the suspects to the PHCs.
- The nerve function assessment, voluntary muscle testing, reaction management along with simple ulcer care services are made accessible to the people. The divisional coordinators play a crucial role in these activities.
- 60-70% of the PHCs have started organising the self care practice for the people with disabilities once in every month.
- The documentation at the PHCs are complete and updated with the support from the divisional coordinators.
- As a result of the increasing involvement of the PHCs, the simple ulcer cases at the tertiary care centre started declining in comparison to year 2013 before the initiation of the project, however this trend need to be further reduced (Table-3).
- Referrals from PHC to the tertiary care centre is also in a decreasing trend when compared to the year 2013(Table-3)

Table-3: Referral Trends

PARTICULARS	GRETNALTES			RISDT		
	2013	2014	2015	2013	2014	2015
Year wise analysis						
No. of people with simple ulcer (both OP & IP)	609	405	375	1352	1043	917
No. of referrals to respective PHCs for continuation of treatment	158	162	151	1352	1043	917
No. of visits of people with reactions/neuritis (both OP & IP)	184	127	118	53	57	57
No. of referrals to respective PHCs for continuation of treatment	82	59	60	53	57	57

Table-4: Year wise analysis of Ulcer care at Referral Hospitals

PARTICULARS	GRETNALTES			RISDT		
	2013	2014	2015	2013	2014	2015
Year wise analysis						
Persons with Simple ulcers	94	76	83	287	236	312
Persons with Complicated ulcers	31	29	37	83	208	217
Persons with Reactions / neuritis	29	38	28	45	38	42

2. POID services at the community level are strengthened

The leprosy care services has been established at the community level as the ASHAs and the ANMs are instrumental in carrying out the extensive work by creating awareness, early identification by doing door to door screening during their regular visits, referring the suspects, following up the self care practices and distributing the simple ulcer care items at the sub centre level. A total of 1,863 ASHAs (80%) in East Godavari and 2,682 ASHAs (96.5%) in Guntur district were oriented on leprosy and the Indian public health system. Similarly 892 ANMs (69%) in East Godavari district and 1,654 ANMs (98.5%) in Guntur district were orientated respectively.

The divisional coordinators started forming self care groups (118 in East Godavari and 42 in Guntur) in the districts. The people gathered and practice self care in groups on regular basis. They also discuss other common issues frequently encountered amongst themselves. However, these groups are in initial stages need further consolidation for any collective actions.

The divisional coordinators are also engaged in inclusion of people affected by leprosy into any existing self help groups in villages. 19 people were included in 12 groups in Guntur district where as 48 people were included in 39 groups in East Godavari district.

2,598 nos of people out of 3,722 in EG district and 1,976 out of 2,367 in Guntur districts were issued with disability certificates. 2,155 people from EG and 1,308 people from Guntur districts are availing social security pensions. 1,526 people from EG and 364 people from Guntur are availing bus/train pass for their mobility.

3. The Tertiary care centre is holding a pivotal role in leprosy rehabilitation

Both the partner organisations are efficiently managing their respective tertiary care hospitals which are unique in nature and the only one of its kind in the surrounding districts to cater to the specialised services to the people affected by leprosy. These hospitals are performing reconstructive surgeries, pre and post operative care including physiotherapy services, ulcer care management, reaction management and provision of MCR footwear. The high quality and non discriminating services being provided with compassion to the people at the SEI India supported hospitals helped the divisional coordinators in significantly establishing and consolidating the POID services at the community and PHC levels.

B. MH-POID Project

With a Goal to enhance the capacity of general health care system at all level for providing quality leprosy services to improve the health status of underserved population affected by leprosy”, a pilot project was launched for a period of 3 years in Dhule and Jalgaon of Maharashtra state. A tripartite agreement was entered into between the Government of Maharashtra (Health Dept.), Alert India and FAIRMED, to implement planned activities in the operational area.

Rationale of the Project:

Both Dhule and Jalgaon are high burden districts for Leprosy (NLEP data) and majority being tribal population with poor access to health services, the delayed new case detection in the state resulted in increased morbidity due to leprosy. The staff lacked the capacity to identify and manage the leprosy cases at PHC due to lack of effective training and priority for capacity building of the health personnel. Moreover, both districts have never witnessed any non government organisation interested in supporting leprosy control work.

