ILEP meeting - Delhi

Dr.Claire Vellut visiting a LAP - Pavagada

DOT by Community member

ICTC - Delhi

Accreditation Team - CTD - Delhi

POD camp - Nellore Urban

DFB Project Forum - Belgium

Training to District Leprosy Officers - Kerala

Damien Foundation India Trust
14, Venugopal Avenue, Spur Tank Road, Chetpet, Chennai 600 031. Telephone: 91 44 2836 0496, 91 44 2836 1910
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Damien Foundation India Trust

Activity Report - 2010

(January - December)

Training on self care to patients - Salem

Surgeon from DFB on RCS training - Nellore

Lab. - Nellore

DFB team with DFULTC staff

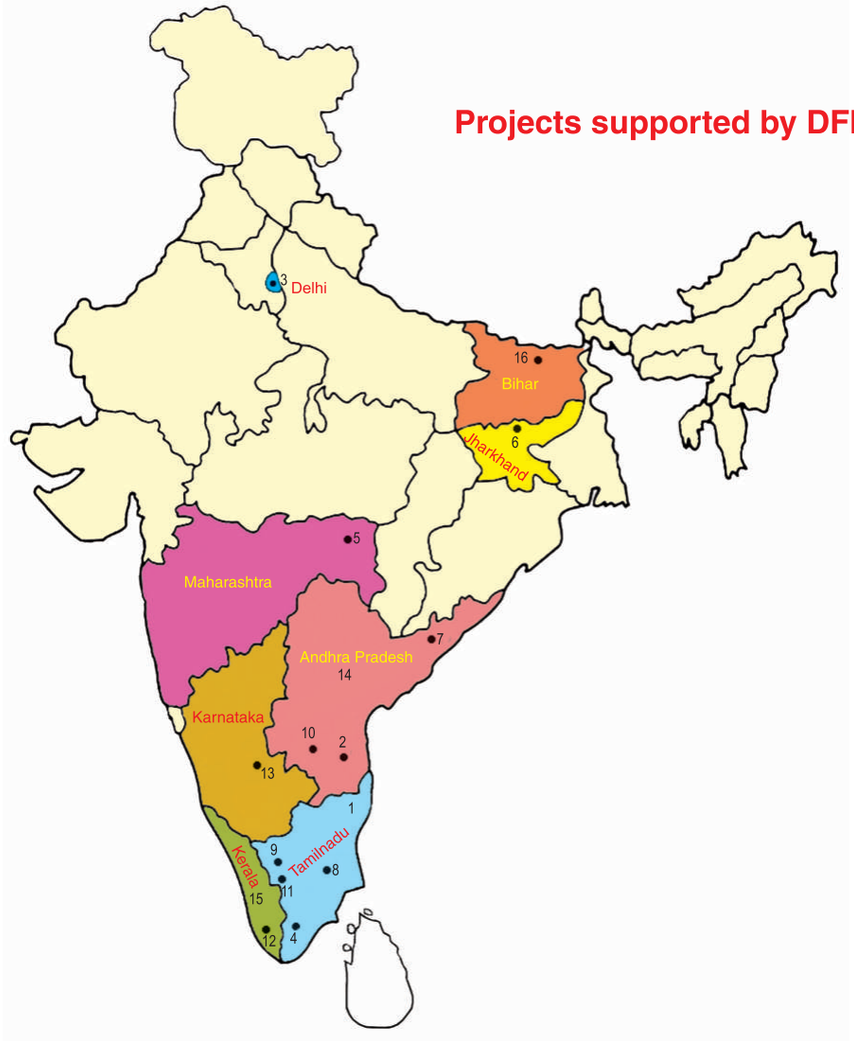
TB awaremess programme - Kurnool district

PT from Comaros on RCS training - Nellore

Clothes and footwear to leprosy patents

DOT - Delhi

Projects supported by DFIT



DFIT-Own Projects:

1. Anandapuram Home Society, Polambakkam, Kancheepuram-Tamilnadu
2. Damien Foundation Urban Leprosy & TB Centre, Nellore-Andhra Pradesh
3. Margaret Leprosy & TB Centre, Najafgarh, New Delhi

NGO Projects supported by DFIT:

4. Arogya Agam, Aundipatty, Theni district-Tamilnadu
5. ASSISI Sevasadan Hospital, Nagepalli, Gadchiroli-Maharashtra
6. Claver Social Welfare Centre, Amda, Saraikela-Jharkhand
7. Gandhi Memorial Leprosy Foundation, Chilakalapalli-Andhra Pradesh
8. Holy Family Hansenorium, Fathima Nagar, Thiruchirapalli-Tamilnadu
9. Nilgris-Wynaad Tribal Welfare Society, Ambalamoola, Nilgris-Tamilnadu
10. Rural Health Centre, Asaniketan, Kavali-Andhra Pradesh
11. St. Mary's Leprosy Centre, Arisipalayam, Salem-Tamilnadu
12. St. John's Health Services, Pirappancode, Thiruvananthapuram -Kerala
13. Swamy Vivekananda Integrated Rural Health Centre,Pavagada-Karnataka

District support to Government: (TB)
South:
14. Andhra Pradesh : 6
15. Kerala : 2

NORTH
16. Bihar : 28

State support to Leprosy:
Bihar and Jharkhand States
(In collaboration with other ILEP organisations)

Foreword

The year 2010 saw for the first time stringent budgetary restraint applied to the project. Even though this was clearly unexpected, the challenge it posed was turned into an opportunity. Economics of operation became a priority issue. A critical review of the implementation process gave an insight into the possible areas where restraint could be safely applied. It also led to some reorientation to the strategic architecture. Finally, everyone was satisfied for a job well done.

Readers may be happy to know that all the projects of DFIT continue to provide referral service, free of cost, to the leprosy affected. At a time when leprosy expertise is fast disappearing, I believe this is really rewarding.

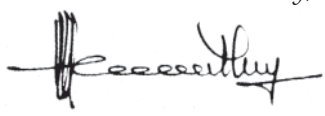
The foray into MDR TB has been faster than expected. The facility in the project at Nellore has started managing MDR cases and the laboratory attached to it is in the final stages of getting accreditation for doing culture and drug sensitivity for TB cases. DFIT is also helping Bihar in starting MDR lab and DOTs plus site in Patna.

I am also pleased to inform you that fund raising which had been till last year an unaccustomed, sporadic activity has now been given the predominance that it deserves. A team for this purpose has been recruited and has been placed in the field.

The report that is before you gives an overall perspective about DFIT and its activities, accomplishments and future plans. I must particularly thank all the staff of the organisation for the excellent work that they continue to do and for their admirable participation in providing quality services to the leprosy and TB affected. The support given by the members of the trust, the project management and communication team in Belgium, the DGD of Government of Belgium and the community stand every one with DFIT in good stead, to always raise the bar and be worthy of being a part of Damien Foundation.

Thank you,

Yours Sincerely,



P KRISHNAMURTHY
Secretary

CONTENTS

1. Introduction

Damien Foundation India Trust (DFIT) is a Charitable Non-Governmental Organisation involved in Leprosy and TB control activities in India supported by Damien Foundation Belgium. It offers Leprosy and TB related services either directly through its own projects or through local NGO projects. It is also involved in strengthening Leprosy and TB Control programmes of the Government through various support activities like capacity building. The organisation started its chapter of leprosy control activities in a village in South India in 1955, TB control in 1996 and now covers a population of 112,159,849, in 8 States. The main character of Damien Foundation is the quality of services, which are delivered in close partnership with the community and the Government.

