

Performance Report for the year 2009

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[From the Director's Desk](#)

Dear Friends,

This year (2009) was filled with milestones that propelled Swiss Emmaus (currently known as FAIRMED-FM) to assume leadership positions both locally and internationally. Most importantly we are currently playing a significant part towards influencing policy and decision making both in the fields of Leprosy and TB. Firstly, our own Mr. Rene Staeheli was elected as the President of the International Federation of Anti-Leprosy Associations (ILEP). Rene besides successfully leading FAIRMED plays a pivotal role in guiding ILEP to strive 'towards a world without Leprosy'. On behalf of the Swiss Emmaus India fraternity I take this opportunity to wish him good luck for all his future endeavours.

Secondly in March '09, FM celebrated its Golden Jubilee in Berne where senior functionaries from all the FM supported countries attended along with distinguished guests, well wishers, and supporters. This is a landmark event as it closes one era (under the Swiss Emmaus) that toiled hard to eliminate leprosy, and a beginning of another (currently with FM) where we collectively work towards our new mandate, 'health and poverty'.

In India, I'm pleased to inform you that Swiss Emmaus India (SEI) has been elected as a member to the Country Coordinating Mechanism (CCM) of the Global Fund (GF). This is a unique privilege as SEI represents the civil society organizations in the TB constituency in India. The members are elected nationally and only two positions are available per constituency. It also allows SEI to influence the course of action as far as GF (other constituencies being Malaria and HIV /AIDS) resources for India are concerned. Additionally, we've also become a member of the National TB Consortium (NTC) who has successfully received the round-9 funding from the GF. We're hopeful that by building partnerships with the aforementioned bodies we can further strengthen our scope to get additional funding for our TB work in India.

Finally, the year capped with an exciting SEI project holders meeting at Hubli. This meeting was unique as many innovative topics were discussed



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such as the business model to health care delivery-Aravind Eye Hospital experience, ulcer management, report on the evaluation of DISPEL, HealthFirst India (fund raising unit), and introduction to FM. It was definitely a learning experience and gave me the perennial pleasure of meeting our project partners and colleagues.

All the above activities could have only been possible as a collective team effort from our HQ, CO, and ATCOM colleagues along with our project partners. I take this opportunity to express my gratitude and look ahead with anticipation for another successful year.

Best wishes,

(John Kurian George)



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About Swiss Emmaus

Emmaus in Switzerland was born in 1956 in the midst of human sufferings and in the wake of a bitter cold wave the country had ever experienced. As an aftermath of cold wave several community circles were formed in different Swiss towns to render organized relief measures to all those who needed help. The encouraging result of their activities and the responses they received from the Swiss public prompted the organizers to come together and give an impetus to a new organization to carry on their efforts towards the alleviation of human sufferings. They decided to awaken the conscience of both the Swiss public and people of other countries of the world to the miserable plight of the leprosy victims. Originating in the Emmaus movement of Abbé Pierre, the new organization was founded under the name of Leprosy Relief work Emmaus Switzerland – LRWES- in 1959 at Berne with the mission statement “Serve those most in need”.

LRWES belongs to the founding member of International Federation of Anti-Leprosy Associations (ILEP). In 1976 LRWES established Swiss Emmaus Regional Secretariat for India and Sri Lanka at Chennai.

In 2007 the new vision statement sets the intersection of health issue and poverty as the new area of focus. The mission statement has changed to “Health for the Poorest”, which continues to include people affected by leprosy but also many other marginalized people threatened by disease and poverty. In 2009, Leprosy Relief Work Emmaus Switzerland was re-named as FAIRMED.

Activities in India:

Swiss Emmaus India (SEI) supported 15 NGOs across the country in organized leprosy control work as per the National Guidelines. SEI could detect and treat over 300,000 leprosy affected persons over a period of five decades through these supported NGO partners. Due to the change in epidemiological factors the strategy of leprosy work underwent radical changes during the past few years. As a result NGOs involved in leprosy control activities have redefined their roles. Swiss Emmaus India formulated necessary guidelines for the funding of NGOs after assessing their realistic involvement in specific areas of services as required by the government.

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The central office of SEI is in Chennai with a technical co-ordination office at Mumbai and regional offices at Chennai and Kolkatta. 39 project/office partners are actively participating in leprosy eradication program of Government of India (GoI) by intensive IEC campaigns, providing medical and social rehabilitation, caring patients with disability due to leprosy and organizing Re-constructive surgeries. Swiss Emmaus is also involved in RNTCP by working in various schemes through 9 of its NGOs.

Participation of Project Partners in NLEP

Swiss Emmaus India projects contribute substantially in delivering support services to the NLEP program by augmenting the services for Prevention of Impairment and Disabilities (POID) in the field as well as the hospital based projects. To support NLEP in high burden disability areas DPMR programs were taken up by projects especially in the state of Andhra Pradesh (RISDT – East Godavari district and Gretnaltes – Guntur, Khammam and Renagareddy districts) in the form of DISPEL which yielded tremendous response from the patients served. Emmaus Referral Hospital - Palamaner extended its services to Chittur, Ananthapur and Kurnool districts for DPMR implementation including Re-constructive surgery.

Table: 1 – NLEP support services by partner projects

Number of project partners	39*
Total number of leprosy affected persons received medical care for complications	19601
Number of patients treated for lepra reactions	194
Voluntarily reported new leprosy cases diagnosed and referred to Govt. Health Centre	1115
Patient with disability among new referrals	261

*Of the 39 NGO partners only 15 work for NLEP support services

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Hospital services

In-patient Care is integral to the treatment of leprosy and Swiss Emmaus supports 9 hospitals in five states in India. At present 410 beds earmarked for leprosy affected persons and together they enabled 6,828 to be admitted for treatment for various complications.

Care for Non-Leprosy Patients:

With leprosy now integrated with general health, most of our hospitals extend their in-patient facilities to non-leprosy patients too. There are 178 beds available for non-leprosy patients and 5,433 patients were admitted during the reporting period.

Table: 2 – In-patient care

Details of the services	For Leprosy Patients	For Non Leprosy patients
Total Beds available	410	178
Admissions during 2009	6828	5433
Discharges after treatment	6574	5305
Total Occupied bed days	113143	33921
Bed Occupancy rate	76%	52%
Average length of stay per patient	17 days	6 days

Re- Constructive Surgeries and Disability Prevention and Medical Rehabilitation (DPMR)

For the qualitative management of surgery patients, pre and post operative care were given including physiotherapy and also needy patients were given dressing and ulcer care support near their home via DISPEL. Innovative techniques for chronic and non healing ulcer's was introduced in Hospital's like Palamaner and skin grafting was done on large areas of the non healing ulcers with great success. Mesotherapy, carboxytherapy and oxygen therapy for ulcer healing is under research.

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Table: 3 – DPMR & Disability care

Number of patients with Gr.I & II disabilities	8115
Patients underwent physio assessment	7126
Number of Re-constructive surgeries performed	619
No. of patients received MCR footwear	8026

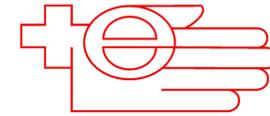
DISPEL Performance

With the government of India having integrated leprosy into general health, our focus is on providing much needed support services to those suffering with leprosy. To make this cohesive exercise, Disability Prevention and Education in Leprosy (DISPEL) were initiated in five districts of Andhra Pradesh for a specific time period.

