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RELIEF WORK - INDIA

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8.Abbreviations

AP: Andhra Pradesh
DOTS: Directly Observed Treatment with Short course Chemotherapy
DRDA: Department of Rural Development Agency
ESLP: Emmaus Swiss Leprosy Project
IEC: Information, education and communication
ILEP: International Federation of Anti-Leprosy Organizations
IP: In patient
OP: Out patient
NHC: National Health 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
CDLCP: Comprehensive District Leprosy Control Project
DLO: District Leprosy Officer
ALERT India: Association for Leprosy Education, Rehabilitation and Treatment
GRETNALTES: Greater Tenali Leprosy Treatment &Education Scheme Society
HHH: The Hubli Hospital for the Handicapped
NLEP: National Leprosy Eradication Programme
OBA: Output Based Aid

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Director's Message

Dear Well-wishers,

It's a pleasure to share our positive experience of 2016! SEI's (Swiss Emmaus India's) flagship Prevention of Impairment and Disability (POID) project took the bulk of our time, resources, and energy in 2016, with 2 separate evaluation exercises being undertaken for the Maharashtra (MH) (end-line) and Andhra Pradesh (mid-term) POID projects respectively . Following the evaluation exercise of the MH-POID project, a dissemination workshop along with a planning exercise for phase-2 of the MH-POID project were also successfully completed. The new phase of the MH-POID project has drafted ambitious plans and activities to ensure that people are further included and empowered to represent themselves. The phase-2 of the MH-POID project has also tried to address the gaps in identifying people who are not diagnosed early thereby falling through the cracks in the health system that renders them differently abled due to leprosy

Additionally, the mid-term evaluation of the Comprehensive District Leprosy Control Project (CDLCP) in 2 high endemic district of Andhra Pradesh was undertaken in 2016. The outcomes were very encouraging where the Government's primary healthcare centre's (PHC) were diligently providing leprosy services and timely referring people to the SEI supported leprosy hospitals to attend to their complications, which was accomplished from training and capacity building of government healthcare workers for over 6 years.

The strengthening of the local communities both by initiating self-helps groups as well as self-care groups is yielding positive outcomes. However, supply of consumables such as micro-cellular rubber (MCR) still seems to be a challenge. SEI's local teams are steadfastly engaged in ensuring that no person is left behind. One of the key activities undertaken and supported by SEI was the District Leprosy Officers' (DLOs) review meeting at Tenali in 2016, under the aegis of the Directorate General of Health Services, Andhra Pradesh.

13 DLOs participated in the review meeting where various operational issues were discussed and bottleneck identified for effective implementation of the program. SEI had also invited people being provided services through the Gretnaltes Hospital to interact with state and district level decision makers. The ILEP in India members in Andhra Pradesh also actively participated in the meeting.

The unexpected demonetization campaign of the Government of India (GoI) put the brakes on SEI's local resource mobilization efforts. As bulk of SEI's supporters contributed via cash, the campaign limited the voluntary contributions being made by SEI's staunch supporters & well-wishers. While the initial impact was the strongest, time will tell us about its long term repercussion. In the interim my team has established contingency tools to enable your support reaches the unreached!

I'm grateful to you for your continued support especially my collaborating partners in FAIRMED, Bern, and all local supporters in India including individuals and institutions.

Thank you,

(John Kurian George)

1.SEI supported Hospital Performance 2016

SEI supported hospitals' provided 19,205 services in 2016, where 44% of the services were provided to treat leprosy related ulcers (please refer to table-1). This percentage in the coming years will further reduce due to the capacitated Government health centres. Only those who require specialized care will be referred to SEI supported leprosy hospitals.

Table -1: Type of Ulcers

S. No.	Type of ulcers	In-patient	Out-patient
1.	Simple Ulcers	1,129	5,885
2.	Complicated Ulcers	833	-
3.	Severe Ulcers	595	-
Total		**2,557**	**5,885**

Diagram-1 highlights the various categories of reconstruction surgeries performed in 2016. A total of 230 reconstruction surgeries were performed across 5 SEI supported hospitals in 2016. Majority of the surgeries performed were hand followed by foot and eye surgeries. The trend seems to be the same when compared to 2015 under each category (please refer to the diagram -2). However, there was a decline in the numbers of surgery performed in 2016 when compared to 2015. One of the reasons is that most of the backlog number of cases who are eligible have now been attended to that has contributed to the decline.

Diagram-1: Nos. of Reconstruction Surgery - 2016

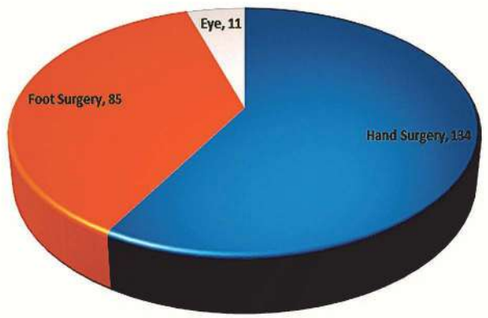

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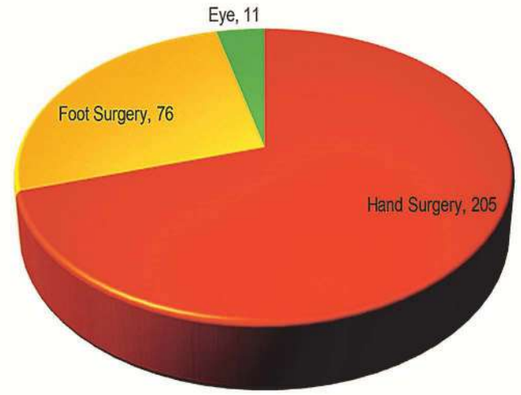
Diagram-2: Nos. of Reconstruction Surgery - 2015



2.Revisiting of benchmark OBA costs for leprosy hospitals

SEI supports its projects' through a funding mechanism commonly known as Output Based Aid (OBA), where 11 services being provided by SEI supported hospital projects are advanced grants to provide critical leprosy services. The Country team as well as projects were mutually following the benchmarked costs of 2013, which we agreed to revisit in 2016 to factor in any extraneous factors that may impact on the rates per service. It is noteworthy to highlight that all projects received their annual inflation benefits on a year on year basis.

