

Performance Report for the year 2010

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From the Director's Desk

Dear Friends and Colleagues,

It's a pleasure to write this note as Swiss Emmaus Leprosy Relief Work (SEI) India celebrates its Golden Jubilee this year. Fifty years have been dedicated to the well being of the people affected with Leprosy along with championing their cause. Tuberculosis (TB) has been a recent introduction to our mandate and together we have ensured that the affected community and their families receive access to the vital care, diagnostics, and treatment. I would like to make a special mention and express my gratitude to our NGO partners who have been instrumental in extending the much needed medical and social rehabilitation to the affected community. I would also like to applaud the partnership with important stake holders such as the members of the International Federation of the Anti-Leprosy Association (ILEP), WHO, and other major collaborators. Most importantly, our collaboration with the Government of India (GoI) both at the central and state levels have provided the much needed fillip to the Leprosy services in remote areas across India. I would like to congratulate the tireless efforts of all my colleagues in the Central and Regional Office's of the Swiss Emmaus India without which this effort would have been incomplete. Finally, I would like to make a prime mention about the unconditional support that our colleagues from Swiss Emmaus Leprosy Relief Work in Switzerland along with all the donors, action group members, and well wishers have provided without whom we could not brace the challenges that lay ahead of us.

While celebrating the achievements of Swiss Emmaus Leprosy Work India we also took this opportunity to rename our institution as FAIRMED (FM), with a mandate of 'health for the poorest', where Leprosy and TB continues to be an integral part of FM's work in India along with working on neglected tropical diseases (NTD). We will continue to collaborate with the GoI and forge partnerships with local partners to ensure prompt delivery of vital services to the marginalized groups. Additionally, we'll continue to further strengthen our hospital based institutions and focus on special new initiatives by seeking co-financing opportunities with potential collaborators, which will further contribute to our program base in India.

Finally, I would also like to share that FM India has decided to demerge its operations with GLRA India, Chennai, and have decided to relocate its Country Office in Gurgaon (part of the National Capital Region-NCR), Haryana State. This was a strategic decision since most of the Government agencies are Delhi based along with a host of multilateral, bilateral, UN organizations are based in the NCR. FM will be establishing its new team and will continue to actively engage in local fundraising in India. I would like to take this opportunity to wish you and your colleagues along with our donors and well wishers the very best for 2011.



Warm Regards,

(John Kurian George)

Swiss Emmaus (currently known as FAIRMED) India - Operations

Swiss Emmaus India is a registered society financially supported by FAIRMED Berne, Switzerland, formally known as Leprosy Relief Work Emmaus Suisse (LRWES). SEI started its work in India in 1956 focussed exclusively to control leprosy in India. 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 due to the changing leprosy scenario, SEI diversified its activities, with the new vision statement with 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:

SEI supports 34 NGOs/ programs across the country in organized leprosy control work as per the National Guidelines. SEI could detect and treat over 3 lakh leprosy affected persons over a period of five decades through these supported NGO partners. After integration of leprosy the NGOs involved in leprosy control activities have redefined their roles. SEI formulated necessary guidelines for the funding of NGOs after assessing their realistic involvement in specific areas of services as required by the government.

The central office of SEI is in Chennai with a technical co-ordination office at Mumbai (till December 2010) and regional offices at Chennai and Kolkatta. 15 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.

SEI Golden Jubilee Celebrations

SEI celebrated its Golden Jubilee this year after providing relentless care and rehabilitation to people affected with Leprosy and TB for the past 5 decades. It was presided over by his Excellency the Governor of Tamil Nadu, Shri. Surjit Singh Barnala who was the Chief Guest for the occasion. He applauded and appreciated the work of SEI and its supported NGO projects who in collaboration with both the central and state Government's in India provided the much needed services to people affected by Leprosy and TB. The function was well attended by close to 300 invitees that included our esteemed Government officials, NGO partners, respected board members, ILEP partners, our colleagues from Switzerland and the central as well as regional office's, families, friends, donors and well wishers.



We were extremely fortunate to have the company of Dr. Adrain Hehl (Board Member-Swiss Emmaus Leprosy Work, Switzerland). He delivered the key note address on behalf of the



President of Swiss Emmaus Leprosy Work, Switzerland (Mr. Rolf Lehman). The function had a mix of cultural events such as the dance performance by the artists from the Kalekshetra School of Performing Arts along with the St. Loius Orchestra for the Blind and Deaf.