The objective was providing training to field staff, teaching leprosy patients on best self care practices to prevent disability. Each districts had a mobile team supported by trained medical personnel visit each health centre in accordance with the schedule and train the Primary Health Centre (PHC) staff as well as educate the patients by demonstrating on how to handle ulcers and disabilities in field level. Patients also provided 'self care kits' and special footwear free of cost.

As reflected in table-4, a total of two million people were provided services through DISPEL program in five districts of Andhra Pradesh. Over 13,384 persons with disability were assessed of which 155 underwent Re-constructive surgery.

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Table: 4 – Performance of DISPEL Teams

Services	Guntur	West Godavari	Khammam	Ranga Reddy	East Godavari	Total
Population	4,405,521	3,952,107	2,749,945	3,506,670	5,397,451	20,011,694
Total number of leprosy affected persons received medical care for complications	2451	3921	1694	912	4912	13890
Number of patients treated for lepra reactions	-	18	-	-	69	87
Number of Re-constructive surgeries performed	64	19	15	19	38	155
No.of patients received MCR footwear	1253	1543	855	896	19	4566
No. of patients treated for ulcer care	1130	1728	594	515	2104	6071

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DISPEL Evaluation:

Evaluation of DISPEL was carried out in July 2009 by Dr. S.A.R. Krishnan from GLRA and Dr. M.V. Thomas from Karigiri wherein medico- social aspects of DISPEL were evaluated from 28th of June until 10th of July 2009 in Guntur and West and Godavari district. It was a successful project though it was recommended strongly that the DISPEL project had to be continued for 2 more years. Swiss Emmaus will work on making this approach more sustainable by developing a plan to train the general health care staff in PHC's etc. along with self -care in the near future.

ILEP State Co-ordination & Decentralized planning – Goa & N E states

Swiss Emmaus was one of the key partners with the GOI to incorporate and establish the concept of Decentralized planning for Goa and NE states. The states where decentralized planning workshops for the senior officers of Leprosy, Public health and NRHM was taken up were Meghalaya, Mizoram, Arunachal Pradesh, Tripura, Sikkim, Manipur from 21st to 24th July. Swiss Emmaus India has undertaken the following workshops and trainings in different states across India. This includes:

Decentralized Planning Workshop (GOA)

Decentralized planning workshop for Goa was conducted on 17th and 18th September 2009. A total of 30 participants had attended the workshop including 26 Health Officers and 4 NRHM staff. 5 groups were formed for interactive sessions and it was extremely beneficial for the staff. The participants conveyed their views to have similar pattern of workshop every year to improve the knowledge on operational guidelines. A detailed plan was developed, gaps and challenges were addresses and priorities for NLEP Goa was identified.

Decentralized Planning Workshop & District Nucleus Training on DPMR (Meghalaya, Tripura, and Mizoram):

Decentralized planning workshop for 3 north eastern states of Meghalaya, Tripura and Mizoram was organized from 21st to 22nd July 2009. Dr. Manimozhi from AIFO was the chief facilitator and Dr. Dinesh Jain from Swiss Emmaus was the co-facilitator of the program. 30 participants attended the workshop. A detailed state level plan were developed by highlighting the current priorities regarding NLEP services in the three North Eastern states.

Swiss Emmaus India had also taken responsibility to conduct the DPMR-DNT training for Medical officers for 2 days from 23rd to 24th July 2009. Basics of leprosy and DPMR aspects were discussed in detail in the training.

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Decentralized Planning Workshop & District Nucleus Training DPMR (Arunachal Pradesh):

Decentralized planning workshop for Arunachal Pradesh was conducted on 30th and 31st July 2009. AIFO was the chief facilitator for the workshop and SEI was the Co-facilitator. 27 participants attended the program. A detailed plan utilizing the Long frame Approach (LFA) was developed by involving various stake holders in the state.

Swiss Emmaus India also conducted the DPMR-DNT training for Medical officers subsequent to decentralized planning workshop. The Health Secretary of Arunachal Pradesh was the chief guest for the training. GLRA and Swiss Emmaus-India was the facilitator for social aspects of leprosy and health education. Basics of leprosy & DPMR aspects were discussed in detail at the workshop.

This was a major step in streamlining planning in the NLEP arena and also a major step to bring together experts from the field of NRHM to take the co-ownership of the program.

Strategic Planning workshop

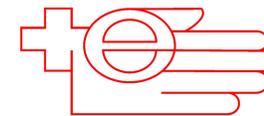
Following the SLO meeting in Trivandrum '08, where it was proposed by ILEP India that the Central Leprosy Division (CLD) of the GoI should under their leadership undertake the strategic planning exercise for the National Leprosy Eradication Program (NLEP). Through various advocacy meetings through ILEP India, the CLD agreed to the planning exercise by involving the state leprosy officers (SLO). The plan was to prioritize the program and to implement the planned activities across different states in India. On completion of the planning exercise the SLO's were expected to extend the plan and customize it to their respective states leaving room for incorporating state specific needs. The strategic planning exercise was developed using the log frame approach (LFA). The program was wholly supported by ILEP India with International consultants from the Netherland Leprosy Relief (NLR) being engaged in the exercise.

RNTCP participation by partner projects

Apart from leprosy, controlling TB in India continues to be a daunting task. It is estimated that every year over 1.6 million fresh TB cases occur in the country. In an effort to address the growing TB burden, the government of India initiated the 'Revised National Tuberculosis Control Program' (RNTCP) in close collaboration with NGOs to implement the program at National, State and District level.

Swiss Emmaus projects have taken up this responsibility and participated in the RNTCP by taking up new schemes of GOI for the NGOs. The achievements as reflected in Table No.5 show that a total of 3307 new TB cases were detected by covering more than 2 million population. The average success rate was maintained above 88%.

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Table: 5- TB control achievements

Partner Project	Serving Population	New Case Registration - 2009					Outcome for smear positive cases - 2008		
		Smear +ve	Smear -ve	EP	Others	Total	Smear +ve	Cured & Treatment completed	success rate
Andhra Pradesh									
Gretnaltes-Tenali	579533	396	382	76	135	989	421	382	90.7
RISDT-Kathipudi	461686	261	260	116	-	637	362	315	87.0
Palamaner	-	173	471		-	644	Microscopy only		
Tamilnadu									
PSG -Cules	494725	191	59	88	-	338	258	223	86.4
Maharashtra									
LSS-Baingawadi*	200000	48	32	35	13	128	-	-	-
Sevadham-Pune	207483	187	83	91	3	364	228	204	89.5
West Bengal									
Sword-Bolpur	100000	129	19	27	8	183	90	79	87.8
Jharkhand									
SVST-Jamshedpur	50000	18	4	2	-	24	17	16	94.1
Total...	2093427	1403	1310	435	159	3307	1376	1219	88.59

*LSS Bainganwadi attached to Urban Health Mumbai (a project supported by SEI)

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Evaluation of Bainganwadi & Expansion of Urban Health - Mumbai

Bainganwadi project of Swiss Emmaus and LSS was evaluated in early 2009 by TISS and many interesting aspects were highlighted. A workshop was held in Mumbai which was a GOPP (Goal oriented project Planning) conducted under the facilitation of Mr. Peter Bachmayer and attended by HQ Swiss Emmaus, CO, ATCOM, LSS ,TISS and RNTCP Mumbai Officials.