In this regard, an external cost accountant consultant was engaged along with the central office and project teams contributed towards revisiting the benchmark costs. All the 5 hosptials were visited and the team reviewed the services versus the cost being incurred to provide the services.

It was reported that out of the 11 services only 3 services (Foot & Hand RCS along with OP service) rates were under whereas all the remaining 8 services received rates that are higher than what the projects are incurring. Foot RCS rate was -1% under, Hand RCS rate 6% under, and OP service rate was 4% under. However, cumulatively when all the cost per services were taken including the 3 services where the rate was lower the cumulative grant was still 10% higher than what the projects were incurring. Hence, the recommendation was to continue with the benchmarked costs of 2013 with annual inflation rates being included while determining annual budgets.

3.Prevention of Impairment & Disability Projects

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

With an overall goal,"to enhance the capacity of general health care (GHC) system at all level for providing quality leprosy services to improve the health and socio-economic status of underserved population affected by leprosy with assured resources", a pilot project was launched in the year 2014 for a period of 3 years till 2016 in Dhule (4 blocks) and Jalgaon (15 blocks) districts of Maharashtra state. The MH-POID project in Maharashtra was implemented via a tripartite agreement between the Government of Maharashtra (Health Dept), Alert India, and Swiss Emmaus Leprosy Relief Work India (SEI), with planned activities to be implemented in the selected districts.

Swiss Emmaus Leprosy Relief Work India (SEI) country office works closely with the State Health Society (Leprosy) to ensure effective implementation of leprosy services in the two districts by providing managerial, technical, financial, & administrative support to MH-POID project and to do a close monitoring of project activities. There are annual planned activities supported by SEI and the State health Society (Leprosy).

The overall objective of the project is to improve the quality of life of the people affected by leprosy, living in rural and tribal areas, by means of strengthening the institutional capacity of GHC system for implementing leprosy control activities under NLEP.

The Project Highlights of 2016:

- **ASHA trainings:** The annual target for 2016 was to conduct 82 ASHA trainings, of which 49 trainings (60%) were carried out. These trainings 1,273 (84%) ASHA workers, out of the targeted 1,519, were trained.

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- ASHAs referred 1,294 suspects and 106 among them were diagnosed with leprosy.
- Regular sensitization and mass awareness contributed to an increase in new case detection. A total of 632 people were assessed during 37 POID camps to monitor their deformity status and to ensure that it doesn't deteriorate further. The POID camps are the first of its kind in a PHC where the staffs including the medical officers are sensitised to continue the Disability Prevention & Medical Rehabilitation (DPMR) activities in a PHC.

- **POID Activities:** Out of the targeted 55 POID camps, 37camps (67 %) were conducted to reach out to people affected by leprosy at the village level for Nerve Function Assessment (NFA) and other deformity related services.
  - Total 447 (33%) out of 1,670 cases were categorized by Block Coordinators (BC), during their field visits, as Gr 0 (High Risk) were assessed during POID Camps & 512 at 10 LRCs during Jan.-Dec. 2016 by PC and NLEP staff.
  - 1,360 (55 %) people affected by leprosy with disability (Gr.1- 500 and Gr.2- 860) out of 2,474 were also assessed during POID camps and at LRCs with help of trained Project, NLEP staff and PHC Medical Officers.
  - Aids & Appliances provided- MCR footwear- 208, Splints- 101 and RCS referrals- 11.
  - Out of the total 90 ulcer cases, about 72 % cases are reviewed by BCs & 25 % of these cases were healed, 37% were under the process of getting healed..

- **Line listing:** 1,329 persons affected by leprosy were registered during the year 2016. 2,430 were line listed which includes the cases registered before Jan 2016 also. Among these 713 (29%) were referred for various services to LRC.

- **Contact Examination:** Out of 13,784 contacts enumerated, 10,362 (75%) were examined. 28 new cases were detected among the contacts examined. Along with a host of them received additional social benefits such as travel concessions and disability certificates that entitles them to receive disability pension.

- **Social Security Benefits:**

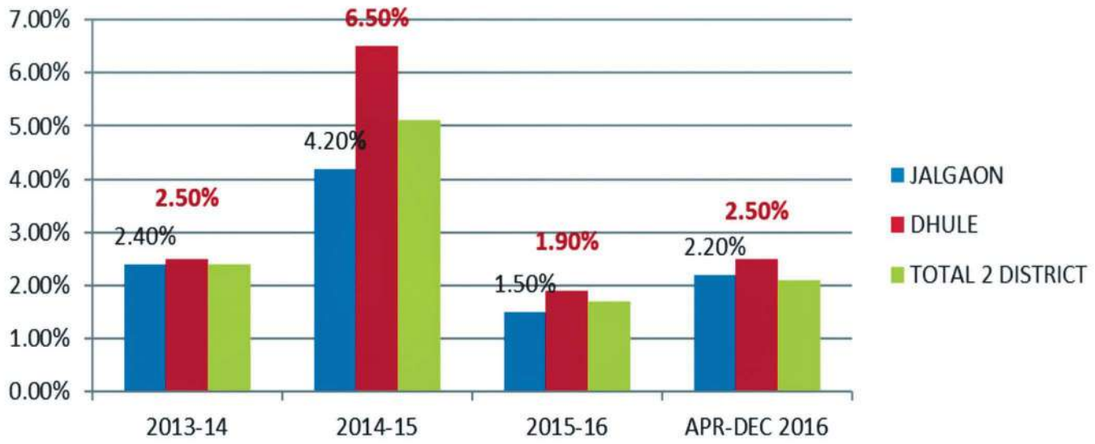
o During POID camps, 238 people affected by leprosy were identified to avail State Transport Concession. They were referred to block level Bus Depot (137 Jalgaon+101 Dhule). Out of these, 138 people affected by leprosy received travel concessions pass from Maharashtra State Transport.

o 17 people affected by leprosy (6 Jalgaon & 11 Dhule) were referred for old age pension to Social Welfare Department.

o 13 female people affected by leprosy (3 Jalgaon & 10 Dhule) were referred for Widow Pension benefit .