The function was followed up by having fundraising event where the winners from the Lucky Draw event were announced and subsequently dinner was served.

Facilitation of NLEP work by Partner Projects

Ever since the integration of leprosy into general health service in 2005, the primary focus of leprosy related services in both government and NGOs has been moved to passive leprosy work without any active case finding. As a result of this NLEP strategy the NGOs were resorted to other activities such as Information, Education, and Counselling (IEC), Disability Prevention and Medical Rehabilitation (DPMR), and Socio-economic Rehabilitation (SER), and the like.

SEI India and its partners have done commendable work in the past to eliminate leprosy, now augmenting the above mentioned activities to reduce stigma and discrimination and helping the PALs to live a dignified life with their family and in the community as well. The following table's shows the current trend of new case detection and services provided by partner projects

Table- 1: NLEP support services by partner projects

Number of Project partners	34*
Voluntarily reported new leprosy cases diagnosed and referred to GHC	1588
New disability among new cases	432
Total number of leprosy affected persons received medical care for complications	34819
Number of patients treated for lepra reactions	398

*Of the 34 NGO partners only 15 work for NLEP support services

Hospital Services

In-patient care is an integral part of managing leprosy related complications such as, ulcer care, reaction management, pre-post surgical care and the like. SEI India supports nine hospitals in 5 states with bed strength of 359 beds and an average bed occupying rate 80%.



Table– 2: In patient care by hospital projects

Sl. No.	Hospital Projects	Beds	Admission	Bed days	Occupancy rate	Avg. length of stay
1	SERH – Palmaner	60	879	27825	127%	31.6
2	Gretnaltes – Tenali	31	1240	12857	107%	8.69
3	RISDT – Kathipudi	40	4026	23058	158%	5.7
4	SHLC – Kumbakonam	115	1379	18838	45%	15.34
5	PSG CULES – Coimbatore	12	110	1728	39%	15.7
6	Sevadham – Pune	6	26	164	7%	6.3
7	St. Joseph’s – Mangalore	40	178	4735	32%	26.5
8	HHH – Hubli	25	280	6280	69%	22.4
9	BSS – Jamshedpur	30	274	9538	87%	34.8
	TOTAL....	359	8392	105023	80%	12.51

Disability Prevention and Medical Rehabilitation (DPMR)

Deformity in leprosy facilitates social exclusion and makes social integration challenging. It hugely contributes towards the stigma and discrimination of people with leprosy. Currently scores of people with leprosy have been treated and there continues to be a considerable number of leprosy cured persons with disabilities who need physical and social economic support. It is estimated that around one million people with leprosy disability exist in our country and around 2,000 in every district.



From the beginning of 2008, NLEP has given priority to disability care and emphasis on strategic planning to tackle the situation, thus NLEP initiated DPMR. Prior to integration only specialized leprosy centers were involved in prevention of deformity (PoD) care. Now other stake holders like PHCs are also involved into this new program and role of NGO's is very important and significant.



Objectives of DPMR

- a) To prevent disabilities and worsening of existing deformities in all needy leprosy affected persons both patients on treatment and those released from treatment.
- b) To develop a referral system for providing PoD services to all leprosy disabled persons in an integrated set up.

The DPMR activities are caring in a three-tier system, primary, secondary and tertiary. SEI India's four hospital projects are recognized as DPMR tertiary care centers.

1. Swiss Emmaus Referral Hospital – Palamner, Andhra Pradesh
2. Gretnaltes Hospital – Tenali, Andhra Pradesh
3. RISDT – Kathipudi, Andhra Pradesh
4. Sacred Heart Hospital, Kumbakonam, Tamil Nadu

The rest of the partner projects also supporting DPMR as secondary/primary level centers. The following table shows the DPMR activities by FM India projects

Table– 3: DPMR activities by Partner Projects

Services	Persons benefited
Patients underwent physiotherapy assessment	14046
PALs undergone RCS	410
Treated for Ulcer	7329
MCR footwear supplied	5770

ILEP State Co-ordination Goa & N E states

SEI is one of the key partners with the GOI to incorporate and establish the concept of ILEP state coordination. International Federation of Anti Leprosy Associations (ILEP) – India is an international federation of nine autonomous non-government anti-leprosy organizations actively participating in the leprosy control program in India. This nine member organizations are supporting National Leprosy Eradication Program (NLEP) through:

- Direct support to Government of India and State Government
- Projects operated directly
- Local NGO project

ILEP member organizations provide broad spectrum of services through state coordination including sensitization of general health staff, DPMR implementation, participation in national sample survey, conducting SLO's meet and the like. SEI is coordinating the ILEP activities in Goa and Nagaland.