2. Projects and infrastructure

1	Anandapuram Home Society	Polambakkam, Tamil Nadu
2	Arogya Agam	Aundipatty, Tamil Nadu
3	Asaniketan Rural Health Centre	Kavali, Andhra Pradesh
4	Assissi Sevasadan Hospital	Nagepalli, Maharashtra
5	Claver Social Welfare Centre	Amda, Jharkhand
6	Damien Foundation Urban Leprosy & TB Centre	Nellore, Andhra Pradesh
7	Gandhi Memorial Leprosy Foundation	Chilakalapalli, Andhra Pradesh
8	Holy Family Hansenorium	Fathimanagar, Tamil Nadu
9	Margaret Leprosy & TB Centre-DFIT	Najafgarh, New Delhi
10	Nilgiris Wyanaad Tribal Welfare Society	Ambalamoola, Tamil Nadu
11	St. John's Hospital and &Leprosy Services	Pirappancode, Kerala
12	St. Mary's Leprosy Centre	Arisipalayam, Tamil Nadu
13	Swami Vivekananda Integrated Rural Health Centre	Pavagada, Karnataka

Damien Foundation India Trust supports 13 local Non Governmental Organisations (NGO) including 3 owned by DFIT for providing patient care in the hospital and field in defined populations in 7 States. Total population covered is 3,243,532. In addition, there are 38 District Consultancy Teams each consisting of a field team of experienced medical and non-medical personnel providing support to TB control done by the Government health system. Total population covered by such teams is 108 916 317. A total of 386 staff provide patient care services (Leprosy and Tuberculosis).

3. NGO Projects

3.1 Nilgiris Wyanaad 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
Staff	Hospital staff: 1, Field staff: 1, Admin staff: 1
Facilities	Hospital with 12 beds; DMC (Designated Microscopy Centre); ICTC (Integrated Counselling and Testing Centre); Mobile outreach Medical Services for tribals.
Budget	Rs. 4,76,064

Wyanaad Tribal Welfare Society is located in Nilgiris district of Tamilnadu, bordered by Kerala covering a tribal population of around 100 000. The project offers primary health care services through its hospital. DFIT supports TB and Leprosy related activities in the hospital and field. The project has a recognised Microscopy Centre. Field staff supervises the TB and leprosy patients.

Treatment outcome for TB is very good (100% cure rate). All 12 leprosy-affected persons with disability living in the area are practicing self-care. One person has undergone re-constructive surgery. This project area is part of the National Sample Survey through which 3 leprosy cases were detected (1MB & 2PB).

Out patient care	
Out patients treated	6907
TB suspects examined	170
All types of TB cases registered	16
NSP cases registered	8
LEP beneficiaries	12
Inpatient care	
Leprosy cases admitted	3
Bed days	18
TB cases admitted	13
Bed days	87

3.2 Claver Social Welfare Centre,

Claver Bhavan, P.O.Amda,
Saraikela, Kharswan,
Jharkhand-833101
Phone : 06583-252714.
E-mail: jsr_point@yahoo.com

Project Holder	Fr. Anthony Panneerselvam
Staff	Hospital staff: 3; Field staff: 3; Admin staff: 3; Other staff: 3
Facilities	Hospital with 16 beds.
Budget	Rs. 21,62,810

The Project is situated in Saraikela district of Jharkhand State and offers Leprosy care through the out-patient clinic and in-patient facility with trained health staff.

The project in 2009, started support to Disability Prevention and Medical Rehabilitation (DPMR) services in Saraikela District and 7 additional districts - (E.Singhbhum, W.Singbhum, Logardagga, Gumla, Simdega, Deoghar and Godda). In Sareikela, 33% of the leprosy affected persons was found practicing self care but it was less than 10% in the other districts. It was found that 45% of the persons were monitored by health workers in Saraikela but less than 10% in other districts. Through DPMR 27 persons had undergone Reconstructive Surgery.

Out patient care	
Out patients treated	1407
Leprosy cases diagnosed	18MB+18PB
Reaction cases managed	20
Inpatient care	
Leprosy cases admitted	21
Bed days	848
Trainings	
On Leprosy	
Medical officers	142
Health workers	1085
Community members	1048

3.3 St. Mary's Leprosy Centre,

Arisipalayam, Salem, Tamilnadu-625512
Phone: 0427-2352645.
E-mail: smlcslm@gmail.com

Project Holder	Sr. Francisca
Staff	Hospital staff: 3; Field staff: 9; Admin staff: 3
Facilities	Hospital with 22 beds; TB Unit (Tuberculosis Unit); and DMC.
Budget	Rs. 31,08,335

The project is situated in Salem town , Salem district of Tamil Nadu. It began its Leprosy control activities in 1960, took up TB services in 2001 and initiated support to District level POD in 2003. St.Mary's hospital is one of the referral centres for leprosy in the District.

Recognising the capabilities of the project in disability management, the district authorities in 2003 invited the project to support DPMR activities in the entire district.

Personnel from the project supported key government staff at district level in planning, training of general health staff and monitoring DPMR activities.

Persons practicing self-care and supervision by health workers were very good. The results of the DPMR programme were published in the International journal and the strategy got the name as “Salem model” for its success. The project then extended similar support to neighbouring districts (Krishnagiri, Dharmapuri, Erode, Namakkal). New districts have also achieved good results. (detailed report under DPMR).

The project was allotted a TB unit in 2001, covering a population of 587 161. Good performance in RNTCP also has made it a model TB unit in the country. Joint monitoring mission evaluated the TB activities and recognised the project for its quality services. Among 7401 TB suspects screened in all 5 DMCs 866 TB patients were detected. High HIV co-infection (17%) among TB patients and deaths reduced the treatment outcome (cure rate=82%). Project organised training on maintenance of microscope for 40 Lab technicians in the district.

Out patient care	
Out patients treated	8831
Leprosy cases diagnosed	27MB+19PB
Reaction cases managed	25
TB suspects examined	7401
All types of TB cases registered	582
NSP cases registered	227
LEP beneficiaries	16
Inpatient care	
Leprosy cases admitted	206
Bed days	3547
TB cases admitted	17
Bed days	340
Trainings	
On Leprosy	
Medical officers	338
Health workers	405
On TB/Leprosy	
Community members	15844

3.4 Arogya Agam,

Aundipatty,
Theni district,
Tamilnadu-625512
Phone : 04546-242306,244311.
E-mail: arogyaagam@gmail.com

Project Holder	Mr. Rajan Packirisamy
Staff	Hospital staff: 3; Other staff: 1
Facilities	DMC, Inpatient care with 35 beds.
Budget	Rs. 5,55,582

Arogya Agam situated in Theni district of Tamilnadu has been involved in Leprosy and TB control activities in a population of 200,000. It is also involved in HIV and AIDS control. Following integration, the project took POD programme and the responsibility of managing complications related to leprosy including reactions.

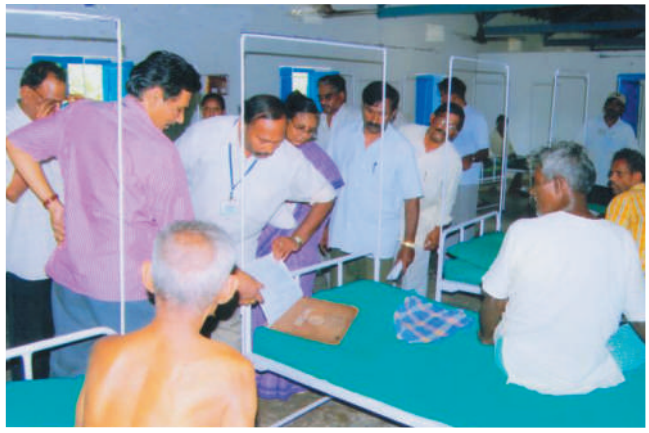
The project was allotted a Microscopy Centre by the Govt for a 100000 population. It achieved a cure rate of 88%. There are 517 disability cases living in the neighbouring 9 PHC areas but only 58 persons among 217 assessed were found practicing self-care. Among 135 persons with plantar ulcers 38 are free from ulcers and a total of 139 persons received foot wear.

