Damien Foundation India Trust

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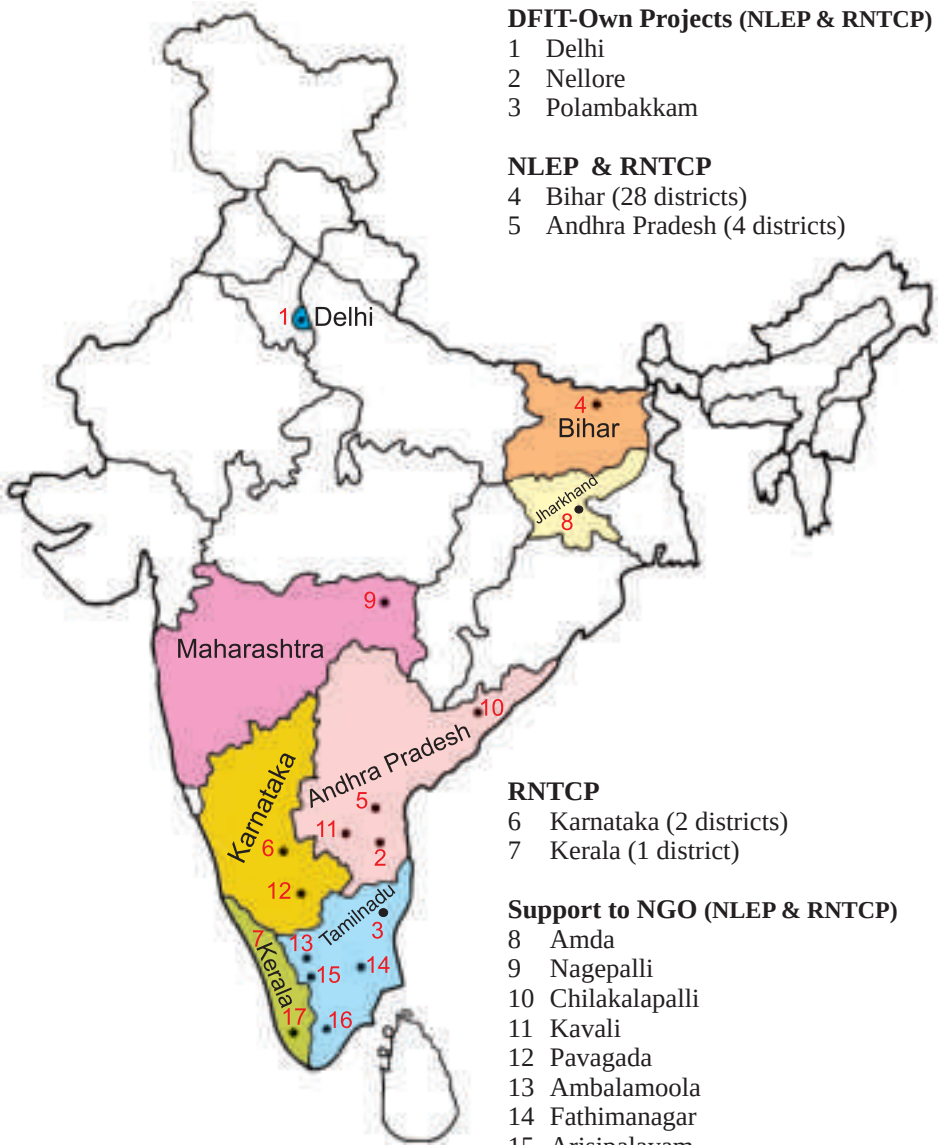
Damian Foundation India Trust

Activity Report - 2009 (Jan. - Dec.)

Projects Supported by Damien Foundation India Trust



DFIT-Own Projects (NLEP & RNTCP)
1 Delhi
2 Nellore
3 Polambakkam

NLEP & RNTCP
4 Bihar (28 districts)
5 Andhra Pradesh (4 districts)

RNTCP
6 Karnataka (2 districts)
7 Kerala (1 district)

Support to NGO (NLEP & RNTCP)
8 Amda
9 Nagepalli
10 Chilakalapalli
11 Kavali
12 Pavagada
13 Ambalamoola
14 Fathimanagar
15 Arisipalayam
16 Aundipatty
17 Thiruvananthapuram

Foreword

Every year that passes by brings with it memories of sweet accomplishments, bitter disappointments; fervent hopes consummated or consigned to the drain. It never ceases to surprise or shock. We wait in wonderment to hear the applause. Sometimes we wonder why we don't hear it. We are never surprised that the year that has rolled by is like any other. Neither better nor worse. Neither exciting nor insipid. Yet we are anxious to share with other likeminded persons the happenings, the hoorahs, the near-misses, the maneuvers, adding to the history and the heritage.

The report in front of you is a fair depiction of what transpired in the year 2009. The twenty-odd projects of Damien Foundation tried their charitable best to bring about qualitative difference to the lives of thousands of leprosy and TB affected. The men and women behind the projects strived hard to give vent to benevolent urges and public-spirited wishes. We see the result in the generous spatter of statistics and life stories of the transformed.

We seek your indulgence. We seek your opinion.

Let me offer my sincere thanks to all those who have stood by us; to all the staff who gave their assent to and achieved to a large extent the aspirations of the institution; to the Government, both Federal and State, for providing the alliance; for the DGDC for their trust and generousness; for the trust for their intelligent direction and support; and finally for Damien Foundation Belgium for helping us do things that we like most.

Yours Sincerely,

P. Krishnamurthy
Secretary, DFIT

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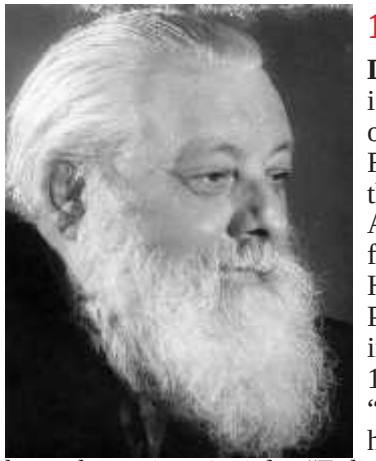


1. Introduction:

Damien Foundation India Trust (DFIT) is an international nongovernmental charitable organization supported entirely by Damien Foundation Belgium based in Brussels. It is one of the ten members of the International Federation of Anti-leprosy Associations (ILEP) devoted to the fight against leprosy. Founded by Dr. Frans Hemerijckx and Dr. Claire Vellut in 1955 in Polambakkam in Tamil Nadu it has grown into an agency with an extensive reach covering 112 159 849 population in 8 States in India. “Working towards eradication of leprosy and TB” has been the main goal, “Working together” has been the main principle, “Enlivening” has been the main theme of its operation. Having started as a leprosy institution providing primary care to the leprosy affected it has evolved into an organization building inroads into all aspects of leprosy and TB control. Working together with the community, persons affected and the programme means the focus is triadic and is aimed at establishing a strong collaboration with all the three important players. It has been extending its services through projects either directly owned or operated through NGOs through a Trust formed in 1993. After more than five decades of its operations it continues to portray “self-less service”.

2. Projects and infrastructure:

From leprosy-only project providing service to the affected in the field and the hospital, through a focus in the field with a support hospital facility to supporting and strengthening the actions of the Government at various levels through various mechanisms while retaining the referral element for managing complications, remains the main story of the evolution of Damien Foundation. The three types of projects, directly operated, NGO based and Support centred at State and sub-state level, provide services of varying nature, finally aimed at improving the quality of life of the affected. There are three directly owned projects, one each in Delhi, Nellore and Polambakkam. While the project in Delhi provides Leprosy and TB care service through its field centres, the one at Nellore provides all the three levels of care for Leprosy and TB and the unit in Polambakkam is a Leprosy home catering to the unfortunate few orphaned from the society. There are 10 NGO based projects situated in 6 different States and providing Leprosy and TB services. The last group of projects is the one which provides support to the Government at State and sub-state levels covering 4 States and 37 districts. Livelihood Enhancement Programme (LEP) was started in 2007 as part of the expanded effort of Damien Foundation to improve the quality of life of persons affected by leprosy or TB. All the activities are carried out under the auspices of the trust with 7 members by manpower force comprising of 25 Doctors, 91 field staff, and 270 administrative staff under the auspices of the Trust with seven members.

3. NGO projects:

The association between NGO projects and Damien Foundation has been long and strong. The relationship has been based on the understanding of the reciprocal strengths and converging and channeling efforts for the betterment of the affected. Till 1996 all the projects were involved mainly in Leprosy control and since then all have taken up TB and many other allied diseases. None of them, however, has lost focus on leprosy.

There are three projects in North India (Amda, Delhi, and Nagepalli) and ten in South India (Ambalamoola, Arisipalayam, Aundipatty, Chilakalapalli, Fathimanagar, Kavali, Nellore, Pavagada, Polambakkam, Thiruvananthapuram).

3.1. Ambalamoola

Nilgiris Wyanad Tribal Welfare Society,
Ambalamoola Post,
via-Bitherkad,
Gudalur Taluk, Nilgiris,
Tamilnadu-643240.
Phone : 04262-224558, 224477.
E-mail:
ambalamoolatribalsociety@gmail.com

Project Holder	Mr. Peter Ronald – Project Manager.
Staff	NMS(Non-Medical Supervisor):1; LT (Laboratory Technician):1; Administration (Admn) Staff: 1.
Facilities	Hospital with 12 beds; DMC (Designated Microscopy Centre); ICTC (Integrated Counseling and Testing Centre); and Mobile Outreach Medical Services for tribals.
Main activities	Hospital management of TB (Tuberculosis) and Leprosy cases; and Livelihood Enhancement Programme (LEP).
Budget	Rs. 501 064

The Project that is located in tribal area of Nilgiris district of Tamil Nadu covering a population of around 100 000 offers primary health care services through its hospital with 12 beds and a network of field workers and community volunteers. DFIT supports TB and Leprosy activities in hospital and field. A Microscopy Centre is attached to the hospital. During the year the project managed 13 607 out patients and screened 131 chest symptomatics for TB. In addition, 538 persons attended for skin ailments. The project registered 3 leprosy cases and 23 TB cases during the year. Totally one Leprosy case and 15 TB cases were hospitalized for management of complications. Through the Livelihood Enhancement Programme (LEP) 15 persons were supported with livestock, food grain support to 20 persons and 300 tribal children provided with school bags and umbrellas.

3.2. Amda

Claver Social Welfare Centre,
Claver Bhavan,
P.O.Amda,
Saraikela,
Kharswan,
Jharkhand-833101
Phone : 06583-252714.
E-mail: jsr_point@yahoo.com /
apanneersj@gmail.com

Project Holder	Fr. Anthony Panneerselvam - Director.
Staff	PH (Project Holder):1; MO (Medical Officer): 1; NMS: 1; PT (Physio-Technician): 1; LT: 1; Dresser; 1; Admn. Staff: 1; Driver: 1; Other Temporary staff: 3.
Facilities	Hospital with 16 beds.
Main activities	Hospital management of TB and Leprosy cases; DPMR (Disability Prevention and Medical Rehabilitation) support to 8 districts; and LEP.
Budget	Rs. 1 728 186

The Project is situated in Saraikela district of Jharkhand State and supports mainly Leprosy control activities. Following integration of leprosy and at the request of the State the project took up supporting the establishment of DPMR (Disability Prevention and Medical Rehabilitation) services in 8 districts of the State. The district of Saraikela in which the project is located has been endemic for leprosy throughout. It is also known for a high incidence of lepra reactions. Every year the project manages around 100 cases of reactions, most of them coming from the old field operation area of the project covering a population of around 150 000 (one block called Chaibasa). It would be interesting if a detailed epidemiological study is carried out to understand the reasons for high endemicity and incidence of reactions. The project used to get about 1000 new cases annually till 2004 when leprosy was totally integrated. It now caters to persons with leprosy related complications reporting to its hospital and provides support to DPMR in Saraikela and 7 other districts. In 2009 the team consisting of 2 field workers and a Physio-Technician covered 683 persons with disability out of which 316 (46%) were found to be practicing self care regularly. Seven other districts which are covered by the project for DPMR support include Deogar, Godda, East and West Singhbhum, Gumla, Lohardugga and Simdega. Data from 5 districts is available. Total number of persons with disability in these 5 districts is 872. Of the 70 Primary Health Cenres (PHCs) in the 8 districts 47 have so far been covered for training and collection of data and monitoring. The team has so far trained 1 611 Health staff including 94 Medical Officers. Of the 918 cases seen by the team during the monitoring visits, 351 (38%) were found to be practicing self care regularly.

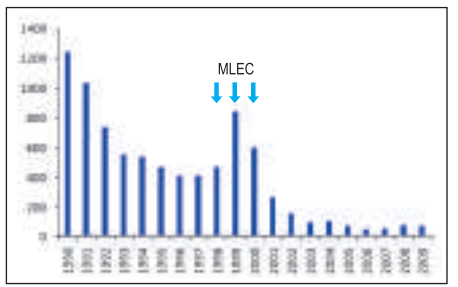
The project has a hospital with 16 beds. It admitted 24 cases of leprosy with complications including plantar ulcers and lepra reactions. A total of 27 cases from 3 districts have undergone reconstructive surgery (RCS). Till now through LEP it supported self employment for 10 persons and livestock to 36 persons with disability.

3.3.Arisipalayam

St. Mary's leprosy centre,
Arisipalyam,
Salem,
Tamilnadu-636 009
Phone: 0427-2352645.
E-mail: smlcslm@gmail.com

Project Holder	Sr. Francisca – Administrator.
Staff	PH: 1, MO: 1; NMS: 1 STS (Senior Treatment Supervisor): 1; PT: 1; STLS (Senior Tuberculosis Laboratory Supervisor): 1; PMW (Para-Medical Worker): 1; Admn. Staff: 2; Driver: 1; VHN (Voluntary Health Nurse): 1; Other temp. Staff: 4.
Facilities	Hospital with 22 beds; TB Unit (Tuberculosis Unit); and DMC.
Main activities	Hospital management of TB and Leprosy cases; TB Unit; POD (Prevention of Disability) support to 4 districts; and LEP.
Budget	Rs. 3 113 335

The project is situated in Arisipalayam town in Salem district of Tamil Nadu. It began its Leprosy control activities in 1960, took up TB services in 2001 and initiated support to POD at district level in 2003.



Trend of new leprosy cases reported by the project: 1990-2009

The project used to report on an average 1 000 new cases a year from its field operation area covering a population of around 300 000 since the area was divided in 1986. Integration was done in 1997 when it reported 395 cases. Total integration was done in 2003. Ever since the integration, the project has been getting about 60-90 new cases a year and one new case with disability.

Having been recognized as a referral centre in the district, it has been managing persons with leprosy related complications reporting to the hospital ever since its inception. Salem is one of the districts with a large number of persons with leprosy related disabilities. The good work done by the project in catering to the population who were in need of continuing leprosy care service in the field operation area of the project before integration resulted in the district authorities giving to the project the responsibility of extending POD support to the whole district. Support to POD (Prevention of Disability) in the district was taken up in earnest in 2003.

The method adapted was simple: the key staff from the Government were identified; district POD nucleus was formed for training, supervision and monitoring; systematic training of all the staff, PHC wise, was organized; data on disability was collected; and supportive guidance was provided by the nucleus through well-planned field visits. The obvious difference between the general DPMR strategy and the one followed here was that in the project all the peripheral health staff in all the PHCs were trained at the sub-centre level along with persons affected. The POD support initiated by the project has been regarded as an intervention worthy of emulation. Support to POD was later extended to three more districts- Dharmapuri, Krishnagiri and Erode. In 2009 the project trained 1 231 health staff including Medical Officers, Multi-Purpose Health Workers, in 4 districts. The team assisted in facilitation of POD trainings in Namakkal, Villupuram and Kancheepuram Districts also. A total of 152 staff were trained.

What is really heartening to note is the positive response from the programme staff and persons affected. More than 70% of the staff were found to be involved in POD care activities and more than 70% of the persons affected were found to be practicing self care. Besides the POD activities, the project diagnosed 216 new Leprosy cases and referred them to Primary Health Centres for continuation of treatment.

The project continues to offer to both Leprosy and TB affected guidance, counseling and socio-economic support. It helped in construction of 10 houses, assisted 15 persons in self employment, provided educational support to 85 children and offered supplementary food support to 206 families.

The project was recognized for operating a TB Unit in 2001, covering a population of 587 161. In 2009, it reported 910 sputum positive TB cases from 7 547 suspects.

A total of 652 (New Sputum Positive (NSP): 232) cases were registered in 2009. HIV (Human Immunodeficiency Virus) co-infection among TB cases was 15%. The conversion and cure rates were 88% and 87% respectively.

Involvement of community in suspect referral and Directly Observed Treatment (DOT) is very good. About 13% (963) of the total suspects and 16% (148) of total positives were referred by the community, and 91% of the DOT providers were from the community.

3.4. Aundipatty

Arogya Agam,
Theni district,
Aundipatty,
Tamil Nadu-625512
Phone : 04546-242306,244311.
E-mail: arogyaagam@gmail.com

Project Holder	Mr. Rajan Packirisamy – Director.
Staff	MO: 1; LT: 1; Staff Nurse: 1; Other Staff: 1.
Facilities	Hospital with 35 beds for secondary care; and DMC.
Main activities	Hospital management of TB and Leprosy cases; POD support to 4 blocks in Theni district; and LEP.
Budget	Rs. 575 552

The project is located in Theni district of Tamil Nadu and has been involved in Leprosy and TB control for a long time. It focuses its activities mainly in the old field operation area covering a population of around 200 000. It implements several developmental activities in addition to Leprosy and TB control. It is one of the leading NGOs in the district which has made a considerable difference to the lives of many HIV affected persons. Following integration, its leprosy control activities are restricted to diagnosis and referral of new leprosy cases to PHCs, management of leprosy cases with complications referred from the PHCs either in the OPD (Out-Patient Department) or in the hospital, providing aids and appliances including MCR (Micro Cellular Rubber) footwear to the needy persons and referring persons with disability to RCS centres for Re-Constructive Surgery. It referred 20 new leprosy cases to PHCs. Project has taken up integrated POD services in 4 blocks of Theni district and is now in the process of collecting data on disabilities.