National Sample Survey (NSS) – Goa & Nagaland

Based on the recommendations by the Rajya Sabha, Government of India (GoI) carried out National Sample Survey in selected districts in all 28 states and 7 UTs. All ILEP India members including SEI participated in this multi-centric study in collaboration with Central Leprosy Division and respective state leprosy societies.

The objective of the study was;

- ✓ To estimate new case load in the study population
- ✓ To assess leprosy burden by recording Gr1 & Gr2 disability cases
- ✓ To assess the magnitude of stigma and discrimination prevalent in the community

SEI participated in the entire process in its coordinated states of Nagaland and Goa.

Table- 4: NSS findings

State	District	Pop. Covered	Suspects found	New leprosy detected
Nagaland	Zunheboto & Dimapur	39,711	28	3
Goa	North Goa	187,823	126	9
TOTAL...		227,534	154	12

RNTCP participation by partner projects

TB control efforts in India have achieved notable gains in the past decade by achieving the national average of 70% case detection and 85% treatment success rate. The revised national tuberculosis control program (RNTCP) has implemented most of the components of WHO Stop TB strategy like TB-HIV collaboration, management of MDR TB, engagement of NGO's and private sectors, infection control and operational research. RNTCP is in the process of developing the next phase of government of India's vision for 'TB-free India' until it is no longer a public health problem. By end of 2015, the program aims to achieve the following services:



- Early detection and treatment of at least 90% of estimated TB cases in the community, including HIV associated TB.
- Initial screening of all re-treatment smear –positive TB patients for drug-resistant TB and provision of MDR treatment.

- Offer HIV counselling and testing for all TB patients and linking HIV infected TB patients to HIV care and support.
- Successful treatment of at least 90% of all new TB patients and 85% of all previously treated TB patients.
- Extend RNTCP services to patients diagnosed and treated in the private sector.

SEI has been involved and implemented the RNTCP schemes through its 8 supported NGO's in different states by covering a population of over two million.

Mumbai Urban Health- Bainganwadi

The Bainganwadi project run by Lok Seva Sangh (LSS) focuses on the holistic development of the slums in the following manner:

1. Improving access to healthcare
2. Increase in health Consciousness in the community
3. Improvement in the sanitary conditions
4. Income generation
5. Improving Quality of medical practice and health services
6. Improvement of Private medical services
7. Formation of Self-help groups in the community

There are 7 treatment centres through which patients with TB, leprosy, other skin diseases, Vitamin A deficiencies, malaria, diarrhoea, HIV are examined and started on treatment with adequate referrals being undertaken. A successful collaboration with the municipal authorities has resulted in providing diagnostic services and treatment for malaria, Vit A and worms. Total of 36 new Leprosy cases were registered for treatment and 161 cases were provided the POID services for ulcers, limb and eye care, scar removals, wax therapy, hydrotherapy, infrared radiations and muscle stimulation. Some were given railway concessions, referred for RCS, given spectacles, splints, Short wave diathermy and dressing kits. As part of IEC / IPC, 630 programmes were held for increasing the health consciousness of the slum people and 1,55,629 people were reached.



Goa TB support

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 where the Chimbel slum area was identified towards its expansion.

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. The existing link workers program provides a bridge between RNTCP and the TB affected and related program components in the field. There are 12 link workers engaged 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.

Swiss Emmaus India and CCM India

SEI was elected in to the Country Coordinating Mechanism (CCM) of the Global Fund to fight AIDS, TB, and Malaria in India. We were elected from the TB constituency that currently embraces around 2,500 civil society members working in the field of TB.