The workshop provided a concrete plan for the future course of Bainganwadi till 2012 wherein the project would be expanded to reach out to 2 lakh population would be served and more self help groups (SHG) would be created to address the welfare of the community of Bainganwadi.

Goa link Workers

Goa link worker program again achieved major success by its performance and received the best TB NGO Award. Further the Goa urban health program would be expanded in Goa and Chimbhel slums was the area which was selected.

The concept of link worker's is to provide support to the existing RNTCP program of Goa in urban and difficult areas of work. The urban areas of Goa are devoid of the infrastructure in terms of staff to deliver RNTCP services effectively, link workers program provides a bridge between RNTCP and the TB affected and related program components in the field 12 link workers work in different urban areas of north south Goa and mainly assist RNTCP for:

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.

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Country Coordinating Mechanism (CCM) India Elections

Prior to elaborating this topic it will be useful to briefly mention about the CCM which is the representative body of the Global Fund (GF) in India. It is a local unregistered body that decides about the various GF activities including calling for proposals to fund HIV/AIDS, TB, and Malaria work in India based on any existing gaps in the national programs.

CCM constitutes of a 40 member team that includes members from the Government (Central and State), people living with the disease, civil society representatives, multi and bi-lateral agencies, UN systems, and the like. It was for the first time in the brief history of the GF an election was held to choose the members for the three health domain of HIV/AIDS, TB, and Malaria.

We are privileged to share that from among 2,500 registered civil society organizations in India under the TB constituency 2 members were elected, one of them being Swiss Emmaus Leprosy Relief India. It gives us a unique opportunity to determine the way India channels the GF resources so as to provide wider access to early diagnosis and treatment of TB along.

National TB Consortium (NTC)

Besides being elected to the CCM, SEI was also inducted in to the NTC. The NTC constitutes a group of civil society organizations coming together for a common cause that is to 'control TB' across India. There are around 12 members that are implementing TB control work in collaboration with the Central TB Division (CTD) and the respective state societies.

Within the first few years of its existence the NTC has been successful in securing funding resource through the USAID. This support was meant as a jump start grant to pave the way for the GF funding under round-9. This grant was specifically meant for advocacy, communication, and social mobilization (ACSM) activities in 7 states across India. Rightly so the NTC has been also successful in securing the funding to implement ACSM activities through the GF.

We are optimistic that with growing interest this consortium has heaps to achieve and will significantly contribute towards TB control in India.

Global Leprosy Managers Meeting

A Global Leprosy Program Managers meeting was held in Delhi on April, 2009. This was held to redefine the global leprosy strategy from 2011-15. Around 44 program managers participated in the meeting of which around 41 of them attended the same. Besides the global leprosy program managers there was active participation from the Sasakawa Foundation, WHO, Idea India, International Leprosy Association (ILA), Novartis Foundation, and the International Federation of Leprosy Associations (ILEP).

It was mutually accepted that the target that was endorsed by the above-mentioned stake holders was to reduce the new cases with grade-2 disabilities by at least 35% by 2015.

Cancun Update

Dr. Dinesh Jain, (Technical Co-coordinator – SEI) was the only representative from Swiss Emmaus to attend the IUATLD conference at Cancun from 2nd to 6th December 2009. Dr. Jain presented the poster on “**Successful Strategies to Fight TB and Poverty in Urban**” Slums which received good appreciation and attention. Swiss Emmaus also participated and contributed to the WHO working group on Poverty and TB and wished to extend its assistance for the cause of TB and poverty in India.

POD Management- Nepal Model

To study successful program and good practice models on ulcer care Dr. Dinesh Jain visited Lalgadh Leprosy Hospital in Nepal from 4th to 8th August 2009. It was a purposeful visit in terms of attaining novel ideas to ulcer care and prevention of ulcers from recurring. The Lalgadh hospital engages a holistic approach by inducting self help group principles along with self care at home and work place. Major emphasis is given on preventing ulcer's right from the diagnosis of leprosy and the hospital provides training to all high risk leprosy patients so that ulcer's are prevented on anaesthetic hands and foot and for those who are already affected cure of ulcer's is achieved by simple measures and appliances available at home through self care. A regular practice of self care prevents

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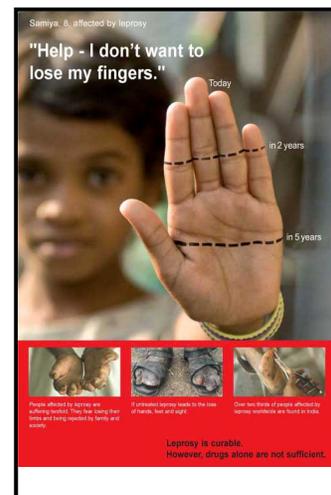
recurrence of ulcers as well and strong community network with backup from Lalgadh hospital is undertaken to ensure self care. Aspects of poverty and microfinance are addressed too. Swiss Emmaus will learn from these experiences to develop its future strategy of ulcer care and prevention of recurrent ulcer's –as this is the most major concern in Emmaus leprosy hospitals.

Hospital Information System (HIS)

HIS software was finalized by ATCOM and Bern HQ technical team and introduced as a Pilot in 3 hospitals RISDT-Kathipudi, Gretnaltes - Tenali and HHH - Hubli. The software will provide the data of in-patients and outpatients and also measure the length of stay and recurrent admissions so as to develop quality services and care for all the patients treated at Emmaus supported hospitals. It would be a major back up also for the OBA aspect of Emmaus support to Hospitals.

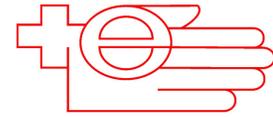
HealthFirst India (HFI) – Fundraising Activities

HFI is the fundraising unit of Swiss Emmaus and German Leprosy and TB Relief Association (GLRA) in India. We raise funds to support project partners such as development organizations, medical institutions and community groups who work in the field of Leprosy and Tuberculosis through advocacy and resource mobilization. We have dedicated ourselves to improve the lives of the people affected by leprosy and tuberculosis. We are a Member of Credibility Alliance India



Direct Mailing:

The year began with the Direct Mailing (DM) exercise done more in line with intent to test the activity. The first mailing exercise took place in January 2009 reaching out to people celebrating Pongal and willing to partake of their joy by giving to the needy. 18,000 mailers were sent out to Andhra Pradesh, Tamilnadu & Karnataka.



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The year 2009 witnessed two more mailers, one in August for Independence Day and Onam jointly and one in October for Diwali. Independence Day mailers were sent to Maharashtra, Delhi, Punjab, Andhra Pradesh, Karnataka and Kolkatta were Onam mailers were sent to only to Kerala.

Marathon Event

On the 31st of May, HFI participated in the Marathon held in Bangalore. The run was promoted by Procam International. The marathon was sponsored by the Sunfeast brand under the ITC Group. This was a Piggy Back event for HFI.