The Objectives:

The project aims to increase the capacity of the general health care staff, which in turn enhances the scope of early identification followed by prompt treatment thus helps in reduction of incidence of disability and stigma.

Three tier intervention approach includes:

- (a) **Primary level:** Early case detection and management, active case finding and contact screening and awareness drives to reduce discrimination

- (b) **Secondary level:** Capacity building of the GHS leprosy staff, establishing leprosy referral centers (LRC) to follow up, management of gr-2 cases, and referral of people with complications to the tertiary level centers.
- (c) **Tertiary level:** Strengthening of tertiary level centers to promote management of complications including RCS.

Result:

- 11 block coordinators (BC's) of MH-POID project continuously provided the much needed monitoring and supervision. 80% of the PHC data are updated and streamlined. They also support the health supervisors (HS) who are the nodal persons for NLEP activities at the PHC undertake NFA, follow ups, and record maintenance.
- As the project relies on the GHS staff for referring suspects to the PHC, 27% of the ASHA's (Accredited Social Health Activists) were trained in the last 2 years
- ASHAs referred 1,060 suspects and 144 among them were diagnosed with leprosy.
- There was an increase in new case detection due to the regular sensitization and mass awareness. A total of 1,062 people were assessed during 36 POID camps in order to monitor the deformity status to ensure that it doesn't further deteriorate. The POID camps are the first of its kind in a PHC where the staff including the medical officers are sensitised to continue the DPMR activities in a PHC. (Please refer to table-6)
- 416 people were supported with MCR and 39 people underwent reconstructive surgeries.
- Details of around 6,170 people was entered in the line-list from the existing 9,257. (Please refer to table-5)
- Out of 366 ulcer cases, 115 (43%) were healed and 188 were in the process of healing. (Please refer to table-7)
- Most importantly, over 17,000 contacts were examined along with a host of them receiving additional social benefits such as travel concessions and disability certificates that entitled them to receive disability pension.

Table - 5

No. of Line Listing People upto DECEMBER 2015									
Sr. No.	Name of the Block	Total register patient upto Dec '2015	No. of people line listed	Not Found				No. of People balance to line list	% of line list done
				People	Died	Temp Mig.	Total		
JALGAON DISTRICT									
	TOTAL	5236	3526	300	50	532	882	828	84
DHULE DISTRICT									
	TOTAL	4021	2644	226	64	382	672	705	82
	GRAND TOTAL	9257	6170	526	114	914	1554	1533	83

Table - 8

DISABILITY CASES IN DHULE & JALGAON TILL DEC'2015										
SLNO	DISTRICT	GD-1			GD-2			GRAND TOTAL	Total Govt	Total POID proj
		GOVT	POID PROJ	TOTAL	GOVT	POID PROJ	TOTAL			
	Dhule	263	92	355	510	149	659	1014	773	241
	Jalgaon	200	105	305	406	169	575	880	606	274
	GRAND TOTAL	463	197	660	916	318	1234	1894	1379	515

Table - 6

MAHARASHTRA POID PROJECT - Consolidated Camp Report											
Total Suspected		Defaulter		Category						Service I	
NHD	New cases Confirmation		0' case		H.R.		G-I		G-II		Heal Edu.
	PB	MB	PB	MB	Registered	Attended	Registered	Attended	Registered	Attended	
898	63	81	4	14	1558	576	95	187	280	304	

Table - 7

MAHARASHTRA POID PROJECT - POID CAMP Report till Dec 2015								
Provided During Camp								Others
HOPE	Wax	EMS	MCR	Splint	Reaction	Ulc. Dres.		
1154	455	35	24	416	92	82	125	

Table - 7

# of Ulcer Cases			# cases Reviewed by BC	# of cases Healed	# of Cases under healing process	# cases shows no improvement	# cases not Interested
2014	Dec-15	Total					
307	204	511	366	115	188	9	54

Conclusion:

The project emphasized on integration of leprosy relief and clinical management services with the GHS. Increased awareness in the community facilitated, self-reporting as people became conscious of their conditions and the community is sensitive to their needs. The project laid a foundation for facilitating disability prevention and managing rehabilitation services for the marginalized population.



Picture-1: A glimpse of Back Stopping exercise by Dr.Rajan Babu examining the treatment.