Additionally, India also received Global Fund ACSM grant for TB that significantly promotes and sensitizes people about the TB control in India and the services offered through the program. The program also aimed to strengthen the public health service delivery system.

Also, SEI played a pivotal role in being nominated as a member to screen applications that was submitted for round-10 Global Fund grant.

POID AP – Guntur & East Godavari

To support the Government efforts in Andhra Pradesh, SEI (currently known as FAIRMED) had taken up Prevention of impairment & Deformity (POID) service in the form of DISPEL (Disability Prevention and Education in Leprosy) in 6 districts through the support of 2 NGOs i.e. Rural India Self Development Trust (RISDT), Kathipudi and Gretnaltes, Tenali.

The main POID service provided by DISPEL in around 80-100 Service Delivery Points per district mostly at PHCs / CHCs and Leprosy colonies are

- Ulcer Care
- Provision of Self Care Kits
- Provision of MCR
- Provision of Supportive Medicines

Implemented in partnership with the state and district leprosy program, the project supported the NLEP program in reduction/prevention of disabilities and direct provision of care. DISPEL provided medical kits and MCR footwear to supplement governmental supplies and support supply chain streamlining. The project has been implemented from 2001 in some districts while in the others it was scaled in 2004. The evaluation of the DISPEL program has documented the successes of the project.

The service of DISPEL by FAIRMED were found highly satisfying to PALS, NLEP staff, that was highly appreciated by the Education Teams. The project demonstrated impressive successes in reducing the burden of the disability in the project areas. It was recommended to build on a sustainable and more integrated concept for POID that encourages self-care by the PALS and promotes the integration of POID into the district health services. Based on the recommendations in Jan 2010, a POID workshop was organized in which the project proposal was developed. The project was launched in September 2010 after approval from FM headquarters with the following goal and objectives.

Overall Goal:

To improve the physical and social well-being of persons affected by Leprosy (PALs).

In order to achieve this overall goal of the project within the project area, the following project purpose has been defined during the planning workshop:

Project Purpose (Project Goal) and Indicators:

“The prevention of disabilities and impairment is assured in 2 districts of Andhra Pradesh”

The following Indicators will be used to measure the progress:

- Disability grade 0 cases among the new cases remain on grade 0
- Disability grade 1 cases among the new cases remain on grade 1 level or improve towards grade 0
- The number of disability grade 2 cases among the new cases is reduced (proportion)
- The ulcer development among “old cases”² is reduced sustainably (proportion)

Project Objectives (Results):

The Project Purpose shall be achieved by the implementation of the following objectives:

1. The Primary Health Care System in Prevention of Impairment and Disabilities (POID) is assured
2. Self Care to prevent Disabilities and Impairments is reinforced
3. Access is provided to POID services for immobile and needy persons
4. The Community Participation in POID is improved
5. The development of the project is assured and is continuously monitored and evaluated

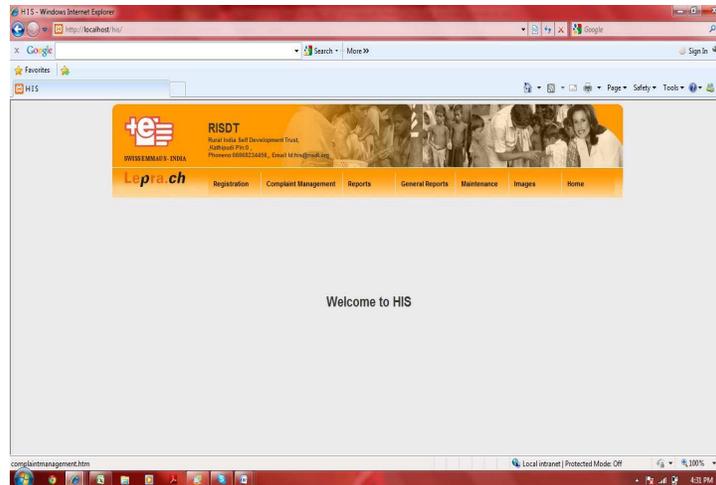
OBA – Quality Circle Meeting

As a part of the Output Based AID (OBA) 4 quality circle meeting were held to share and learn from other’s experience of implementing the OBA. This year additional key SEI supported projects were included in to the OBA that included the Hubli Hospital for the Handicapped, Swiss Emmaus Referral Hospital, Palamaner, and the Sacred Heart Leprosy Hospital, Kumbakonam.

