



SWISS EMMAUS LEPROSY
RELIEF WORK INDIA

Annual Report - 2012



www.swissemmausindia.org

Message from CEO

Dear Friends and well-wishers,

It gives me immense pleasure to be reporting the activities that we've successfully undertaken during 2012. The year started with the visit of Dr. Reiner Blank who along with our FAIRMED (FM)-HQ colleagues engaged in a team building exercise. During the same visit we also engaged in a strategic planning exercise where various stakeholders including the local board members as well as a representative of the Indian project holders participated.

During the course of 2012, we had to part ways with a close colleague and friend Dr. Thomas von Stamm. He's been with us for the last 7 years and has been the backbone to our project division. He has been instrumental in establishing some key projects in India like DISPEL and POID projects in Andhra Pradesh, the urban slum project in Mumbai, the output based aid (OBA) scheme for our hospitals along with the hospital information system (HIS). This is besides the technical capacity and handholding that he's provided during the course of his tenure with FM. He instilled a strong sense of professional ethics with a focus of helping people achieve their fullest potential.

While we parted ways with Dr. von Stamm, we at the same time welcomed Mr. Thomas Gass who has recently assumed the position of Head-Project Division at FM Berne. He has rich experience in development work with his most recent assignment being with SolidarMed implementing HIV/AIDS program in Zimbabwe. It's a pleasure to welcome him to the FM family and we're looking forward to interacting with him in the near future.

The report provides you with an insight to our key achievements and work that we're doing along with our project partners, which I'm pleased to share with you. As we move ahead to usher in the New Year, I'd like to congratulate you for all your invaluable contributions in the immediate past and previous years, and I look forward to your support in 2013 and the years ahead.

Best wishes,



*(John Kurian George)
CEO*



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Support to National Leprosy Eradication Program (NLEP)

Our hospitals provide tertiary care specialist services primarily to cater to the Disability Prevention and Medical Rehabilitation component of National Leprosy Eradication Program. The services provided are mainly

- Treatment of different types of ulcers (Simple, Complicated and Severe)
- Management of reactions
- Surgeries for the deformities in eye, hand and foot
- Provision of Microcellular Rubber Footwear (MCR) and Self-care kits
- Facilitate supply of aids and appliances to Leprosy affected disabled people



Sl. No	Services	No. of Patients attended
1	Ulcer care	14,262
2	Reaction management	2,183
3	Reconstructive surgeries	372
4	General ailments	13,072
5	MCR Footwear supplied	2,643

Table-1: Categories of services provided to the leprosy affected persons in 2012.



Picture-2: Dr. Tarachand Naidu, State Leprosy Officer (SLO), Andhra Pradesh interacting with patients admitted in RISDT Hospital

SEI supports 6 hospitals across the country to provide medical rehabilitation services to Leprosy affected persons from 7 states (Tamil Nadu, Andhra Pradesh, Karnataka, Maharashtra, Pondicherry, Goa and Kerala) covering 72 districts.

Table-2: Hospital-wise patients attendance in 2012.

Details of services	ESLP, Palamaner,	Gretnaltes, Morampudi,	HHH, Hubli,	RISDT, Kathipudi,	SHLC, Kumbakonam,	Sevadham, Pune,	Total
Beds	60	31	30	65	115	6	307
Admissions	1,013	892	266	2,237	1,456		5,864
Outpatient	4,172	8,506	1,293	7,429	2,614		24,064
Patients attended	5,195	9,398	1,559	9,706	4,070	0	29928

Andhra Pradesh PILOT

Project on Prevention of Impairment & Disability

Swiss Emmaus India had launched a pilot project in Sep. 2010, to demonstrate a sustainable and replicable model of preventing disability due to Leprosy focusing on strengthening the Primary Health Care (PHC) system in the 2 high endemic districts of Andhra Pradesh. This project completed 2 years of successful implementation in collaboration with Govt. of Andhra Pradesh, Gretnaltes in Guntur and RISDT in East Godavari.

As part of the project, a dedicated staff (Multipurpose Health Supervisor) was identified in each PHC to be responsible for Leprosy Program and trained in the NLEP program components. Almost 200 PHC Medical Officers from both the districts were trained on Nerve Function Assessment (NFA). Training of almost 6,000 ASHA (Accredited Social Health Activist) workers was undertaken focusing on referral of suspected Leprosy cases to the PHC. Their service was also utilized for generation of Line-list of all the patients (old & new) in the district, which was the first of its kind that provided a realistic burden of leprosy at district level.





Two mobile teams were placed in each district to train the patients on self care practices, ulcer care, and screening of patients for Reconstructive Surgeries (RCS), cataract etc. Four Backstopping visits were conducted to the Project districts to assess the quality of services and take remedial measures. In collaboration with District Blindness Control Society eye care services like cataract operation and provision of spectacles was organized for Leprosy affected persons. Issue of disability certificates and provision of pension to the needy disabled Leprosy affected persons was facilitated through Department of Rural Development Agency (DRDA). In Sep. 2012, the project completed 2 successful years and the 2nd internal evaluation was done for the project. The project has entered the last year of its implementation and the NGOs would take a step back and let the PHC staff to implement the activities more independently and promote sustainability.