It had been functioning as Designated Microscopy Centre under RNTCP, diagnosing and treating TB cases in a population of around 100 000. It reported 80 sputum positive TB cases from 583 suspects in 2009. Total cases detected were 88 of which 58 were referred to PHCs for management.

3.5. Chilakalapalli

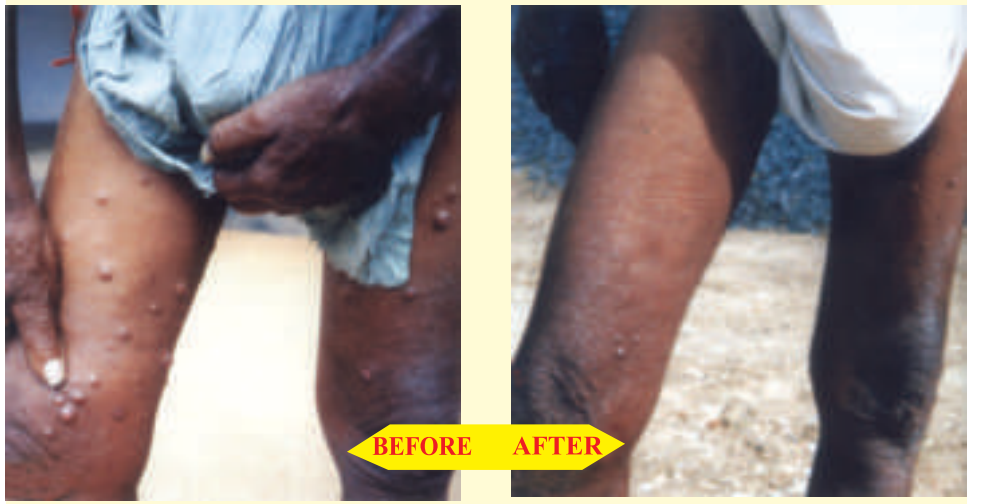
Gandhi Memorial Leprosy Foundation,
Chilakalapalli P.O.
Balijipeta,
Vizianagaram District,
Andhra Pradesh-535557
Phone : 08944-256265
E- mail: pogmlfclp@rediffmail.com / prabhaa_wda@sancharnet.in

Project Holder	Mr. V. Prabhakar Rao – Director.
Staff	MO: 1; PT: 1; PMW: 1; Admn. Staff: 1; Other Staff: 6.
Facilities	Hospital with 21 beds.
Main activities	Hospital management of Leprosy cases; POD support to 18 PHCs in Vijayanagaram District; and LEP.
Budget	Rs. 965 388

Being one of the oldest leprosy projects in the country and run by Gandhi Memorial Leprosy Foundation (GMLF) in Wardha, made famous by its association with the Father of the Nation, it has become a significant part of Leprosy control in Vizianagaram district. The area in which the project is located has reported the largest number of cases with disability in the State of Andhra Pradesh. Following integration, project took up support to leprosy activities including POD initially in 4 PHC areas and it has now been extended to 14 PHCs. At present 887 cases with disability are covered by the project. A team of Physio-Technician and two field workers are helping the programme staff in implementing POD activities. In 2009 about 392 staff of different categories were trained, given on the job guidance and support. One of the key features of the POD programme in the area is the successful involvement of community members in supervision of persons affected, in practicing self care. This is the reason why nearly 76% of the persons affected with leprosy related disability were found to be practicing self care. The project provided MCR footwear to 456 persons and RCS was done for 11.

Through LEP 23 persons were supported. It helped three families repair their houses and assisted 20 persons in self employment.

BEFORE AND AFTER MDT TREATMENT



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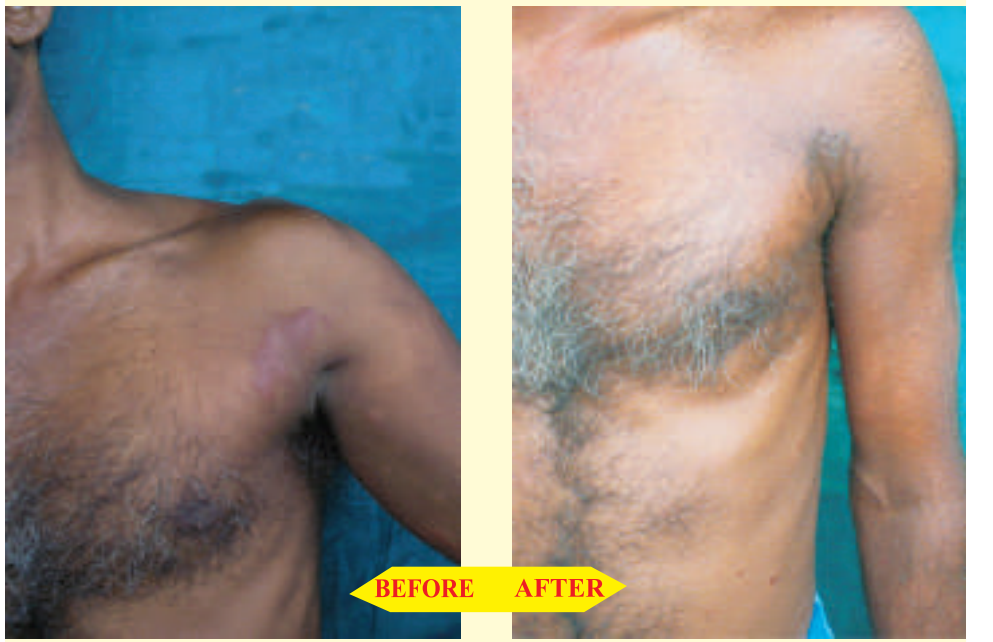


3.6. Delhi

Margaret Leprosy and TB centre,
Qutub Vihar Phase-I,
Goyela Dairy Main Road,
Near Police Check Post,
Najafgarh,
New Delhi-110071
Phone : 011-65492609
E- mail: dfitdelhi@gmail.com

Project Holder	Mr. Rajendran – Project Coordinator.
Staff	PC (Project Cordinator): 1; MO: 1; STS: 2; STLS: 2; Microscopist- cum-field worker: 12; Admn. Staff: 1; Driver: 1; Other Staff: 1.
Facilities	2 TB Units; 10 DMCs; and ICTC.
Main activities	Hospital management of TB and Leprosy through 2 TB units in south west Delhi; and LEP.
Budget	Rs. 7 160 466

Leprosy:
The Project was established in 1999 with involvement in Leprosy control. South West Delhi was one of the leprosy-endemic districts where around 800 new leprosy cases used to be detected annually. When the programme was integrated, the centre was given the responsibility for supporting leprosy control activities in the South West district through training, monitoring and supervision of the staff in the district as part of the District Technical Support Team (DTST) strategy. TB support was taken up in 2002 initially through one TB Unit and later (2004) through two TB Units covering a total population of one million. Following integration and withdrawal of DTSTs, the project restricts its leprosy control activities to diagnosing and referral of cases presenting to the centre, supply of MCR footwear, referral of persons with disability for RCS and socio-economic rehabilitation of those in need. It reported 14 leprosy cases through its centres. One person with disability was helped to undergo RCS at the DFIT supported tertiary referral centre in Thiruchirapalli in Tamil Nadu.

Tuberculosis:
There are 10 DMCs in 2 TB units. Each centre is managed by a Microscopist- cum-field worker who is provided mobility support. The person is responsible for diagnosis through sputum microscopy, DOT supervision, arranging and monitoring community DOT providers and record keeping. In 2009, a total of 35 684 out patients attended the clinics and 7 626 respiratory symptomatics were screened for TB, 1 209 (834: NSP) positive cases were diagnosed and 2 472 TB cases of all types registered for treatment.

Community involvement:

Category	No. involved	No. of suspects referred	No. of TB cases diagnosed	No. involved in DOT supervision
General practitioners	83	120	48	03
Registered medical practitioners.	227	332	79	68
Govt hospitals and dispensaries	21	2295	1235	Nil
Community volunteers	215	1618	286	05
Non government organizations	-	3261	824	Nil
Total	546	7626	2472	76

Community involvement in TB service is improving in the project area. About 27% of total symptomatics were referred by community including Medical Practitioners and community volunteers. About 57% reported on their own. Around 26% of patients are under supervision by community DOT providers. Both the TUs achieved 89.4% sputum conversion and 89.2% cure rate. DOT-Plus programme is implemented in Delhi and MDR-TB (Multi-Drug Resistant Tuberculosis) suspects are referred to Lala Ram Suirub (LRS) TB hospital for Culture and Drug Sensitivity Test (DST). Now the project has 16 cases of MDR-TB under treatment. All are found to be regular.

Families of 25 TB patients were supported with food grains during treatment through LEP.

Two Integrated Counseling and Testing Centres (ICTC) have been set up in two DMCs by the Government.

3.7. Fathimanagar

Holy Family Hansenorium,
Fathimanagar P.O,
Thiruchirapalli District,
Tamil Nadu-620 012
Phone: 0431-2680222, 2680033
E- mail: holyfamilylep@gmail.com

Project Holder	Sr. Rita Adaikalam - Project Holder.
Staff	MO: 1; NMS: 1; PT: 1; LT: 1; PMW: 1; Staff Nurse:1; Admn. Staff: 1; Pharmacist: 1; VHN (Village Health Nurse): 2; Driver: 1; Shoe maker: 1; Other Temp. Staff: 10.
Facilities	Hospital with 75 beds; tertiary care centre for leprosy including RCS; DMC; and TB/HIV carecentre.
Main activities	Hospital management of TB and Leprosy cases;RCS; POD support to 4 districts in Tamilnadu; and LEP.
Budget	Rs. 3 369 609

Holy Family Hansenorium is one of the oldest projects supported by Damien Foundation. Located in Thiruchirapalli district of Tamil Nadu State it has been supporting leprosy control programme for more than 3 decades. It implements a host of programmes including HIV/AIDS and Socio-economic rehabilitation. Started primarily to cater to the leprosy affected in a field operation area of about 200 000 population it has diversified its activities to include more of support to the Government instead of primary involvement. It manages leprosy cases with or without complications referred from Thiruchirapalli and adjoining districts. All new cases without complications are referred back to PHCs for subsequent management and those with complications are initially treated in the hospital and referred later for follow up by the respective PHCs. It caters to those with disability with RCS service. It has become one of the important referral centres in the State of Tamil Nadu catering to the training and referral needs of the State. The centre has 75 beds for hospitalization.

One of the important activities taken up by the project in consultation with the Government of Tamil Nadu is the support to POD given to 5 districts (Thiruchirapalli, Pudukottai, Karur, Ariyalur and Perambalur). Support to POD in two districts (Thiruchirapalli and Pudukkottai) has been done for the past 4 years and the other three districts for the past one year. The two field workers with extensive experience in implementation of POD are involved in extending support

to POD in the 5 districts. They have trained all the staff in 3 districts and at least one third of the staff in the remaining two districts. There are 52 Grade I and 980 Grade II persons living in Thiruchirapalli and Pudukottai districts. Of the 157 staff monitored, 136 (86.6%) were reportedly involved in POD activities. Of the 652 persons with disability monitored, 600 (92%) were reportedly practicing self care in the two districts.

In 2009, a total of 30 Multibacillary (MB) and 18 Paucibacillary (PB) cases were diagnosed and referred to PHCs for further management. It also managed 31 cases with type I and 26 cases with type II lepra reaction. It also managed 397 persons with complications (plantar ulcer). Self care training was given to 1 142 persons with plantar ulcer. Re-constructive surgery was done for 35 persons.

The project provided footwear to 566 persons, Prosthesis to 11 persons and 22 persons were benefitted through LEP.

3.8. Kavali

Rural Health Centre,
Asaniketan,
Vengal Rao Nagar,
Kavali,
Andhra Pradesh-524202
Phone : 08626-241403
E-mail: asaniketan@yahoo.com

Project Holder	Sr. Roseline – Project In-charge.
Staff	PH: 1; MO: 1; STS: 1; STLS: 1; LT: 5; Admn. Staff: 1; Driver: 1
Facilities	TB Unit; and DMC.
Main activities	Hospital management of TB and Leprosy cases; TB Unit; DMC; and LEP.
Budget	Rs. 1 899 259

The Project is located in Nellore district of Andhra Pradesh and has been involved in Leprosy and TB control activities for considerable period of time. After integration its leprosy activities are confined to supporting the Government staff in 2 Urban Health Centres (UHC) in implementing Leprosy control and POD. In 2009 the project referred after diagnosis 7 MB and 2 PB cases. There are 11 cases with disability and all of them are practicing self care. The project is facilitating a TB Unit covering a population of 461 489. It has placed its own staff comprising a MO, STS, STLS and 5 Laboratory Technicians (LT) in the TB unit for implementing TB control activities. It reported 568 TB cases of all types (NSP: 247) in 2009 and achieved a cure rate of 91%. It faces the challenge of achieving a higher cure rate for retreatment cases (48%). Project gave re-orientation training on TB to 297 persons including Medical Officers, other Health staff and community volunteers. LEP or socio-economic rehabilitation is one of the activities of the project - 7 persons with disabilities were supported.

3.9. Nagepalli

Assissi Sevasadan Hospital,
Nagepalli, Allapalli P.O.,
Gadchiroli District,
Maharastra-422703
Phone : 07133-266461
E-mail : assissinagepalli@gmail.com

Project Holder	Sr. Marina Francis – Project Holder.
Staff	MO: 1; NMS: 1; HE: 1; PMW: 1; LT: 1; Staff Nurse: 1; Admn. Staff: 1; Driver: 1; Other Staff: 7.
Facilities	Hospital with 10 beds; and DMC
Main activities	Hospital management of TB and Leprosy cases; DMC; POD support to 4 PHCs in Gadchiroli district; and LEP.
Budget	Rs. 1 509 772

Situated in one of the backward areas of Gadchiroli district in Maharashtra State it caters to a predominantly tribal population living in extremely challenging geographical terrain. In spite of social unrest, difficulties in accessing villages, the project has been able to provide accessible service to the locals mainly because of the involving of local tribal population. The project has been providing inpatient care for TB and Leprosy cases and managed 65 TB and 13 leprosy cases with complications. It referred 7 MB and 17 PB cases to PHCs for management. The project also manages TB cases through its DMC covering a population of 100 000.

It registered 86 TB cases of all types (49: NSP) and achieved a cure rate of 83%.

The centre has placed 4 trained tribal Health workers in 4 PHCs for supporting TB and Leprosy activities including suspect referral, case diagnosis, DOT provider selection and follow-up treatment. Through IEC it sensitized 167 00 community members and trained 1,050 members in Leprosy and 980 members including traditional healers in TB. The project has been supporting integrated POD in 5 PHCs covering 70 persons with disability. All the programme staff are trained in POD and 53% of them were found to be involved. Of the 70 persons with disability 49 (70%) were found to be practicing self care (SSOD- Soaking/Scrapping/Oiling/Dressing) regularly. It provided MCR footwear to 110 persons. Totally 8 persons were benefited by LEP.

3.10. Nellore

Damien Foundation Urban Leprosy and TB Centre,
Bakthavatchala Nagar,
A.K. Nagar Post,
Nellore,
Potti Sriramulu District,
Andhra Pradesh-524004
Phone: 0861-2325163
E-mail: dfulcnlr@sancharnet.in

Project Holder	Dr. M Shiva Kumar – Project In-charge.
Staff	MO: 2; NM: 1; PT: 1; Micro-biologist: 1; Lab. Coordinator: 1; LT: 2; Lab. Asst. 1; Staff Nurse: 3; Admn. Staff: 1; Driver: 1; Other Staff: 5.
Facilities	Hospital with 14 beds; MDR TB Research Centre (DTRC-Damien TB Research Centre); DMC; and RCS centre.
Main activities	Hospital Management of TB; MDR TB and Leprosy cases; POD support to 3 districts including RCS; and LEP.
Budget	Rs. 7 899 976

Damien Foundation Urban Leprosy and TB centre (DFUL & TC) is one of the three projects directly operated by DFIT. Located in Nellore town in Potti Sriramulu (Nellore) district of Andhra Pradesh it has become an important referral centre for leprosy and will soon be for TB also. The project started Leprosy service in 1993 and TB service in 1996. Leprosy service which used to be detection and treatment of cases in Nellore town came to be restricted to managing cases with complications following integration. It has a 14 bedded hospital for managing complications related to TB and leprosy. It supports three adjoining districts for Re-constructive surgery and 36 persons were operated for correction of deformities, including 27 of hand, 6 of foot and 3 of eye.

The centre is also assisting in establishing POD service in Potti Sriramulu (Nellore), Kadapa and Anantapur districts. Of the total 46 PHCs in Nellore it has covered 32 so far. The team consisting of two Physiotherapy Technicians and a field worker visited 409 persons with deformity and confirmed that 239 (58%) were following regular self care practice. It provided foot wear to 64 persons.

The centre has been allotted DMC covering a population of 115 000 for managing TB cases in Nellore town. In 2009 it registered 216 cases of all types (NSP: 90) and achieved 84% cure rate (Included in the District Report). Community involvement is very good in suspect referral and DOT supervision. About 90% of patients are under supervision of community DOT providers.

Self employment support was given to 14 leprosy affected persons through LEP project.

3.11. Pavagada

Swami Vivekananda Integrated Rural Health Centre,
K.R. Extension,
Pavagada,
Tumkur District,
Karnataka-561202
Phone: 08136-244548, 244030
E-mail: swajapa@yahoo.com

You never learn anything from a journey if distance becomes more important than reaching the end.