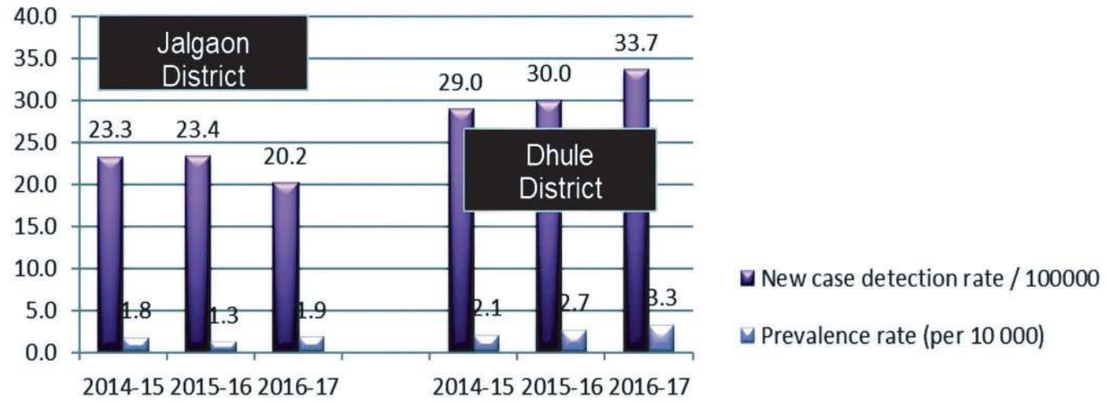
o 86 people affected by leprosy (39 Jalgaon & 47 Dhule) were referred for availing Disability Certificate from Civil Surgeon out of which 32 people received the certificate.

Graph-1: Year wise % of grade-2 among new cases



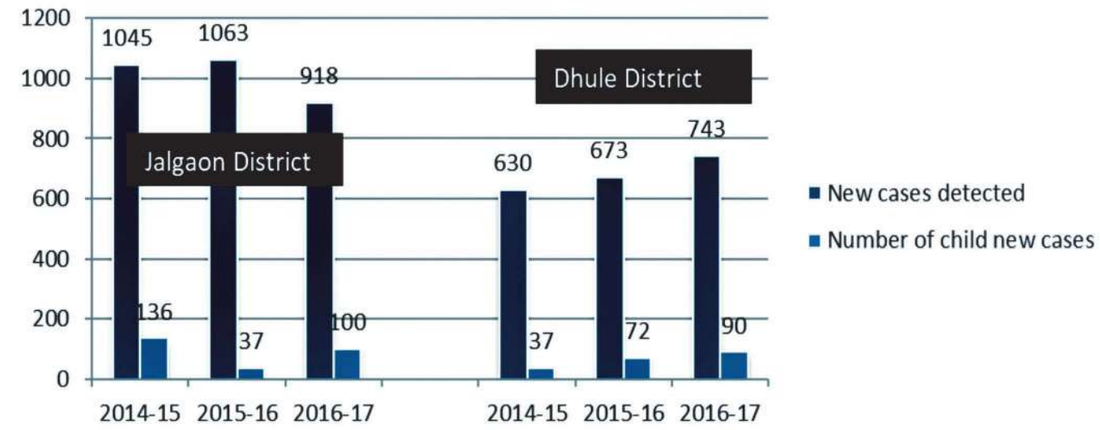
Overall reduction is noticed in Gd.-2 proportion during project period- 1.7% in 2015-16 against 2.4% in 2013-14. (please refer to Graph-1)The increased Gd.-2 proportion during 2nd year of the project was attributed to enhanced new case detection due to project activities (establishment of LRCs, POID Camps). However, in subsequent year the rate is remarkably declined.

Graph-2: New case detection rate



The new case detection and prevalence rate has been increased as a result of intensive leprosy case detection campaigns (LCDC) where the project played an effective role in training and monitoring the campaign (please refer to graph-2).

Graph-3: Effectiveness of Active Search



There is an increase of new case detected due to the effectiveness of the project staffs involved in active search and ASHA trainings (please refer to Graph-3).

End-line Evaluation of MH-POID Project

In the month of April 2016, "End line evaluation of the project" was carried out by two external experts using theme based criteria such as capacity building, service delivery & innovations, community engagement & incapacitation and Institution strengthening.

The whole process was carried out in multiple phases like desk review where the evaluators analysed the project documents and prepared their action plan. Different perspectives in regards to the project were collected through meeting different stakeholders such as the direct beneficiaries & their families, the health service providers at primary, secondary and tertiary level, the project staffs, meeting with program managers at state level and meeting with the community members.

To understand the role of Accredited Social Health Activists (ASHAs) in the project, a simple questionnaire was prepared in the local language. A total of 123 ASHAs from 79 villages, trained under the MH-POID project answered this questionnaire. The data from the questionnaires filled by ASHA was entered using Epi-Info v. 7 and was analysed.