SPB Musical Event:

The SPB Musical event took place on the 6th September. HFI rendered supportive services to sell tickets. The event was a good learning experience as many contacts were gained through it.



Over 70 corporate bodies and individuals were approached for sponsorship. The communication materials required for the event were prepared. An online request was also designed and sent out. Many emails were sent to communicate the details of this event. HFI sold tickets through their staff and various outlets in the city. A stall displaying our project products was also put up at the SPB event.

Ms Liliane Eggli from HQ Switzerland visited us in the month of July her interaction with HFI began with her meeting with Mr. Santhosh atat Jaipur. Ms. Liliane's visit to India was mostly to work with HFI and to study the fundraising methods in India.

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Corporate Fundraising:

Many corporate donors were approached during this period. There were two types of mindsets. One, a general unwillingness to give to charitable causes for the year 2009 and the others fall short of making any commitment possibly due to the global recession.

Corporate fundraising made headway when BOSCH considered our project proposal on Tribal welfare. BPCL was given different proposals on education, CBR etc. The proposal is now being submitted for the final stage approval. Corporate like AIRCEL, NISSAN MOTORS, ESSAR GROUP, Ford were contacted with specific proposals. Voltas agreed to consider us under their CSR budget for year 2010. We are constantly in touch with Voltas HR personnel, but they are unable to give us a suitable time to meet them.

Some corporate bodies like spice powder manufacturers, Textile exporters, were approached for event sponsorship. Zylog Computers, Manna, Home product companies were few of them who had sponsored the event. However most of them showed a decline in interest saying that they did not have a budget for year 2009 for event sponsorships.

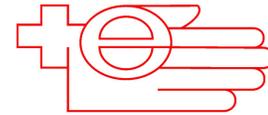
Participation in Stalls:

HFI had 3 different stalls during the Year. This served as a good means of branding for HFI. A stall was provided by Overseas Women's Association (OWA), which was held on 3rd October at Mayor Ramanathan hall to cater to a lot of women from aboard who were leaving the country to meet their families for Xmas. We had put up another stall on 11th November 2009 at the Taj Accord Hotel. On 5th December 2009 we had put up a stall at the Seva Sadan School in Chennai.



Training the HFI Team:

In month of October 2009, HFI team attended a two-day training session with MCC - Bangalore which covering all major elements of fundraising. T



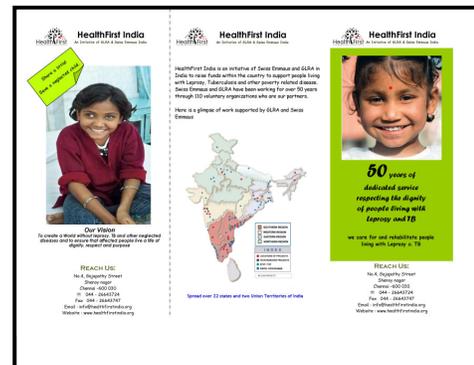
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The fundraising conference in Jaipur was an exercise in capacity building. This was attended by Mr. Santhosh from HFI. The specific objective of the conference were new trends in market of fundraising in India, who the competitors, understanding fund raising consultants, address brokers, letter shops and data base software providers. There was a general comparison of fundraising in India versus Switzerland and Germany. A general understanding of fundraising in India was acquired.

Branding:

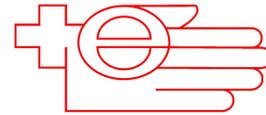
The Application was submitted for HFI's name and logo registration with the trade mark registry with the help of the legal consultant. With more activities and events, the HFI logo will further be established and its branding will be enhanced. HFI has also developed an in-house brochure used to communicate to various corporate, institutions and individuals for fundraising.



Credentials for HFI:

Credibility Alliance (CA) is a group of voluntary organization dedicated to enhancing accountability and transparency in the voluntary sector. This initiative encourages NGOs to maintain better standard of governance. As a unit of Swiss Emmaus India, HFI has received an accreditation as a credible and accountable organization. HFI is proud to have received this certification from CA on 9th October 2009.





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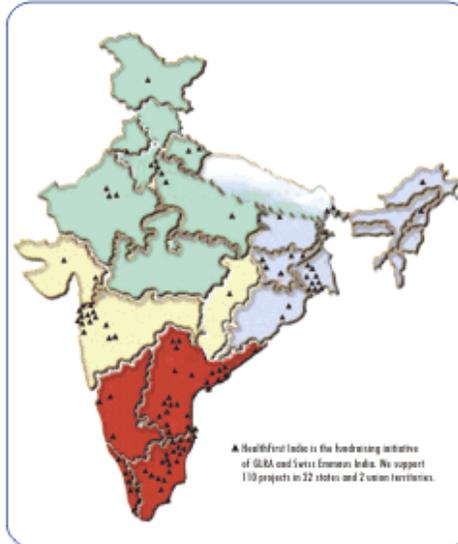
Leprosy is not a thing of the past. Every year 1.35 lakh people are diagnosed in India (According to WHO)

Over 50 years of dedicated service. 1 million people are helped.

HealthFirst India is a fundraising initiative of GLRA and Swiss Emmaus India. We support 110 projects in 22 States and 2 Union Territories. HealthFirst India works in partnership with the Central and State Governments.

Our services over five decades :

- ✓ Families and children are educated about early detection and treatment is given to those affected.
- ✓ Infected persons with ulcers are treated in hospitals
- ✓ Mobile teams travel to remote areas. They distribute self-care kits and educate patients on how to take care of their wounds.
- ✓ Crippled limbs are operated and made functional again through physiotherapy.
- ✓ Disabled people are cared for after healing and are reintegrated into society.
- ✓ Awareness programs are conducted to inform public that leprosy is not destiny but a curable disease.



▲ HealthFirst India is the fundraising initiative of GLRA and Swiss Emmaus India. We support 110 projects in 22 states and 2 union territories.



Millions of people in India are need of your support. Your contribution helps us reach them faster.

With Rs. 900 we can conduct 3 awareness programmes.

We spread information on symptoms of leprosy, that it's curable and treatment is free. This helps reduce stigma.

With Rs. 1500 we care for a person's ulcers.

The loss of limbs can be avoided if the insensitive hands and feet are well cared for.

With Rs. 5000 you can contribute to save a limb.

Through modern surgery we can reconstruct a damaged limb and give a disabled person back the use of his hands or his feet.

Every rupee you donate is a step further towards making someone's life worth living.

*** All donations are eligible for tax deduction under Section 80G of the Income Tax Act 1961. All donations are used for the fight against leprosy in India supported by HealthFirst India.**



"As a doctor, since 40 years, I have turned miserable lives to normal life. I have put my heart and soul into serving people affected by leprosy. When I watch the hope in the eyes of a patient, as he/she regains the use of their hands or feet; I feel, I have finally done justice to humanity through my work as a surgeon."

Regards,

Dr. Jacob

Director, Reconstructive surgeon,
Palamaner, AP

HealthFirst India strives to achieve a target, by treating & caring for people affected by Leprosy. I would say an attempt to 'turn life from absolute darkness to light'.