- P. Krishnamurthy

Project Holder	Swami Japananda – President.
Staff	MO: 1 ; PT : 1 ; LT : 1 ; Staff Nurse : 2 ; Admn. Staff : 2 ; Pharmacist : 1 ; TB-HV : 4 ; Other Staff : 2.
Facilities	Hospital with 30 beds tertiary care centre for leprosy including RCS; TB Unit ; and DMC.
Main activities	Hospital Management of Leprosy and TB; TB unit; DMC; RCS support to 5 districts; and LEP.
Budget	Rs. 1 688 204

Swami Vivekananda Integrated Rural Health Centre in Pavagada Taluk of Tumkur district in Karnataka has been involved in supporting Leprosy control since 1993 and TB control since 1996. Situated in one of the most backward regions of Karnataka it has been providing quality service to Leprosy and TB affected persons with support from Damien Foundation. The project has a hospital with OPD and inpatient service with 30 beds. From active case detection and treatment it has graduated to referral of cases after diagnosis and manage cases with complications. It caters to the RCS needs of persons in the adjoining 5 districts.

In 2009 the project diagnosed and referred 28 MB and 23 PB cases to the respective PHCs. 27 persons with disability have under gone RCS. In the area formerly covered by the project there are 140 persons living with leprosy related disability. Only 56 (66%) out of 85 visited were found to be practicing self care. Providing care for all the 140 persons remains a challenge. The project definitely needs to give more attention to field management of persons with disability. The project also managed 17 TB and 117 leprosy cases with complications including 3 reaction cases. It supplied MCR foot wear to 40 persons. Through LEP it helped 21 persons by providing livestock, house renovation, educational support and opportunity for self employment.

Project has been allotted a TB unit including Microscopy centre in 2003 for covering a population of 413 917. The TB unit covers 4 DMCs and 12 PHCs. It registered 638 TB cases of all types (NSP: 309) and achieved 91% of sputum conversion rate and 79% cure rate.

3.12. Polambakkam

Anandapuram Home,
Damien Foundation India Trust,
Polambakkam village & Post,
Kancheepuram District,
Tamilnadu-603 309.
Phone: 044-27544267

Project Holder	Mr. Paul Xavier – Project In-charge.
Staff	Project In-charge : 1 ; Cook :1 ; Ward Boy : 1 ; Driver : 1 ; Dresser : 1 ; Nursing Asst. : 1 ; Other : 1.
Facilities	Home (19 bedded dormitory) with kitchen and dining.
Main activities	Total care is given to the persons living there.
Budget	Rs. 806 000

The home for leprosy affected and orphaned was located in Polambakkam, Kancheepuram district in Tamil Nadu which was started by Damien Foundation five decades back as part of the project in Polambakkam with independent project status under a trust became an integral part of Damien Foundation Indian Trust in 2006. The four and a quarter acre land on which the home is located had been donated by Sri. Muthumalla Reddiar who was a member of the trust till a few years back. It has a 19 bedded dormitory in its 8 rooms, and an average 16 persons stayed there during the year. It has a kitchen, dining, office, and store rooms. The centre has seven staff to run the activities. Total care is given to the persons living there.

Coordination is leading you along with others to a destination which you don't otherwise want to go alone.

- P. Krishnamurthy

3.13.Thiruvananthapuram

St.John's Hospital and Leprosy Services,
Pirappancode P.O.,
Thiruvananthapuram District,
Kerala-695607
Phone: 0472-2872047
E-mail :
stjohnshealthservices@gmail.com.

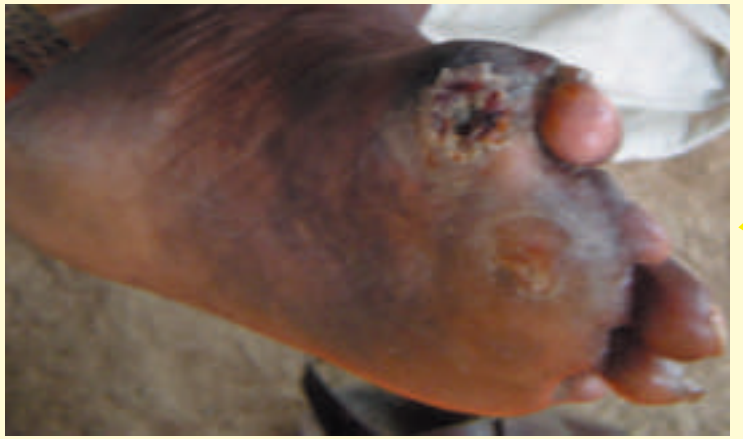
Project Holder	Fr. Jose Kizahakedeth – Director.
Staff	PT; 1; PMW: 1; Staff Nurse: 2; Admn. Staff: 1; LT: 1; Shoe maker: 1; Other Staff: 1.
Facilities	Hospital with 40 beds; DMC; and TB-HIV care centre.
Main activities	Hospital management of Leprosy; TB-DMC; POD support to Thiruvananthapuram district; and LEP.
Budget	Included in the DCT budget

The Project has been involved in Leprosy control activities for more than 3 decades and TB control since 1996. It is facilitating integrated POD programme in the district and covered 59 PHCs (total 86 PHCs) with 401 cases with disability. It organized 2 POD training camps and trained 36 health staff including medical officers and 401 patients. About 87% of the patients were found to be practicing self care and 80% of the Health Staff were involved actively in monitoring patients regularly. It provided 232 pairs of MCR foot wear to eligible patients. A total of 25 beneficiaries were registered for LEP support.

It has been allotted a Designated Microscopy Centre (DMC) covering a population of 115 000 in Trivandrum town. It detected 12 sputum positive cases from 151 suspects.

The project has 40 bedded hospital for managing complications related to TB, Leprosy and TB/HIV. A total of 123 Leprosy patients and 47 TB patients were managed in the hospital in 2009.

Ulcers - healed by self care



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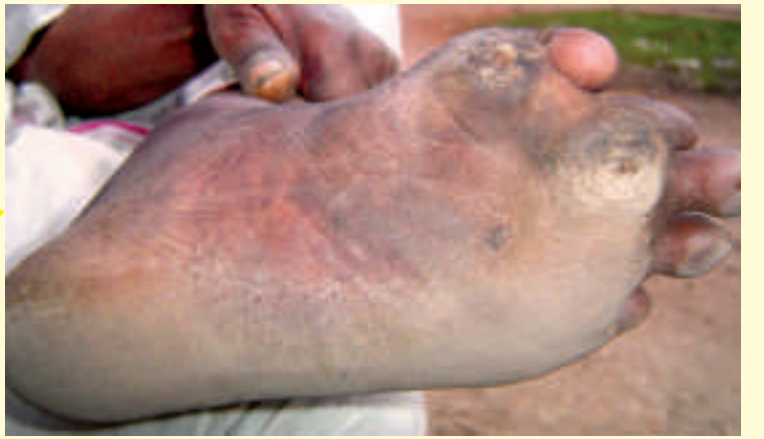

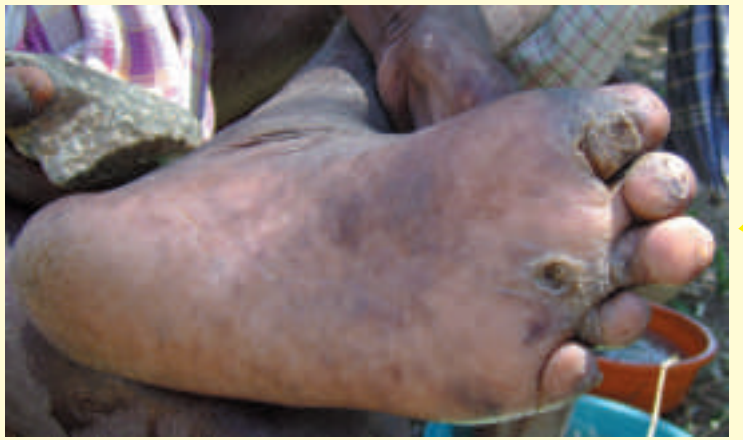

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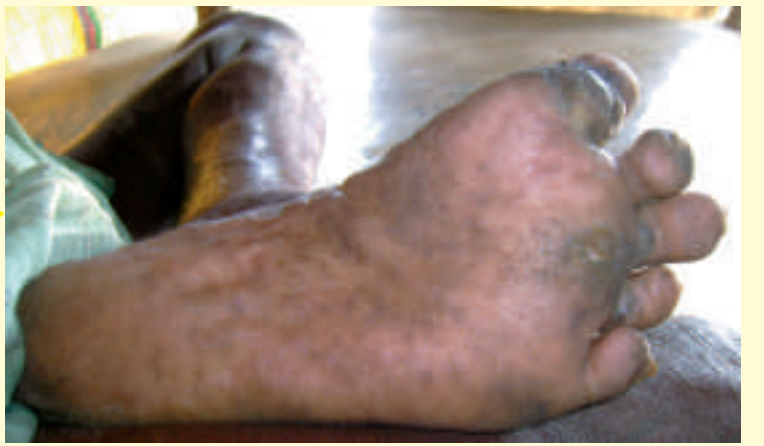

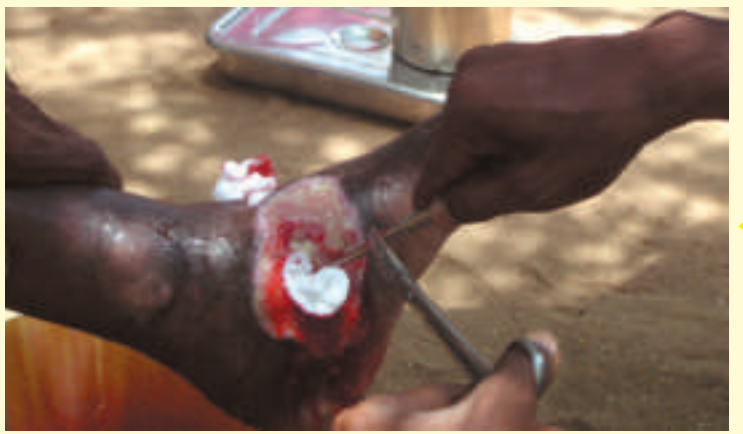

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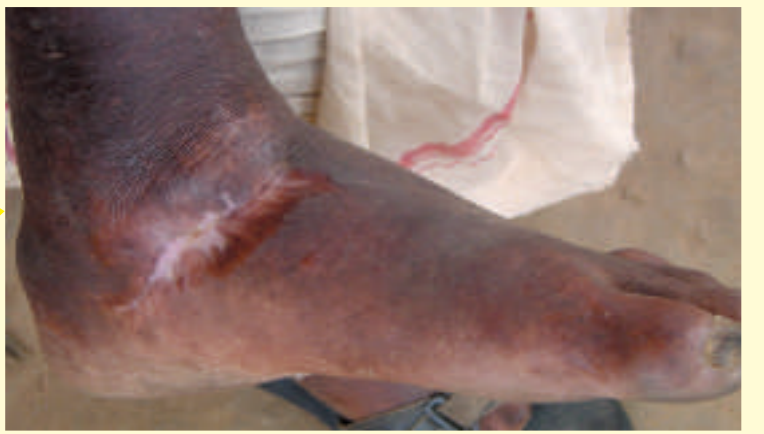


Ulcers - healed by self care

4. Support to Districts in South India: District Consultancy Teams (DCT):

Project Holder	Dr. P. Vijayakumaran, Director (Programme).
Main activities	Support to Government in TB control and DPMR activities.
Staff	Chief Medical Advisor: 1; Medical Consultants: 3; TB Supervisors (TBs): 13; PT: 1; Admn. Staff: 1; Drivers: 13; Support to Govt.: LTs: 8; TB-HVs: 5.
Budget	Rs. 13 073 597

Following the success of District Technical Support Teams for leprosy first established in Bihar and later in the South with the main intention of building the capacity of the programme staff in providing quality leprosy service, the concept made its way to TB programme too. Each team has a Medical Consultant with one or more Supervisors with extensive experience in field implementation of public health programmes including Leprosy and TB. They are invested with the responsibility of providing essential support at all levels in the district- right from identifying community volunteers for referral and DOT provision to assisting the DTO in monitoring and supervision. The team travels within the district, meeting the community, patients, staff, Medical Officers and through interaction brings about the necessary changes leading to qualitative improvement in the programme.

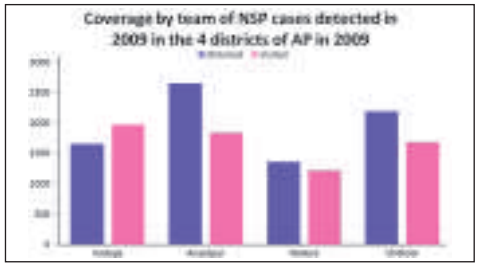
Such teams have been placed in nine districts in 3 states (Andhra Pradesh-4; Karnataka-4; and Kerala-1). The support has been extended to different districts for different periods, ranging from 2 to 9 years. The districts in Andhra Pradesh include Anantapur, Chittoor, Kadapa and Potti Sriramulu (Nellore). In Kerala the district of Trivandrum is covered. Whereas in Karnataka the four districts under Bengaluru (Bengaluru Metro, Urban, Rural and Ramanagara) are covered.

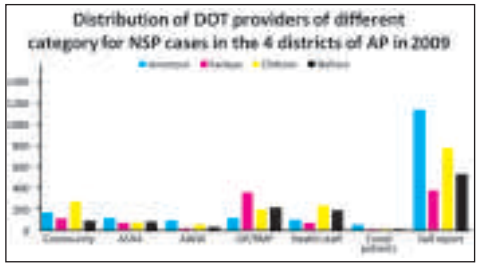
4. 1. Andhra Pradesh

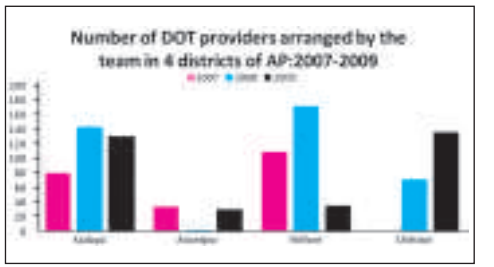
Damien Foundation India Trust,
District Consultancy Teams:

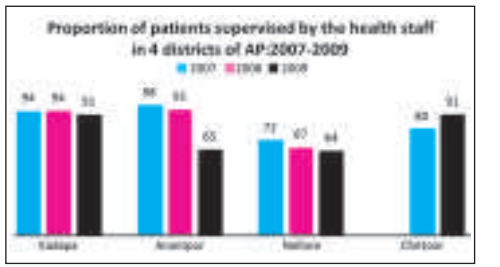
Totally four districts in Andhra Pradesh (Anantapur, Potti Sriramulu (Nellore), Kadapa and Chittoor) are being covered through DCT teams from DFIT for periods ranging from 1 to 9 years. It was started initially in Anantapur in 2001 at the request of the Government of Andhra Pradesh. The support was extended to Potti Sriramulu (Nellore) and Kadapa in 2003, and to Chittoor in 2008. Totally there are 9 Supervisors and two Doctors in the team.

The activities of the team include visiting patients and DOT providers to ensure that patients are under DOT and complete the treatment on time. Whenever needed the team arrange to change the DOT providers. The team also assists in information dissemination to the community, facilitates involvement of community, ensuring follow up sputum examination, assists in identifying those in need of training and helps in arranging training, identifies and helps in solving problems in sputum



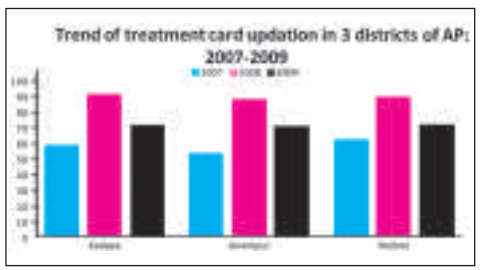


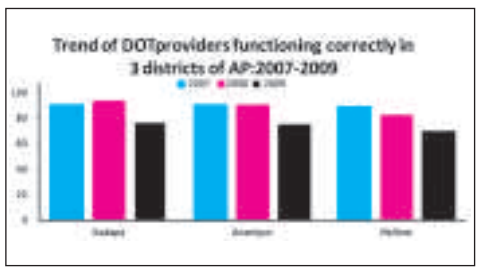


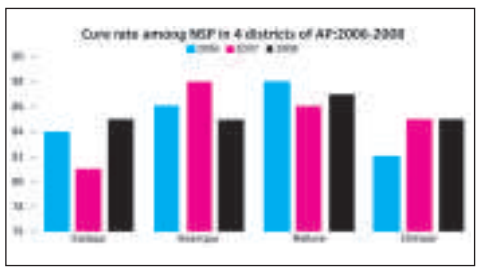


microscopy, assists in building the capacity of supervisors and assists the programme managers in supervision and monitoring. From the graph above it is clear that involvement of the team has had a positive impact in terms of the reduced need to intervene in arranging DOT providers.

DOT supervision and DOT have shown a reduction in 2009 compared to the preceding years. The most possible reason is the sudden introduction of ASHA and the insistence that all DOT providers should be preferably ASHA. These districts which had very good involvement of the community in suspect referral and DOT supervision had to suffer as a consequence of this change. It may take sometime for the situation to improve.







A. Anantapur district

DFIT-District Consultancy Team,
3-258, Anjaneya Swamy Temple Street,
Near Dhyana Mandir,
Tapovanam,
Anantapur,
Andhra Pradesh - 515004
Phone : 08554-243591
E-mail: dfittstatp@yahoo.co.in

Population covered: 3 990 148 (2009)

The support team consisting of a Chief Medical Advisor (CMA) and two TB Supervisors (TBS) has been functioning since 2001. The team has been involved in training of all the General Health (GH) staff in both Leprosy and TB control. Team continued to support TB control programme after ILEP decided to withdraw the support for Leprosy from April 2007. The team visited all the DMCs and PHCs once in 2 months and covered at least 50% of the cases registered. The team attends meetings at PHC and district level appraising the Officers about the challenges thus helping them to take immediate action. One LT at Kadri DMC is supported by DFIT.

All the programme staff were trained in TB control. About 78% of the Health facilities referred adequate number of suspects (2-4%). The District detected 4 055 sputum positive cases from 29 455 suspects and registered 5 673 cases of all types (NSP:2 634), and achieved cure rate of 85%.

DOT was found to be practiced in 2 464 (75%) among 3 259 cases visited. It was 92% in 2007 and 91% in 2008. Team also assisted the key staff in absentee retrieval. Totally 716 cases were retrieved. Of the 1 805 DOT providers interviewed 1 504 (83%) were found to be functioning correctly. It was 94% in 2007 and 91% in 2008. Team arranged 32 DOT providers. It also trained 1 619 persons including community members, conducted 822 group talks during field visits covering 12 862 people.