What they said:

"It is difficult to remember the things they tell in the training (classroom trainings). But when they organised the camp at the PHC, we mobilised all suspected cases, active cases and the persons with leprosy disabilities to come to the camp. Seeing all of them together, looking at the patches, how they do the sensation testing, how they take care of ulcers, it was practical knowledge and it was very useful."……ASHA

"In last 10 years, we were continuing the NLEP work but there was no training, no other support, we just needed to show that leprosy was under control. With this project, the leprosy work has regained its importance. More patients are coming for treatment and they are more satisfied at the services they get." ….. LRCs leprosy technician

Dissemination workshop:

The dissemination workshop organised on 4th June 2016 at Pune was attended by representatives of SEI, representatives from Government of Maharashtra, staff members of the MH-POID project and representatives from partner organisations. The dissemination was planned to achieve the following two objectives:

- Disseminate the outcomes of the evaluation to the Maharashtra stakeholders and to enlist a mutual agreement and consensus on the findings and the recommendations of the evaluation.
- Scoping and building a favourable ecosystem to engage in phase-2 of the MH-POID project.

Acknowledging the role played by the project, reaching consensus on the findings, and agreeing on the need to continue the next phase were the highlights. Additionally, there was a willingness to work through the blocks that hindered the full unfolding of the project activities and the results. At the same time, there was a perceived need to plug the gaps and move beyond as we tread into the planning process for phase 2.

Major Highlights:

- To have an engaging deliberation with various stakeholders on how to go forward for the phase-2
- Phase-1 had essentially considered the health care workers as a partner for the project for early detection. It was felt that as we move into phase-2, we should not restrict the task of early diagnosis role only to the ASHA but extend it to the anganwadi workers, a grassroots functionary of the Integrated Child Development Scheme (ICDS) of the Government of India, the school health program, and reach out to the government ashram schools run for tribal children.
- There was a willingness for training in the Government to provide greater priority to training and capacity building for the two project intervention districts.
- The importance of conducting operations research was felt and the Government agreed to provide support to the same.
- Having streamlined the name based tracking of people affected by leprosy, it was felt that there is an opportunity to study the system followed by the Government and by SEI in their Andhra Pradesh project to arrive at an effective health management system for leprosy.

- Disability limitation through Leprosy Referral Centres (LRCs) is an opportunity and the focus should be on increasing the functionality of the defunct LRCs and building quality of the existing LRCs.
- There was an interest in setting up reconstructive surgery unit through interested medical colleges and tertiary care referral centres. The support of ILEP could be ascertained to establish such centres.
- The supplies of aids and appliances by government units and through the project will require greater coordinated efforts as the grants are released through the Central government and are limited.
- Involvement of the Government for sustainability was felt important and hence the project will benefit by partnerships.
- Empowerment based and participatory involvement of the affected community could be an instrument that could be effected in the next phase of the project.

The panel discussion on "Early diagnosis: a myth or reality" generated a lot of discussion. It highlighted the shortfalls in staff, the challenges in monitoring of field activity, the importance of early case detection activity, the LRC as an effective approach, the role of physiotherapy, building the motivation of staff and the utility of empowerment based peer to peer models.

Planning workshop- POID Project Phase-2:

On the basis of findings of evaluation, a planning exercise was organized to develop a Log Frame Approach (LFA) for Phase-2 (2017-2019), in Mumbai from 19th – 24th June 2016. Based on the discussion and suggestions- on 8th – 9th August 2016 in Pune, Project Proposal for 2017-2019, LFA and budget were finalised.

It is quite important to mention that this exercise experienced a full and active representation from the state NLEP society including the district team. The other participants were from the implementer Alert India, SEI colleagues, and from FAIRMED Switzerland.

The phase-1 of the planning workshop was scheduled and facilitated by the external evaluator who meaningfully traced out the need and approach for the proposed period. The LFA and subsequently the roles and responsibilities of different stakeholders were finalised.

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The vision and mission statements were finalised along with the overall objectives and the outputs duly supported by the indicators, sources of verification and risks & assumptions. The budget was then outlined with inputs from all the participants. A final consultation of all stakeholders was organised to finalise log frame and the corresponding budget of the project.

The highlights of phase-2 was that

- All the training components to be supported by the state health society
- The service components which was at higher end in the phase-1 was reduced as the general health care system takes the ownership
- Additionally, a new component of people's participation was introduced.

Conclusion:

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

B. Comprehensive District Leprosy Control Project (CDLCP)

The CDLCP started in January 2014 and will be continued till December 2017 (4 years) and is an extension of the POID project in 2 high endemic districts of Andhra Pradesh state. SEI implemented this CDLCP project in partnership with 2 NGOs, (GRETNALTES -Greater Tenali Leprosy Treatment and Education Scheme Society, Morampudi, Guntur district and RISDT- Rural India Self Development Trust, Kathipudi, East Godavari district) 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), two NGOs and Swiss Emmaus Leprosy Relief Work India.

With an overall 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 and the referral hospital playing a pivotal role in taking care of tertiary health care system.

The CDLCP is a combined program which includes both field and clinical leprosy services to the people affected with leprosy and all the beneficiaries will be covered at various stages of the program. The field services are provided by the divisional coordinators and the clinical leprosy services are provided through the referral hospital run by both partner organisations (RISDT in East Godavari district & GRETNALTES in Guntur district). 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 line listing 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, 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 and voluntary muscle testing of all the new cases and timely initiation of treatment for the people
- Develop the directory of all the schools and make sure that all schools are covered under school health program for screening of leprosy.
- Using the line list, generate the list of ulcer cases as per the SOP and in consultation with the Medical Officer of the Referral hospital and Project Manager, initiate customized management modalities.

The Result:

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

a. The PHCs being the primary care centre have started taking ownership in leprosy care and management
b. The early identification and treatment which are crucial to prevention of deformity due to leprosy has become a prime focus at the PHCs. The ASHAs are playing a significant role in referring the suspects to the PHCs.

c. 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 those activities.
d. 60-70% of the PHCs have started organising the self care practise for the people with disabilities once every month.
e. The documentation at the PHCs has improved with the support from the divisional coordinators.
f. 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 needs to be further reduced (Table-2).
g. Referrals from PHC to the tertiary care centre is also in a decreasing trend when compared to 2013 (Table-3).