They need our help to extend their work. I have done it and so can you. Let us support them together



HealthFirst India

No.4, Gajapathy Street, Shenoy Nagar, Chennai - 600 030. Tel : 91-044-26643747

R.O Address

Northern Region Office GLRA-India - Dr. Rajbir Singh

D2/10 Vashist Park, Pankha Road, New Delhi 110 046. Telephone: 011-64139233

Eastern Region Office GLRA-India - Dr. P.K. Mitra

274 Rajdanga Shantipally, Block BC-91, P.O. EKTP, Kolkatta - 700 107. WB. Mobile: 09433228141

Western Region Office GLRA-India - Dr. Dinesh Jain

No. 322, Master Mind I, 3rd Floor, Royal Palms, Aarey Milk Colony, Goregaon (East),
Mumbai - 400 065. Maharashtra. Telephone : 022 - 28794733

Web : www.healthfirstindia.org email : info@healthfirstindia.org Direct Line: 044-26643747

Project holders Meet - Hubli

The annual meeting of project leaders of NGO projects supported by FAIRMED was held in September 2009 at Hubli, Karnataka. Like in previous meetings, the opportunity was used to review the activities of the projects in 2008 and half the year of 2009 and also to plan the activities proposed to be carried out in 2010.

FAIRMED disseminated the message from the Board of FM with regard to current policies and planned institutional strategies for global in general and for India in particular. It was also informed to the project that due to policy change and also keeping in view of the financial constraint, significant restructuring of projects has been planned. A 3 year phase out proposal was laid for those NGO projects which are located in the Eastern region except Nagaland.

It was also informed to the projects that FAIRMED is more focused on result oriented activity based budget. Support to hospital projects will be limited to the output in terms of IP and OP services. Following strategies are planned in hospital projects

PPP Patient Paying Patient

Mr. Vasanthkumar, an expert on this subject representing Aravind Eye Hospital, Madurai gave a presentation on how this hospital pioneered in the concept of PPP. Later Dr. Thomas and Dr. Jain from FAIRMED HQ and India explained how the basic principles can be replicated in Indian set up and in our project hospitals.

OBA Output Based Aid

This novel way of budgeting and accounting was piloted in one hospital project. In 2009, this method was extended to 4 more projects. Quality Circle meetings were proposed for 2010 in order to fine tune and mainstream OBA in 6 hospital projects supported by FAIRMED

ABB Activity Based Budget

In the case of all new projects especially with urban health/ Health and poverty model, the matrix of budget will comprise of ABB. This needs to be prepared in addition to the traditional ILEP format. There will be multiple columnar QC for each activities identified under ABB.

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FAIRMED shared the current policy and plans of the organization and at the same time accommodated the constraints of the projects to the extent possible. Projects were informed in advance to present their plan for self sustenance by way of PPP in a template designed by Central office. Each project leader presented the same covering the following points

- ❖ Current POA and budget
- ❖ Future plans and budget for next year
- ❖ Steps that have been taken already to mobilize the deficit in the financial requirement
- ❖ Ultimate plans and help required from FAIRMED in order to achieve self-sustenance in the long run.

Based on the presentations, the budget for 2010 was further discussed in detail. All the project leaders felt that this method of long term plan and focus on self-sustenance provided them the right direction to become independent eventually.

Special Topics were shared with stakeholders included the following;

DISPEL Evaluation

The pilot projects on POID that were implemented in 5 districts of Andhra Pradesh came to an end during the year 2009. An end evaluation was carried out in June-July 2009. The evaluation brought out the strength and weakness of the project. Though from care perspective, DISPEL was found to be an excellent concept, it was pointed that ownership for the future of the POID programme was not transferred to PHCs. Sustainability and Cost-efficiency were the two important topics that need to be kept in mind while re-introducing a different model of FIELD POD project.

Presentation by HealthFirst India

Mr. Santhosh, the Head of HealthFirst India made his presentation before the project leaders of FAIRMED. Following are the highlights of his presentation;



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- Fundraising strategies planned by HFI in consultation with both the Head quarters and consulting agency – MCC
- Review of activities done so far and the quantum of funds raised
- HFI also explained how the projects and its staff can help and cooperate with HFI to raise funds together in future

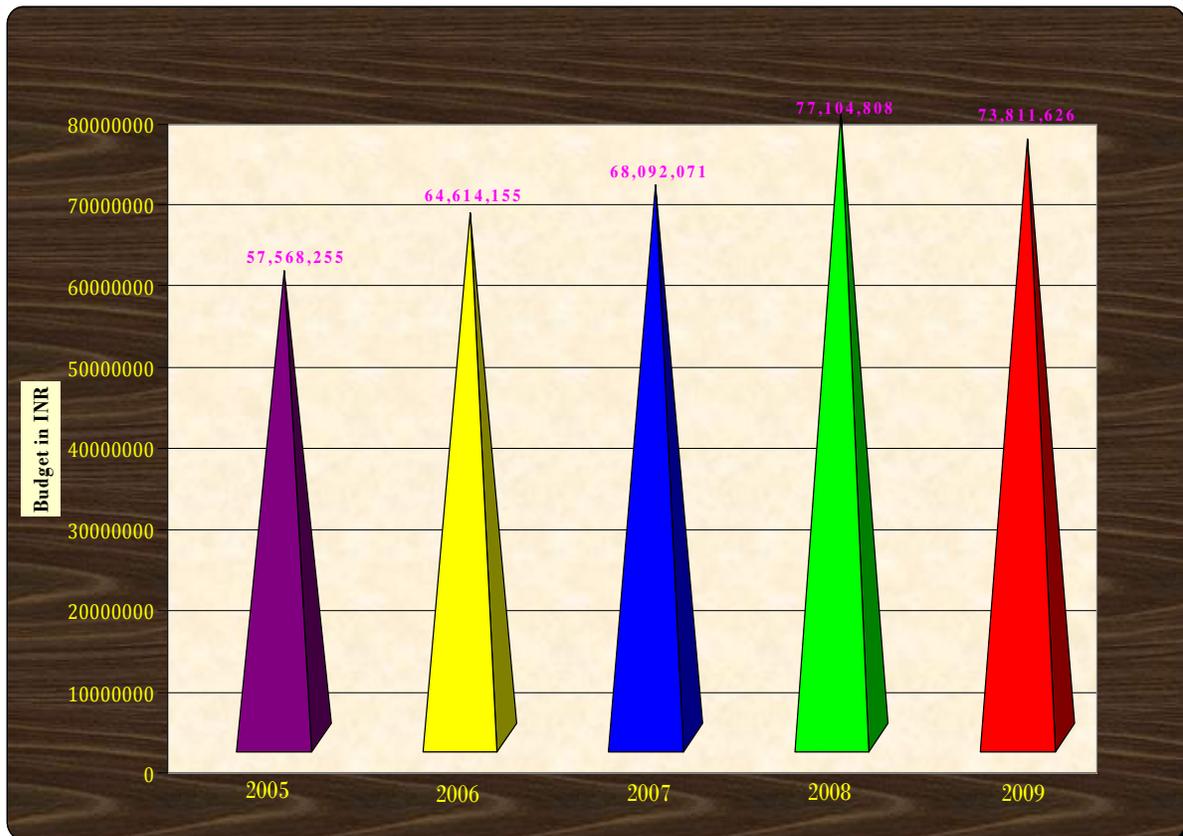
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Finance Report

Trend of Support

During 2009, FAIRMED sanctioned a total out lay of over Rs.73 million towards running the NGO projects supported by them and offices in India. This is marginally less than the previous support in 2008. The quantum of support has been almost maintained with the earlier support, in spite of the global recession and financial crisis in mobilizing resources abroad. FAIRMED continued to pay emphasis on Quality Assurance through the central office and exclusive office for their Technical coordinator at Mumbai. With a view to promote local fundraising, they also increased the support towards the budget for their fundraising initiative through Health First India.