Table-3: Details of key services provided under POID Project

District:	Guntur	East Godavari
Total Patients registered in POID program	2322	604
Total number of Reconstructive surgeries done	18	107
Total number admitted for specialized wound care	421	821
Total number of cataracts surgeries done	51	27
Total number benefited from Social welfare schemes	1133	3086
Total number of Persons affected by Leprosy provided with MCR	1785	2146

The 1st CBR World Congress was conducted in Agra from 26th to 28th Nov. 2012. Mr. Rene Staeheli, (MD, FAIRMED, Bern & President, ILEP and Ms. Valerie Simonet, POID-AP Project Head, FAIRMED, Bern, Switzerland and Dr. Krishnan, POID Consultant, India and Dr. Akshay Kumar Mishra, National Technical Coordinator, Swiss Emmaus India attended the conference, which was sponsored by FAIRMED, Bern. From the POID project point of view it was a great opportunity and our colleagues could identify various partners in the field of CBR. The Society for Elimination of Rural Poverty (SERP) under the DRDA in Andhra Pradesh was keen on helping us in extending their services to the Leprosy disabled persons in the two districts.



Picture-9: Mr.Rene Staeheli, Ms.Valerie Simonet, Dr.Krishnan and Dr.Akshay Kumar Mishra attended the 1st CBR World Congress.

Urban Health & TB

- ✓ Local partner Lok Seva Sangam (LSS) operates in the Bainganwadi Slums, Mumbai
- ✓ Implements TB control activities in collaboration with RNTCP
- ✓ 5 DOTS Centres, 1 Sputum Collection Centre and 1 Designated Microscopy Centre
- ✓ Population covered 2 Lakhs
- ✓ In 2012, 208 TB patients provided DOTS compared to 164 in 2011.
- ✓ Immunization, Leprosy Control, IEC activities, SHG formation and training on income generation activities, improvement of hygiene and sanitation, facilitate improved accessibility of primary health care



Output Based Aid (OBA)

Swiss Emmaus India was pioneer in implementing the concept of Result based funding in the field of Leprosy in India under the name of “Out Based Aid (OBA)”. This process was initiated with one hospital in 2006 involving a team of cost-accountant, key hospital staff, programmatic and financial staff, as well as the North Western University of Applied Science, Switzerland. In order to provide free services to the affected communities, SEI embarked on the exercise to clearly establish core service delivery areas in its supported hospitals, derive the cost per service, and subsequently benchmark the costs.

To start with, real time expenditure for a calendar year was considered while deriving costs per service. Complete treatment expenses including medical supplies, general supplies, number of bed occupancy days, food, staff salaries, and other overhead costs were factored in while finalizing the cost.

Patients were divided into 11 different categories in-patient [IP] and out-patient [OP]) on the basis of which cost for each category was calculated. Most importantly the number of patients being provided service played an integral part in finalizing the budgets per hospital. Patient uptake of services was reported through SEI’s Hospital Information System (HIS).

Review of the costing exercise for all the five hospitals was undertaken after which it was suggested to arrive at a suitable benchmark cost. Median was preferred over mean as the former is immune to outliers. Thus after considering the un-weighted median and the acceptance range it was decided to consider the third Quartile (Q3) as the benchmark cost.

From 2009 onwards all the hospitals were brought into the fold of OBA. In 2012, the actual expenditure of the financial year (Apr. 2011 to Mar. 2012) was considered instead of the previous calendar year. Additionally in 2012, an assignment has been taken up in collaboration with Tata Institute of Social Sciences (TISS), Mumbai to review the existing structure of Human resources and develop benchmarking norms for staffing in the SEI supported hospitals. Three Quality Circle (QC) meetings organized in 2012 to assess the performance of the hospitals, review the OBA benchmarking costs for 2013 and discuss concerning areas.

ILEP- India meeting was organized to orient about the SEI’s OBA exercise and other ILEP members for taking up the assignment. The Leprosy Mission (ILEP member) concluded similar OBA costing exercise in 5 of their hospitals. SEI’s OBA benchmarked costs significantly contributed towards developing the GoI’s revised SET grant-in-aid schemes.

Hospital Information System (HIS)

At SEI, Hospital Information System was considered as one of the integral components of the Output Based Aid. This was deemed essential in order to improve the record keeping and reporting systems, assist the program managers monitor the uptake of hospital services and ensure timely dispersal of grants to hospital partners. As the web-based system was considered to be the suitable alternative field visit was undertaken by the HIS Consultant to some of our hospitals to understand various processes involved in different hospital settings. The database was designed and pilot tested.

Later, the database templates were finalized and implemented in all the SEI supported hospitals. In this regard, hands-on training of data managers of all the hospitals along with their Administrators were organized to have uniform understanding.

Outcome: The database has helped to improve transparency, accountability and cost-effectiveness. The fund transfer to the hospitals has become more evidence based. The reports generated from the HIS have now become the basis for technical discussion in the Quality Circle meetings.

Achievements and lessons learnt were shared with Central Leprosy Division, as this model was found to meet the National Program's requirements and additionally provide value-add by linking between the PHCs, District, State and National level.

The new database captures Patient details, signs & symptoms, Lab investigation and services. The most important feature is the Dashboard, which displays the achievements compared to the targets under each OP and IP categories for a particular period. This unique feature enables the Hospital Administrators know their own performance and guide them to prioritize their action to meet the targets. The program managers utilize this dashboard to monitor the uptake of services in various hospitals and the finance section at our Headquarter level used this to release financial grants to these hospitals based on the quarterly achievements.