Out patient care	
Out patients treated	10168
Leprosy cases diagnosed	18MB+11PB
Reaction cases managed	4
TB suspects examined	710
All types of TB cases registered	38
NSP cases registered	23
Nutritional Supplement for TB cases	7
Inpatient care	
Leprosy cases admitted	98
Bed days	668
TB cases admitted	156
Bed days	1248
Trainings	
On Leprosy	
Medical officers	7
Health workers	103
On TB/Leprosy	
Community members	545

3.5 Gandhi Memorial Leprosy Foundation,

Chilakalapalli P.O. Balijipeta,
Vizianagaram district,
Andhra Pradesh-535557
Phone : 08944-256265
E- mail: pogmlfclp@rediffmail.com

Project Holder	Mr. V. Prabhakar Rao
Staff	MO: 1(part time); PT: 1; PMW: 1; Admn. Staff: 1; Other Staff: 6.
Facilities	Out patient clinic, Hospital with 21 beds.
Budget	Rs. 9,65,388



Out patient care	
Out patients treated	789
Leprosy cases diagnosed	20MB+38PB
Reaction cases managed	4
LEP beneficiaries	23
Inpatient care	
Leprosy cases admitted	147
Bed days	6460
Trainings	
On leprosy	
Medical officers	15
Health workers	415

Gandhi Memorial Leprosy Foundation (GMLF) is one of the earliest training centres for leprosy control in the country. It is situated in Vizianagaram district of Andhra Pradesh. Following integration of leprosy control programme, the project took up support to POD activities in 4 primary health centres and later extended the support to 14 PHCs in 2008.

There are 887 persons with deformities. It was found that 74% were practicing self-care and 78% of them were monitored by the health workers. One of the key features of success is involvement of the community (ASHA) in monitoring. They are well trained and supervised by health staff and project. The project was requested to extend support to the entire district, in 2011.

3.6 Margaret Leprosy & TB centre-DFIT,

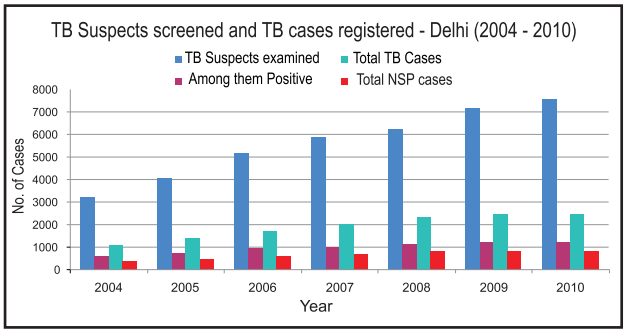
25-27, Qutub Vihar Phase-I,
Goyela Dairy Main Road,
Near Police Check Post,
Najafgarh,
New Delhi-110071
Phone : 011- 65492609
E- mail: dfitlepdelhi@bol.net.in

Project Holder	Dr.Ramesh Kumar
Staff	Hospital staff: 4
	Field staff: 17; Admin. Staff: 2
Facilities	2 TB Units; 10 DMCs; and 2 ICTCs.
Budget	Rs. 74,43,000

DFIT initiated leprosy control activities in South West Delhi in 1999. It was one of the leprosy-endemic districts in the Union Teritory of Delhi where around 800 new cases were detected annually. When the programme was integrated the centre was given the responsibility for supporting leprosy control activities in the South West district in training, monitoring and supervision of the Govt staff through a District Technical Support Team (DTST). Following withdrawal of DTST, the project restricted its leprosy control activities to diagnosis and referral of leprosy cases to Government health facilities.

Out patient care	
Out patients treated	36043
Leprosy cases diagnosed	5MB+3PB
Reaction cases managed	13
TB suspects examined	7570
All types of TB cases registered	2479
NSP cases registered	806
Nutritional Supplement for TB cases	30
Trainings	
On TB	
Health staff	138
On Leprosy	
Health workers	103
On TB/Leprosy	
Community members	432

TB support was taken up in 2002 initially by establishing one TB unit and later (2004) by one more TB Unit covering a total population of one million in 10 microscopy centres. Each centre is managed by a Microscopist-cum-field worker who is provided with a two-wheeler for mobility. This person is responsible for sputum microscopy, DOT supervision, arranging and monitoring community DOT providers and maintaining records.



The project has achieved a Cure rate of 85% and 93.8% among NSP cases and 79% and 74% among re treatment cases in TU 1 and TU 2 respectively. The Government had established two HIV testing centres also. About 70% of the TB patients are screened for HIV and only 18 cases were co-infected with HIV (1.05%).

Referral by	No. involved		No. of Suspects referred		No. of TB cases diagnosed		No. involved in DOT supervision	
	2009	2010	2009	2010	2009	2010	2009	2010
General practitioners	83	83	120	135	48	55	03	03
RMP doctors	227	195	332	402	79	85	68	76
Government health facilities	21	21	2295	2876	1235	1186	Nil	Nil
Community members	215	282	1618	1719	286	231	05	15

There is an increasing trend in involvement of community volunteers compared to 2009. Community members including Medical Practitioners referred 28% of total suspects and 22% of the total sputum positives are diagnosed from the suspects referred by community members. Health camps were organised in 3 places and 3 TB cases were diagnosed among 2048 persons who attended the camps. Project is managing MDR TB cases since 2009. The MDR TB suspects are referred to Lala Ram Swaroop (LRS) TB hospital for culture, drug sensitivity tests and MDR TB treatment initiation. Patients continued treatment with the project through DOT providers from the community. Both TB Units registered 37 MDR TB cases from 2009 and among them 24 cases have completed intensive phase of the treatment. Nutritional supplementation was given to 30 poor TB patients.

3.7 Holy Family Hansenorium,

Fathima Nagar P.O,
Thiruchirapalli district, Tamilnadu-620012
Phone: 0431-2680222, 2680033
E- mail: holyfamilylep@gmail.com

Project Holder	Dr.Sr. Rita Adaikalam
Staff	Hospital staff: 5; Field staff: 5; Admin staff:1; Others: 10
Facilities	Hospital with 75 beds; RCS centre; DMC; and TB/HIV care centre.
Budget	Rs. 31,27,209

Out patient care	
Out patients treated	8253
Leprosy cases diagnosed	32MB+12PB
Reaction cases managed	70
TB suspects examined	1480
All types of TB cases registered	36
NSP cases registered	12
LEP beneficiaries	20
Inpatient care	
Leprosy cases admitted	474
Bed days	16075
TB cases admitted	14
Bed days	154
Trainings	
On Leprosy	
Medical officers	201

Holy Family Hansenorium is one of the oldest projects supported by Damien Foundation. Located in Fathima Nagar, Thiruchirapalli district of Tamil Nadu State, it has been supporting leprosy control programme for more than 3 decades. This project is one of the most popular referral and training centres with facility for Reconstructive surgery in Tamilnadu and leprosy patients with complications come here for their ailments.

Most of the patients are managed through outpatient clinic and referred back to the concerned health facility for follow up treatment. In cases of severe complications, patients are hospitalised. Project managed 39 Type I and 31 Type II reaction cases from different districts.

Project is allotted Microscopy Centre for a population of 100,000 and achieved 100% Cure rate among the cases registered in 2009.

One of the important activities taken up by the project in collaboration with the Government of Tamilnadu is support to DPMR activities by the general health system in 5 districts (Thiruchirapalli, Pudukottai since 2003 and Karur, Ariyalur and Perambalur since 2009). Among the patients visited by the team it was found that 90% of the patients were practicing self care in Trichy and Pudukottai districts and 50% in the other districts. More than 60% of the plantar ulcers have healed in all the districts and more than 70% of the health staff are monitoring persons with disability. (Detailed report under DPMR).

Project is also functioning as care and support centre for HIV affected persons with complications including TB and has received the "Best care and support centre in 2010" award for their good work.

3.8 Asaniketan Rural Health Centre,

Vengal Rao Nagar,
Kavali,
Andhra Pradesh-524202
Phone : 08626-241403
E-mail: Asanikethan@yahoo.com

Project Holder	Sr. Christu Rani
Staff	Hospital staff: 2; Field staff: 6; Admin staff: 2
Facilities	TB Unit; and DMC.
Budget	Rs. 18,79,459

Out patient care	
Out patients treated	552
Leprosy cases diagnosed	2MB+5PB
Reaction cases managed	1
TB suspects examined	1821
All types of TB cases registered	557
NSP cases registered	269
Inpatient care	
TB cases admitted	61
Bed days	1338
Trainings	
On TB	
Health staff	2
On TB and Leprosy	
Community members	120

Asaniketan Rural Health Centre is located in Kavali, Nellore district of Andhra Pradesh. The project has been involved in leprosy and TB control activities for more than 2 decades. The project is mainly involved in POD activities in a population covered by 2 urban health centres in Kavali town after the integration of Leprosy control programme. Since 2003 the project has been facilitating a TB Unit covering a population of 461,489.