Graph : I - Swiss Emmaus Trend of Support for past 5 years

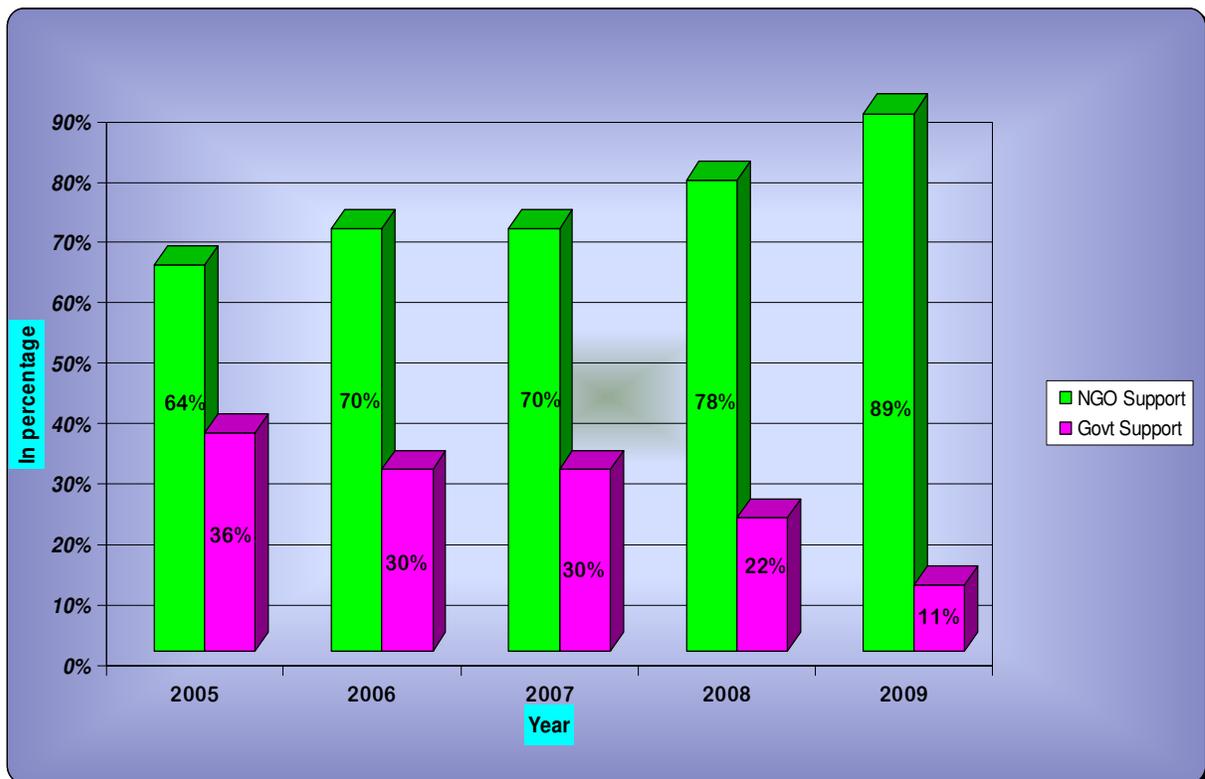


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Support to NGO Vs. Govt.

Traditionally Swiss Emmaus has been accomplishing its goal of Leprosy and TB eradication by supporting NGO projects all over the country. However there was a change in this policy during the last decade when it was felt that collaboration with Govt support was essential to create an impact, when the Integration of leprosy with general health system took place. After extending its support to Government projects through state coordination's and district support, FAIRMED decided to phase out their support to Government projects. This is visible from the below graph. The support to Government projects has decreased from 36% to only 11% during the last 5 years. The quantum of support to Government has reduced after the ILEP members decided to withdraw the District Support Teams in the year 2007. Now FAIRMED extends only the minimum essential need based support to NLEP.