B. Chittoor district

DFIT-District Consultancy Team,
No. 28/1428/10A, Balaji Colony,
Opp. Kings Convent,
Ramnagar Colony,
Chittoor,
Andhra Pradesh-517001
Phone: Cell: 09440944867
E-mail: dfittstatp@yahoo.co.in

Population covered: 4 095 291 (2009)

Chittoor is one of the districts which have implemented Revised National TB Control Programme since 2001. It could achieve the programme objectives only in 2008 and this coincided with the placement of DFIT team in the district in March 2008. The District Consultancy team consists of 3 TB Supervisors. Chief Medical Advisor in Anantapur is supervising the functioning of the team. Initial assessment proved the poor quality in diagnosis and DOT supervision. The team played an important role in providing trainings at all levels. One person at each PHC was identified for maintaining records and drug stock. DOT improved from 30% to 70% by 2008 and 81% by the end of 2009. Of the 48 DMCs 24 referred adequate number of suspects (2-4%). The district detected 4 218 sputum positive cases from 26 419 suspects and registered 4 863 cases of all types (NSP: 2 181). It achieved cure rate of 85%.

DOT was observed in 2 174 (85%) among 2 668 cases visited. Team also assisted in absentee retrieval (300 cases retrieved). Of the 1 546 DOT providers interviewed 1 279 (83%) were found to be functioning correctly. The team identified and arranged 106 new DOT providers. In all 2 361 persons including community members were trained and 11 765 people were covered through 765 group talks.

DFIT evaluation team visited the district from 20th to 29th April to assess the performance of the team. It visited 17 DMCs and 9 PHCs distributed in 7 TB Units. Evaluation was done for the first time after the team from DFIT was placed in the district. In general, the involvement of key staff improved remarkably but they were found to be in need of timely guidance and support. There was no re-orientation training of Health staff after the implementation of RNTCP (Revised National Tuberculosis Control Programme)

(many new recruits and those transferred to the programme had not been trained). The functioning of DMCs was not satisfactory in most of the places particularly in aspects like smear preparation and staining procedures. On interview of 49 patients only 35 (71%) patients were found to be on DOT (94% and 91% in 2007 and 2008) and 27 (77%) DOT providers were found to be functioning well out of 35 DOT providers visited. All the patients were, however, regular in treatment.

Distribution of suspect referral by different categories of people in 2 districts in 2009:

District	Total TB suspects	Referred by				
		Community	Private Practioners	ICTC	Health Staff	Self reported
Anantapur	12148	842 (6.9%)	498	2182	7356	1270 (10.5%)
Chittoor	10188	1112 (10.9%)	656	663	5517	2240 (22%)

C. Kadapa district

DFIT-District Consultancy Team,
7-201-A, NGO colony,
Kadapa,
Andhra Pradesh-516002
Phone: 08562-253285
E-mail: dfitkdp@sancharnet.in

Population covered: 2 821 576 (2009)

Damien Foundation team placed in 2001 to support integration of Leprosy activities in the district started involving in TB control in 2003. The team has two TB Supervisors and is guided by Senior Medical Consultant from Nellore. Team could successfully retrieve 235 absentees. Of the 988 DOT providers interviewed 880 (89%) were found to be functioning correctly. It was 91% in 2007 and 91% in 2008. Of the 110 29 treatment cards verified 6 903 (62.5%) were found to be updated. It was 59.4% in 2007 and 53.7% in 2008. DOT was observed in 1 681(83%) among 2 041 cases visited. It was 93% in 2007 and 88% in 2008. Team arranged 130 new DOT providers, trained 1 224 persons including community members and conducted 1 242 group talks covering a population of 11 746.

The district detected 2 265 sputum positive TB cases from 20 994 suspects and registered 4 452 cases of all types (NSP: 1 643) and achieved cure rate of 85%.

The performance of the team has been evaluated twice previously and this time the team from Bihar visited 12 DMCs, 5 PHCs, 46 TB patients and 39 DOT providers from the community for evaluation. It was found that 17 out of 27 Medical Officers were trained in TB control. Lab. activities were satisfactory except high single sputum examination (15%). Involvement of community in DOT supervision was satisfactory (38 (97%) out of 39 DOT providers functioning well) and 43 (93%) out of 46 patients were on DOT. Delay in initiating treatment was high (11/46 patients). Main recommendation from evaluation was to reduce delay in initiation of treatment and on the job training for LTs on counseling of suspects for follow up visits.

D. Potti Sriramulu (Nellore) district

DFIT-District Consultancy Team,
Damien Foundation Urban Leprosy & TB Centre,
Bakthavatchala Nagar,
A.K. Nagar post, Nellore,
Potti Sriramulu District,
Andhra Pradesh-524004.
Phone: 0861-2325163
E-mail: dfulcnlr@sancharnet.in

Population covered: 2 916 064 (2009)

Nellore team has been involved in TB control since 2003. Before that it started its support activities for leprosy control in 2001. Since 2007, it has been involved exclusively in TB control activities. It has a Senior Medical Consultant and two TB Supervisors with mobility support. The team in close collaboration with the DTCO is involved in bringing about qualitative improvement in the programme. Assisting the DTO in trainings, supervision, monitoring, arranging DOT providers, assessing the treatment regularity of patients and retrieving absentees and defaulters are some of the important tasks undertaken by the team. It trained 1 790 persons including health staff and community members and sensitized 9 162 members. The team retrieved 120 absentees from treatment. Of the 2 710 patients visited 2 102 (78%) were found to be on DOT. Proportion of patients on DOT was 94% in 2007 and 87% in 2008. Of the 8 836 cards verified 6 332 (72%) were found to be updated It was 72% in 2007 and 71% in 2008. Of the 1 859 DOT providers seen 1 299 (70%) were found to be functioning correctly. It was 76% in 2007 and 75% in 2008. Team arranged 36 new DOT providers and attended 17 review meetings at PHCs where the problems were identified and solved.

The district detected 2 571 sputum positive TB cases from 21 987 suspects and registered 4 210 TB cases of all types (NSP: 1 839) and achieved 87% cure rate.

Compassion with a Passion

Mr. K.A .Gulammohadeen, aged 66 years, is one of the beneficiaries of Livelihood Enhancement Program (LEP) through St. Mary's Leprosy Centre project at Salem supported by Damien Foundation. His spirit of camaraderie to help others in need is worthy of emulation.

While studying in 9th standard he noticed a small patch in his left thigh. A school teacher sent him to Government hospital diagnosed to have Leprosy and was put on Dapsone tablets. There was no progress and he soon left the school on his own in order to avoid the taunts from his fellow students. His heels developed severe cracks and ulcers started to set in. The ring and little fingers, of his left hand became bent. He became worried. His relatives sent him to Government Leprosy centre where he was again treated as an out patient. He visited a private general hospital at Vellore where he was treated for his ulcers, given MCR footwear and did reconstructive surgery for his hands.

After 3 years he started his life afresh by working in a grocery shop, running small tea stall and ended up with whole sale rope business. He married second time. Maintaining two wives and four children became a daunting task and soon his earnings also dried up. Family squabbles and his 'status' created conditions unbearable for him and soon he left the house and began to wander. He started begging at Durgahs in different parts of India. His ulcers started troubling him again. He returned home. His first wife had died and second wife threw him out of the house. He was lying on the road with flies swarming his ulcers totally abandoned. He was contemplating suicide. The leprosy workers of NGO in Salem saw him and took him to their hospital. They gave counseling. His leg was amputated and he was given a two-wheeler. He started his small business with the two wheeler support and started to rebuild his life. The NGO purchased a plot of land and constructed a small building. A petty shop was built with the financial support under LEP and soon the business picked up and he began to earn enough for a decent living.

His relatives and his children have started visiting him. He lends his helping hand to disabled persons in his area by arranging for help near and far for them. He doesn't hesitate to close the shop to escort another unfortunate man in need to where ever help is available.

Sr. Francisca,
St. Mary's leprosy centre,
Arisipalyam, Salem

4.2. Karnataka

District Consultancy Teams
32/35, I Floor,
II Cross,
K.R. Road,
7th Block,
Jayanagara (W),
Bengaluru,
Karnataka-560070.
Phone: 080- 26768933
E-mail: vivekanandadfit@yahoo.com

The Government of Karnataka requested Swami Vivekananda Integrated Rural Health Centre in Pavagada in Tumkur district to provide support to TB control programme in Bangalore Urban in 2003. A team consisting of a Medical Advisor and three TB Supervisors were placed for this purpose. The team was invested with the responsibility for improving DOTs, Community involvement and involvement of Peripheral Health Staff. The team played a crucial role in improving retrieval of patients diagnosed at TB Sanatoria and referred for treatment at PHCs. The team also attended meetings at PHCs and District levels for appraising the programme officers about the challenges identified and assisting them in introducing remedial measures. The support has been extended to Bengaluru Metro (Corporation) and Bengaluru Rural since 2008 and Ramanagara in 2009. The team trained all the staff in all the four districts. Training for 98 LTs and STLS was organized to upscale the skill level of lab staff. The team through their accompanied visits was able to bring about qualitative improvement in the involvement of the peripheral staff.

The most important contribution of the team is the involvement of community members in all the districts except in Bengaluru Metro (Corporation) in referral and DOT supervision which was almost nil before the introduction of the team. Damien Foundation has also played an important role in strengthening infrastructure. It has provided 6 Lab. Technicians and 5 TB Health Visitors (TB HVs) in vacant places to improve cases detection and DOT supervision.

Institutional support to Bengaluru:

Institutional support is one of the important components of support strategy of Damien Foundation consisting of providing assistance in human resources, supply of laboratory materials and construction / repair of Laboratories after identifying lacunae in TB control programme in the supported districts. DFIT has provided 6 Lab. Technicians and 5 TB HVs in different areas in the four districts under Bengaluru. The main reason for this support was high work load in Laboratories where Lab. Technicians were expected to do Sputum Microscopy in addition to other tests leading to poor quality of Sputum Microscopy. High default rate and low cure rate was the crucial problem identified because of lack of supervision from

Health Staff due to high work load. TB HVs were therefore provided in Urban area.

DFIT has placed LT in SDS (Sanjay Gandhi Devarao Santharam TB Sanatorium, KC General Hospital, Victoria Hospital, (in Bengaluru Metro) Kanakapura General Hospital and Kuduru DMC (Bengaluru Rural). In the 5 places the total number of suspects examined was 16 245 out of which 2 300 were found to be positive. Totally 38 424 slides were examined (5 364 positive).

DFIT assisted in the placement of 4 Health Visitors one each in Kanakapura, Channapattana, Doddaballapur and Nelamangala. Total number of cases registered in these places was 468. About 60% of the cases were under community DOT (which was almost nil before).

DOT supervision by community members was nil in all supported places and all patients were advised to receive DOT from hospital and many times patients received tablets for 1 week. Good change seen in 2009 now 50-60% of patients receiving DOT from community members including Private Practitioners and remaining are strictly supervised by TBHV in the hospital. TB HVs are also involved in TB/HIV co-ordination activities in which more than 95% of the TB cases were screened for HIV and co-infection varies 5% in Kanakapura and 10% in Nelamangala. These patients are periodically monitored by TB HVs for treatment adherence of both anti TB treatment and Anti retroviral treatment.

A. Bengaluru Urban District

District Consultancy Team,
32/35, I Floor, II Cross,
K.R. Road,
7th Block,
Jayanagara (W),
Bengaluru, Karnataka-560070.
Phone: 080- 26768933
E-mail: vivekanandadfit@yahoo.com

Population covered: 2 586 003(2009)

The district detected 1 424 Positive cases from 15 831 suspects in 2009, registered 3 980 TB cases of all types (NS: 1 397). Case notification for NSP was 42, 45 and

49 per 100 000 in 2007, 2008 and 2009 respectively. Cure rate in 2009 was 81% (73 and 72 in 2006 and 2007). Team retrieved 253 absentees from treatment. Of the 1 225 patients visited 1 098 (89.6%) were on found to be on DOT. And 321 (82%) of the 392 DOT providers seen were functioning correctly. Of the 542 DOT providers 247 (46%) were from the community. Team interviewed 810 community members of different age groups and realized 339 (42%) were aware of TB symptoms and treatment availability.

Smt.Shubha, Anganawadi teacher from Kadugondanahalli village, has been involved in TB control since 2001. She has so far supervised the treatment of 76 cases. She is extremely happy that she has been able to help a few of her neighbours. Her interest in social work and enthusiasm in ensuring that every patient completes the treatment and is cured is really appreciable. We need more of Shubhas.

The support team in Bengaluru Urban district has been there since 2003. The first evaluation of its performance was done in 2004. Team has played important role in involving community DOT providers in the programme. Teams from Bihar did the evaluation (9th to 15th of April 2009) of 3 TB Units and covered 5 DMCs, 2 PHCs, 44 patients and 22 DOT providers. It found that 31(70%) out of 44 patients interviewed were on DOT and 20 (91%) out of 22 DOT providers visited were functioning well. Involvement of community DOT providers including Private Practitioners was the important change observed in second evaluation. Counseling of patients and DOT providers by the Health Staff proved their involvement in the programme. One of the main recommendations was re-orientation training of DMC Lab. Technicians and supply of bulbs for microscope storage box.

B. Bengaluru Metro (Corporation) district

(Bruhuch Bengaluru Mahanagara Palika-BBMP)
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Population covered: 4 589 745(2009)

The main role of the team in Bengaluru Metro (Corporation) district is to facilitate the functioning of the TB HVs in identifying DOT providers from community and strengthening DOT supervision at Health facility. There was no involvement of the community in DOT supervision and all the patients received weekly tablets for self administration. Team re-sensitized all TB-HVs and made accompanied visits to train them in identification and training of DOT providers from the community. It also identified and trained one person at each Health facility for DOT supervision.

The district detected 5 457 Positive cases from 44 085 suspects. It registered 6 123 TB cases of all types (NSP: 1974) and achieved 74% cure rate. Team retrieved 109 absentees. Of the 993 patients visited 856 (86%) were found to be on DOT. Out of the 260 DOT providers seen 225 (86.5%) were found to be functioning correctly. The team identified 124 DOT from the community for DOT supervision. Of the 1 276 community members interviewed, 335(26%) were aware of TB symptoms and treatment availability.

Bengaluru Metro is one of the megacities where involvement of community in DOT supervision was found to be very poor - all the patients were advised to go to Health facility for DOT irrespective of distance, poverty and severity of disease which led to high incidence of irregularity and defaulting from treatment. DFIT placed a team in 2008 with one TB Supervisor to improve the patient compliance by involving community members and identifying the right person at Health facility for DOT supervision. Team members from Bihar evaluated 5 DMCs and 1 PHC in 2 TB Units and interviewed 33 TB cases and 2 community DOT providers. General observation was good quality Sputum Microscopy, regular updating of treatment cards and timely follow-up done for all the patients. DOT was observed among patients who came to Health facility. Final report of evaluation team suggested the real need of community members in DOT supervision and re-orientation training of Health staff.

C. Bengaluru Rural District

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Population covered: 982 120(2009)

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The district detected 591 Positive cases from 7 905 suspects, registered 1 080 TB cases of all types (NSP: 461) and achieved 79% cure rate. The team retrieved 50 absentees. Of the 621 patients visited 556 (89.5%) were found to be on DOT. The team also found that of the 266 DOT providers seen 219 (82%) were functioning correctly. About 89% (238) of the 266 DOT providers were from the community. The team interviewed 1 135 community members of different age groups and found that 641 (56%) were aware of TB symptoms and treatment availability.

Bengaluru Rural district is one of the small districts supported by DFIT since 2008. The district has 2 TB Units with 10 DMCs. Evaluation team from Bihar visited 8 Health facilities with DMCs in 2 TB units. Functioning of DMCs was not satisfactory and suggested the need of re-orientation training for LTs in Sputum Microscopy including smear preparation, staining technique and maintenance of Microscope. In all, 24 (73%) out of 33 TB patients visited were on DOT (very little involvement of the Health staff in arranging DOT providers from the community). Majority of patients were advised to visit Health facility for each dose under DOT which resulted in high default rate (about 9.5%). Team suggested organizing re-sensitization training of all the Health staff on the importance of DOT supervision and involvement of community DOT providers in TB control.




CE INTERNATIONAL COURSE







Chennai










D. Ramanagara district

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Population covered: 1 157 040 (2009)

This district was separated from Bengaluru Rural district and has 2 TB units with a population of 1 157 040 (2009). DTCO is very much involved in the programme. 11 out of 12 DMCs are functioning in the district. The district detected 634 Positive cases from 7 989 suspects, registered 1 315 TB cases of all types (NSP: 524) and achieved 71% cure rate. Team retrieved 51 absentees from treatment. Of the 561 patients visited 489 (87%) were on DOT. Of the 249 DOT providers visited 199 (80%) were found to be functioning correctly. The team identified 124 DOT providers from community for DOT supervision. Of the 1 074 community members interviewed, 586 (54.5%) were aware of TB symptoms and treatment availability.

The evaluation team from Bihar visited 7 DMCs and 2 PHCs to evaluate the situation and also visited 33 patients and 12 DOT providers from community. All the patients take their medicines under DOT supervision and all of them well counseled. One of the main challenges in programme is high default rate (11.5%) mainly due to migrating population and poor community involvement in DOT supervision. Treatment cards are updated in all the Health facilities. Team suggested improving community involvement in DOT supervision and reducing institutional DOT for patient convenience.