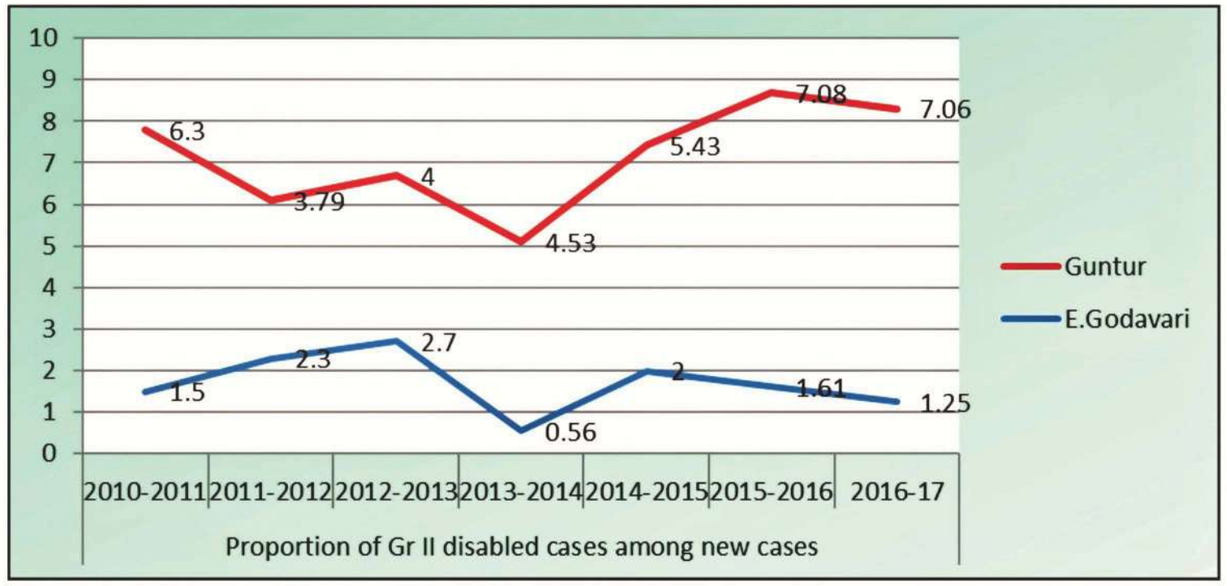
Table-2: RISDT Leprosy Hospital Data

PARTICULARS	GRETNALTES				RISDT			
Year wise analysis	2013	2014	2015	2016	2013	2014	2015	2016
No. of people with simple ulcer(both OP & IP)	609	405	375	260	1352	1043	917	854
No. of referrals to respective PHCs for continuation of treatment	158	162	151	165	1352	1043	917	854
No. of visits of people with reactions/neuritis (both OP & IP)	184	127	118	119	53	57	57	50
No. of referrals to respective PHCs for continuation of treatment	82	59	60	61	53	57	57	50

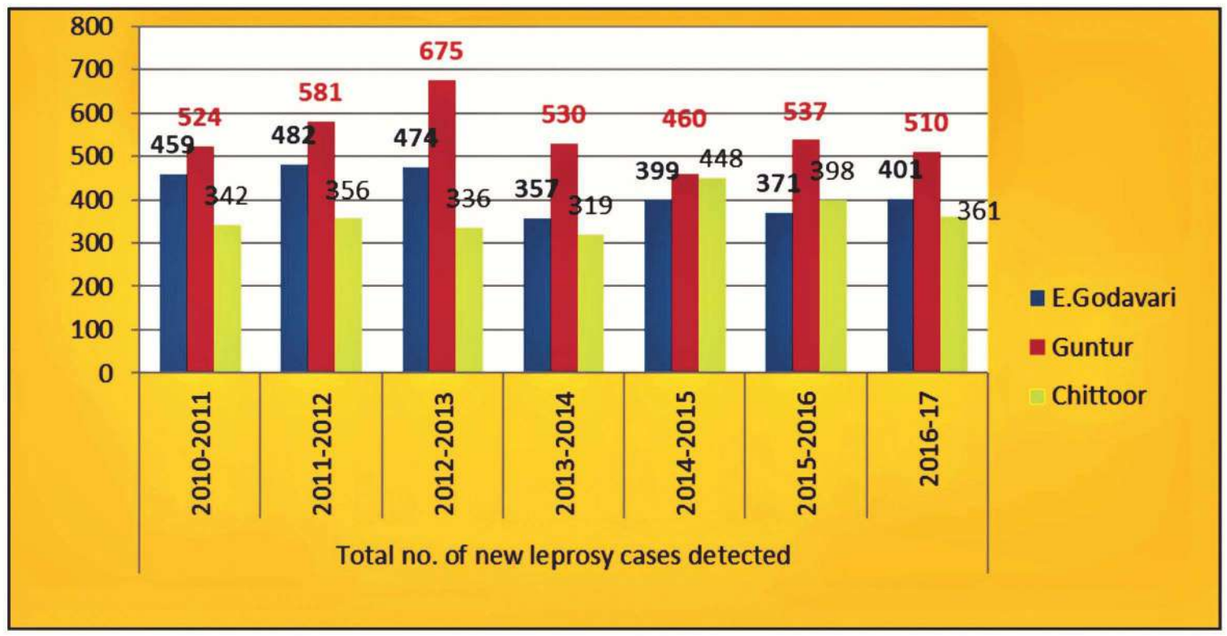
Table-3: Referral from PHC to RISDT Leprosy Hospital

PARTICULARS	GRETNALTES				RISDT			
Year wise analysis	2013	2014	2015	2016	2013	2014	2015	2016
Persons with Simple ulcers	94	76	83	88	287	236	312	206
Persons with Complicated ulcers	31	29	37	44	83	208	217	142
Persons with Reactions / neuritis	29	38	28	32	45	38	42	31

Graph-4: Reductions in grade-II



Graph-5: New Case Detection REate 2016.