It has placed its own staff comprising of a MO, a STS, STLS and 5 Laboratory Technicians (LT) in the TB unit and DMC for implementing TB control activities. Project has provided nutritional supplement to 40 TB cases in 2010.

3.9 Assisi Sevasadan Hospital,

Nagepalli, Allapalli P.O.,
Gadchirolli district, Maharashtra-422703
Phone : 07133-266461
E-mail : assissinagepalli@gmail.com

Project Holder	Sr. Marina Francis
Staff	Hospital staff: 3, Field staff: 9, Admin staff:1
Facilities	Hospital with 10 beds; and DMC
Budget	Rs. 15,46,492

Assisi Seva Sadan Hospital is situated in Alapalli, Gatchiroli district of Maharashtra state. The project is providing health care services to tribal population in a difficult terrain through a team of dedicated staff. The project has engaged 5 field staff from the tribal population who can speak the tribal dialect and they are supporting TB and leprosy related activities in 5 PHCs covering the population of 100000.

There are 62 leprosy affected persons with deformities living in its jurisdiction and among them 47 are practicing self care regularly and 61 are provided foot wear. The project has a DMC covering a population of 100,000 and achieved 91% Cure rate among cases (NSP) registered in 2009.

Out patient care	
Out patients treated	11598
Leprosy cases diagnosed	8MB+12PB
Reaction cases managed	3
TB suspects examined	221
All types of TB cases registered	141
NSP cases registered	75
LEP beneficiaries	6
Inpatient care	
Leprosy cases admitted	21
Bed days	90
TB cases admitted	60
Bed days	191
Trainings	
On leprosy	
Health staff	41
Community members	157

3.10 Damien Foundation Urban Leprosy & TB Centre,

Bakthavatchala Nagar, A.K. Nagar Post, Nellore
Potti Sri Ramulu district, Andhara Pradesh-524004
Phone: 0861-2325163
E-mail: dfulcnlr@yahoo.in

Project Holder	Dr. M Shiva Kumar
Staff	Hospital staff: 21; Field staff: 4
Facilities	Hospital with 14 beds; MDR TB Research Centre (DTRC- Damien TB Research Centre); DMC; and RCS centre.
Budget	Rs. 72,19,891

Damien Foundation Urban Leprosy & TB Centre (DFULTC) located in Nellore town, Potti Sri Ramulu Nellore district of Andhra Pradesh is directly operated by DFIT. The project started Leprosy services in 1993 and TB in 1996. Soon after integration the project continued to be a referral centre for leprosy care and reconstructive surgery. The State has officially recognised the centre for RCS for the 3 districts (Anantapur, Kadapa and Nellore).

The centre has a DMC covering a population of 115,000 in Nellore town for TB control services. Community involvement is very good in suspect referral and DOT supervision. About 90% of patients are under supervision of community DOT providers.

The project supports DPMR services in an integrated setup in Potti Sri Ramulu Nellore district since 2006 and Kadapa district since 2008. Persons with disability practicing self-care were around 50% to 60% in these districts. Health workers supervising self-care also was less (69% and 55%).

Damien TB Research Centre (DTRC), Nellore:
Damien TB Research Centre (DTRC), a wing of DFULTC in Nellore, established in 2008 has a 20 bedded in-patient facility and a laboratory for Mycobacterial Culture and Drug Susceptibility Test (DST). The main objectives of DTRC are diagnosis and management of drug resistant TB and TB research.

The lab started functioning in the last quarter of 2009 and accreditation procedures are in the final stage of approval. After accreditation, this lab will provide C & DST services to 6 neighbouring districts including Nellore in Andhra Pradesh. The lab is also going to initiate Line Probe Assay (LPA) for the diagnosis of Multi Drug Resistant TB (MDR TB). All equipment have been installed and the personnel trained.

Out patient care	
Out patients treated	4536
Leprosy cases diagnosed	11MB+7PB
Reaction cases managed	46
TB suspects examined	424
All types of TB cases registered	213
NSP cases registered	92
Nutritional supplement to TB patients	11
Inpatient care	
Leprosy cases admitted	168
Bed days	2821
TB cases admitted (TB+MDR)	36
Bed days	1104
RCS	22
Trainings	
On Leprosy	
Medical officers	54
Health workers	443

Mycobacterial culture results at DTRC – 2010

Conventional culture technique using LJ medium was employed and DST done for four drugs (S, H, R, E) using proportional dilution economical variant method in four dilutions including two inoculations in drugs.

Out of the sputum samples from 206 persons inoculated for culture, 128 (62%) were sputum smear positive for AFB and 78 (38 %) were negative. Contamination was within permissible limits (less than 5%). Culture positivity among MDR-TB suspects was good (81.8%).

Culture results for MDR-TB suspects compared to sputum smear microscopy (2010)

Culture results	Sputum smear positive for AFB		Sputum smear negative for AFB		Grand total	
	No.	%	No.	%	No.	%
Positive	106	88.4	6	35.3	112	81.8
Negative	6	5	11	64.7	17	12.4
Contamination	7	5.8	0	0	7	5.1
NTM	1	0.8	0	0	1	0.7
Total	**120**	**100**	**17**	**100**	**137**	**100**

Culture results for MDR-TB follow up compared to sputum smear microscopy (2010)

Culture results	Sputum smear positive for AFB		Sputum smear negative for AFB		Grand total	
	No.	%	No.	%	No.	%
Positive	4	50	3	4.9	7	10.1
Negative	3	37.5	56	91.8	59	85.5
Contamination	1	12.5	2	3.3	3	4.4
NTM	0	0	0	0	0	0
Total	**8**	**100**	**61**	**100**	**69**	**100**

DST Results 2010

Susceptible to SHRE	MDR	Only H resistant	Only R resistant	Poly resistant	Mono resistant	Total DST
23	34	5	0	9	2	73

The DST results are available for 73 among 112 positive cultures. Among them 23 (31.5 %) was susceptible to routine TB drugs and 34 (46.5 %) was MDR TB.

Tuberculosis Research Centre, Chennai, carried out proficiency testing. DTRC achieved 100% concordance in culture and DST.

MDR TB treatment programme

All procedures are done as per National guidelines. Culture and DST for diagnosis and follow up of MDR-TB patients from Nellore district are done at State TB Training and Demonstration Centre (STDC) in Hyderabad since 2009. Sputum samples are collected at DTRC and sent to STDC.

Culture and DST results of MDR-TB suspects referred to STDC-Hyderabad

Year	No. of suspects referred	No. of MDR TB Cases	No. Poly resistant TB	No. resistant to second line drugs	Registered for treatment
2009	30	15	6	3	8
2010	55	26	3	0	23
Total	**85**	**41**	**9**	**3**	**31**

DOT-Plus site committee includes the District TB Officer, Chest Physician, Medical Officers of DFULTC and Chief Medical Advisor from DFIT, Chennai. MDR TB patients are hospitalised for further investigations to ensure fitness for using MDR TB treatment regimen. MDR TB treatment is initiated only after obtaining approval from the DOT-Plus site committee. The Patient is hospitalised for initiation of treatment and remains as an in-patient for about a month for monitoring adverse effects due to the drugs. Meanwhile, the DOT providers are identified and trained. Further treatment will be administered by the DOT provider supervised and monitored by Medical Officer of the DFULTC, TB Supervisor, MDR TB Co-ordinator and key staff from RNTCP.

The Project has enrolled 31 MDR TB patients since 2008. Among them, 13 patients are on Intensive phase of the treatment and 8 on Continuation phase. Two patients have completed treatment, 4 died and 4 defaulted. Among 13 patients completing Intensive phase, all have culture conversion.