C. Project Cycle Management Workshop:

SEI India supports partners in 5 districts in India that focus on early diagnosis of people affected by leprosy thereby preventing visible deformity and reducing the impact of stigma. In an attempt to design and develop projects that'll attract institutional support along with improving and streamlining the internal and external reporting, monitoring, and evaluation processes, SEI India was keen to capacitate its India office along with its supported projects on the nuances of Project Cycle Management.

External Consultants were engaged in facilitating a four-day workshop from 27th to 30th July 2015 at ESLP, Palamner for thirteen team members (including implementing partners, members of the HQ Bern and Indian colleagues) on the FM-PCM tools.

Prior to the workshop, the consultants reviewed the FM-PCM tools and visited two project partners GRETNALTES (in Tenali) and RISDT (in Kathipudi) to explore how best to create a platform for inclusion of voices of the larger team (hospital staff, divisional coordinators and others) in the process of developing project documents and reports. A series of participatory tools were tested, to generate information for various sections of the project document and other FM-PCM tools.

The workshop was successfully facilitated in July 2015. After finalising the schedule for the four-day engagement the sequence on introducing the PCM tools were finalized.

The key aspects of PCM covered included: understanding the project management cycle and its components, evolving indicators and their relationship with outputs and outcomes in the broader scheme of logframe development, a process of action and reflection. Further PCM tools were reviewed, discussed and deliberated upon by the participants as the contents of the tools were finalized based on the feedback received during the workshop.

Synopsis of the back stopping exercises- 2015:

In SEI India, back stopping missions is a process where an independent external expert validates the planned project activities as proposed in the project proposal. Following the back stopping exercise a report is presented to Country Office and the HQ for their reference and follow-up. In 2015, 2 missions were carried in each states namely Andhra Pradesh & Maharashtra. Following is the highlights from the report of the back stopping missions:

CDLCP Projects:

a.1 Provision of leprosy services at Health facilities : In both the districts the treatment registers and disability registers are maintained as per the USIS guidelines. MDT services are provided and MDT blister packs were available in sufficient quantities. The Medical Officers of PHCs /Area Hospitals diagnose and treat leprosy. The patient cards with complete details were compiled and updated. The nerve function assessments (ST and VMT) were being done for the patients. The contacts are examined for all these patients on treatment.

The patients under treatment know about the importance of adherence to treatment and the duration of treatment. Lepra reactions are treated at PHCs /ULCs. The complicated cases along with RCS cases were referred to Tertiary Referral Hospital.

a.2. Disability Care:

a.2.1: Self care: In Guntur district of the 43 patients with disability examined, 39 know about self-care measures (91%) and number of patients practicing self-care at home are 33 (77 %). In East Godavari district of the 64 patients with disability examined, 62 know about self-care measures (97%) and, number of patients actually practicing self-care at home is 55 patients.

a.2.2: Plantar ulcers care: In East Godavari district of the 64 patients with disability examined, 19 patients have the plantar ulcers, APMO / MPHWP does the dressing at PHCs / Sub-centres. Dressing material were provided by the PHC and ulcer dressing were being taught to the patients.

a.2.3: Disability Certificates and Pension: In Guntur district of the 43 patients with disabilities examined, 30 patients are eligible for getting the disability certificate and 25 of these patients (83%) received their disability certificate and are receiving their monthly pension/ bus pass/ grains and for the remaining 5 patients issuing the disability certificate is under process. In East Godavari district, out of 64 leprosy patients with disabilities examined, 59 leprosy patients are eligible for pension and 58 patients got certificate and 54 are getting the pension (92%).

a.2.4: MCR Foot wear: In East Godavari district out of 64 leprosy patients with disabilities examined, 50 leprosy patients require MCR footwear and 44 patients of those have MCR footwear (88%) and for the remaining 6 patient's foot prints were taken for promotion of MCR by the District Society (District NLEP). In Guntur district, of the 43 examined, 23 patients required MCR footwear that the District Leprosy Society will supply.

Project Outcomes: Both the districts are unique in having CDLCP project. CDLCP project is exclusively focusing on leprosy and POID. The benefits and added value to the district leprosy programme by the CDLCP project should be spelt out.