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 have been instrumental in carrying out the extensive work by creating awareness, early identification by doing door to door 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. 2,932 (86%) & 2,680 nos. of ASHAs (96.5%) and 1,214 (88%) & 1,654 nos. of ANMs (98.5%) were oriented in East Godavari and Guntur district respectively.

The divisional coordinators started forming self care groups (118 in East Godavari and 42 in Guntur) in the districts. The people gather and practice self care in groups on a regular basis. They also discuss other common issues amongst themselves. However these groups are in initial stages and 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. 32 people were included in 29 groups in Guntur district where as 48 people were included in 39 groups in East Godavari district.

2,635 nos. of people out of 3,722 in EG district and 2,101 out of 2,392 in Guntur district are issued with disability certificates. 2,155 persons in EG and 1,369 persons in Guntur are availing social security pensions. 1,587 persons in EG and 379 persons in Guntur are availing bus/train pass for their transportation.

3. The Pivotal Role of Tertiary Care Centre in Leprosy Rehabilitation

Both the partner organisations are running tertiary hospitals which are unique in nature as being the only one of its kind in the surrounding districts to cater to the specialised services for the people affected by leprosy. These hospitals are providing reconstructive surgeries, pre and post operative cares including physiotherapy services, ulcer care management, reaction management and MCR provisions. The high quality and non discriminating services and the hospitality extended to the people at these hospitals helped the divisional coordinators in establishing and consolidating the POID services at the community and PHC levels to a great extent.

The hospital has so far carried out 383 & 69 reconstructive surgeries, 3,257 & 350 ulcer care, 217 & 95 reaction cases managed at the hospitals in East Godavari & Guntur districts respectively.

4. Mid-Term Evaluation of CDLCP Project:

An evaluation team evaluated CD LCP project in Guntur and in East Godavari districts in consultation with the district NLEP society and the partners. The district NLEP team also participated in this process which indicated their commitment towards leprosy program in the respective districts.

The mid-term evaluation was carried out in multiple steps like desk analysis where the evaluators analysed the project documents and prepared their action plan. Different perspectives in regards to the project were collected through meeting different stakeholders such as the direct beneficiaries & their families, the health service providers at primary, secondary and tertiary levels, the project staff, meeting with program managers at state level and interaction with the community members. Different questionnaires were prepared for interactions with different stakeholders, which were captured and analysed.

The Thematic Areas explored during the Evaluation Process were

- The people affected by leprosy, accessing the quality POID services in the primary health care system have improved.
- POID services at the community level have been strengthened.
- Management capacity of SEI India and its collaborating partners in establishing and practicing an effective project management system has been strengthened.

Selection of divisions using simple random sampling technique

3 divisions were selected out of 6 and in each division two health facilities were selected (PHCs / UHCs) with highest number of persons with disability (due to leprosy). In addition, two self-care groups and one self-help group selected and visited in each districts.

Recommendations: Based upon the findings of the evaluation the following recommendations were suggested,

- Joint monitoring visits to project sites is encouraging
- Lacunae in supply of MCR that needs to be strengthened
- Reasons for repeated simple ulcer to be probed
- SOP or self care groups and strategy for simple ulcer management to be developed
- Orientation in Leprosy and hand holding on job training and support
- Training for MOs of PHCs
- Focus on health supervisor for sustainability –hand holding, training involvement in NLEP activities.
- Divisional Coordinators' Refresher Training and Appraisal
- Revised job description for DCs

5. State NLEP Convergence & Coordination and DLO Review Meeting:

With the objective of review of the NLEP program in the state for the year 2015-16 and the perspective of state & respective district NLEP unit on the scope of ILEP agency's involvement in the whole programme, a one day meeting was organised on 16th June by SEI India in coordination with the State NLEP Society of Andhra Pradesh state. The platform was also used to bring all the ILEP agencies working in Leprosy issue in the state for a better understanding, smooth coordination and non duplication of program within the state. Dr. Geetha Prasadini, the Additional Director of Health service along with Dr. Rajendra Prasad, the Joint Director of Health Service presided over the meeting along with Mr. John K George, SEI India. One of the uniqueness of the meeting was the inclusion of the department of dermatology from the government medical colleges present in the districts as a part of the NLEP support system and deriving the roles and responsibilities in the NLEP activities for the first time. Out of 7 ILEP agencies working in the state, 6 of them participated along with 13 District Leprosy Officers and 7 Dermatologists from respective medical colleges of the districts.

The meeting drew a six point action plan for the state

- Draft protocol on the role of Medical College as a Tertiary Referral Center
- Include the Department of Dermatology for child case detection and submission of thesis on leprosy and its related topics etc.
- Line listing of the persons affected with leprosy in the district using SEI India template
- Issue of ID cards for ILEP agencies working in the state
- Timely utilization of Grants with the support of the approving authority (District Collectors) is necessitated for effective implementation of activities. The strategies to be chalked out and the results based activities to be implemented and reviewed.
- Joint Monitoring Team visits (Twice in a month in coordination with the ILEP Agencies)

Picture-1: DLO review meeting, Vijayawada

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Picture-2: Addl. director, Jt. Dir and ILEP agencies interacting with Persons affected by Leprosy

6. A collaborative effort to provide Artificial Limbs for Persons affected by Leprosy in East Godavari district:

During the field visits it was found that many of the people affected by leprosy are using their year old prostheses (artificial limbs) which were not suitable. Hence a local organisation was identified to prepare and distribute the aids.