3.11 Swami Vivekananda Integrated Rural Health Centre,

Tumkur road, Pavagada,
Tumkur district, Karnataka-561202
Phone: 08136-244548, 244030
E-mail: swajapa@yahoo.com

Project Holder	Swami Japananda
Staff	Hospital staff : 7 ; Field staff : 3 ; Admin staff : 2
Facilities	Hospital with 30 beds ; RCS Centre ; TB Unit ; and DMC.
Budget	Rs. 20,28,204

Swami Vivekananda Integrated Rural Health Centre in Pavagada Taluk of Tumkur district in Karnataka has been involved in Leprosy control since 1993 and TB control since 1996. The project is working in one of the most backward regions of Karnataka.

It is one of the two centres conducting RCS in the state and also involved in POD activities in project area through the health staff. Among 143 persons with disability 53% are found practicing self-care and 25% of health staff are involved in monitoring POD activities. Involvement of community in POD needs to be strengthened.

The project operates one TB Unit since 2003 covering a population of 413,917. It registered 577 TB patients including 284 NSP and achieved 80% cure rate among the patients registered in 2009. Defaulter rate was high since the beginning of the programme due to migration and other reasons.

This project is also involved in Livelihood Enhancement Programme (LEP) of leprosy affected persons in providing livestock, petty shops and nutritional support to needy TB patients.

Out patient care	
Out patients treated	5833
Leprosy cases diagnosed	5MB+6PB
Reaction cases managed	1
TB suspects examined (TU)	1700
All types of TB cases registered (TU)	577
NSP cases registered (TU)	284
Nutritional supplement to TB patients	35
LEP beneficiaries	13
Inpatient care	
Leprosy cases admitted	92
Bed days	1799
TB cases admitted	17
Bed days	84
RCS	26
Trainings	
On Leprosy	
Medical officers	179
Health workers	64
On leprosy and TB	
Community members	234

Mr. Kabil (Name changed), male, aged 28 years, is a native of Betia, West Champaran, Bihar. He had to abandon his studies from 5th Standard to support a family of eight members. He moved to Delhi in 1996 and got a job initially as a mason but ended up in repairing sewing machines earning a meagre income of Rs.100/- per day.

In 2001 he noticed pale patches over both his lower legs, he approached a private practioner who advised him some general medicines. It did not make any difference. He slowly developed Ulcers on both of his feet and pain in his knee joints. In 2003 he happened to see a display board with signs and symptoms of leprosy, which motivated him to visit AIIMS hospital (Government) in Delhi. He was diagnosed as MB Leprosy and put on MDT and his ulcers were treated, but soon developed weakness in both of his legs. In 2009 he visited DFIT centre, he was advised to practice self care and was followed up regularly. The ulcers in both the legs healed, but the foot drop in both the feet remained. The same year DFIT provided for his travel expenses and referred him to Fathimanagar (NGO project supported by DFIT in Thiruchrapalli, Tamilnadu,South India) for surgical correction of his disabilities. He was operated upon and sent back to Delhi. DFIT Delhi project assisted him in purchasing an old two wheeler under LEP rehabilitation program. He is happy that the vehicle support has increased his mobility and number of his customers. His daily earnings increased to Rs.300/- and he is now able to provide educational support to his daughters. Kabil is actively involved in creating awareness on Leprosy and Tuberculosis and is presently a community DOT provider in Tuberculosis control program.

3.12. Anandapuram Home Society,

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

Project Holder	Mr. Paul Xavier
Staff	Staff at home : 5 ; Field staff :2
Facilities	Home (19 bedded dormitory) with kitchen and dining
Main activities	1. Total care is given to the persons living there 2. Supported POD activities in Kancheepuram District 3. Livelihood Enhancement Programme (LEP)
Budget	Rs. 9,32,132

Anandapuram Home Society is located in Kancheepuram district of Tamilnadu and managed directly by Damien Foundation India Trust. Damien Foundation initiated its activities in India through this project five decades ago. At present, the home has facility with 8 rooms, kitchen and 15 persons affected with leprosy are living here. This project supports DPMR activities in Kancheepuram district and 22 Medical Officers and 328 health workers are trained in POD. Around 60% of plantar ulcers have healed through self-care. Among the persons with disability assessed, 65% are found practicing self care and 42% of Health staff are monitoring persons with disabilities. Through Livelihood Enhancement Programme (LEP) 11 leprosy affected persons in Kancheepuram district are provided live stock.

Mr. Robert (Name changed) is aged 15 years and comes from a small village in Nalanda District, Bihar. He abandoned his schooling from 6th standard due to extreme poverty and had to take care of his family. He joined as an assistant in a tailor's shop and supported his family along with his father. He noticed a pale patch in his left hand in 2006 and soon the number increased and his concerned neighbours referred him to a quack. He was treated for his patches with medicinal plants which only worsened his misery and soon he was sent off from his job. After hearing through a propaganda on signs and symptoms of leprosy, he landed up at the Urban clinic at District Leprosy Office. He was diagnosed as MB Leprosy with type I reaction, left eye with lagopthalmos, claw fingers in his left hand, ulcers and multiple nerve thickening.

He was registered under UMDT on January 22, 2007 for anti leprosy treatment and management of complications. Being very cooperative, he completed the treatment on time. The entire episode left him physically shattered but he never lost hope. Despite the residual disabilities, he was keen to help his family and bring a change to his life. DFIT offered him a sewing machine under LEP (Livelihood Enhancement program). His humble beginning and persistence paid off, soon his clientele increased and so also his income, he was able to support his family adequately. Robert seriously adopted self care techniques to take care of his anaesthetic hands and feet.

3.13 St.John's Hospital & Leprosy Services,

Pirappancode P.O.,
Thiruvananthapuram district, Kerala-695607
Phone: 0472-2872047
E-mail : stjohnshealthservices@gmail.com.

Project Holder	Fr. Jose Kizahakedeth
Staff	Hospital staff: 5; Field staff: 2
Facilities	Hospital with 40 beds; DMC; and TB-HIV care centre.
Budget	Rs. 17,67,060

The St. John's Hospital in Pirappancode, Thiruvananthapuram district of Kerala State has been providing leprosy care services since 1955 and TB control activities since 1996. After the integration, the project mainly focused on managing complications related to leprosy at the hospital and facilitating an integrated POD programme in Thiruvananthapuram. There are 392 leprosy affected persons with disabilities living in the district and 78% of the persons assessed were practicing self care. About 62% of the plantar ulcers have healed and 87% of the health staff were monitoring persons with disabilities.

The project operates two Designated Microscopy Centres (DMC). It has a care and support centre for HIV affected persons. District Consultancy Team from the project supports TB control activities in Thiruvananthapuram district, since 2004. State ILEP coordination in Kerala is an additional responsibility since 2009.

Out patient care	
Out patients treated	7138
Leprosy cases diagnosed	9MB (4 relapse)
Reaction cases managed	6
TB suspects examined	690
All types of TB cases registered	48
NSP cases registered	22
LEP beneficiaries	25
Inpatient care	
Leprosy cases admitted	111
Bed days	8229
TB cases admitted	25
Bed days	2176
Trainings	
On leprosy	
Medical officers	150
Health workers	190
On leprosy and TB	
Community members	2919

Mr. Nagesh (Name changed), aged 60 years, is a patient treated by Damien Foundation Urban Leprosy & TB centre, Nellore. His only income was from a small eatery shop which gave him a meagre income. He was forced to close his shop when the income was not sufficient to meet his basic needs. The need for sustenance made his wife to work as a daily laborer and he took up odd jobs which made his life miserable. He approached DFIT for setting up a provision shop. After considering his experience in managing shops DFIT, supported him under LEP scheme. He established a shop with the funds given by DFIT and soon he was able to increase his income. He also reinvested his earning to enhance his share on the investment and is now able to make a decent living. His success reflects the confidence and the ability of patients to adapt to situations when a helping hand is given.