Additionally, Ms. Maria Kaklyugina from the University of Applied Science North-Western Switzerland visited all the OBA project partners in 2010. Her contribution further strengthened the OBA structures of SEI India.

Hospital Information System (HIS)

SEI believes in the principle that “the activity which is not monitored is not done”. To put this into practice, a Hospital Information System was developed to enter, analyze and retrieve the data from partner organizations and report to the Country Headquarter. As part of this initiative, infrastructure was strengthened in terms of providing the necessary logistics and training of the personnel involved in the process. The periodic reports generated from the system help in monitoring the performance of the partners and are used in review meetings and budget planning exercise for the partners.



HealthFirst India (HFI) – Fundraising Activities

Lucky Draw:

For the medical care and social rehabilitation of people affected by leprosy, tuberculosis and other poverty related diseases, HealthFirst India Planned Lucky Draw as one of its activities to raise funds with the participation of its supported projects in India.

Preparation and planning of the event began in April 2010. Follow-up work was initiated in the previous quarter. During the month of July, constant contacts with the project through phone calls and e-mails helped us to review the sale of the lucky draw tickets. The feed back from projects was encouraging and we received positive results from many of our projects. Towards mid of August most of the projects informed us that they could sell a good number of tickets and the collections were fairly good. Continued contacts with our Bankers helped in updating the collections. HFI managed to get a considerable reduction for most of the prizes. It is worth mentioning that TTK Group and M/s. T.I. Cycles, donated products free of cost (viz: Pressure Cooker, Pressure pan by ttk and one bicycle from T.I. Cycles)



As scheduled the Draw took place on 31st August, 2010, coinciding with the Golden Jubilee celebrations of Swiss Emmaus India. Winners from the Southern Region were announced on the same day and the prizes were distributed. Lucky draw for the other regions were also processed and prizes distributed to winners.

College Fundraising:

HealthFirst India implemented a new venture to raise funds through college students. This pilot program was conducted on March 23rd 2010 at 'Alpha Engineering College'. Over 1,000 students studying in this college, 620 participated in HealthFirst 'Charity giving day' campaign.

Health First India has conducted fund raising event at Alpha Arts and Science College. This program was conducted on September 20th, 2010, based on the learning's from the earlier experience. Around 1,050 students attended in HealthFirst India 'Charity giving day' campaign. Subsequently collection from students was carried out on 29th September. Leaflets with donation coupon were handed over to the heads of different departments and advised them to distribute it among students. HealthFirst India also conducted fund raising cum awareness programme event at Fr. Muller's charitable institutions in Mangalore. This program was conducted on 26th and 27th of November. Around 800 students attended the program.



Capacity building

Consultants from the Resource Alliance were engaged to provide capacity building to HFI colleagues. Better insights were gained regarding preparing material for piggy bank mailers and understanding all components of direct mailing. The training session was designed based on the team's thoughts and experiences. Additionally, a two day training session **was provided** by A2V info solutions. The focus of the session was on corporate relations and Principles of Corporate Fundraising. It was an interactive and brainstorming training session.



Musical Event

Objective of the musical event was to raise funds to support projects by enabling them to provide quality treatment and care for people affected by Leprosy, TB and TB-HIV and other poverty related diseases. PSG CULES and HealthFirst India worked in collaboration with UK Murali Orchestra to launch a musical event in the city of Coimbatore on Friday, 8th January 2010. This event was held at the PSG grounds in the Institute of Management, Coimbatore.



NDTV-Hindu Telecast

On the 28th January 2010 the NDTV –Hindu camera crew visited HFI and interviewed Mr John and later visited the GREMALTES Hospital. The documentary on leprosy in general was telecast on the 30th January on the occasion of Anti Leprosy Day.

Cricket Tournament: The Rotary Club of Nanganallur organized a cricket tournament at the YMCA grounds with HFI as its charity partners. It was agreed that part of the funds collected through this tournament would be given to HFI. Around 11 teams from local Corporate firms took part in the event.