Graph: II - Support to NGOs Vs. Government

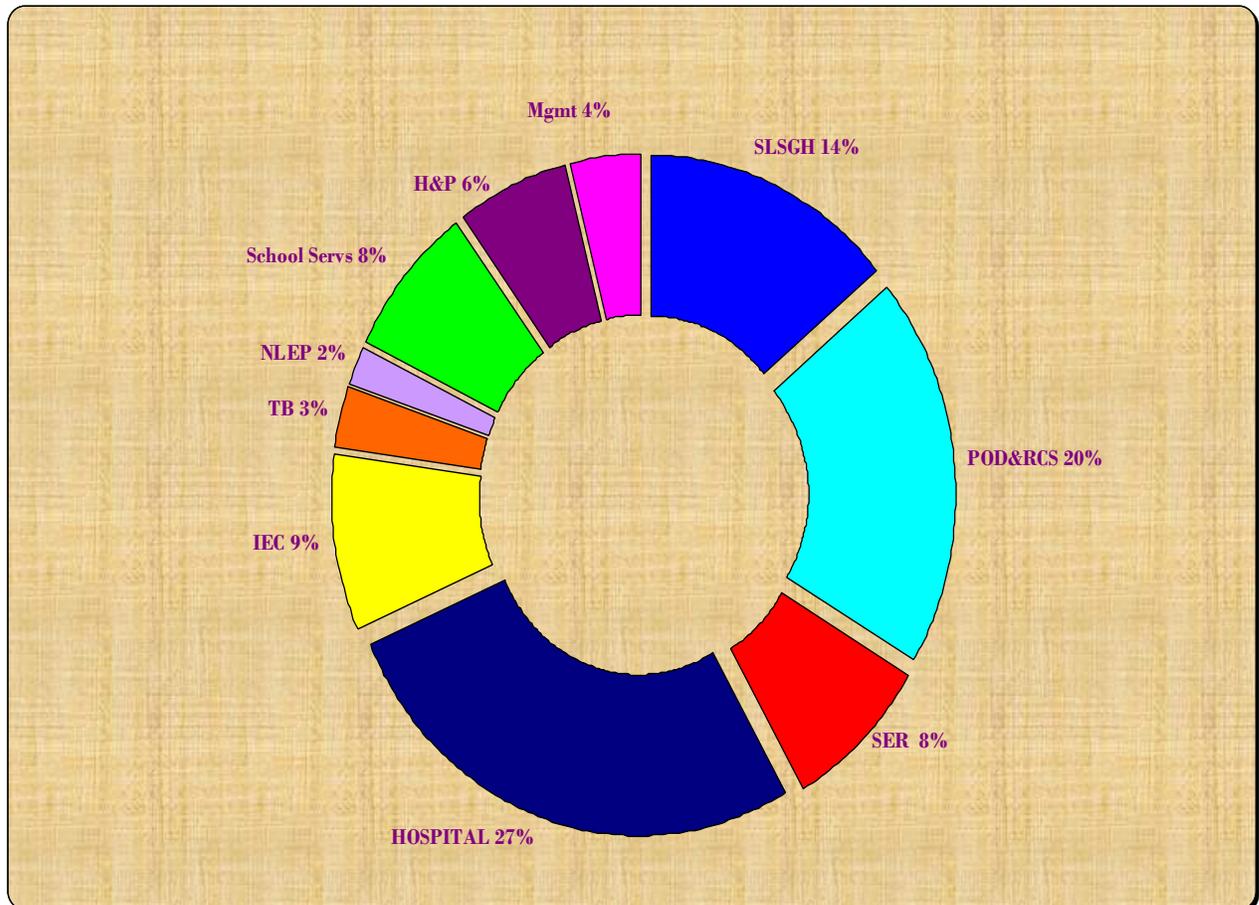


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How the Funds were deployed

This picture shows the utilization of the funding support given by FAIRMED in terms of various activities and diseases. It may be noted that still bulk of the funding support goes towards the hospital activities of the supported projects. In order to make this support more cost-effective, the organization is piloting OBA - (Output Based Aid) to work out a model 'fee for service'. The current focus of the NLEP is DPMR and Swiss Emmaus India has been concentrating on this thrust area already. As per the mandate of FAIRMED, Poverty related disease management and School activities are being implemented through experienced NGO projects in addition to the ongoing support for Leprosy and TB.

Diagram: I - Funds Utilization

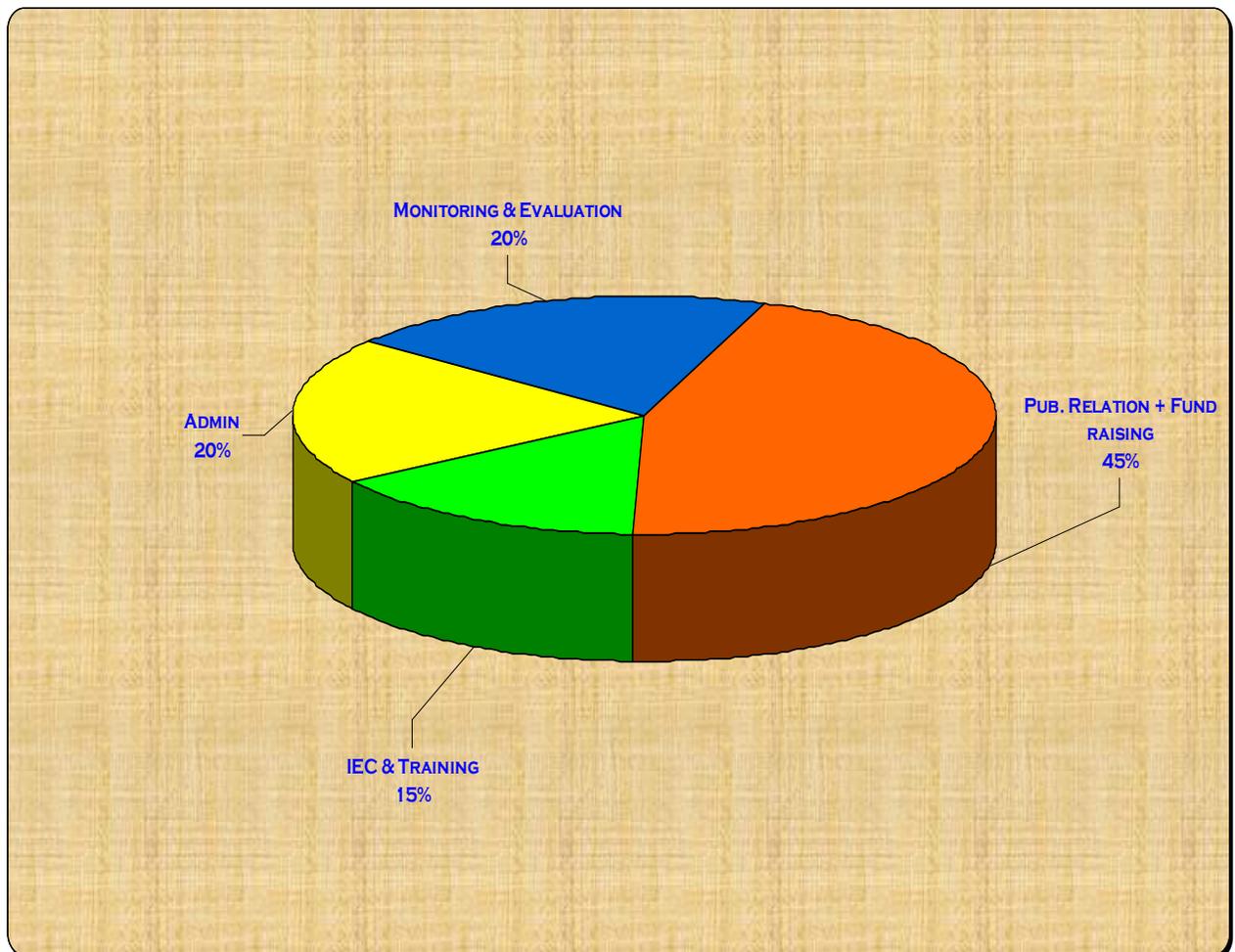


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Details of Management expenses

From the previous picture, it must have been observed that nearly 4% of the total outlay has gone into the management expenses. Further study of the management expenses reveals that good portion of this cost has been spent on the efforts to improve the Fund raising activity apart from intensifying the Monitoring and supervision role of the offices.

Diagram: II Apportioning Management Expenses



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[FAIRMED \(HQ\) Jubilee Celebration](#)

This event has been a highlight for 2009. It was a landmark achievement of completing 50 years of dedicated and unconditional service for the cause of Leprosy control across the world. I'm certain that a multitude of people and communities have gained from the magnanimous support that has been provided by the people of Switzerland over a period of 5 decades. In March '09, our colleagues from various countries convened at Berne (Switzerland) to join in the celebrations. Scores of well-wishers, donors, board members, friends, also attended the function. From India Mr. John, Dr. Jain and Mr. Ravichandran participated in the celebrations.

[Visit of Ms. Liliane Eggli to HealthFirst India](#)

Ms. Liliane's visited India from August 8th to October 9th 2009 and work with HFI. Her visit provided better insights into the expectations of FAIRMED from HFI and with a gentle thrust towards settings goals.

Ms Liliane's visit started with participation in the South Asian fundraising workshop, Jaipur along with Mr. Santhosh, Head, Publicity & Fundraising for HealthFirst India.

Ms. Liliane's presence was very fruitful and shed light on various issues that constitute planning, implementation, communication materials for direct mailing and preparing budgets for many fundraising activities. With the direct mailing (DM) exercise, understands the mindset of the Indian donors and was ascertained relevant promotional materials were developed to cater to that need. She also helped Mr. Santhosh to prepare budget of HFI for 2010 according to the plan of action. Ms. Liliane was involved in the Independence Day, Onam and Diwali mailer planning and SPB Musical event.