An external consultant was hired to propose key aspects to SEI India's leprosy work that'll facilitate in designing simple messages to sensitize people about leprosy. The consultant traveled and met various stakeholders to recommend simple messages. Primarily, all leprosy control work should revolve around people affected by leprosy or the community. They are the center of the leprosy control work and an integral part of the local community they live.

This essentially highlights the importance of inclusion of people affected by leprosy. However, when the general community was approached they were keen that 'cure through treatment' is an element equally desirable and essential for both the people as well as the general community. Lastly, while the community is central to leprosy control work who desire cure, which becomes memorable if provided with compassion. This is an important aspect that further reinforces the point about inclusion.

Therefore, in short messages that keep people in the centre of their work and focusses on cure with compassion is critical to sensitizing general community about leprosy. This was critical to understand as with acceptance comes inclusion and with inclusion comes a stonger, tolerant, and progressive society.

Partnership & Thematic Utilisation of Funds in the Year 2015

Swiss Emmaus Leprosy Relief Work India implements it's programs through Partner NGOs (Non-Governmental Organization). In 2015, Swiss Emmaus Leprosy Relief Work India has engaged 8 local NGOs for implementing it's 3 core Programs:

- a) Hospital Leprosy Services
- b) Prevention of Impairment & Disability (POID) and
- c) Scholarship Program in Schools.

Name of Partner NGOs and Program implemented by them are given below:-

Sl. No.	Name of Partner NGO	Programs
1	Emmaus Swiss Referral Hospital and Leprosy Project	a) Hospital Services b) POID c) School
2	Rural India Self Development Trust	a) Hospital Services b) POID c) School
3	Greater Tenali Leprosy Treatment & Education Scheme Society	a) Hospital Services b) POID c) School
4	Sacred Heart Leprosy Centre	a) Hospital Services
5	The Hubli Hospital for the Handicapped	a) Hospital Services
6	ALERT India	b) POID
7	Good Bye Leprosy Trust	b) Leprosy Services
8	Lok Seva Sangam	b) POID

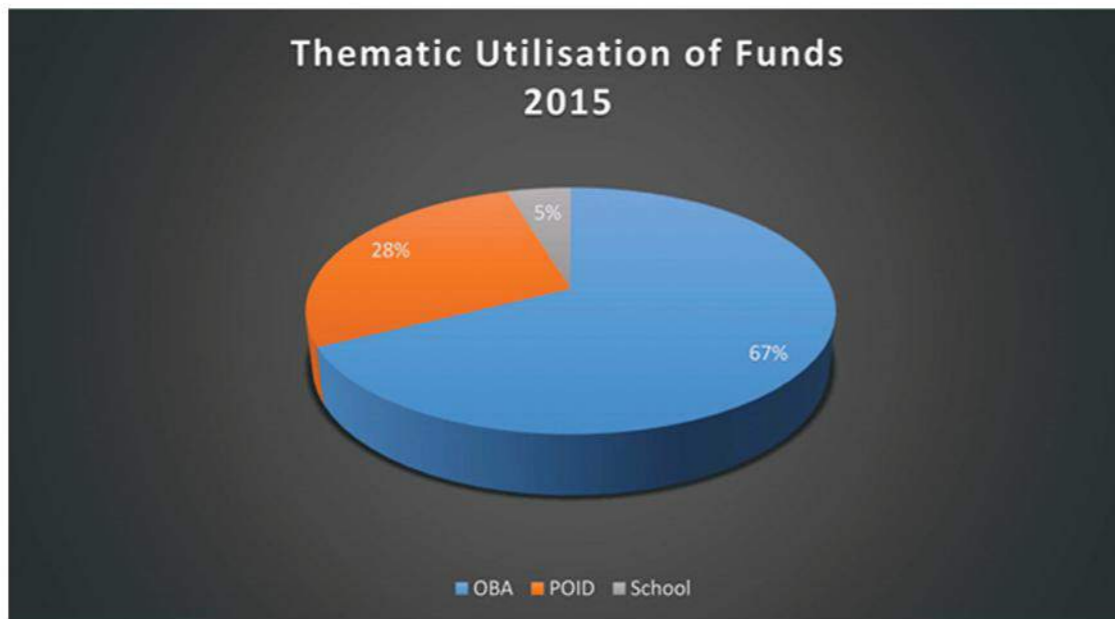
Branding exercise in Leprosy

As mentioned earlier, SEI India diligently sensitizes general community about leprosy as we believe there continues to be significant myths and misconceptions about it across various group of people whether they be children, the youth, or the senior citizens. One of the common queries that we encounter is whether leprosy still exists. This is truly confounding as India contributes close to 60% of the global burden of leprosy. Hence SEI India wanted to understand how we could design and brand leprosy so that it's easier to communicate that'll sensitize people about leprosy.