We also received banner contributions from Canara Bank, Hyundai Mobis, Bank of India and Madras cements. To add to the spirit of the game, HFI was able to arrange a visit by Mr. Kris Srikkanth, Former Captain of Indian Cricket Team and Chairman of Indian Cricket Selection Committee, to the venue on the first day of the tournament. His short and inspiring speech was a shot in



the arm for many budding young cricketers who participated from the school of disabled children.

With the blend of many activities, it was an enriching experience for HFI in 2010. The trainings and other learnings from the field was add on that gave HFI more confidence to move ahead. This will yield better outcome in the months ahead.

Project holders Meet – Chennai

The project holders meeting was held in Chennai and most of the projects being supported by SEI were invited for the meeting with the key partners being engaged in the discussions. As the meeting coincided with the Golden Jubilee celebration of SEI, it was important to invite the important stake holders of SEI. Interestingly, Prof. Adrian Hehl also attended the meeting as a board member of the HQ.

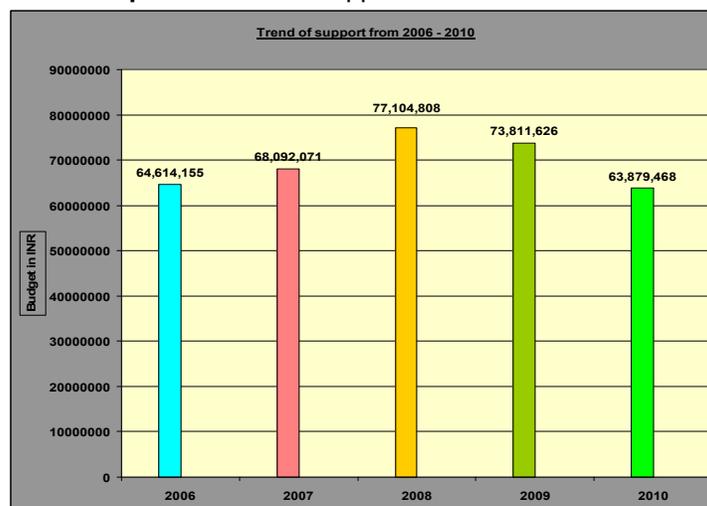
The project holder meetings is a significant event in the calendar of the SEI as during these meeting the respective projects present their achievements and also share a plan of what they would like to accomplish for the coming year. Most importantly, during these meetings the budgets are negotiated and finalized with all stakeholders in attendance.

It was also important in more than one ways as one of our own Mr. Kirubhakaram (Regional Secretary, SEI) was retiring from service. He had dedicated nearly 35 years of relentless service in the field of Leprosy.

Financial Report

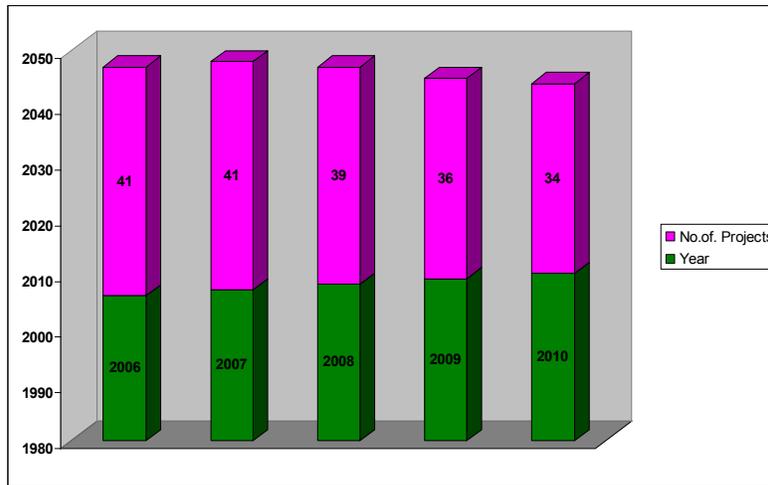
SEI has been supporting Indian projects with significant funds and it kept growing till 2008. The Global economic crisis that occurred end of 2007 affected the steady growth in grant support to India. The organisation had to review its support seriously and several measures were taken up to continue funding without compromising on the performance and quality of projects implementation. Need based support to field projects and Output Based Aid to hospital projects were introduced from 2009 onwards. By this way, SEI could reduce the outlay by about 18% from the peak support achieved in 2008.