One of her objectives were to get a standard style guide for HFI and provide valuable inputs on public relation materials that HFI needs to develop for effective fundraising. HFI takes this opportunity to thank Ms.



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Liliane for the guidance to raise funds in India to support leprosy, TB and poverty related diseases.

[Visit of Mr. Jonathan Leutwyler](#)

The India program had a special guest in Mr. Leutwyler from Switzerland who was accompanied by his wife. Mr. Leutwyler is one of the board members of FAIRMED. While visiting India in a personal capacity he took the time out to visit the Chennai office. He was briefed about our program including our fundraising initiative (HealthFirst India-HFI) and was introduced to the senior functionaries at the central office.

He subsequently went to Mumbai where he had the opportunity to visit some of our field projects and learn about the challenges we encounter while implementing our programs for the marginalized communities.

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Mile Stones

During the year 2008 and 2009, several important and long served functionaries of Central Office of Swiss Emmaus India retired from the services. The organization would like to acknowledge their contribution gratefully for achieving the current status and position. During their tenure, they have helped in their respective field to improve the scope and quality of the services.

Mr. T. Jayaraj Devadas

Mr. Devadas retired by the end of 2008 as Director of Swiss Emmaus India. He joined the organization in 1975 and served relentlessly to improve the organization for 33 years. He was a professional Social worker and acquired additional qualifications in Hospital Administration and management. During his long tenure he occupied several important positions ranging from Social worker in GLRA Rehabilitation Fund, to Regional Secretary for South before becoming the Director of the organization in 1983. He was also member of Boards of different NGOs and associate organizations and led them successfully. Swiss Emmaus India wishes Mr. Devadas Happy and active Retired life.

Dr. Thomas Abraham

Dr. Abraham worked in different capacities for the organization as well as for the projects supported by GLRA in India and outside India. He worked for several years in the leprosy clinics and hence was experienced with practical medical issues of the patients. He was also a pioneer in TB work in learning the RNTCP and developing the concept among supported projects. When he became the Technical Advisor for the organization he used his knowledge of ground reality to train young doctors and other medical personnel for the Government and non-governmental organizations. He was part of various technical sessions nationally and internationally. SEI acknowledges his service and wishes him an active retired life.

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Mr. J. Balasubramaniam

Mr. Balasubramaniam joined the organization in the year 1974 as PA to Director and grew gradually learning the practical inputs of administration. He served in the organization for 34 years and retired as Administrative Officer on 31st Dec. 2008. During his tenure, he has arranged logistics and successfully organized numerous conferences and project holders meetings including some international conferences for Leprosy. SEI acknowledges his service and wishes him a peaceful retired life.

Mr. G. R. Srinivasan

Mr. Srinivasan was among the first batch of professional Social workers who joined the leprosy field and made significant impact in the rehabilitation of leprosy patients. Mr. Srinivasan was a diligent and dedicated professional who dedicated his entire time for the welfare of the patients. He knew personally the names and addresses of most of the patients rehabilitated by our organization and the affected PALS also knew him personally. SEI wishes him a fruitful retired life.

A grand farewell program was organized along with GREMALTES, appreciating the services of all the above four functionaries in January 2009.

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State wise partner NGOs

Andhra Pradesh

Emmaus Swiss Referral Hospital, Palmaner

GRETNALTES – Tenali

Rural India Self Development Trust – Kathipudi

Tamilnadu

Secret Heart Leprosy Centre – Kumbakonam

PSG CULES – Coimbatore

SIHAS Chennai

IDEA – India – Erode

Karnataka

St. Joseph's Leprosy Hospital – Mangalore

Hubli Hospital for Handicapped – Hubli

Maharashtra

Sevadam Trust – Pune

Lok Seva Sangam – Mumbai

Indian Development Foundation – Mumbai

West Bengal

SWORD – Bolpur

Jharkhand

Bharat Sevasharm Sangha – Jamshedpur & Ranchi

Swami Vivekananda Seva Trust - Jamshedpur

Nagaland

Rural Leprosy Control Programme – Dimapur



SWISS EMMAUS – INDIA

Central & Regional Offices

Swiss Emmaus India Central Office

No. 4, Gajapathy Street, Shenoy Nagar, Chennai 600 030

Tel: 044 – 2664 3724, 2664 3184, 4218 3747 Fax: 2664 6479

Email: centraloffice@glra-ales-india.org Website: www.glra-ales-india.org

ALES Technical Coordination Office – Mumbai

No. 322, Mastermind – 13rd Floor, Royal Palms, Aarey Milk Colony

Goregaon (East) Mumbai – 400 065

Tel: 022 -2879 4733, 098200 71824

Email: atcom@ymail.com

Swiss Emmaus Southern Regional Office

No. 4, Gajapathy Street, Shenoy Nagar, Chennai 600 030

Tel: 044 – 2664 3724, 2664 3184 Fax: 2664 6479

Email: srs@glra-ales-india.org

Swiss Emmaus Eastern Regional Office

12/20E, North Purbachal Kalitala Road

Haltu P.O. Kolkatta – 700 078

Tel: 09433159922

Email: ers@glra-ales-india.org

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 and at regional offices who have relentlessly helped us to serve better for the benefit of most in need.

Abbreviations

ACSM	: Advocacy. Communication, Social Mobilization
AIFO	: Amici di Raoul Follereau – An ILEP Member
ATCOM	: ALES Technical Coordination Office, Mumbai
BPCL	: Bharat Petroleum Corporation Limited
CA	: Credibility Alliance
CBR	: Community Bases Rehabilitation
CCM	: Country Coordinating Mechanism
CO	: Central Office
CSR	: Corporate Social Responsibility
CTD	: Central TB Division
DNT	: District Nucleus Team
DPMR	: Disability Prevention and Medical Rehabilitation
DISPEL	: Disability Prevention and Education in Leprosy
FM	: FAIRMED
GF	: Global Fund
GLRA	: German Leprosy and TB Relief Association
GHC	: Government Health Centre
GOI	: Government of India
GOPP	: Goal oriented project Planning
HR	: Human Resource
HQ	: Head Quarters
HFI	: HealthFirst India
IEC	: information, Education and Communication
ILEP	: International Federation of Anti Leprosy Association
IP	: In Patient
IUATLD	: International Union Against TB and Lung Diseases
LSS	: Lok Seva Sangam – a NGO
MCC	: Murrey Culshaw Consultant
NGO	: Non Government Organization
NLEP	: National Leprosy Eradication Program
NRHM	: National Rural Health Mission
NTC	: National TB Consortium
OBA	: Output Based Aid
OP	: Out Patient
PHC	: Primary Health Centre
POA	: Plan of Action
POID	: Prevention of Impairment and Disability
RCS	: Re-Constructive Surgery
RNTCP	: Revised National TB Control Program



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SEI : Swiss Emmaus India
TISS : Tata Institute of Social Science
UN : United Nations
USAID : United States Agency for International Development
WHO : World Health Organization