NLEP Coordination

- 2012 was the last year for NLEP coordination in Goa and Nagaland.
- Training of one batch of 20 Primary Health Centre Medical Officers in Goa by our Master Trainer Dr. Thomson Sugumaran.
- As headquarter of Swiss Emmaus India is situated in Gurgaon, Haryana, the coordination for this state was proposed.
- Preliminary visit to State Leprosy Office at Panchkula and meeting with Dr. Rakesh Sehl, State Leprosy Officer in Aug. '12
- Formal initiation of coordination from 12.12.12
- Introduction to District Leprosy Officers of Haryana by State Leprosy Officer
- Active participation in
 - Annual Review meeting of State Leprosy Officers at Goa in Feb '12
 - NLEP Coordinators review meeting at New Delhi in May '12
 - Regional Review meeting of Southern State Leprosy Officers at Kochi in June '12
 - National Consultation workshop on Urban Leprosy Control, New Delhi in Aug. '12
 - Consultation meeting on the proposal for the NGO schemes at Chennai in Nov. 12
 - NGO-workshop at Hyderabad on the Proposed NGO schemes in Dec. '12
 - Quarterly review meetings of District Leprosy Officers of Andhra Pradesh at Hyderabad



Dr.C.M.Agarwal, Deputy Director General(Leprosy) along with State Leprosy Officers and ILEP Partners at NLEP Regional Review Meeting of Southern States, at Cochin, Kerala

Research

Swiss Emmaus India Research Advisory Board (RAB) was constituted.

Members of the board:

Dr. V. P. Macaden, Leprologist

Dr. Usha Baweja, Microbiologist, Ex- Director of the National Institute of Communicable Disease (NICD), New Delhi.

Mr. Antony Samy, Social scientist and Director of ALERT India

Ms. Deepali Nath, Director of Knowledge Management, Save the Children, New Delhi

Mr. E. R. Babu, Social Scientist, Technical Consultant, The Union, South East Asia Office

Mr. Raj Kishore Kapil, Chartered Accountant

Research Proposal developed & submitted:

Participatory action research on inclusion of persons affected by Leprosy in Community Based Rehabilitation (CBR). A multi-centric project submitted to ICMR by a team of ILEP members including Swiss Emmaus India.

An Operation research proposal is being developed under the guidance of Dr. Erik Post with the help of Netherland Leprosy Rehabilitation Foundation (NLR) titled “**Situation analysis of Leprosy services in Haryana in the Post-Integration / Elimination era.**”

Fund Raising Initiatives

The year 2012 was eventful and we made some significant strides in local fundraising. Fundraising activities conducted during the year 2012.

Direct Marketing

Direct mailing is one of our core strategies. During the first quarter we focus on Pre- tax cold mailers. The mailers with the slogan “Save taxes, save lives” aimed at those people who want to receive tax benefit for the New Year. It also gives them a golden opportunity to use their money for a good cause besides benefitting themselves too. During the third quarter we focus on Diwali mailers. As part of the Direct mailing – Warm, appeal letters are sent to our warm donors four times a year. Direct mailing is a very successful activity.

Event

Lucky Draw as a tradition started as a team building exercise among groups. Although it changes from class to class, the basic purpose is to work together as a team towards an objective. Swiss Emmaus Leprosy relief Work India Planned Lucky Draw as one of its activities to raise funds dedicated to support the medical care and social rehabilitation of people affected by leprosy, tuberculosis and other poverty related diseases through its supported projects in India. The learning from the Lucky draw event held during the year 2011 was incorporated for better performance. The Lucky draw event was conducted on 15th August 2012 in one of our projects at Palamaner.



School awareness program

During the year 2012 we approached few schools at Gurgaon 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.



Face to Face

Telefacing is the hybrid of telephone and face to face fundraising. It is a modified extension of the major donor process to encompass cold solicitation. Swiss Emmaus Relief Work is working through the outsourced agency in different parts of India. The objective of outsourcing this activity is to expand the warm & cold donor base and simultaneously encourage monthly giving.



Corporate Fundraising

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.





Swiss Emmaus Leprosy Relief Work India Leprosy Relief Work India announced as Serco25 charity for India

The Serco Foundation has been established as part of our 25th anniversary celebrations. It's SERCO legacy for the future and has one simple mission; to work with charities around the globe to help them realise their ambitions and achieve even more.

By working in partnership with charities, The Serco Foundation aims to increase the resources that these charities have to make a difference and harness Serco's expertise to help make those resources go further.

Over the past fifty years, Swiss Emmaus Leprosy Relief Work India has dedicated itself to improving the lives of those affected by leprosy and their families across India. Around 10% of its beneficiaries are children, who receive reconstructive surgeries, physiotherapy services and education support. These children also receive training to help them in their next steps.

On behalf of The Serco Foundation Serco employees, voted for children to be the global cause they wanted to champion over the next three years. In response, The Serco Foundation created the global 'Every Child Everywhere' initiative which aims to help transform the lives of children around the world. Serco people in India have chosen Swiss Emmaus Leprosy Relief Work India as regional charity for Serco25 with 55% of votes cast.

The Swiss Emmaus Leprosy Relief Work supports three schools – each with 1,500 children, providing education for children from families that are affected by leprosy. Other work includes vocational and community based programs to enhance the economic opportunities of sufferers and families. Swiss Emmaus Leprosy Relief Work India ensures that everyone is treated equally, irrespective of background, caste or religion and particular care is taken when dealing with children.