4. 3. Kerala

A. Thiruvananthapuram district

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Population covered: 3 510 886 (2009)

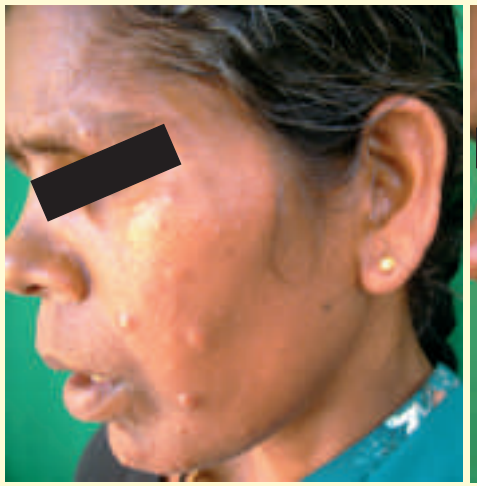
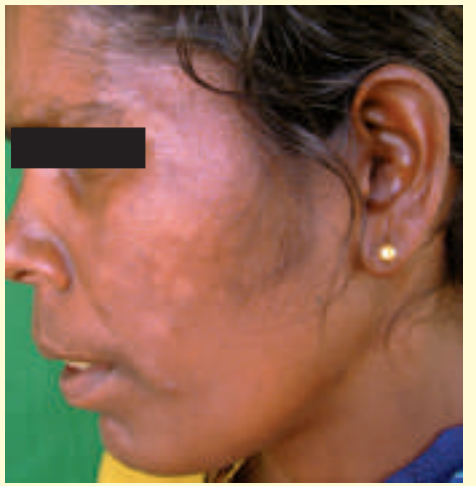
Damien Foundation has been supporting TB control programme in Thiruvananthapuram district through the NGO since 2004. A team consisting of a Medical Advisor and two TB Supervisors has been placed to assist the district in improving TB control services. It has trained all the staff and is continuously engaged in improving community DOT. The district diagnosed 1,796 positive cases out of 41 062 suspects, registered 2 998 TB cases of all types (NSP: 1 288). Case notification for NSP per 100 000 population was 31, 32 and 35 in 2007, 2008 and 2009 respectively. Cure rate for 2008 cohort was 79% (82% and 80% in 2006 and 2007). Of the 2 114 patients visited 1 775 (84%) were on DOT and 1 137 (82%) of the 1 391 DOT providers seen were found to be functioning correctly. Team retrieved 57 absentees. It also trained 2 199 persons including community members on DOT supervision. It also conveyed important messages about TB and the programme to 3 794 members from the community through meetings.

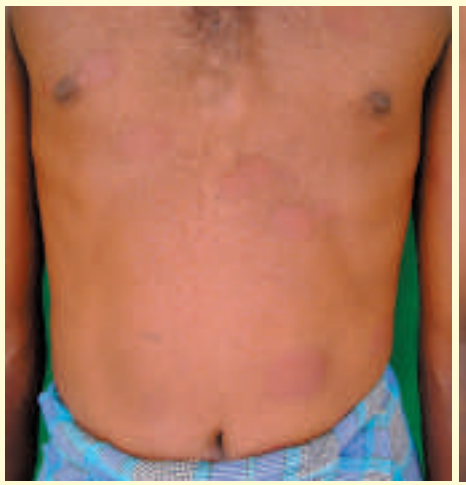
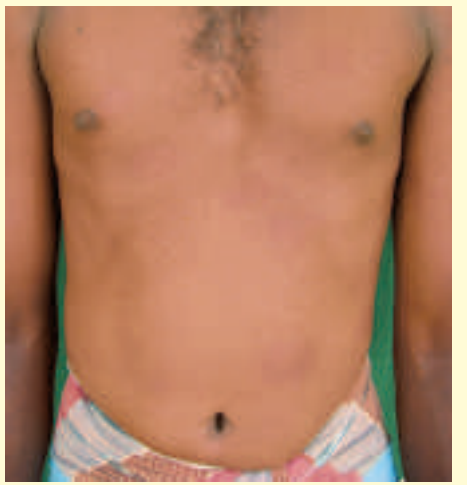
The Bihar team evaluated (13th to 18th April) 10 DMCs and 16 PHCs in 2 TB units. As part of evaluation it interviewed 46 TB patients under treatment and 38 DOT providers. In general, the programme is well managed with enough trained staff whose involvement in the programme was satisfactory. DMCs were functioning well except that single sputum examination was a bit high (4.7%) and sputum positivity rate was less than 10%. At the PHC level treatment card updating was satisfactory and adequate number of drug boxes was available.

The evaluation also found that patients and DOT providers were adequately counseled before initiation of treatment. All the patients were on DOT. Even though the programme has been implemented for more than a decade, community involvement appears to be poor. Over 50% of the DOT providers were Health workers and the remaining were from the community. Involvement of Private Practitioners in suspect referral and DOT is good in this district compared to other districts supported by DFIT. No discrepancy was found on cross verification of reports with TB registers and Lab. registers. Evaluation team suggested re-orientation training for all the Health staff and LEP support for the poor TB patients.

Lepra Reactions

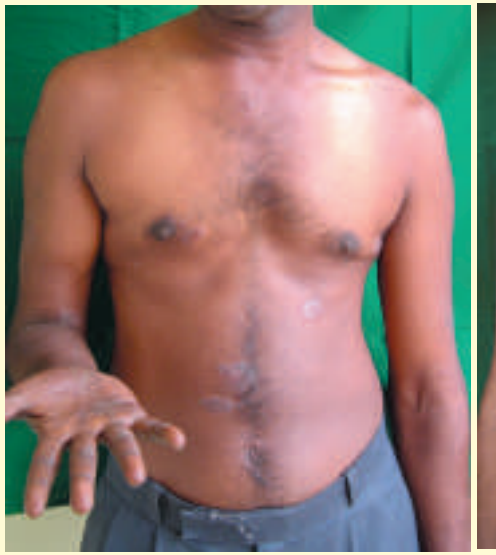
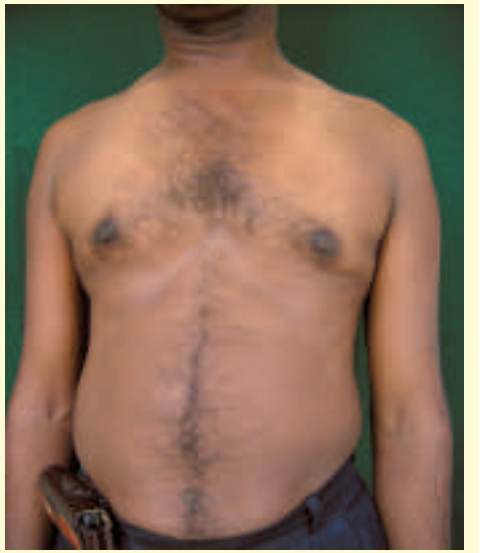
BEFORE and AFTER treatment

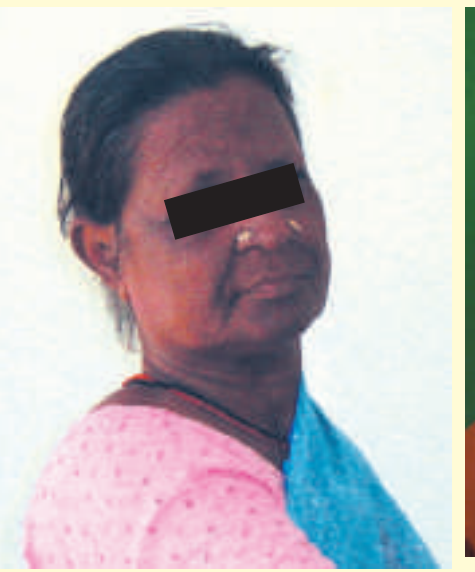
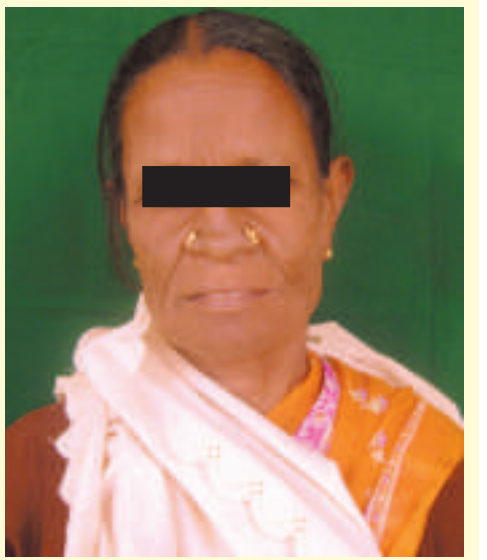



Lepra Reactions

BEFORE and AFTER treatment

5. Support to TB Control in 28 districts of Bihar (North India):

5.1. Introduction

Bihar is one of the States in India which is constantly facing serious obstacles and extreme constraints in implementing various Public Health programmes including Leprosy and TB control. High population density, poor economic development, extremely poor infrastructure, inaccessibility of villages because of lack of roads and frequent seasonal flooding and lethargic bureaucracy are some of the factors that are responsible for this situation. The situation in this big state (Population 101 008 533 in 38 districts-Dec 2009) with big problems and limited resources is changing. Concerted efforts are being made by all the well-meaning partners and players to give a new orientation to the two programmes of interest, Leprosy and TB control.

The concept of placing a team of one Medical Officer and one Supervisor in a district to provide Technical support to a Public Health programme originated in 1995 with respect to Leprosy control. Lack of infrastructure and resources, lack of technical competence of the staff in bringing about the necessary changes in Leprosy control resulted in the State seeking support from Damien Foundation India Trust. The priorities of Damien Foundation matched the needs of the State resulting in identification of the appropriate intervention in the form of a Technical team for a district. This found resonance with other ILEP agencies and WHO. Soon the whole state including Jharkhand was covered with Technical teams called District Technical Support Teams (DTST). Such teams became a common intervention in 12 other States also. After almost ten years of continuous effort the teams were found no longer to be needed for Leprosy and were therefore withdrawn in 2007 (March). The teams from Damien Foundation took up support to TB control and have been doing this since April 2007. DFIT is supporting 28 districts in Bihar in TB Control activities. The support given is technical, managerial and institutional.

The Teams from DFIT for supporting TB control in Bihar and other States are called District Consultancy Teams (DCT) each composed of one to two TB supervisors who have been trained in RNTCP. A Medical Officer designated as TB Medical Advisor / Medical Consultant supervises the DCT in four to five districts. Vehicles have been provided to all the staff of DFIT. Major role of the teams is capacity building of the community in raising the demand, facilitating their participation in key activities like referral, IEC and DOT supervision; of the programme staff in improving their supervisory skills; and of the Laboratory staff in providing quality Sputum Microscopy service. System support includes strengthening infrastructure by providing key staff wherever essential, providing

Lab. materials including Microscopes, helping in the transportation of drugs from zonal depots to districts and from districts to TB units.

The teams visit all Primary Health Centres (PHC) and Designated Microscopy Centres (DMC) along with STS and STLS at least once in three months depending on the need. They assist in updating the information in master treatment cards and monitoring follow up examinations. They visit TB patients newly started on treatment and already on treatment along with Government Health staff to monitor quality of DOT. On –the- job guidance to all categories of personnel is possible during these visits. Feed back is given to Medical Officer in PHC and District TB Officer (DTO). Teams also ensure that TB control activities are reviewed during monthly meetings at different levels.

During Zonal review meeting of DFIT, performance of the teams is assessed every month by the TB coordinator who is in charge of DFIT involvement in Bihar. He is assisted in the review by three Consultants and Administrative Officer. Quarterly meeting of all the teams is conducted at Patna to assess the progress, identify problems and institute immediate remedial measures.

The teams are assisted by a core group of experts (8) drawn from other projects including DFIT Headquarters. Two Laboratory Coordinators were posted at Patna to help the districts in training the Lab staff and in supervision and monitoring of the Sputum Microscopy service. In addition, the Central Laboratory Coordinator from Headquarters in Chennai was also involved in all these activities.

The total number of staff working for Damien Foundation in Bihar for support to TB control is 166, which include 8 Medical Officers, 47 TB Supervisors, 2 STS, 1 PT, 2 Lab. Coordinator, 7 STLS, 40 LTs, 53 Drivers, and 7 Administrative Staff.

5.2. Activities

5.2.1. Awareness among Community members: Propaganda is done through public address system in the vehicle during the teams' visit to a village. In 2009 the teams interviewed 95 273 community members using a standardized questionnaire and found that 56% were aware of key facts about TB disease and control programme. What is really interesting is that the extent of awareness has remained the same in the last 3 years. Teams organised community interaction meetings with community and between DOT providers and patients.

No. of community interaction meeting conducted: 5 620 Patients and DOT Providers meetings conducted : 1 774

5.2.2. DOT Providers reviewed: Teams interviewed 17 595 DOT Providers using a standardized checklist and found that 81% were functioning well. Team also arranged 1 065 new DOT Providers from the community in consultation with patients and Health workers. This includes replacement of DOT Providers who were not able to provide the service correctly. Teams also update the knowledge of the DOT providers during the visit.

5.2.3. Treatment Cards reviewed: Entries in treatment card regarding treatment were found complete in 83% of the cases (34 302 cards with DOT providers). About 72% of master treatment cards at PHC level were found to be updated. On the job guidance was given on updating treatments cards along with feedback to the Medical Officers of PHC and Health Managers at district and block level.

5.2.4. TB patients reviewed: During the year the teams interviewed 381 06 TB patients on treatment and found that supervised treatment (DOT) was very good. (83%) About 67% of them were found to be counseled adequately and wrongly categorisation was negligible (2.2%).

5.2.5. Training in the districts: The DCT participated and organised training to different cadres of Health staff in various districts. Totally 1 370 Medical Officers, 113 STS, 98 STLS, 502, Lab. personnel, 180 Health Managers, 8 316 Health Staff, 24 025 ASHAs, 2 627 AWWs, 519 RMPs, and 663 Community Volunteers were trained.

5.2.6. Maintenance of Laboratory and Microscopes: Another challenge in Bihar was the total lack of facilities and resources for maintenance of microscopes. The situation became acute during the year for various reasons including non-utilisation of funds. Microscopes with minor problems were not corrected because laboratory persons with technical expertise were not there. DFIT organised training to 12 Government STLS identified by the State TB Officer. Humidity, lack of resources, poor facilities in DMCs are some of the reasons for the problems in maintenance of Microscopes. DFIT had to intervene with providing support to all the districts in instituting adequate and appropriate arrangements for maintenance of microscope like making provision for storing the instrument.

5.2.7. Supply of DOT boards: Involvement of community in the programme is essential for improving the quality of the services provided to patients. Providing support to the community members when they participate as DOT providers like giving them boards proclaiming their status as DOT providers will certainly enhance the respect they get from others in the society. DFIT Teams distributed 6 593 boards to DOT providers.

5.2.8. IEC using Flip Charts: IEC to raise the community awareness levels and seeking their cooperation in early reporting is an important activity which is

accomplished by the teams through the public address system fixed to the vehicle and also flip charts while giving group talks.

5.2.9. Infrastructure support: One of the important reasons for the reported difficulties in implementing various activities of the programme is the considerable lack of resources in manpower, materials and facilities. DFIT realized the importance of filling the gaps in this important area and took prompt action several times to ensure that the programme did not suffer from set backs.

i. Placement of Laboratory Technician: Government of Bihar could not recruit required number of Laboratory technicians for various reasons. DFIT provided 40 Laboratory Technicians on request from STO for placement in DMCs to facilitate the smooth functioning of DMCs.

ii. STS/STLS in Vaishali district: Vaishali district had problem of recruitment of supervisory staff (STS and STLS) in RNTCP. On request of STO Bihar and DTO Vaishali DFIT facilitated placement of 5 supervisory staff who took up duel responsibilities (STS cum STLS).

iii. TB Units under DFIT: DFIT was requested to provide support to TB units in difficult areas. Accordingly two TB Units are being supported (by providing a Medical Officer, STS and STLS at Bagha-1 TU and STS and STLS at Bahadhurganj TB Unit).

iv. Microscopes and Spares parts: Several districts were provided Microscopes six to seven years back. They were lying with the DTO for long before they were given to DMCs. As a result, Microscopes in several DMCs were not functioning for some reason or the other. Following an inventory of Microscopes in all the districts (236 Microscopes were assessed) a list was prepared of places where Microscopes or parts needed to be replaced. Accordingly 16 new Microscopes were given to Patna district. In other places parts -74 eye pieces, 117 100x objective lens, 17 Microscopes head, 9 reflector, 29 variable lights and 2 bulbs - were replaced. In addition, a spare Microscope was placed in each of the 28 districts for emergency use.

Sputum Cups	790 00
Glass Slides	101 200
Basic Fuchsine	1 350 g
Methylene Blue	225 g
Sulphuric acid	70.5 L
Distilled Water	415 L
Spirit	106 L
Phenol	32.5 kg
Immersion Oil	18.7 L

Lens Paper	93 Books
Filter Paper	63 packs
Diamond Marker	33
Cotton Roll	310 Rolls
Stickers	500 0
Spirit Lamps	81
Rubber Blower	20
Broom Sticks	10 Bundles
Dropper Bottles	101

v. Reagents: Fund release and utilisation has been a perennial problem. As result, some districts could not purchase reagents. DFIT had to intervene and provide the necessary assistance.

vi. Construction of PHC/DMC: As part of strengthening of infrastructure, 14 new DMCs were constructed in 10 districts and 7 DMCs were renovated (include one TU drug store) in 2 districts. Minor problems such as repairing of water tap, wash basin, electrical fittings etc were also rectified immediately.

vii. Sputum Collection Centres: Sputum collection centres were established in places not easily accessible and where DMCs were not there, to assist in early diagnosis and proper follow up of cases. They were started in 3 districts (Rohtas, East Champaran and West Champaran) in 2007 and 2008. An assessment of the usefulness of these centres revealed that they were helpful in ensuring coverage of follow up sputum examination. At present 21 centres in East & West Champaran districts and 4 in Rohtas district are functioning. In East Champaran district 114 sputum samples in 2008 and 23 (in 7 centres) in 2009 were collected. This yielded 13 new sputum positive cases in 2008 and 3 in 2009. In West Champaran district a total of 246 sputum samples (204 for diagnosis) in 4 centres were collected in 2009 and 17 positives were detected. Similarly in Rohtas, 135 samples (111 for diagnosis) from one centre were collected and 46 positives were detected.

viii. Transport of drugs: In all the districts, teams helped in transport of drugs from main depot in Patna to districts and from there to TB Units within the district.