4. Sputum Microscopy in DFIT Supported NGO Projects

NGO Projects supported by DFIT screened sputum samples of 15,438 respiratory symptomatics, of which 2273 (14.8%) were found to be positive for AFB. The positivity ranges from 2.7% in Trivandrum to 33.5% in Nagepalli. Additional 21 (5.1%) sputum positives were reported from 411 repeat sputum smear examinations. Among (7585) follow up sputum examinations 802 (10.6%) were reported to be positive. The range is 5.8% in Trivandrum to 23.9% in Arisipalayam.

Positivity in Sputum microscopy among TB Suspects & Follow up:

Sputum Exam	Suspects		Follow up		Total
	No.	%	No.	%	
Low Positive (Scanty & 1+)	803	35	592	74	1395
High Positive (2+ & 3+)	1470	65	210	26	1680
Total	**2273**	**100**	**802**	**100**	**3075**

Among TB suspects 35% was low positive (Scanty & 1+) whereas it was 74% in follow up.

Yield of positivity in repeated sputum Examination

During the initial phase of RNTCP three sputum samples are examined and if two of them are positive for AFB it is declared as a positive result. As per the revised programme guidelines (2009), only two sputum samples are examined and positive a result is declared if any of the samples is positive for AFB.

A DFIT study during 2000-2008 has shown that additional yield of positive result is minimal in second sample and negligible (0.3%) in the third sputum examination. Data for 2010 reveals that additional yield of positivity is 7% (n = 2273) for the second sample among TB suspects and 17% (n = 802) among follow up examinations.

Quantum of low positive results and additional yield of positivity in second sputum sample are indicative of good quality microscopy in DFIT supported projects.

Help at last ...

Mrs. Sushma (Name changed) is 30 years. She is from Chapra in Bihar. It was about 10 months back she noticed blisters on her left hand without any pain. She consulted a local doctor who prescribed some ointment and gave her some drugs. When she did not get any relief even after five months, she told her neighbour who prompted her to go to Damien Foundation centre. There she was told that she had leprosy and was asked to take treatment for six months. She was also advised how to take care of her hand and prevent worsening of problem that she already had. Now she is following self care routinely. She soaks her hand in water, scrapes her callosities, applies oil and exercises the hand. She understands that by doing this regularly her little finger which is bent would be straightened and she would not get any ulcers in the hand. She is happy that she has come to Damien Foundation. She is sure that her disease is curable. Her husband is also convinced.

5. District Consultancy Teams (DCT) in Andhra Pradesh

Project Holder	Dr. P. Vijayakumaran, Director (Programme).
Main activities	Technical support teams for TB control activities in 6 districts
Staff	Medical Consultant 1; TB Supervisors (TBS): 8; Drivers: 9; Support to Govt.: LT 1
Budget	Rs. 84,50,445

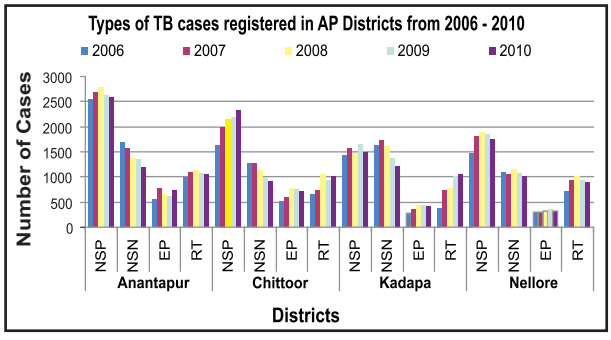
District Technical Support Teams were established in 2001-2003 supporting TB control activities in 3 districts of Andhra Pradesh. One more district was added up in 2008 and two more in 2010. Supervisors having vast experience in field implementation of public health programmes were placed in each district. Initially one Medical Consultant and 2 supervisors were placed in each of the three districts. Presently one Medical Consultant and 8 supervisors manage all six districts.

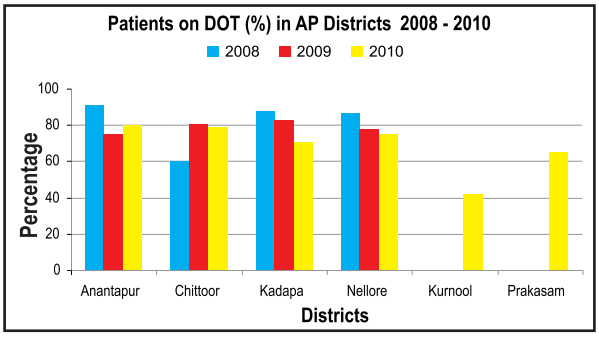
5.1 Districts supported in Andhra Pradesh:

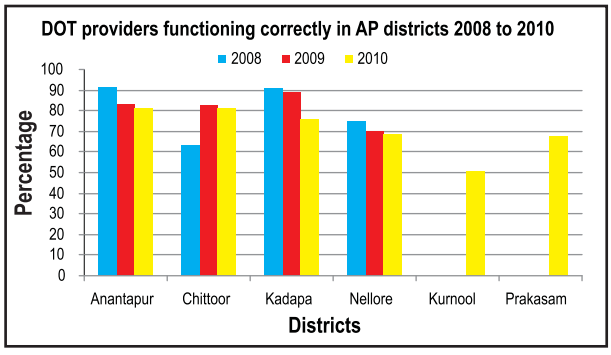
1. Anantapur
2. Nellore
3. Kadapa
4. Chittoor
5. Prakasam
6. Kurnool

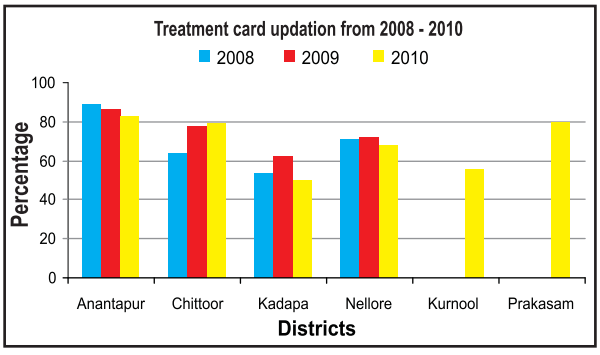
Suspect referral by different categories in 2010:

District	Health staff including OPD	Community	General Medical Practitioner	HIV testing centre	Self reporting	Total
Anantapur	18156 (64%)	1262 (4.5%)	748 (2.6%)	3209 (11.5%)	4617 (16%)	27992
Chittoor	16622 (58%)	1847 (6.4%)	1945 (7.8%)	2907 (10%)	5326 (18%)	28647
Kadapa	17609 (84%)	537 (2.5%)	986 (4.7%)	879 (4.2%)	1095 (5.2%)	20736
Nellore	18583 (87%)	1033 (4.8%)	296 (1.3%)	248 (1%)	1095 (5%)	21255









Special efforts are made by the teams to enable DMC to record mode of suspect reporting. All the Lab Technicians in the DMCs were sensitised in 2009. Teams monitor the compliance.

Majority of referrals was from health workers including out-patient clinics. Out-patient referral may include self reporting also. It is encouraging to note that good number of referrals are from community members and General Medical Practitioners. Referral by community to be improved in Kadapa and referral by GPs to be improved in Anantapur and Nellore districts.

Performance in RNTCP:

District	Population	TB suspects examined	Case Detection Rate (NSP) per 100,000	Case Detection Rate (Total cases) per 100,000	Cure rate (NSP)	Cure rate (Re-treatment)	TB patients tested for HIV	TB patients with HIV co infection
Anantapur	4030040	27992	65	139	85%	60%	77%	12%
Kadapa	2853384	20736	52	146	85%	54%	66%	10%
Chittoor	4141459	28647	56	120	85%	60%	76%	12%
Nellore	2948937	21255	60	135	86%	59%	76%	17%
Kurnool	3894276	24390	56	148	85%	72%	64%	11%
Prakasam	3389345	21867	62	133	86%	58%	91%	15%

All the districts supported by DFIT in Andhra Pradesh have achieved target for case detection set by RNTCP (70% of estimated NSP case). The suspect referral ranges from 160 to 185 per 100,000 population per quarter in all districts (Target:150 per 100,000 per quarter). The NSP case detection varies from 52 to 65 and total cases from 120 to 148 per 100,000 population.