Financial Report:

Audited Financial Statements for the year 2011-12

Swiss Emmaus Leprosy Relief Work India: 2011-12 & 2010-11		
Balance Sheet		
Liabilities	2011-12	2010-11
Capital Fund	25,92,750.41	19,79,735.80
Project Fund	1,53,87,655.60	1,71,02,197.95
Total	1,79,80,406.01	1,90,81,933.75
Assets	2011-12	2010-11
Fixed Assets	23,24,514.08	19,79,735.80
Advance & Deposits	25,28,261.76	6,62,961.54
Cash and Bank Balance	1,31,27,630.17	1,64,39,236.41
Total	1,79,80,406.01	1,90,81,933.75

Table-4: Comparison between Balance Sheet for the F/Y 2011-12 and F/Y 2010-11

Consolidated Receipt and Payment account

Receipts	2011-12	2010-11
Opening Balance	43,29,230.78	1,85,79,189.72
Grants from Fairmed, Switzerland	1,77,86,069.00	1,54,20,259.00
Donations Received	38,79,426.00	35,46,695.00
Grants Received	-	14,74,968.00
Income from Events / Exhibitions	-	95,156.00
Other Income	3,19,401.68	-
Interest Received from Bank	-	5,94,202.00
Dividend on ICICI Mutual Funds	-	19,346.10
Sale proceeds from mobile phone	-	5,902.00
Profit at maturity of ING Core Equity	23,125.42	-
Reserve fund investment received	4,66,268.67	-
Amount received on maturity of FD	66,79,219.00	-
Reimbursement received from FAIRMED	58,800.00	-
	3,35,41,540.55	3,97,35,717.82
		-
Payment	2011-12	2010-11
Management expenses on co-ordinating leprosy projects	83,84,856.44	13,19,001.16
Management development expenses/ NLEP	2,29,221.00	5,32,118.00
Advance for expenditure	60,41,930.05	-
Urban health Mumbai	-	9,18,365.00
FRU Expenses	49,80,468.25	66,14,507.68
ATCOM Expenses	1,26,309.23	22,86,890.40
TST Goa expenses	3,23,516.00	6,61,765.00
FAIRMED Promotional Program	1,77,568.00	-
Hubli Project	20,42,372.00	21,39,583.00
POID AP	53,721.00	26,86,251.19
Grants to other projects	2,82,500.00	4,57,500.00
Fund raising expenses	45,000.00	1,32,480.00
Grants to other projects from LC	41,34,635.00	48,65,283.00
Indirect expenses	21,440.41	19,775.44
Closing Balance	66,98,003.17	1,71,02,197.95
Total	3,35,41,540.55	3,97,35,717.82

Table-5: Comparison between Receipt and Payment for the F/Y 2011-12 and F/Y 2010-11

NOTES FORMING PART OF FINANCIAL STATEMENTS FOR THE YEAR ENDING 31.03.2012

1. DISCLOSURES OF ACCOUNTING POLICIES:

1.1 System of Accounting:

Grants received from Funding agencies are accounted on Receipt basis. All Project expenditure are accounted on Cash basis. Financial Statements of the Trust are prepared under the historical cost convention in accordance with the generally accepted accounting principles, accounting standards issued by ICAI, as applicable and relevant principles of Indian Trust Act.

1.2 Investments:

Investments made by the Trust are stated in the Financial Statements at cost. Any fluctuations in cost of Investments on account of switching over from one mutual fund scheme to another are accounted in the previous year in which the switch over took place.

1.3 Income Recognition:

Income of the Trust, like Interest earned on Term Deposits has been accounted on the basis of interest earned up to 31st March, 2012. Grants / Contribution received from funding agencies are recognized at the time of realization through bank.

1.4 Accounting of Fixed Assets and Depreciation:

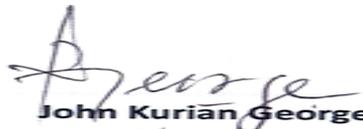
Fixed assets are carried at cost. Cost includes all expenses incidental to acquisition and installation less depreciation.

Depreciation on Fixed Assets other than land has been provided on W.D.V. basis at the rates specified in the Income Tax Rules, 1962. Half the rate of Depreciation has been calculated for Assets purchased after September 2011.

2. Previous year figures have been regrouped and reclassified wherever necessary.

As per our report of date annexed

Place: New Delhi
Date: 15th September 2012


John Kurian George
CEO
SWISS EMMAUS LEPROU.
RELIEF WORK INDIA


Deepali Verma
(Fin & Admin-Manager)



As per our report of date annexed
For KREM SHIV & ASSOCIATES
Chartered Accountants
Firm Regn No.019459N