5.3. Output and Outcome

5.3.1. Trend of RNTCP implementation was analysed using key parameters during the period from 2007 to 2009.

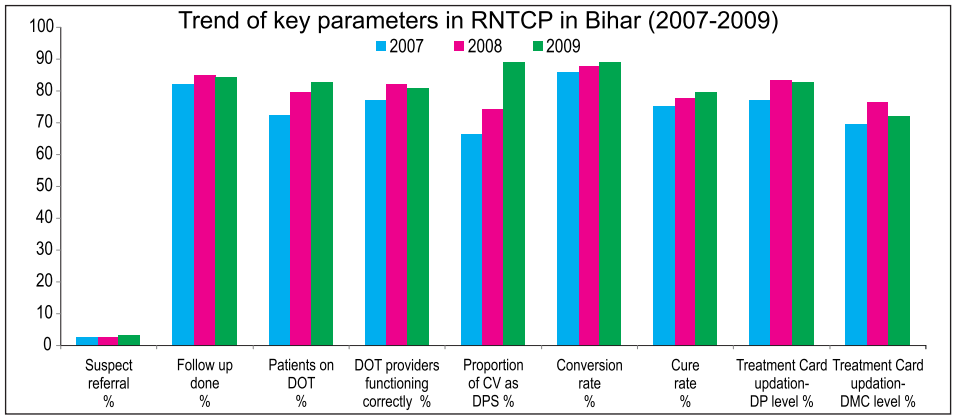
I. Suspect referral: Suspect referral was less than 2% in 5 districts during previous years though the average suspect referral for all 28 districts remained higher than 2%. All the districts achieved more than 2% during 2009.

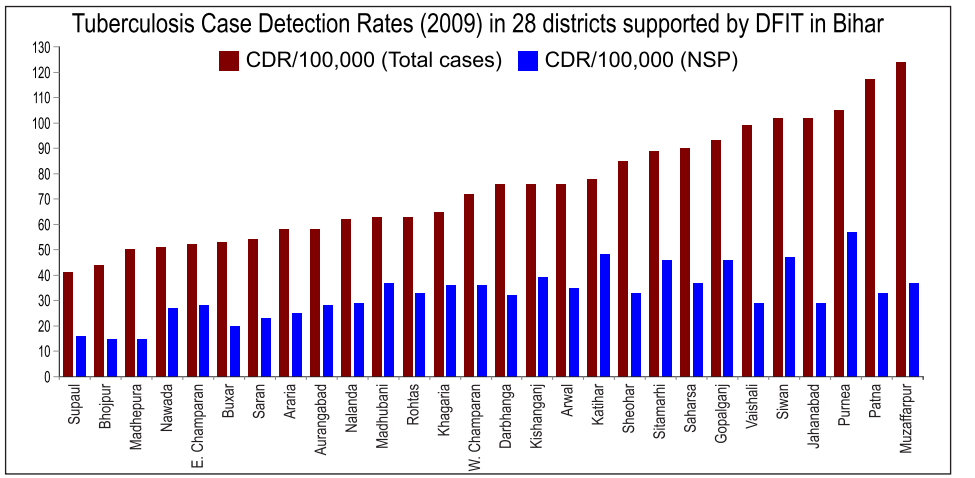
ii. Sputum microscopy: Incomplete sputum examination (single sputum) was a problem in more than 2 DMC in 14 districts in the previous years. It came down to 8 districts in 2009.

iii. Follow up: Timely follow up improved from 82% to 84% in 2009. It was greater than 80% in 22 districts during 2008 and 2009.

iv. Wrong categorisation: Proportion of new cases wrongly categorised came down from 4% to 2%. Wrong categorisation was 2% or less in 6 districts in 2007 and it was so in 16 districts in 2009.

v. DOT: More than 80% of TB patients were on direct observation in 3 districts in 2007 which improved to 17 districts in 2009. The average for all districts improved from 73% to 83%. More than 80% of DOT providers were functioning correctly in 7 districts in 2007 which improved to 17 districts in 2009. The average for all 28 districts increased from 77% to 81%. Efforts have been made to involve more community volunteers. The proportion of community volunteers as DOT providers has improved from 67% to 89%. It was more than 80% in 15 districts in 2007 and improved to 23 districts in 2009.





vi. Absentee and defaulter retrieval: During the year 2009 the teams retrieved 1 054 TB patients who were absent from treatment or defaulter and got them under regular treatment.

vii. Updating of treatment cards: Updating of entries in treatment cards at DOT provider level improved from 77% to 83% but remained a persistent problem at DMC level (low 72%.)

viii. Case notification: Estimated total TB case detection was 159 941 and New Sputum Positive (NSP) was 59 091 in 28 districts. Target for total case detection was 203 per 100 000 population and NSP was 75 per 100 000 population. The achievement was 38% for total TB case detection and 45% for NSP. The trend is similar to the previous years. Five districts reached about 50% of target for total case detection and 15 districts achieved about 50% for NSP.

ix. Sputum conversion: The average sputum conversion rate improved from 86% to 89%. It was less than 90% in 14 districts.

x. Cure rate: Cure rate has improved from 75% to 80% and 10 districts achieved 85% or more.

5.4. Internal Evaluation

As part of monitoring, evaluation of performance of teams was conducted in all the 28 districts during November 2009. In addition to team members from DFIT South projects, those in Bihar were involved through an interchange between districts.

Main observations:

1. Cooperation between DCT, RNTCP staff and General Health System was good.
2. A large proportion of DOT Providers were functioning well reflecting good training and on-the-job guidance provided to them.
3. Drugs are being transported by District Consultancy Teams from DTC to periphery. Drug shortage was reported in 11 TB Units in 7 districts.
4. DCTs were supporting the DTO in monitoring the stock of and helping the DTO in taking action through prompt feedback. DFIT assisted in supplying necessary materials as stopgap arrangement aimed at smooth functioning of DMCs.
5. The teams were regularly monitoring patients and DOT providers and taking corrective measures whenever needed (retrieval of irregular/defaulted patients, replacement of DOT providers in case of problems) .
6. The teams were regularly involved in the capacity building of various staff.
7. Evaluation discovered the need to improve updating of cards at DMCs and PHCs.

5.5. Capacity building of DFIT staff:

1. Training for District Consultancy teams on preparation of action plan for 2010 was held at DFIT Patna from 06.08.09 to 10.08.09. Facilitators were Dr. P. Vijayakumaran, (Director-Programme) and Mr. Premkumar Velu (Chief Financial Officer).
2. Induction training for newly recruited supervisors was held from 11.09.09 and 12.09.09.

3. Workshop on “Supervisory Techniques” was held from 07.10.09 & 08.10.09. Participants were Medical Advisors and Zonal Supervisors of DFIT. It was facilitated by Dr. P. Vijayakumaran (Director- Programme), Mr. Premkumar Velu (Chief Financial Officer) and Mr. Nabi Thiagarajan (Administrative Officer).

Live the life as an example

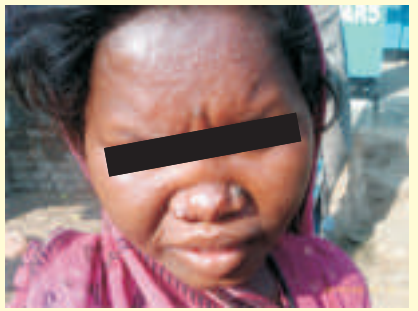
Alagu owned a tailoring shop at the tender age of 18 years with three assistants and earned enough to support his family. He was happy and contended. Then disaster struck him. He developed severe pain in his right hand. He went to the nearby primary health centre where he was told that he was suffering from leprosy. Treatment was started. The pain did not stop. He had to stop sewing. Slowly he began to lose interest in work. When his assistants came to know of his disease they started avoiding him. This had a severe effect on his earnings. He had to sell his shop to his assistants. Now it was the turn of his family to spurn him. His father left the family and settled in a distant village with his second wife. His elder brother stopped supporting the family. Now the responsibility for looking after the family fell on his mother. He was distressed that he could not be the son that she deserved. He was really sad to see his neighbours and relatives taunting his mother. He started isolating himself. He avoided meeting neighbours or relatives. Even the health worker from the PHC was asked not to see him. The recurrent reactions he was getting was making his life more miserable. Counseling sessions he had with the project counselor did not help him much. He even contemplated to end his life. But his mother gave him strength and love.

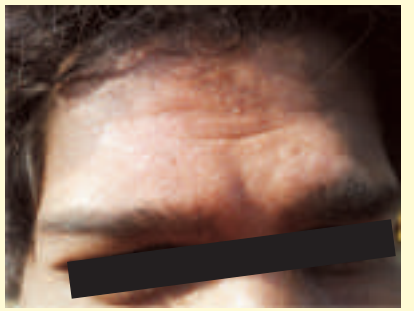
Finally help came from four sources. With the help of the PHC and the project he got a motorized sewing machine gifted by the Rotary club. He started to work with renewed vigor. Group counseling gave him new meaning to life. The project at Fathimanagar arranged nerve decompression which helped him get considerable relief from pain. His maternal uncle gave him a plot of land on the road side. He started a petty shop with help from the project through LEP. He also started his tailoring business a few months later. His income began to rise.

Alagu is happy and contented now. He is supporting his entire family including his younger brother and sister. They have started going to school again. His mother is happy and proud of her son. The neighbors and relatives have changed: they deal with him with respect now. His friends who had deserted him are back. His life is full of hope. He is determined to be an example for all the leprosy affected.

Dr. Rita Adaikalam,
Holy Family Hansenorium,
Fathimanagar, Thiruchirapalli

Connect and Engage!





My recent visit to a State was as revealing as it was educative. It was to see a patient with Tuberculosis that I was there along with my team and the Government Staff. As people gathered around us looking for reasons for our presence I started interacting with them. It was obvious from the derisive snickers I received in response that such visits succeeded in generating curiosity, not confidence. It was not easy to convince them that they were our interest and it was genuine. Persistence seemed to pay off. People started seeking expert advice for any number of ailments from headache to heartache. It was very difficult to explain and convince them that we were not adequately prepared to manage their general disease. We explained that they had to go to Primary Health Centre and consult the Doctor there. I could hear a few sniggers and "I-told-you-so's". I caught sight of a lady inching forward with a baby in the crook of her arm. A lady pushed her forward and demanded that we had better do something for her disease. She said that she was very poor, was widowed, had a small child to take care of and had no shelter. The lady was probably 25 years old and had a stricken look. What was really obvious was the collapse of the bridge of the nose, infiltration on the face, nodules on the ear lobes. It was apparent to anybody who had worked in leprosy control that she had leprosy. We took her aside and examined her. It was definitely leprosy. She admitted that she had the disease for more than 15 years. When asked why she did not go to PHC she said she had been to the PHC about 6 months back. She was told that she did not have any disease and was given cough syrup. Her child of two years of age had multiple lesions all over the body. She admitted that her brother was with her. Even he had a huge raised patch on his forehead.

The lady must have had the disease for at least ten years. I understood that she had not moved out of the village at any time in the past. She belonged to a tribal group living outside the village. She had not heard of leprosy. But the people in the village had heard of leprosy. They said that they suspected leprosy and prodded her to go to the PHC.

When we asked ASHAs (there were two in the village) they said that they had not seen persons with leprosy in the past three years nor had they been trained to suspect leprosy.

We came to know that the MO in charge of the PHC had arranged a meeting of ASHA that day. We decided to take all the three persons with leprosy to the PHC. There was a huge crowd at the PHC. We met the MO In charge who appeared to be really interested in the welfare of the villagers. He said there were four doctors in the PHC and he could not say who had seen the patient when she visited the centre. It was obvious from our interaction and observation that he did not think that the disease was leprosy. I explained to him about the signs, demonstrated how to elicit sensory loss and examine the nerves. In the meeting with ASHA he could repeat whatever he was told. It was a very convincing talk he gave to the ASHA, urging them to look for suspects and refer them and subsequently treat them in their villages. He assured that he would keep his eyes open.

Every visit to the field should result in transformation in the knowledge, skill and attitude of people about Leprosy. People are willing to change. A spark is needed to spur them into action.

6. Prevention of Disability (POD):

6.1. Introduction:

Prevention of disability which is being implemented throughout in its new Avatar called Disability Prevention and Medical Rehabilitation (DPMR) has not made much inroads mainly because of the failure on the part of the programme to convince the General Health staff that it is very much an integral part, not a new entity requiring additional resource input. The mandate given to DFIT projects has been very simple and specific: to assist the programme in making DPMR a markedly noticeable, integral part of general health wherein all the persons affected get equitable access to the services they need and deserve. This is in fact a veritable extension of support concept that the Government and the NGO projects are familiar with.

The strategy followed is very simple. Each NGO project is tagged with one or more districts where it collaborates with the District Leprosy Office in planning, supervising and monitoring Prevention of Disability. Key staff within the district are identified, trained and guided constantly by the NGO project and they are helped in carrying the programme to different parts of the district. Data on disability that is available from various records are collected, village and sub-centre wise records are prepared and handed over to the peripheral staff (ANMs) for verification and confirmation. All the persons affected are mobilized at the PHCs for screening and training. The staff and the persons are supervised by the district POD team, the former to ensure that they are involved in supporting the persons affected and the latter to make certain that they are practicing regularly self care. A simple record is maintained by the staff for assessing the progress in self-care practice. All the persons needing different services (Counseling, Footwear, Prosthesis, Aids, Physiotherapy, Re-Constructive Surgery, Socio-economic Rehabilitation) are identified and accordingly they are helped.

6.2. Progress:

There are 7 NGO projects which are involved in providing district support to POD component of Leprosy control. While 3 projects are located in Tamil Nadu, 2 are in Andhra Pradesh, one each is located in Jharkhand and Kerala. Total number of districts supported is 24 (10 in Tamil Nadu, 4 in Andhra Pradesh, 8 in Jharkhand, 1 Karnataka and 1 in Kerala). The projects in Tamil Nadu are St Mary's Leprosy

Centre in Arisipalayam in Salem, Holy Family Hansenorium in Fathimanagar in Thiruchirapalli and Damien Foundation India Trust in Chennai. Arisipalayam is supporting 4 districts (Salem, Dharmapuri, Krishnagiri and Erode). Support to Salem started in 2003 and to Dharmapuri and Krishnagiri in 2007 and to Erode in 2009. Fathimanagar started supporting Pudukkottai and Thiruchirapalli in 2003 and Ariyalur, Karur, and Perambalur in 2006. Damien Foundation India Trust took up support to Kancheepuram district in 2009. The project in Amda initiated support to 6 districts (Saraikela, East Singhbhum, West Singhbhum, Lohardugga, Gumla, Simdega) in Jharkhand in 2007 and two more (Deoghar and Godda) were added in 2008. The project in Chilakalapalli started POD support to the district of Vijayanagaram in 2009. The Project in Karnataka began support to the district in 2008. The project in Thiruvananthapuram began POD support to the district in 2008. The project in Nellore has been supporting 3 districts since 2007. In the 7 projects covering 24 districts the total number of personnel involved in the programme includes 8 Physio-technicians and 9 field workers.

6.3. Results:

The intervention has yielded results which are slow but steady. DPMR is a labour-intensive action expected from the general health which is involved in multifarious public health programmes. It is therefore difficult to expect expansive, expeditious

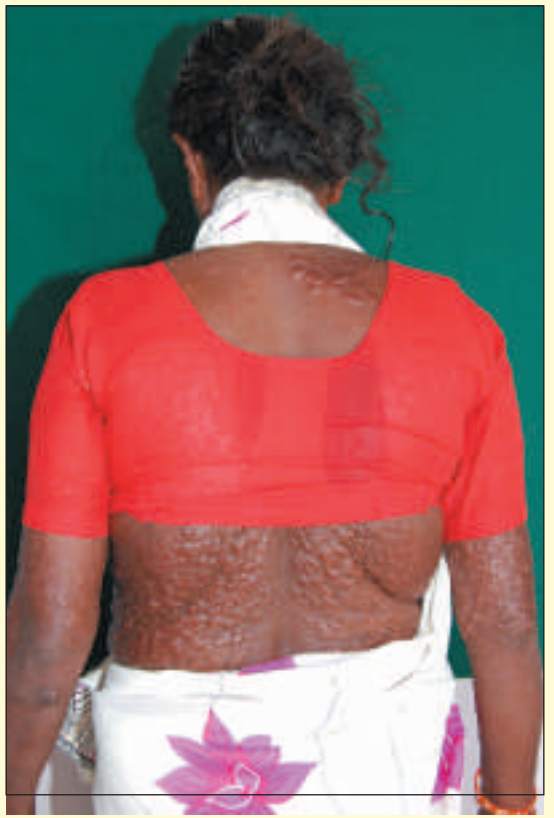
Districts	PHCs covered	Number of disability cases	No. of cases with plantar Ulcers	No. cases assessed	No. Practicing self care	No. of health workers assessed	No. involved in monitoring	Footwear provided	RCS done
Anantapur	19/72	154	49	96	45	21	12	0	0
Kadapa	56/68	265	53	223	80	89	67	13	4
Nellore	32/46	692	226	409	239	41	40	64	36
Salem	70/70	847	203	847	768	168	151	545	0
Dharmapuri	22/33	283	76	283	236	103	98	54	0
Krishnagiri	15/36	286	64	286	256	79	65	36	0
Erode	4/53	239	76	239	210	27	25	113	0
Thiruchirapalli	64/64	463	263	333	299	69	58	259	35
Pudukotai	52/52	517	226	319	301	88	78	100	10
Perambalur	14/23	56	32	22	19	6	4	29	2
Karur	5/29	41	24	26	16	11	9	37	0
Ariyalur	5/31	32	12	17	15	9	8	12	0
Vijayanagaram	18/64	887	123	639	433	432	259	455	11
Thiruvananthapuram	38/86	401	79	449	394	175	142	232	0
Kancheepuram	3/13	990	151	82	69	21	12	32	2
Pavagada	16/48	140	32	85	56	22	16	40	27
Amda (8 districts)	47/70	1555	283	1286	367	142	48	45	27

In the 24 districts there are 845 Primary Health Centres out of which 477 were covered by DFIT POD team along with the district POD nucleus. The total number of persons with leprosy related disability in these districts was 7 848, ranging from as small as 32 to as large as 990 (average of 328 per district). About 25% of these had plantar ulcers. Total number of persons with disability visited was 5641 out of which 3803 (67%) were found to be practicing self care. The team also contacted 1503 staff and found that 1092 (72.6%) were involved in monitoring self care activities of persons affected. In all, 2 066 persons had been provided MCR footwear and 154 with were operated upon for their disability correction.