The DOT providers functioning correctly is declining from 2008 due to non-payment of incentives to DOT providers and inappropriate DOT providers. Updating of treatment cards at the health facilities has improved in Chittoor after intensive trainings to health staff where as it is declining in other districts due to various reasons like poor review of programme at PHC level.

All districts achieved more than 70% in screening of TB patients for HIV except Kurnool and Kadapa districts due to non-functioning ICTCs. Prakasam district achieved more than 90%. The co-infection ranged from 10-11% in 4 districts, 15% in Prakasam and 17% in Nellore districts. Teams attended 300 review meetings at various levels and provided feedback on field observations to the health staff including Medical Officers.

Trainings:
One of the important activities by team was facilitating training of health staff and community. Teams facilitated training of 45 Medical Officers, 2969 Health Workers, 171 Lab Technicians and 2043 ASHAs.

Community awareness programme:
TB control may not be achieved without the involvement of community and it is the major stake holder of any public health programmes. Teams performed 2791 group talks and 28530 persons are sensitised. Patient DOT provider meetings were organised in 45 places. Sensitisation programmes were done in 15 Schools /Colleges.

DOT supervision:
In Anantapur proper DOT was observed in 1870 (80%) among 2326 cases visited and it was 91% in 2008 and 75% in 2009. In Chittoor DOT was observed in 2308 (79%) among 2910 cases visited by the team and it was 60% in 2008 and 81% in 2009. In Kadapa DOT was observed in 880 (71%) among 1231 cases visited and it was 88% in 2008 and 83% in 2009. In Nellore DOT was observed in 1292 (75%) among 1715 patients visited and it was 87% in 2008 and 78% in 2009. In new districts the DOT supervision is poor and DOT was observed in 150 (42%) among 359 patients visited in Kurnool and in Prakasham district it was observed in 460 (65%) among 707 patients visited. Main reasons for declining in DOT supervision in all districts was non-payment of incentives to DOT providers and in-appropriate selection of DOT provider. Teams have arranged 126 new DOT providers and retrieved 819 absentee patients.

Treatment outcome:
All districts have achieved more than 85% cure rate among NSP cases but only Kurnool district achieved more than 70% cure rate among re treatment cases and Kadapa, Nellore and Prakasham districts achieved less than 60% cure rate among re treatment cases. There is a decreasing in trend of sputum negative cases in all the districts, this may be due to lack of X- ray facilities. There is also increasing in trend of retreatment TB cases in Kadapa district, the possible reason could be poor involvement of private health sector in RNTCP.

5.2 Kerala

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

Population covered: 34,87,734(2010)

Damien Foundation has been supporting TB control programme in Thiruvananthapuram district through DFIT sponsored project since 2004. A team consisting of a Medical Advisor and two Supervisors has been placed to assist the district in improving TB control services. District diagnosed 1,721 positive cases out of 44918 suspects, registered 2525 TB cases of all types (NSP: 1130). Case notification ranges from 31-35 per 100,000 population for NSP and 70 -75 per 100,000 population for total TB cases of all types since 2004. Among 2273 patients visited 1748 (76%) were on DOT and 1307 (86%) of the 1516 DOT providers seen were found to be functioning correctly. The Team retrieved 36 absentees. It also trained 2129 persons including community members on DOT supervision. It also convened 508 group talks contacting 2308 community members.

5.3 Karnataka

Damien Foundation India Trust,
District Consultancy Teams
Bengaluru

The Government of Karnataka requested Swami Vivekananda Integrated Rural Health Centre in Pavagada, Tumkur district to provide District Consultancy Teams to in Bangalore region from 2003. Due to unforeseen circumstances, DFIT had to suspend Technical Support in all 4 districts from May 2010 but continued to provide 4 TB Health Visitors and 6 Lab technicians. During the first quarter 2010 the team visited 554 cases and found 454 (82%) on DOT supervision, visited 192 DOT Providers and found 150(76%) functioning correctly and 102 absentees were retrieved.

6. Support to TB Control in Bihar (28 out of 39 districts)

6.1 Introduction

Damien Foundation India Trust started Leprosy care services in Bihar state in 1982 through three leprosy centres catering to about 500,000 population each with Leprosy control activities and in-patient care facilities for leprosy. Bihar had persistent problems for implementing public health programmes including leprosy. Damien Foundation India Trust realised the need for support to Leprosy control in whole of Bihar in 1995. A new strategy of providing a District Technical Support Team for each district was implemented in 28 districts. Success of this strategy in Leprosy control lead to extension of Technical Support to TB control also in the state. The Technical Support for Leprosy control was concluded in March 2007. Support to TB control programme was continued in 28 districts. (Population 804,04,685 in 28 districts - Dec 2010).

The Teams from DFIT for supporting TB control are called District Consultancy Teams (DCT) each composed of one to two TB supervisors who have been trained in Revised National TB Control Programme (RNTCP). A Medical Officer designated as TB Medical Advisor / Medical Consultant supervises the DCT in four to five districts. Middle level cadre of Zonal TB Supervisors (7 in beginning of year and 5 at end of year) have been introduced to strenghthen the functioning of teams. Vehicles have been provided to all the members of DCT. The teams are guided by TB Coordinator.

Major role of the teams is capacity building of the community, key staff of RNTCP and laboratory staff. 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 are assisted by a core group of experts (8 including two from laboratory) drawn from other projects including DFIT Headquarters. One Laboratory Coordinator was posted at Patna to help the districts in training the Lab staff and in supervision & monitoring of the Sputum Microscopy service. Performance of the teams is assessed by the TB coordinator during monthly zonal meetings and quarterly meeting of all teams.

The total number of staff working for Damien Foundation in Bihar for support to TB control is 114 which includes 7 Medical Consultants, 45 TB Supervisors, 1 PT, 1 Lab. Coordinator, 53 Drivers, and 7 Administrative Staff.

The teams visit all Primary Health Centres (PHC) and Designated Microscopy Centres (DMC) along with Senior TB Supervisor (STS) and Senior TB Lab Supervisor (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 Directly Observed Treatment (DOT). On–the-job guidance to all categories of personnel is done 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.

6.2 Activities

Community awareness programmes about TB Control services:

When the teams visit villages propaganda is done through public address system installed in the vehicles. Most of the drivers involve voluntarily in group talks and assessment of awareness. Teams organised interaction meetings with community and between DOT providers and TB patients. Awareness on basic facts about TB control services remained at around 60% for more than 3 years.

No. of community interaction meetings conducted	5283
Sample of community members interviewed	48456
Proportion aware of key facts	60%
Community members involved in TB suspect referral	2180

Directly Observed Treatment (DOT): Teams periodically assess TB patients on treatment and DOT providers and update the knowledge of the DOT providers during the visit. DOT provider is replaced in consultation with TB patients and Health workers whenever indicated. The teams organise TB patient - DOT provider interaction meetings for better implementation of DOT.

Patients and DOT Providers meetings conducted	6475
Total new DOT providers organised	818
Community members organised as DOT providersa (included in total DOT providers)	344

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% in 2009. The teams assessed 21709 new TB patients (patients never assessed before) during 2010 and found that 75% of patients are on supervised treatment (DOT). Patients on DOT was above 80% in 6 districts, 70% to 79% in 15 districts and below 70% in 7 districts.

TB patients on DOT was analysed during previous years collectively for both newly registered TB patients never assessed before and those on different stages of treatment. The information for the year 2010 is for New Sputum Positive (NSP) TB patients newly registered never assessed before. This could be a reason for decrease in 2010. Though there is room for improvement this is good sign that good quality DOT is organised for majority of TB patients at initiation of treatment.

During this exercise 13802 DOT Providers were interviewed and 78% are found functioning correctly. As per the need of the situation the teams organised 818 new DOT Providers in consultation with the patients and concerned health worker / key staff.