Raj. K kapil
Partner
M.No.095229

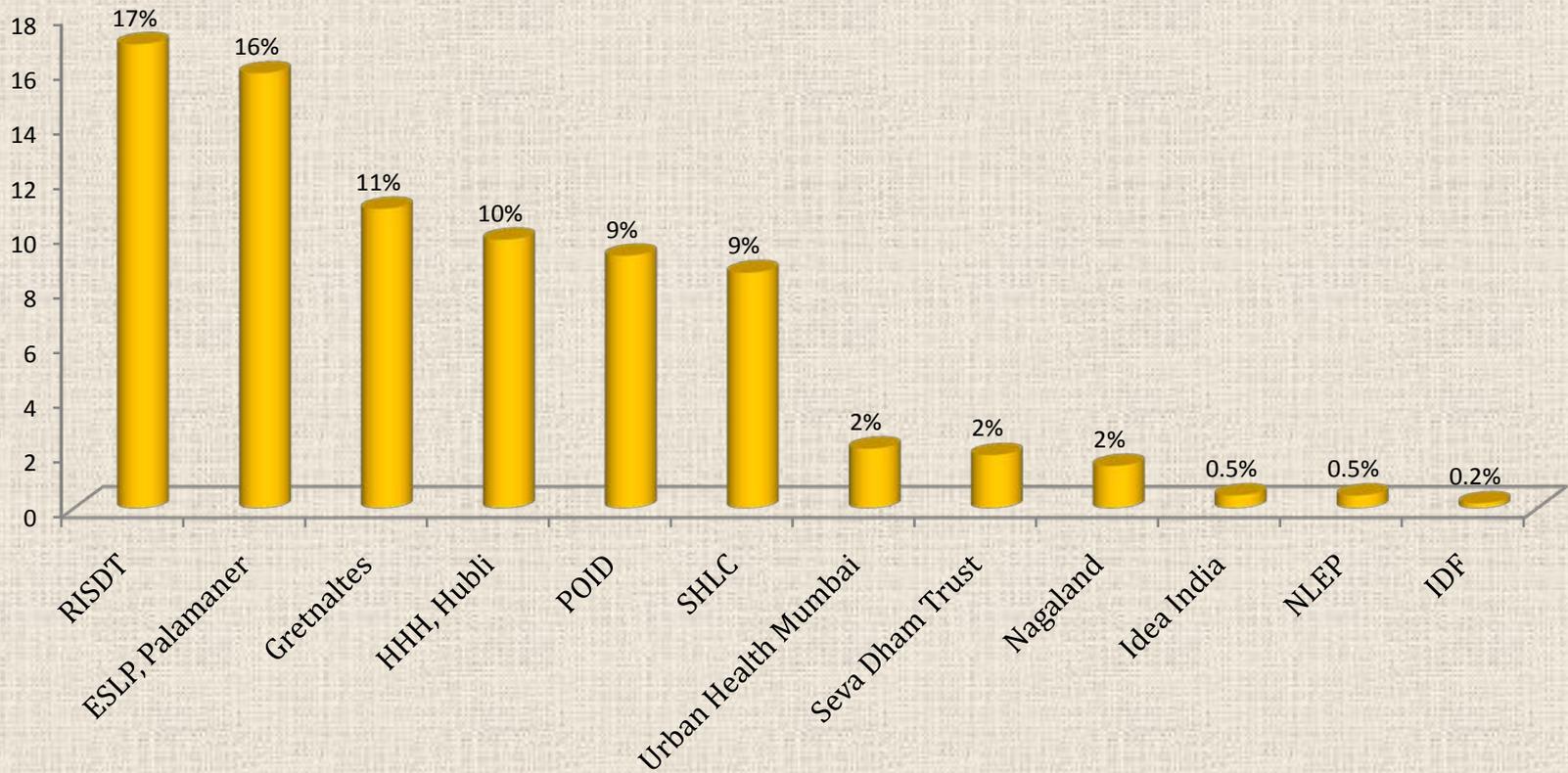
ABOUT PROJECTS

Distribution of India Country Budget for the year 2012:

Graph No. 1 (a) & (b) shows the bifurcation of budgets between different NGO partners (projects) through which Swiss Emmaus India provide its services to the society. List for partner NGO's (supported projects) is:

1	Emmaus Swiss Leprosy Project, Palamaner (ESLP)
2	Emmaus Swiss School, Palamaner
3	DPMR, Palamaner
4	Greater Tenali Leprosy Treatment & Education Scheme Society, Guntur (GRETNALTES)
5	Gretnaltes School
6	Gretnaltes general Hospital & TB
7	DPMR, Gretnaltes
8	Rural India Self Development Trust, Kathipudi (RISDT)
9	Rural India Self Development school
10	RISDT General Health & TB
11	DPMR, RISDT
12	Hubli Hospital For the Handicapped, Hubli (HHH, HUBLI)
13	Sacred Heart & Leprosy Centre, Kumbakonam (SHLC)
14	Lok Seva Sangam, Mumbai (LSS)
15	Sevadham Trust, Pune
16	Indian Development Foundation (IDF)
17	Prevention of Impairment & Disability (POID)
18	Rural Leprosy Control Program, Nagaland (RLCP)

Table 6- List of supported projects

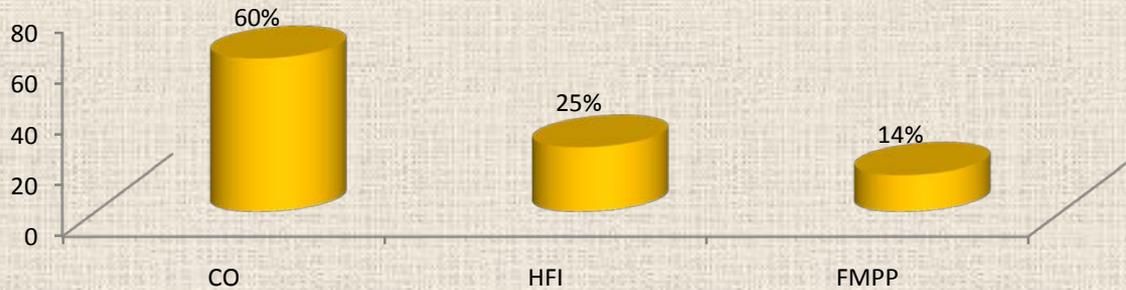


Graph No. 1 (a)- % distribution of funds between different projects: The graph projects the consolidated distribution of funds to projects which includes funds disbursed for hospitals, school, general hospital, TB & DPMR.