Collaboration for total care



Meenakshi (name changed), age 40 was resident of a small hamlet in Tamil Nadu. Her husband was a farmer and belonged to below poverty line family. There was no history suggestive of leprosy in the family.

Patient noticed small nodules on face and earlobes three years back and new nodules appeared on extremities. She did not seek treatment. One year later, she consulted a siddha medical practitioner and took treatment from him. While on siddha treatment the nodules continue to spread all over the body. So she stopped the medicine and did not seek further treatment for next 2 years.

One of the her relatives on seeing her condition, suggested to go to TLM hospital in Vadatharasalur (Tamil Nadu). She was diagnosed as having Hansens' disease and they referred to the PHC nearer to her native village. The Medical Officer PHC referred her to Holy Family Hansenorium for advice regarding management. Skin smear was positive for AFB (4+). She was started on MDT and referred to the same PHC for continuation of treatment.

There is a clear indication for need to intensify awareness among community. Importance of early diagnosis of lepromatous leprosy need not be stressed further. Referral centres play a vital role to enable general health services in extending services to leprosy affected persons. Close collaboration and mutual exchange of ideas will go a long way in offering quality care to leprosy affected persons through general health care system.

Dr. Rita Adaikalam,
Holy Family Hansenorium,
Fathimanagar, Thiruchirapalli

7. Research: Field trial of Uniform MDT (UMDT) for all types of Leprosy in Bihar:

7.1. Introduction:

The objective is to determine the efficacy of short duration of Uniform Multi Drug Therapy (UMDT) with three drugs among both Paucibacillary (PB) and Multibacillary (MB) leprosy in comparison to presently employed standard regimens.

Prospective, non-randomised, controlled, open trial is being implemented in 3 districts in Bihar. Gaya (4.1 million population) & Rohtas (2.9 million population) districts are under study group and Nalanda (2.3 million population) is under control group.

The treatment regimen employed in study area is MB treatment for all cases (MB & PB) for 6 months and in control area it is the standard treatments employed under NLEP.

7.2. Patient intake:

District/period	MB patients	PB patients	Total
Gaya Jun 2005 to Jun 2007	181	450	631
Rohtas Jun 2007 to Jun 2008	176	263	439
Total	357 (33.4%)	713	1070
Nalanda Jun 2005 to Jun 2007	330 (35.9%)	588	918

7.3. Treatment completion:

	Study		Control	
	No. of patients	%	No. of patients	%
Completed treatment (RFT)	926	86.5	786	85.6
Drug side effects	11	1.0	1	0.1
Refusal	16	1.5	7	0.8
Migrated	51	4.8	100	10.9
Died	1	0.1	4	0.4
Others (Including temporary migration)	65	6.1	20	2.2
Total	1070	100	918	100

Among 1070 leprosy patients enrolled in study area 926 (86.5%) completed treatment and it was 786 (85.6%) out of 918 in the control area. Drop out including temporary migration during treatment was 13.5% in study group and it was 14.4% in control group. Lepra reactions were encountered during treatment period in 3.2% of leprosy patients in study group and 1.1% in control group.

7.4. Annual follow-up assessments:

	Study			Control		
	Year 1	Year 2	Year 3	Year 1	Year 2	Year 3
Assessed	825	467	182	725	420	192
Migrated	28	4	2	25	34	0
Not available	40	3	0	31	6	0
Died	1	1	0	3	3	0
Refusal	9	9	1	2	1	0
Other-Anti Leprosy Treatment	4	4	0	0	0	0
Not done yet	19	30	278	0	0	0
Total	926	518	463	786	464	192

7.4.1. Lepra reaction in the study group:

Type of lepra reaction	During treatment	%	Y1	Y2	Y3	Y4	Follow-up total
Type 1	24	2.2	46	9	5	0	60
Type 2 (ENL)	0	0.0	4	0	4	0	8
Neuritis	10	0.9	17	3	0	1	21
Total	34	3.2	67	12	9	1	89

Site of lepra reaction	During treatment	%	Y1	Y2	Y3	Y4	Follow-up total
Skin	20	1.9	34	8	9	0	51
Skin & Nerve	4	0.4	16	1	0	0	17
Nerve only	10	0.9	17	3	0	1	21
Total	34	3.2	67	12	9	1	89

7.4.2. Lepra reaction in the control group:

Type of lepra reaction	During treatment	%	Y1	Y2	Y3	Y4	Follow-up total
Type 1	7	0.7	18	0	2	0	20
Type 2 (ENL)	0	0.0	1	1	0	0	2
Neuritis	3	0.3	16	1	0	0	17
Total	10	1.1	35	2	2	0	39

Site of lepra reaction	During treatment	%	Y1	Y2	Y3	Y4	Follow-up total
Skin	7	0.7	19	1	2	0	22
Skin & Nerve	0	0.0	0	0	0	0	0
Nerve only	3	0.3	16	1	0	0	17
Total	10	1.1	35	2	2	0	39

No relapse has been reported in either group during follow up – 1474 person years of follow up in study and 1337 person years in control group. Lepra reaction was observed in 7.2% of patients during first year of follow up in study group and it was 7.6% in control group. Majority of lepra reactions during follow up were observed during first year of follow up (75.3% in study group and 89.7% in control group). Principal Investigator and all the Research Assistants participated in a workshop on Good Clinical Practice (GCP).

7.5. Future plans:

- Follow-up examination would continue in all the study sites.
- Data on initial assessment had been computerised. This data would be validated and data on subsequent follow-up would be completed in 2010.
- The decision on additional intake in Rohtas district was still kept in abeyance.




8. New initiatives: Multi Drug Resistant TB programme in Nellore:

8.1. Introduction:

Damien Foundation Urban Leprosy and TB Centre (DFUL&TBC) in Nellore town is one of the three owned projects of Damien Foundation India Trust. Leprosy control activities were started in 1989 and TB control activities in 1996.

This centre has also been functioning as Designated Microscopy Centre recognised by Revised National TB Control Programme (RNTCP) catering to 120,000 population in Nellore town. Adequate support staff have been provided for effective implementation of all activities. RNTCP in Nellore district is supported by District Consultancy Team consisting of two TB Supervisors and a Senior Medical Advisor. It was observed that many TB patients with suspected MDR-TB had to go to state head quarters or neighboring state for the diagnostic services. Both these places are far away and treatment for MDR-TB was not available. DFUL&TBC with adequate experience and facilities was developed as centre for management of MDR-TB. Damien TB Research Centre with a lab and 20 bedded in-patient facility was constructed in the premises of DFUL&TBC centre at Nellore.

8.2. MDR TB treatment programme:

MDR-TB treatment programme was started in a small scale to gain experience. Procedures followed in the project are as per RNTCP guidelines for the management of MDR-TB. One supervisor with experience in implementing Directly Observed Treatment (DOT) in RNTCP was designated as coordinator for MDR-TB management programme. All the field staff and hospital staff were trained in MDR-TB management programme. DOT-Plus site committee was constituted with District TB Officer, a General Physician and a Microbiologist from Medical College as members, Medical Officer of DFUL&TBC being the convener. All MDR-TB patients screened were reviewed by the committee and treatment was started after approval by the committee. Treatment regimen (24 months duration) recommended by RNTCP was employed.

RNTCP Category IV regimen: 6 (9) Km Ofx Eto Cs Z E / 18 Ofx Eto CsE

Eight TB patients diagnosed as MDR-TB by TB Research Centre Chennai were enrolled for treatment till Dec 2009. DOT providers were organised. MDR-TB coordinator and concerned District Consultancy Team members monitored the treatment delivery. All of them have completed Intensive Phase (IP) and have become culture negative at the end of IP.

Two patients experienced drug related side effects.

Patient I: Female/55, developed hearing problem and hypocalcaemia during third month of IP. This person interrupted treatment for 15 days. She was hospitalised and expert opinion was sought from ENT department of Medical College. On the basis of risk-benefit assessment it was decided to reduce the dose of Kanamycin.

Patient II: Male/25 developed swelling of joints (ankle & knee) during IP. He was hospitalised and dosage of Pyrazinamide was reduced.

Damien TB Research Centre (DTRC)

The Damien TB Research Centre is well and fully equipped to deal with MDR-TB. It has all the necessary equipments including LED fluorescent microscope. The Myco-bacterial culture laboratory started functioning in last quarter of 2009. Second incubator and second Bio Safety Cabinet would be installed in the first quarter of 2010.

8.3. General procedure:

Conventional culture technique using LJ medium was employed. DST was done to four drugs (S, H, R, E).

Proportional dilution - conventional (4 Dilutions & 4 Inoculations in Drugs) was employed initially.

Dilution 1: PLJ + PNB + Drugs
Dilution 2: PLJ + Drug
Dilution 3: PLJ + Drug
Dilution 4: PLJ + Drug

Proportional dilution - economical (4 Dilutions & 2 Inoculations in Drugs) was recommended by reviewers during pre-accreditation assessment which has been implemented now.
Dilution 1: PLJ + PNB
Dilution 2: PLJ + Drug
Dilution 3: PLJ + Drug
Dilution 4: PLJ 1

The economical method is said to have benefits of saving time, media and space (Racks & Incubator). Ever since the complete installation of all equipments the DTRC has started collecting sputum samples from suspected MDR-TB patients referred from District TB Centre. One sample was used in DTRC for trial culture and Drug Sensitivity Testing (DST) and another was sent to State TB Demonstration Centre (STDC) at Hyderabad for comparison of results for quality assurance.

A total of 158 sputum samples were subjected to culture during last quarter of 2009 and culture positivity rate was 63%. Contamination was 2.5%. Among 22 samples subjected to DST 18% was MDR.

Results of Mycobacterial culture (last quarter 2009)

	Number of samples	%
Smear positive	97	61.4
Smear negative	61	38.6
Total	158	100

	Number of samples	%
Culture positive	99	64.3
Culture negative	55	35.7
Total	154	100

Results of Mycobacterial culture in relation to microscopy results (last quarter 2009)

	Culture positive	Culture negative	Total
Smear positive	90	02	92
Smear negative	09	53	62
Total	99	55	154

Results of DST (last quarter 2009)

Sensitive	Mono resistance	Poly resistance	Resistant to H & R	NTM	Total
12	03	02	04	01	22

Process for accreditation of the Mycobacterial culture lab has been initiated and first level review of facilities was done by the concerned authorities. The process is expected to be completed in 2010. Once accreditation was awarded government of Andhra Pradesh would recognise this centre as Intermediate Reference Laboratory (IRL) for TB control programme. This IRL would be expected to provide the services to at least four adjoining districts in Andhra Pradesh.

9. National and State level support:

9.1. National level:

A. Support to Intermediate Reference Laboratory (IRL) – Tuberculosis:

At the request from GOI, one microbiologist each for AIIMS in Delhi and JALMA in Agra was provided by DFIT for assisting in establishment of IRL facilities.

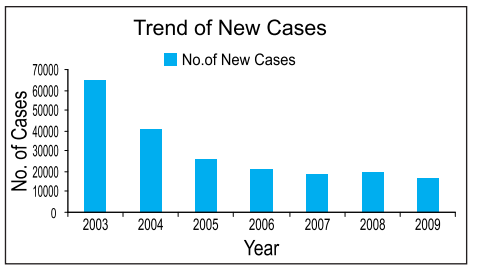
B. Support to Central Leprosy Division (CLD):

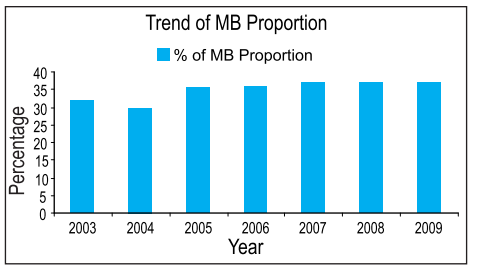
One DPMR consultant and two support staff were provided to Central Leprosy Division (CLD) in Delhi as part of the support activities of ILEP in India.

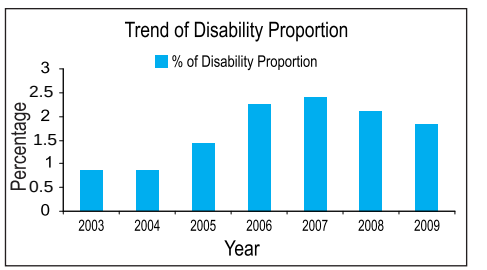
9.2. State level:

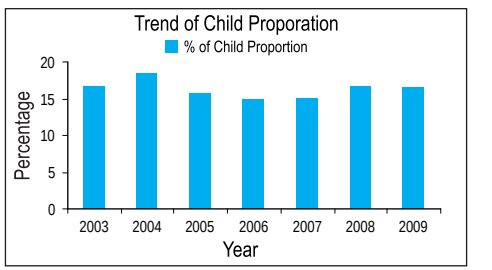
A. Support to Leprosy control in Bihar:

Damien Foundation has been involved in coordinating the support activities of ILEP members (NLR, LEPRA, TLM and DFIT) in Bihar. Coordination involves implementing the support activities of ILEP as planned in consultation with the State in the five thematic areas as per broad agreement with Government of India. The areas are planning, supervision & monitoring, training, establishment of referral service, DPMR including RCS.









The main task of coordination is given to ILEP State Coordinating representative, Dr. Anne Mattam who is employed by DFIT and is invested with the responsibility of implementing various activities with support from representatives from other ILEP members. She is supported by a Physiotherapist.

Activities:

1. NLEP staff in 5 districts (114) - Patna, Bhojpur, Buxar, Aurangabad and Nawada were trained. (NLR)
2. Self care group meetings (50 members) were held in Nawada and Bhojpur (NLR)
3. Orientation training of trainee nurses (79) of NMCH, Patna was done.
4. Orientation training in DPMR for ANMS (385) of all PHCs of Nawada was done.
5. Orientation training of nurses (139) of PMCH-Patna was carried out.
6. DLOs and NMSs of District Nucleus (DN) (54) from 32 districts in decentralized planned.
7. Sensitisation of Dermatologist, Physicians & PG students from Nalanda Medical College Hospital (NMCH), Patna Medical College Hospital (PMCH) and Private Practitioners.
8. Support for RCS in Patna for 40 persons was provided till August 2009.
9. In two districts (Rohtas and Madhepura) 17 ANMs, 88 ASHA and 53 persons affected were trained in self care.
10. A workshop for 120 persons affected from 22 colonies in 4 districts was arranged in collaboration with Little Flower Hospital in Raxaul.
11. Flash cards on POD were distributed to 560 ASHA & ANMs.
12. Printed 50 000 patient ID cards for use by PHCs.
13. Supplied registers (500) by Damien Foundation and (200) by LEPRA.
14. Eight persons were supported for enhancing their livelihood (cost Rs. 68,090)

Results:

New cases detected has remained static (around 20 000) since 2005-2008 (25 835, 21 350, 19 041, 20 086). MB proportion among new cases has also remained the same (around 37%). Disability proportion also has remained around 2%. Case detection is mainly voluntary and referred by ASHA. One characteristic that distinguishes Bihar from other States is the relatively high proportion of child cases (16%). Repeated assessment done by experts has shown that there was very little problem with validity of diagnosis.

Treatment completion was 94.05%. District nucleus has been in place in all districts except Kishanganj where Superintendent of District hospital has been given the responsibility along with two Health Educators, from General Health staff level. Review meetings at Zonal levels were carried out.

B. Provision of personnel to STDC in Andhra Pradesh

Two laboratory technicians and one computer data entry operator were provided at IRL facility in STDC in Hyderabad for assisting the State in implementing DOTs Plus in the State.

C. Training of lab personnel in Karnataka:

A good example of collaboration between NGO and Government was the participation of resource persons from DFIT in training the LTs and STLSs of various districts in the State of Karnataka. A total of 18 STLSs and 78 LTs in four districts (Bengaluru Metro, Bengaluru Urban, Bengaluru Rural and Ramanagara) were trained in 6 batches in the first phase and in the second phase 122 LTs and 12 STLSs from 6 districts (Gadag, Koppal, Bellary, Karwar, Udipi & Dakshan Kannada) were trained in 6 batches.

The training covered important aspects like correct methods in maintenance of microscope, smear preparation and staining. It was appreciated by the programme officers from the State.

10. Continuing Medical Education:

Apart from regular programmes, DFIT is organizing endowment prize examination for under graduate medical students every year to update their knowledge in leprosy. This year theory examination was conducted on 9th July 2009. One hundred and ninety three students from 10 medical colleges took part in the examination, of which 39 were selected for practical examination. Fifteen students participated in the practical examination at Holy Family Hansenorium, Fathimanagar, Thiruchirapalli on 16th September 2009. Answer sheets were evaluated and the marks scored by them were informed to Dr. M.G.R. Medical University.

11. Livelihood Enhancement Programme:

Socioeconomic rehabilitation with a new name and a renewed mandate has been implemented in DFIT supported projects since 2007. One percent of the budget is earmarked for this and efforts are made to identify suitable beneficiaries in a six-monthly selection process. Objective criteria have been formulated for identifying the beneficiaries through a selection committee and monitoring and follow up is carried out regularly to ensure that the process is implemented as per expectation. The purpose of the project is to identify, from among the leprosy and TB affected, those who require temporary intervention to uplift the quality of their living and empower them to be useful members of the society. Support is given in various forms like repair or construction of living accommodation, providing livestock, financial assistance for education and self-employment. Even though the focus is on the leprosy-affected, attention is also given to the TB affected in the form of supply of food grains to the family during the course of treatment to encourage patients to complete the treatment. Each project has a selection committee which reviews the applications it receives and selects persons based on the criteria. The list is then sent to DFIT for final selection after which it is sent to Damien Foundation Belgium for final approval. The experience so far has been positive in spite of a few mishaps.