Finance & Administration

During the Year-2015, 67% of the funds are utilised in OBA, 28% in POID and 5% in school. (Please refer to diagram -1)

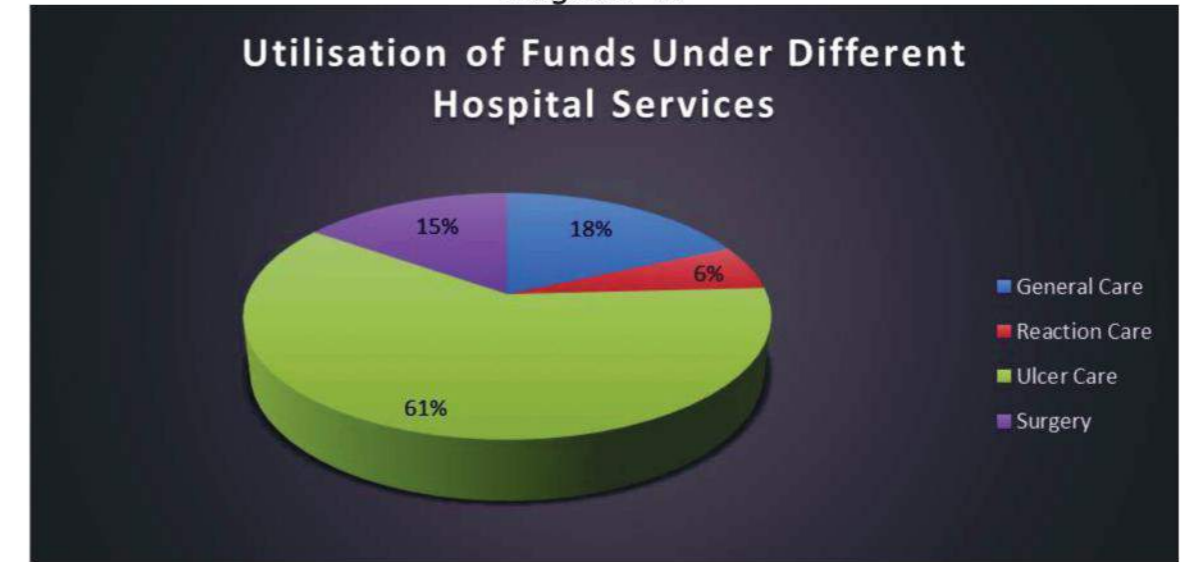
Diagram -1



Utilization of funds under different hospital services

Hospital services are broadly categorised in 2 categories i.e. in-patient & out-patient services. Under in-patient services the following services are included such as general care, reaction care, ulcer care and reconstructive 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-2015 are given in the graph-2 below:

Diagram -2

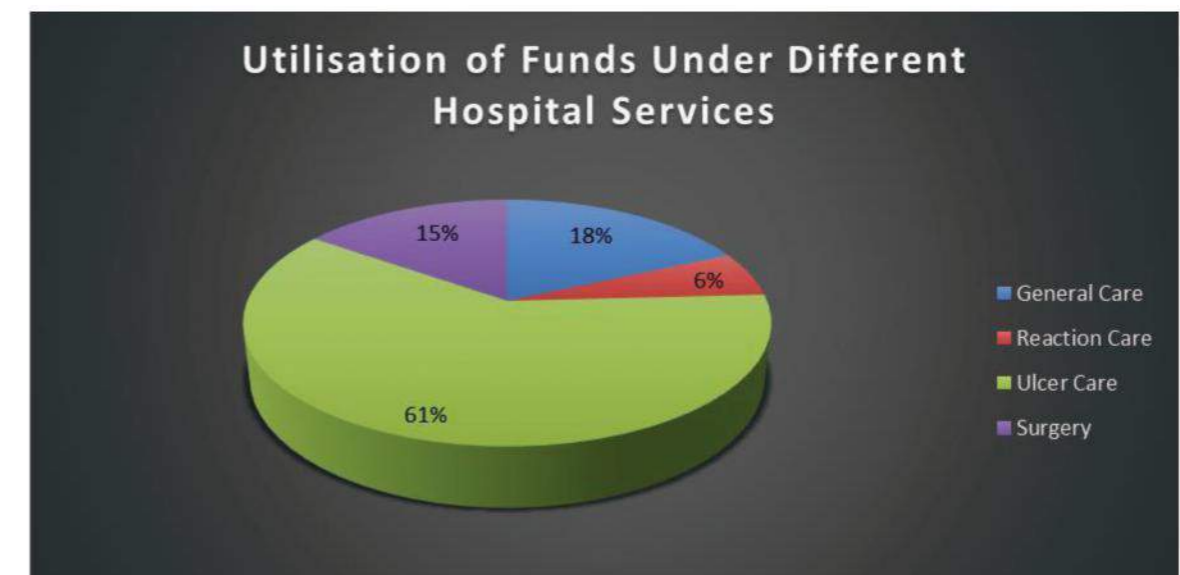


Deployment of funds

Swiss Emmaus Leprosy Relief Work India always make effort to minimise it's administration costs, so as to maximise the support to Programs, and same was replicated during the F.Y. 2015-16.

In the F.Y. 2015-16, 48% of the funds were deployed towards program implementation. 41% of the funds were utilised to sensitize people about leprosy in major cities including Chennai, Mumbai & Bangalore, which is a part of our resource mobilization efforts. Only, 11% of the funds were utilised for general administration purpose. Please refer graph-3 towards fund utilisation under different heads

Diagram -3



Fundraising Initiatives – Healthfirst India

The year 2015 was eventful and we made some significant strides in local fundraising. Following are the fundraising activities conducted during the year 2015.

Direct mailing

We sent out mailers to our warm donors, during the year seeking support for people affected by leprosy in India. We also received feedback from our donors that provided the insight about our donors.

Lucky Draw Event

Swiss Emmaus Leprosy relief Work 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, and other poverty related diseases through its supported projects in India. The Lucky draw event was conducted on 20th of Dec 2015 at our Chennai Office.



Picture -2: Mr. John CEO, taking the ticket of the first

School Fundraising

During the year 2015 we conducted school awareness program at Chennai, Bangalore and Mumbai approached few schools at Chennai to spread the awareness about Leprosy. All the students above the primary class were involved. Apart from raising funds, the students were also involved in educating the mass about our initiative for Leprosy. The principal and staff of the School extended their full support throughout the campaign.



Picture -3: School Awareness Program

Telemarketing

Telemarketing is the hybrid of telephone and face to face fundraising. It is a modified extension of the major donor process to encompass cold solicitation. Swiss Emmaus Relief Work opened its office in Bangalore, where in-house tele-calling activity was conducted. The objective of this activity is to expand the warm & cold donor base and simultaneously encourage monthly giving.



Picture -4: Inauguration of Mumbai FRU Office

Corporate Fundraising

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



Picture -5: Ambulance, donated by Kurian Foundation for Hubli hospital for the Handicapped

Visit from HQ

Mirjam Staehli, the member of our headquarter team from FAIRMED, Switzerland, was on a 2 day visit to the Maharashtra POID project to explore the projects background in-depth and to interact with people to understand their reality. She interacted with five people, medical officers, health assistants, NLEP staffs, ASHAs and ANMs and other PHC staffs. She also interacted with the project staffs and got to know the project details and the ongoing activities which were in place. The visit was quite a gainful to her as she gathered a handful of information that facilitate in sensitizing people in Switzerland.

Acknowledgements

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

We are also thankful to the Government of India at Central, State and District level for extending the necessary support towards our cause.

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 and resource mobilization office who have continuously guided and motivated us to serve better.

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

HHH: Hubli Handicapped Hospital

IDF: Indian Development Foundation

IEC: Information, education and communication

ILEP: International Federation of Anti-Leprosy Organizations

NTC: National TB Consortium

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

SHG: Self Help Group

SHLC: Sacred Heart Leprosy Centre

WHO: World Health Organization

SEI - Project MAP