Direct Projects of Swiss Emmaus India

1	Country Office (CO)
2	FRU India (HFI)
3	FM Promotional Program (FMPP)

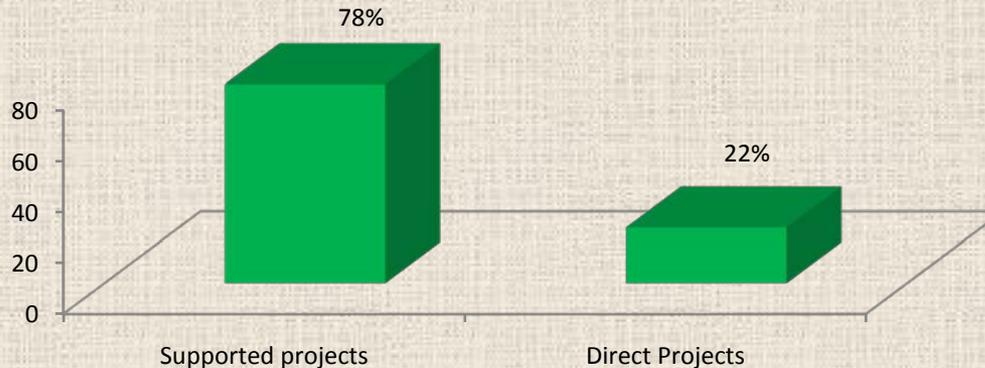
Table 7- List of direct projects



Graph No.1 (b) - % distribution of funds between direct projects

Comparison between Supported & Direct Projects

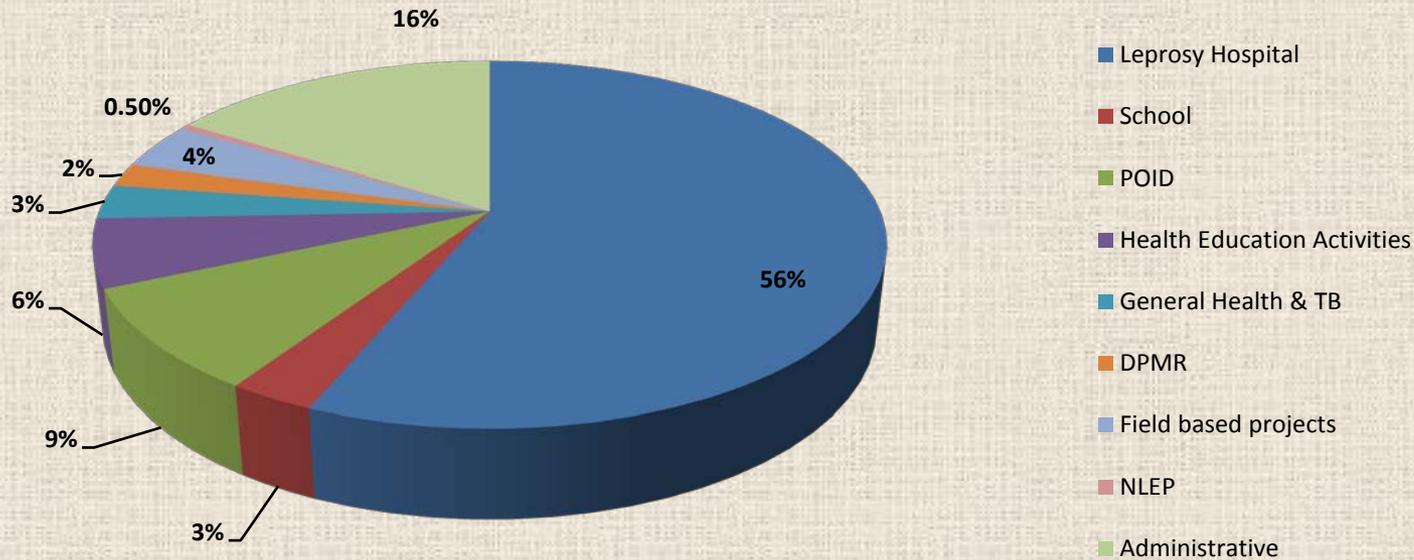
By means of graph 2 it can be analyzed that 78% of total country budget is utilized towards supporting the projects which provide services to the patients and remaining 22% is towards the direct projects which also include expenses towards Swiss Emmaus India initiatives towards local fundraising which is rising year by year.