Graph- 1: Trend of Support for the Past 5 Years



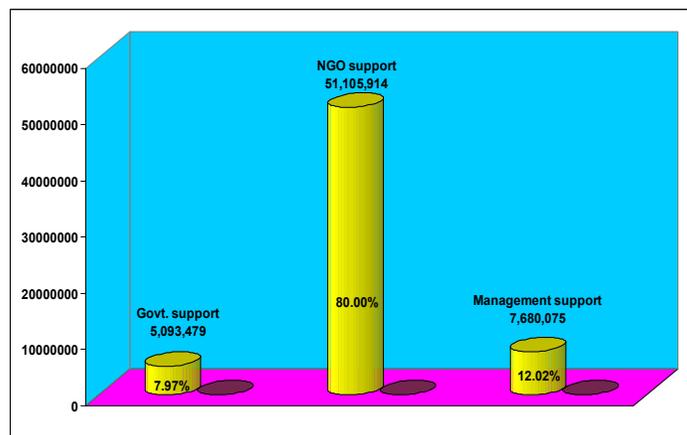
In addition to converting the project support more cost-effective, SEI also reviewed the need to continue support to some projects which have become irrelevant over a period. They discontinued support to more expensive DISPEL projects which were dedicated POD projects, in some districts of Andhra Pradesh. Instead, new projects more in line with the current trend of CBR and POD for districts was taken up in close collaboration with Government of Andhra Pradesh. By such realistic review and reshuffling SEI could reduce 2 numbers of projects in 2010.

Graph-2: Projects supported by Swiss Emmaus for the last 5 years



During 2010, SEI could bring about a change in the pattern of support. Until 2006, significant share of funds were allocated for activities in collaboration with Government. Over the years, this was reduced and in 2010, the Govt support was only 8% but the support to NGO partners was in the range of 80%. Towards management cost which includes cost of monitoring and supervision and Public Relations, SEI has spent 12% of its 2010 budget.

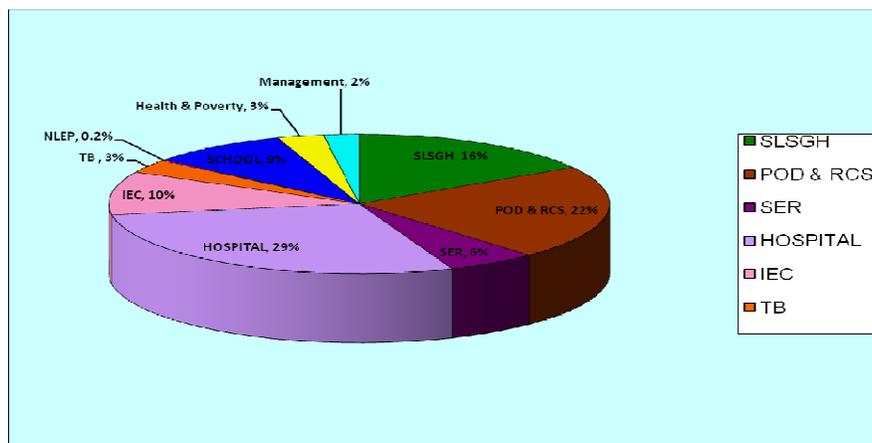
Graph-3: Support to NGOs/Management/Government



The Funds donated by our organisation in 2010 was planned and utilised as per POA. The big chunk of the cake was used for the hospital activities which are supported as per OBA. The second biggest share is for POD including RCS. This is closely followed by field projects offering

support to NLEP and RNTCP activities. A very marginal proportion of 2% was spent for management cost.

Diagram-1: Funds Deployed



Visitors

SEI was fortunate to have the company of Professor Adrian Hehl who is a board member with our HQ in Berne. He specially visited India to attend the Golden Jubilee celebration of Swiss Emmaus India. Professor Hehl represented our honorary HQ Berne President and the board.

Professor Hehl took this opportunity to visit the projects in India. In this regard he visited the GRETNALTES project in Tenali, Andhra Pradesh. Fortunately, the project holders meeting (PHM) was arranged during the same time and hence Professor Hehl was able to note the progress being made by the India projects as well as the project partners supported by our HQ Berne. Additionally, he was able to interact with the honorary board members of Swiss Emmaus India.



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

Sevadharm 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

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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'.

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