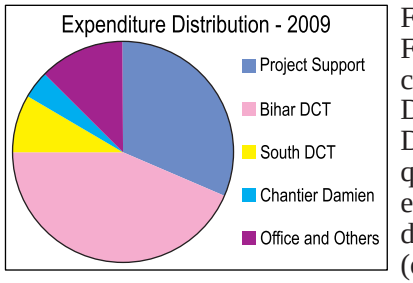
In 2009, the LEP project supported 106 persons through various schemes. In all 37 were given goats; 3 cows; house renovation was done for 2 families; 45 patient families were given food grains during the course of their treatment. The total expenditure was Rs. 729 890.

12. Chantiers:

Chantiers Damien is one of the subgroups working under Damien Foundation Belgium and involved in supporting the public health activities of Damien Foundation in a few countries with infrastructure support. The funds for the construction activities are generated through donations from the public who also visit the site and participate during the construction. Several PHCs, Laboratories, hospital wards have been constructed in several projects, mainly in Bihar. In 2009, DFIT with support from Chantiers Damien constructed 10 houses for the leprosy affected in Salem, one meeting hall in Nagepalli and one PHC in Gaighat, Bihar. Totally

23 volunteers, mostly students, participated in the construction. The total expenditure was Rs. 3 547 093.

13. Finance:



Funds are received mainly from Damien Foundation Belgium. The activities in Bihar are co-financed by DGDC (Directorate General Development Co-operation). The fund flow from DFB to DFIT and DFIT to the projects is quarterly subject to timely submission of essential finance reports. Finance monitoring is done through review of periodic reports (quarterly and annual) and on site review from the Chief Financial Officer. Auditing is done twice, one as per the GOI statutory requirement (April-March) and the other as per the requirement of Damien Foundation Belgium in Brussels (Jan-Dec).

The expenditure for Bihar DCT was (44 %), Project support (31%), South DCT (9%), Chantier (4%), Office management, National TB support, ILEP and Miscellaneous (12%). DFIT being the ILEP National Coordinator published ILEP Update magazine and coordinate national level meetings the expenditure for which was shared equally among the ten ILEP member agencies in India.

Finance -2009	Indian Rupees
INCOME	
Contribution from Damien Foundation Belgium	54573509
Contribution from DGDC,Belgium	54750390
Contribution from Chantier Damien	3607490
Interest received on Fixed Deposit/ Savings A/c	358673
Miscellaneous Income	423576
Miscellaneous Income (ILEP Agencies)	4490302
Livelihood Enhancement Programme Activities	248570
Opening balance for the year 2009	98779
	118551289
PAYMENTS	
Fund Transferred to Projects	34664000
Bihar Activities- Technical Teams	48440495
Andhra Pradesh - Technical Teams	6818827
Karnataka - Technical Teams	2620084
Chantier Damien Activities	4461080
DFIT Office, Field, POD	10089502
Training/ Workshop/ Conference	117035
ILEP Activities	2472110
National TB Support	633283
Miscellaneous Expenses	488911
Closing Balance for the year 2009	7745962
	118551289

14. Trainings / Meetings / Conferences / Workshops / Evaluations/Visitors:

A. Trainings :

1. Training programme for Physiotherapists at Medical College Hospital, Jamshedpur from 7th to 24th January 2009. Facilitator: Mr. Piet Paul Hemerijckx, DPMR Coordinator.
2. RCS training to the surgeons in Medical College Hospital, Jamshedpur from 3rd to 6th February 2009. Facilitator: Dr. Jacob Mathew, Medical Advisor (DPMR).
3. RPOD Course at Nepal from 23rd February to 6th March 2009.
   Participants: Mr. Gopalakrishna and Venkatesan, PTs
4. Training on Microscope maintenance and minor repairs for LTs and STLS of Bangalore, Tumkur, Nellore and Salem at Bangalore on 12th and 13th March 2009. Facilitator: Mr. Jaishankar, CLS; No. of participants – 20.
5. Skin smear training programme (ILEP) for the LTs in 7 zones of 28 districts in Bihar from 15th to 25th March 2009. Facilitators: Mr. Jaishankar, CLS and Mr. Moses Anandraj, LC; No. of participants – 36.
6. Orientation training to the Lab. Technicians of Bellary, Gadag, Koppal, Karwar, Udipi, Dhakshina Kannada districts in Karnataka State from 7th to 19th September and 22nd to 26th September 2009. Facilitator: Mr. Jaishankar, CLS; No. of participants – 134
7. GCP training organized by National Institute of Epidemiology at Chennai from 12th to 16th October 2009. Participants: Dr. Vijayakumaran, Director (Programme), Mr. Peter Paul, UMDT Coordinator, Mr. Dhilip Kharkar, Research Assistant.
8. Orientation training to the laboratory staff working in Bangalore Zone from 1st to 17th June 2009. Facilitator: Mr. Jaishankar, CLS; No. of participants - 18 STLS and 96 LTs.
9. Training of 5 doctors on WHO fellowship from Srilanka at SIH-R & LC, Karigiri on 15th and 16th June 2009. Facilitator: Dr. Vijayakumaran, Director (Programme).
10. Orientation training on lab. aspects and Microscope maintenance to the laboratory personnel in Patna and Siwan district from 7th to 16th July 2009. Facilitator: Mr. Jaishankar, CLS; No. of participants : 68.
11. Human Resources Development & Management course organized by IUATLD at Bangkok from 2nd to 14th November 2009. Participants: Dr. M. Shivakumar, CMA and Mr. D.V. Premkumar Velu, CFO.
12. RCS training in Moba, Congo from 2nd to 10th December 2009.
    Trainer: Dr. Jacob Mathew, Medical Advisor (DPMR).
13. The DCT participated and organised training to different cadres of Health staff in various districts. Totally 1 370 Medical Officers, 113 STS, 98 STLS, 502, Lab. personnel, 180 Health Managers, 8 316 Health Staff, 24 025 ASHAs, 2 627 AWWs, 519 RMPs, and 663 Community Volunteers were trained.

B. Meetings / Conferences / Workshops:

1. ILEP meeting at New Delhi on 6th January 2009. Participants: All ILEP India member Representatives.
2. SLOs Workshop organized by Govt. of India at Jaipur from 17th to 20th March 2009. Facilitators: Dr.Krishnamurthy, Secretary and Dr. Vijayakumaran, Director (Programme).
3. Project Holders' meeting of south projects and District Consultancy Teams at Chennai on 2nd February 2009. Special invitees: Mr. Luc Comhaire and Dr. Tine Demeulenaere.
4. 44th Trust meeting of DFIT at Chennai on 11th April 2009.
   Participants: Mr. Paul Jolie, President, DFB and all trust members.
5. CME Programme on Leprosy – POD organized by Dr. S.M.C.S.I. Medical College, Karakonam, Trivandrum in collaboration with DFIT and District Health Society on 18th April 2009. Facilitator: Dr. Jacob Mathew, Medical Advisor (DPMR).
6. Global Programme Managers meeting organized by WHO at Delhi from 20th to 22nd April 2009. Participants: Dr. Krishnamurthy, Secretary and Dr. Vijayakumaran, Director (Programme).
7. Observational study of Prevention of Disability in Guangxi region at China from 4th to 8th May 2009. Participant: Dr. Krishnamurthy, Secretary.
8. ILEP meeting at Port Blair (Andaman & Nicobar) on 13th May 2009.
   Participants: All ILEP members.
9. Project Holders meeting of south projects in Chennai on 17th June 2009 followed by Workshop on Supervision and review meeting of District Consultancy Teams (South) on 18th and 19th June 2009.
   Participants: All project holders and members of teams.
10. ILEP meeting at New Delhi on 21st and 22nd June 2009.
    Participants: All ILEP members.
11. Regional Consultative meeting of Partners on TB held at TRC Chennai on 9th & 10th July 2009. Facilitator: Dr. Vijayakumaran, Director (Programme).
12. Decentralised planning workshop for DLOs at Trivandrum on 3rd and 4th August. Facilitators: Dr. Krishnamurthy, Secretary, Dr.Vijayakumaran, Director(Programme) and Dr.Anne Mattam, ILEP State Coordinator, Bihar.
13. Workshop on Planning and Management of Programme for District Programme Officers and MOs (District nucleus) on 11 th & 12th August 2009. Facilitator: Dr. P. Vijayakumaran (Director-Programme-DFIT.
14. Action Plan meeting of Bihar teams at Patna from 6th to 9th August 2009. Facilitators : Dr. Vijayakumaran, Director (Programme) and Mr. Premkumar Velu, CFO.
15. DLOs Review meeting held at Patna on 11th August 2009. Facilitators: Dr. Jacob Mathew, Medical Advisor (DPMR) and Dr. Anne Mattam, ILEP State Coordinator.

16. ILEP meeting at Udakamandalam (Ooty) on 19th August 2009.
    Participants: All ILEP members.
17. 45th Trust meeting of DFIT at Chennai on 5th September 2009.
    Participants: All local trust members.
18. Action Plan meeting of south projects and District Consultancy Teams at Chennai from 7th to 9th September 2009. Participants: Project Holders, Medical Officers and supervisors from the projects and all team members.
19. Dermatologists Conference organized by Govt. of Bihar at Patna on 12th September 2009. Facilitators: Dr. Krishnamurthy, Secretary and Dr. Anne Mattam, ILEP State Coordinator.
20. Review meeting of SLOs of North Eastern states at Dehradun organized by Govt. of India on 25th & 26th September 2009. Facilitator: Dr. Krishnamurthy, Secretary.
21. Project Holders meeting at Chennai on 1st October 2009.
    Participants: All Project Holders, Special Invitee : Dr. Jaap veen.
22. 27th Biennial Conference of IAL at Delhi from 2nd to 4th October 2009. Participants: Dr. Anne Mattam, ILEP State Coordinator, Mr. Amar Nath Prasad and Mr. Balram Mahato, PT.
23. ILEP meeting at London on 7th & 8th October 2009.
    Participant: Dr. Krishnamurthy, Secretary.
24. Core Group Meeting at Damien Foundation Belgium from 12th to 14th October 2009. Participant: Dr. Krishnamurthy, Secretary.
25. Joint Monitoring Mission at Beijing from 19th to 29th October 2009.
    Participant: Dr. Krishnamurthy, Secretary.
26. Workshop in ALERT INDIA, sponsored by WHO at Mumbai on 21st and 22nd October 2009. Facilitator: Dr. Vijayakumaran, Director (Programme).
27. 46th Trust meeting at Chennai on 7th November 2009.
    Participants: Mr. Rigo Peeters, General Secretary, DFB and trust members.
28. WHO TAG meeting held at London on 12th and 13th November 2009.
    Participant: Dr. Krishnamurthy, Secretary.
29. SLOs conference at Varanasi on 6th and 7th November 2009.
    Facilitators : Dr. Vijayakumaran, Director (Programme) and Dr. Anne Mattam, ILEP State Coordinator.
30. ILEP meeting at Chennai on 28th November 2009. Participants: All ILEP members. Special invitees : Dr. Pannikar, Dr. Mannam Ebanezer, Dr. Rajan Babu.
31. 40th World Conference organized by IUATLD at Cancun, Mexico from 3rd to 7th December 2009. Participants: Dr. Krishnamurthy, Secretary and Dr. Vijayakumaran, Director (Programme).
32. Meeting organized by Govt. of India regarding multi centric study to assess the burden of leprosy at Delhi on 16th December 2009.
    Participant: Dr. Krishnamurthy, Secretary.

C. Evaluations:

1. Evaluation of south projects (Arisipalayam, Fathimanagar, Pavagada, Bangalore Urban, Metro and Rural, Chittoor, Kadapa and Trivandrum) by Bihar team members in different batches in April and May 2009.
2. Evaluation of Bihar teams (28 districts) from 1st November to 21st November.
   Evaluators: (Mr. Jaishankar, CLS, Mr. Moses Anandraj, LC, Mr. Ilango Yesu, Sr. Supervisor and team members of South districts).

D. Visitors:

1. Mr. Luc Comhaire, Project Manager and Dr. Tine Demeulenaere, Medical Advisor from DFB visited India from 2nd to 12th February 2009. (Nellore, Chittoor, Salem, Polambakkam and Bihar).
2. Volunteers from Brussels to assist the construction work supported by Chantier Damien. (Gaighat PHC, Bihar from 28th June to 26th July – 5 persons; Salem from 1st to 26th July – 10 persons, Nagepalli from 18th July to 16th August 2009 – 8 persons).
3. Evaluation visit by Dr. Jaap Veen, Senior Tuberculosis Control Advisor from DGDC, Belgium from 21st September to 1st October 2009 (Bihar, Arisipalayam and Nellore).

15. Glossary:

ANM: Auxiliary Nurse and Midwife. Basic female health worker, one for every sub centre covering a population varying between 5000 to 10000. They are the most important staff in the General Health system and are responsible for implementing several important public health programmes especially immunization, maternal and child health and family welfare

ART: Anti Retroviral Therapy

ASHA: Accredited Social Health Activist A lady volunteer from the community selected and involved in public health programmes as a link between the community and General health system under National Rural Health Mission

AWW: Anganwadi Worker

CFO: Chief Financial Officer

CMA: Chief Medical Advisor

CS: Civil Surgeon. Chief of all public health programmes in a District in Bihar

DCT: District Consultancy Team

DFB: Damien Foundation Belgium

DFIT: Damien Foundation India Trust. (One of the ILEP members in India supporting leprosy and TB control)

DGDC: Directorate General for Development Cooperation. (Belgian Government Agency for providing support to NGOs)

DLO: District Leprosy Officer. Programme Officer at the district level (2 to 3 million population) responsible for the leprosy control programme in the district

DMC Designated Microscopy Centre one for every 100000 population for diagnosis of TB cases through sputum microscopy

DOT: Directly Observed Treatment. Treatment of a TB case under direct supervision by a person other than a family member

DOTs: A package with five elements constituting the fundamental strategy of TB control adopted by all the countries including India

DPMR: Disability Prevention and Medical Rehabilitation. New name given to POD

DST: Drug Sensitivity Test

DTC: District Tuberculosis Centre (the government agency in District responsible for implementing TB Control)

DTO: District TB Officer. Programme Officer at the district level (2 to 3 million population) responsible for the TB control programme in the district

DTRC: Damien TB Research Centre (a facility in Nellore project for management and research in MDR TB)

DTST: District Technical Support Team. Strategy adopted by ILEP to support leprosy control through the placement of a mobile resident team in a district

ENL: Erythema Nodusum Leprosum (An inflammatory episode in the course of leprosy disease occurring mainly in Multibacillary disease)

GH: General Health

GOI: Government Of India

GP: General practitioner. A medical practitioner

HV: Health Visitor (a person employed on contract by RNTCP for treatment of TB cases in urban areas)

ICTC: Integrated Counseling and Testing Centre

IEC Information, Education and Communication

ILEP: International Federation of Anti-leprosy associations. Has ten members. They are involved in supporting leprosy control activities in India through a coordinated mechanism designed to promote convergence of ideas and confluence of resources. The ten member organisations are:

* Association Francaise Raoul Follereau (AFRF India)
* Associazione Italiane Amici di Raoul Follereau (AIFO India)
* American Leprosy Mission (ALM)
* Damien Foundation India Trust (DFIT)
* FAIRMED
* Fontilles-India
* German Leprosy and TB relief Association (GLRA-India)
* LEPRA Society (LEPRA)
* Netherlands Leprosy Relief Association (NLR)
* The Leprosy Mission International (TLM Trust India)

IRL: Intermediate Referral Laboratory. A laboratory where culture and sensitivity test for suspected MDR cases is done and is generally located in the capital of a State

IUATLD: International Union Against Tuberculosis and Lung Diseases.

LED: Light Emitting Diode

LEP: Livelihood Enhancement Programme (a socio economic rehabilitation programme implemented by DFIT assisted projects)

LT: Laboratory Technician

MB: Multi-bacillary leprosy. A person with more than 5 skin lesions with anesthesia; bacteriological positivity; more than one nerve involved

MC: Microscopy Centre

MCR: Microcellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected person with anesthesia or deformity in the foot

MDR: Multi Drug Resistance

MDT: Multi Drug Therapy

MPHW: Multi Purpose Health Worker. Basic health worker (male and female), one for every 5 000 to 10 000 population and implementing all public health programmes. The area which is covered by them is the sub centre

MO: Medical Officer Posted at every health facility or hospital in Government set up

NGO: Non Governmental Organisation
NLEP: National Leprosy Eradication Programme
NMCH: Nalanda Medical College Hospital
NMS: Non Medical Supervisor
NSP: New Sputum Positive case (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
OPD: Out Patient Department
PB: Pauci bacillary leprosy. A person with 5 lesions or less with anaesthesia; bacteriologically negative; single peripheral nerve involvement
PH: Project Holder
PHC: Primary Health Centre. The main health facility in rural area covering a population of 25000 to 200000 and responsible for implementing curative and preventive services in the designated population
PMW: Para Medical Worker
PMCH: Patna Medical College Hospital
POD: Prevention of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability
PT: Physio-therapist
RMP: Unqualified Registered Medical Practitioner
RNTCP: Revised National TB Control Programme
RCS: Re-Constructive Surgery
RS: Respiratory Symptomatic
SC: Sub Centre
SER: Socio-economic Rehabilitation
SMA: Senior Medical Advisor
SPR: Sputum Positivity Rate
STDC: State TB Demonstration Centre. One in every state meant for training all the staff in RNTCP
STLS: Senior TB Laboratory Supervisor- Laboratory supervisor in TB unit for guiding laboratory work in the 5 Designated microscopy centres
STO: State TB Officer. Programme officer in a state in charge of TB control
STS: Senior TB Supervisor. One in every TB unit at sub district level for 500 000 population and responsible for field supervision in TB control
TB-HV: Tuberculosis Health Visitor
TRC: Tuberculosis Research Centre, Chennai
UMDT: Uniform Multi Drug Treatment
UT: Under Treatment
VHN: Village Health Nurse
WHO: World Health Organisation

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