Graph No. 2- % distribution between supported and direct projects

How the funds were deployed:

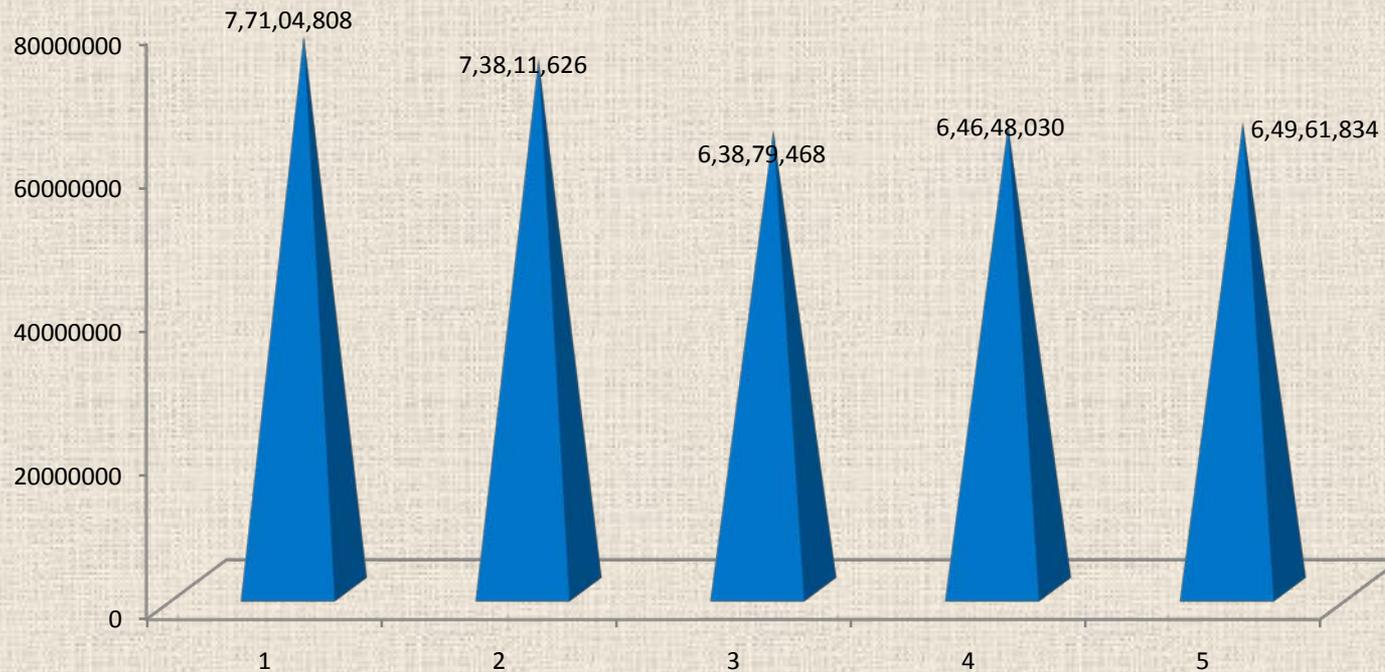
Graph no. 3 shows the utilization of the funding support given by Swiss Emmaus India in terms of various activities. From the below diagram it can be noted that maximum proportion of funding i.e. 56% goes towards the Leprosy hospital which supports the core mandate of the organization. Another 9% goes towards the POID program which is running in collaboration with government of India. 16% of the funds were utilized towards admin expenses, 6% towards health education activities and balance 13% towards other activities such as General Health & TB, NLEP, DPMR, School.



Graph no. 3- % distribution for utilization of funds under different categories

Trend of Support:

During 2012, Swiss Emmaus India sanctioned a total outlay of over Rs. 65 million (approx) towards running the NGO projects supported by them and offices in India. This is marginally less than the previous support in 2011. In spite of global recession and financial crises in mobilizing resources abroad, the quantum of support has been almost maintained with the earlier support. With a view to promote local fundraising, they also increased the support towards the budget for the fundraising initiative in India. This has been reflected by means of Graph no. 4



Graph No. 4- Trend of support for last five years

Human Resource

Swiss Emmaus India treats all its employees equally. Staff's are being provided remuneration based upon their experience and job responsibilities handled by them. All employees working with Swiss Emmaus India play an important role in the organization and are working towards a common goal i.e. to provide their support to the people affected by leprosy.

Staff Salary Band		
S. No.	Designation	Band
1	Senior Management Staff	50,001 - 300000
2	Middle Management Staff	30,001 - 50,000
3	Supervisory Level	10,001 - 30,000
4	Junior Level	5,000 - 10,000

Table 8- staff salary distribution between different levels of management.

Thomas to Thomas

Dr. Thomas Von Stamm	Mr. Thomas Gass
	
<p>Dr. Thomas Von Stamm , Ex-Head Project Management, FAIRMED, Switzerland was given farewell on 9th June '12 at Gretnaltes</p>	<p>A hearty congratulations and grand welcome to Mr. Thomas Gass for taking up the new assignment</p>

Partnership

This was the final year for SEI India as the elected member of the Country Coordinating Mechanism (CCM) of the Global Fund (GF) in India. It was during this period India had received the Rd-9 funding for ACSM as a part to fight TB. SEI India played an active part in finalizing the proposal and budget for the same grant that is currently being implemented. We were also given the rare honor to be the Chair of the Monitoring and Evaluation group of the ACSM project. We contributed significantly towards improving the governance and accountability of CCM India and ensured that the GF grants were being effectively utilized to improve the lives of people affected with TB. On a personal level, this was a unique experience that facilitated India to gain mileage from the support and advocacy provided by a set of highly distinguished personalities of CCM India, which will definitely strengthen the program base and increase wider access of treatment and diagnostic tools.

Visitors to India

SEI India was pleased to welcome Mr. Johannes Leutwyler to its new office in Gurgaon in 2012. Mr. Leutwyler needs no introduction as he's one of the long-standing board member in the HQ board. He is a frequent visitor to India and he always takes the pain to visit our Country Office and projects alike. He's very keen to learn about our progress and motivates us to further to contribute towards our success in India. He took time out of his busy schedule to interact with the staff at the Central Office.