Picture-3: Artificial limb and prostheses camp

As a result of this, in the month of November 2016, a camp was organized at Referral Hospital campus of RISDT, Kathipudi, East Godavari district. The divisional coordinators of RISDT planned it and personally visited the people and asked them to attend the camp. Technicians from the trust came and took measurements of 28 nos. of below knee and above knee limbs. They will prepare and provide Artificial Limbs (Prostheses) by mid January 2017.

7. Social Inclusion:

The divisional coordinators are continuously making efforts to include women affected by leprosy into the existing self help groups. The project has been successful in including 80 women affected by leprosy in 68 groups across the two districts.

Picture-4: Meeting with SHG members, Guntur

During the mid-term evaluation of CDLCP in Guntur district, a meeting was scheduled with one of the selected women SHG. The women of this group included 2 women affected by leprosy as regular members of their group and shared equal space with them. They treat their affected co-members with empathy and the affected women also never experienced exclusion in any of the process of the group activities.

4. Fundraising Initiatives - HealthFirst India

The year 2016 was eventful and we made some significant strides in local fundraising. Following are the fundraising activities conducted during the year 2016.

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 has its fundraising offices 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 simultaneously encourage monthly giving.

School Fundraising

During the year 2016 we approached few schools at Chennai, Mumbai and Bangalore to spread the awareness about Leprosy. All the students above the primary class were involved. Apart from raising funds, the students were also involved in educating the mass about our initiative for Leprosy. The principal and staff of the School extended their full support throughout the campaign.

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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.

5.Finance & Administration

1. Partnerships &Thematic Utilisation of Funds in the Year 2016

Swiss Emmaus Leprosy Relief Work India implements its programs through partner NGOs (Non-Governmental Organizations). In the year 2016, the following three core programs were implemented through the six partner NGOs:-

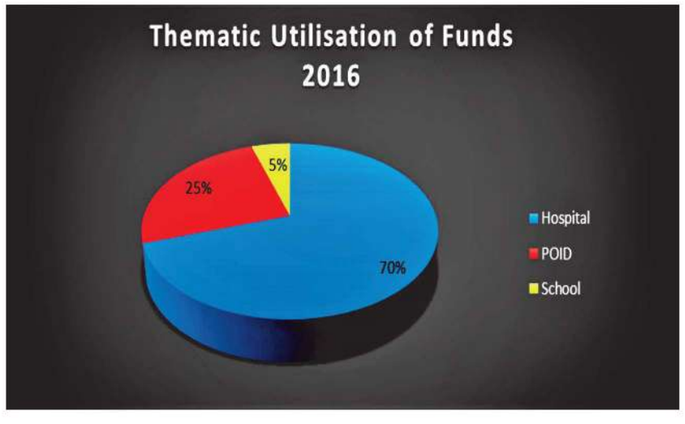
a) Output Based Aid (OBA) support to it tertiary care leprosy hospitals
b) Prevention of Impairment & Disability (POID) and
c) Scholarship Program in Schools.

Table-4: Names of Partner NGO and Programs implemented

Sl. No.	Name of Partner NGO	Programs
1	Emmaus Swiss Referral Hospital and Leprosy Project (ESRHLP)	a) OBA/Hospital Services b) POID c) School
2	Rural India Self Development Trust (RISDT)	a) OBA /Hospital Services b) POID c) School
3	Greater Tenali Leprosy Treatment & Education Scheme Society (GRETNALTES)	a) OBA /Hospital Services b) POID c) School
4	Sacred Heart Leprosy Centre (SHLC)	a) OBA/ Hospital Services
5	The Hubli Hospital for the Handicapped (HHH)	a) OBA/Hospital Services
6	ALERT India	a) POID

During the Year-2016, 70% of the funds were utilised for OBA , 25% for POID and 5% for school scholarships. (Refer graph -3)

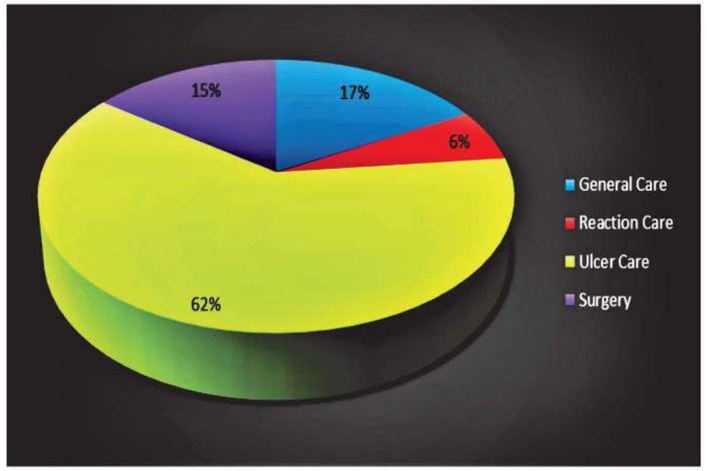
Graph-3: Thematic utilisation of Funds



2. Utilisation of Funds for Leprosy Services

The leprosy services offered by the tertiary care leprosy hospitals can be broadly categorised as General Care, Reaction Care, Ulcer Care and Surgery of which the first three services are provided to both in-patients and out-patients. Graph 4 below depicts the proportion of funds utilised in the 4 categories in the Year 2016.