Acknowledgements

Swiss Emmaus India acknowledges with humility to all the donors, friends and well wishers for recognizing our work and making a meaning contribution in the best possible ways towards our endeavors in eradication 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, CCM and National TB Consortium (NTC) for giving us the opportunity to strive for a “World free of Leprosy and TB”.

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.

Abbreviations

AP: Andhra Pradesh

CEO: Chief Executive Officer

DOTS: Directly Observed Treatment with Short course Chemotherapy

DRDA: Department of Rural Development Agency

ESLP: Emmaus Swiss Leprosy Project TB: Tuberculosis

HHH: Hubli Handicapped Hospital

IDF: Indian Development Foundation

IEC: Information, education and communication

ILEP: International Federation of Anti-Leprosy Organizations

IP: In patient

MD: Managing Director

OP: Out patient

NTC: National TB Consortium

POID: Prevention of Impairment & Disability

RISDT: Rural India Self Development Trust

RNTCP: Revised National TB Control Program

SEI: Swiss Emmaus Leprosy Relief Work India

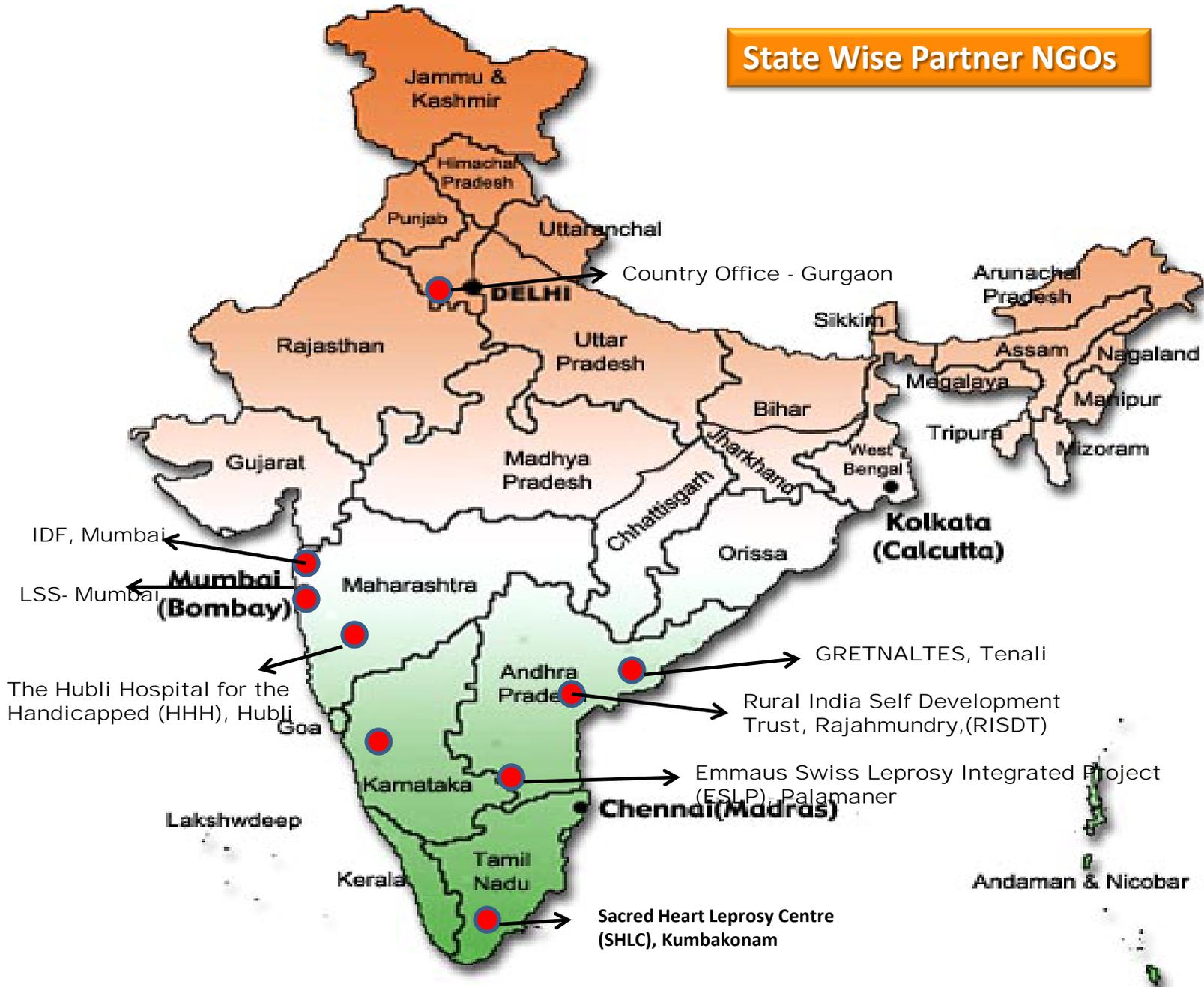
SET: Survey, education and treatment

SHG: Self Help Group

SHLC: Sacred Heart Leprosy Centre

WHO: World Health Organization

State Wise Partner NGOs





SWISS EMMAUS LEPROSY RELIEF WORK—INDIA

J-17, First floor, South City –I,

Gurgaon—122 007, Haryana, India

Telephone: +91- 0124-2384224, 2581224

Website: www.swissemmausindia.org, www.healthfirstindia.org

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