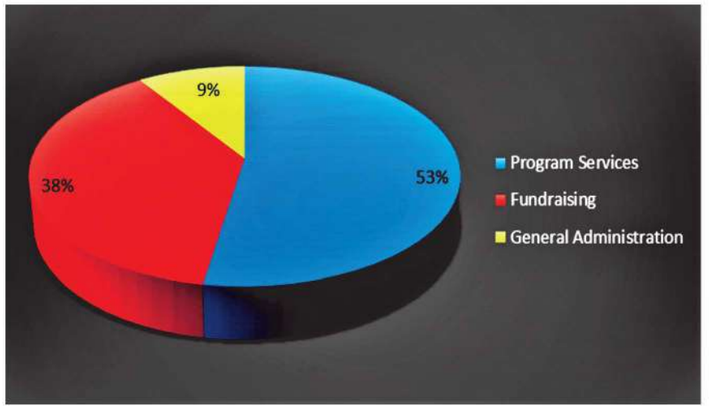
Graph-4: Utilisation of funds under different hospital services



3. Deployment of Funds

Swiss Emmaus Leprosy Relief Work India consciously endeavors to reduce its operational expenses so that more funds are allocated towards program expenses. During FY 2016-17, 53% of the total funds was allocated towards program expenses while the remaining 47% was towards overheads, which includes fundraising (38%) and management & general (9%). Thanks to FAIRMED Switzerland, who supported the fundraising operational cost.

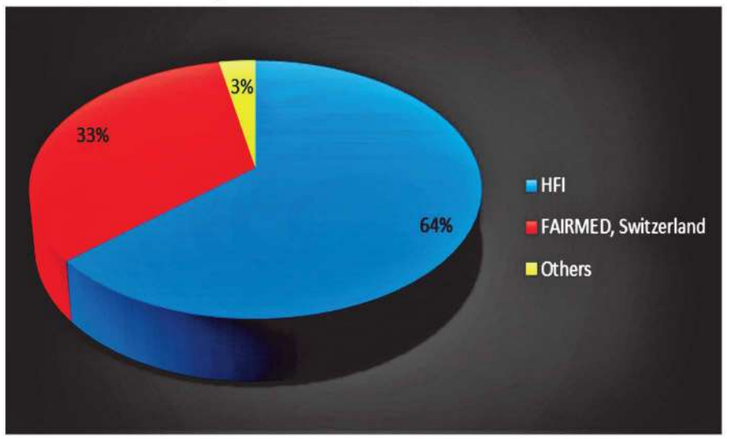
Graph-5: Expenses Fund Utilization under Different Heads



4. Sources of Income

During FY 2016-17, the main source of income was funds raised locally by Health First India (64%). Swiss Emmaus India also received funds , from HQ, Switzerland (FC funds), this was about 33% of the total funds generated.

Graph-6: Sources of Income



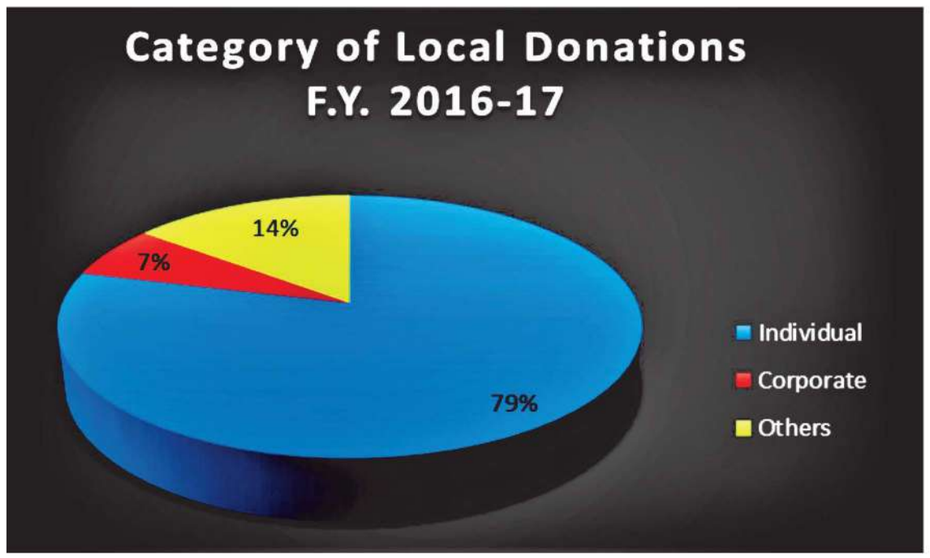
5. Category of Local Donations

Donations were raised locally by Health First India's three Fund Raising Units (FRUs) through its different activities such as direct marketing, events, and mailers. Following fund raising activities were performed by the respective office's:-

Sl. No.	FRUs-Location	Fund raising Activities
1	Chennai	Direct Marketing, Mailing, & Events
2	Mumbai	Direct Marketing & Events
3	Bangalore	Direct Marketing & Events

During FY 2016-17, out of total funds generated by Health First India, 79% came from Individual donors, 7% from Corporates and 14% from 'other' sources. Please refer graph-7

Graph-7: Category of local donations



6.NLEP Consultant-Mr. Bijoy Kumar Swain

As a result of bifurcation of the erstwhile Andhra Pradesh state into Telengana & Andhra Pradesh, the responsibilty of coordinating leprosy services of 6 ILEP members in Andhra Pradesh was assumed by Swiss Emmaus Leprosy Relief Work India. Mr. Bijoy was not only designated as State ILEP Coordinator but also State NLEP Consultant, where he'll work closely with the State Leprosy Society to implement the National Leprosy Eradication Program (NLEP).

The presence of 6 members in Andhra Pradesh is an indicator about the prevalence of leprosy. It's considered as a high endemic state and hence there is renewed energy to ensure that the NLEP program is effectively implemented.

Mr. Bijoy relocated from Maharashtra to be based in Vijayawada, where the State Leprosy Society is also located. It was after a span of almost a decade when a district leprosy officer's (DLO) review was held in 2016. A common Andhra Pradesh plan is being developed to ensure that all stakeholders work in tandem to achieve the goal of eliminating leprosy.

7. 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, control of TB 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, National Health Consortium (NHC), People affected by Leprosy, and well-wishers.

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.

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SEI - Project MAP