ASHA workers, Anganwadi workers and community members are the DOT providers for most of the TB patients. Health workers in PHC are expected to supervise DOT providers and TB patients. Interview of TB patients has revealed that supervision by health workers in 28 districts ranges from 19% to 64%. The overall remain around 41% through four quarters of 2010. DOT providers functioning correctly is about 78% (80% or more in 10 districts). This is one of the areas of concern for follow up actions.

Treatment Cards reviewed: Entries were found complete in 71% of the master treatment cards (94845 cards verified at PHC). Quarterly analysis also revealed similar results in all four quarters of 2010. It was 80% or more in 8 districts. Teams continued on the job guidance on updating treatments cards along with feedback to the Medical Officers of PHC and Health Managers at district and block level.

DPMR on the job training to GH staff by HFH - Trichy

CTD Team (Delhi) visit to DTRC lab. - Nellore

DFB representatives with SLO - Tamilnadu

RNTCP staff monitor TB Patient and DOT provider

Training of ASHA volunteers - Ambalamoola

Monitoring visit by District TB Officer - Chittoor district

TB patient at DMC - Delhi

Leprosy day walk - HFH-Trichy

DPMR camp - Kancheepuram district

Accereditation DTRC Nellore - TRC team

TB training to ASHA workers - Nagepalli

Supervision of DOT provider

TB awareness programme - Salem

Endowment Prize Exam on leprosy for Medical students

DFB & DGD team visits a DOT provider for MDR TB

MDR Laboratory - DTRC - Nellore

Exhibition on lepsory - Ambalamoola

TB awareness programme - Kurnool district

POD training to Health Workers - Nellore

Community Meeting - Delhi

Endowment Prize Exam on leprosy for Medical students

Anandapuram Home - Polambakkam

DFIT officers at MDR TB training - Bangkok

TB awareness programme - Chittoor district

Dr. Pierre participating in self care training to patients - HFH - Trichy

Ulcer care by VHN

DFB Team visit to a patient house - Nellore

Screening suspected leprosy during field visit - Nagepalli

Community awareness programme - Chittoor district

Laboratory Training - Lts - A.P. Govt.

TB Patient visit - Bihar

DPMR training by DLO - Kancheepuram

Training in the districts: One of the main inputs by DCT is capacity building. The teams participated and organised training to different cadres of Health staff in supported districts.

Category of personnel	No. in position	No. trained	%
Medical officer	2967	1611	54.3
STS	116	111	95.7
STLS	123	96	78.0
Lab Technician	601	486	80.9
ASHA worker	54906	34862	63.5
Health worker – PHC	13427	9513	70.8
Health manager	344	148	43.0

Maintenance of Laboratory and Microscopes: DFIT organised training for 12 Government STLS identified by the State TB Officer during the year 2009. Among them 10 are in position in 2010 and few of them are able to provide services. The State has identified a private agency to provide on-site-maintenance.

Supply of DOT sign boards: DOT sign board gives a status to the DOT provider in the village as a sign of association with government health scheme. This year 3232 boards were issued.

Infrastructure support: Lack of resources continues to be a problem as there are limitations in recruitment of personnel and procurement of materials. DFIT has implemented temporary measures for the smooth functioning of RNTCP.

S. No.	Areas of need	Action from DFIT
1	Placement of Laboratory Technician	32 Lab technicians are supported.
2	STS/STLS	5 STS cum STLS in Vaishali district
3	TB Units	2 TB Units are supported by DFIT (Medical officer=1, STS=2, STLS=2)
4	Microscopes and Spares parts	Objective lens 100x=4, Eye piece 10x=6 pairs, reflex mirror=1, immersion oil=158 (30 ml bottles)
5	Lab consumables	Supported all districts for 3 months
6	Transport of drugs	From main depot in Patna to districts and TB Units within the district
7	Construction	Re-structuring at 7 microscopy centres Drug store at District TB Office, Patna Repair of chamber of District TB Officer, Nalanda
8	Wash basin and platform on a trolley for staining of sputum amears	Provided to 3 microscopy centres where a permanent structure is not possible.
9	Sputum Collection Centres	4 in Bagha TU in W. Champaran district 7 in Madhuban PHC in E. Champaran district

Sputum Collection Centres:
Sputum microscopy is a problem in many regions either due to inaccessibility or non-availability of services. It is felt that sputum collection centres might be useful in such situations. DFIT established 25 sputum collection centres in 2008-2009 in three districts. The situation has improved in many places due to inputs from government and DFIT. Facilities were made availabile by Government in Rohtas and W. Champaran districts. Bagha TU is supported by DFIT and all DMC have started functioning. Because of these facts only 11 centres remained in difficult regions during 2010 (4 in Bagha TU, W. Champaran district and 7 in Madhuban TU in E. Champaran district).

Place and Year	No. of Sputum Collection Centres	No. of persons subjected to sputum microscopy			
		Diagnosis	Positive	Follow up	Positive
Madhuban TU, E. Champaran district					
2008	6	97	13	17	3
2009	7	19	3	4	0
2010	7	14	5	3	0
Bagha TU, W. Champaran district					
2008	4	46	2	Nil	Nil
2009	4	204	17	42	2
2010	4	293	40	88	1

Output and Outcome: Trend of RNTCP implementation - 2007 to 2010. The few events which influenced RNTCP during 2010 were State elections (twice), floods and a strike by health staff.

I. Suspect referral: As per the guideline, 2% of adult persons attending out-patient clinics are expected to be respiratory symtomatics and hence TB suspects. DFIT looked at it in a different way during 2010. Number of suspects required to be examined for detecting estimated TB cases was worked out (576 TB suspects per 100,000 population). Accordingly the performance of districts were assessed. During 2010 the overall suspect referral was 352 per 100,000 population i.e 61% of the target. Only Purnea district achieved the target (638 per 100,000). It was more than 400 per 100,000 in 5 districts and less than 300 per 100,000 in 6 districts.

ii. Case notification: Target for annual total TB case detection was 203 per 100 000 population and NSP TB was 75 per 100 000 population. In all 28 districts 57994 TB cases including 25982 New Sputum Positive (NSP) were detected. The total case detection rate achieved was 72 per 100,000 and NSP was 32 per 100,000 during the year 2010. The total case detection rate increased from 73 in 2007 to 80 in 2008 and came down to 72 in 2010. The NSP case detection rate ranged from 30 to 36 per 100,000 during 2007 to 2010. Two districts reached 50 and 52 per 100,000 (Purnea and Katihar). The initial change during 2008 might be due to addition of 5 new districts for DFIT support.

iii. Follow up: Timely follow up improved from 82% to 84% in 2009 and it was greater than 80% in 22 districts during 2008 and 2009. Overall value remained at 84% during 2010 too. It was greater than 80% in 24 districts during 2010.

iv. Wrong categorisation: While reviewing TB patients overall wrong categorisation was found to be 4% among NSP TB patients never visited before by the team. Wrong categorisation came down from 4% in 2007 to 2% in 2009. It was 2% or less in 16 districts in 2009 while it was 5% or more in 7 districts in 2010.

Analysis was done collectively for both newly registered TB patients and those on different stages of treatment during previous years. The information for the year 2010 is for NSP TB patients never visited before. Recruitment of large number of Medical Officers on contract basis might have also contributed to the increase.

v. Absentee and Defaulter retrieval: Through periodic review of treatment cards at health facilities and patient/ DOT Providers irregular patients were identified and retrieval action initiated and default from treatment minimised. During 2010 the teams contacted 1728 absentees and 390 defaulters and could retrieve 1324 irregular and 152 defaulters.

vi. Updating of Treatment cards: Updating of entries in treatment cards at the DOT provider level steadily improved from 77% to 84% but remained low (71%) at the DMC level.

vii. Sputum conversion: The average sputum conversion rate improved from 86% to 89% in 2009 and remained at 88.4% in 2010. It was less than 90% in 14 districts in 2009 and 17 districts in 2010. Among 14 districts 13 remained at the same level during 2010 also.

viii. Cure rate: Cure rate improved from 75% to 81% in 2010 and 10 districts achieved 85% or more, but less than 80% in 8 districts. Treatment completion was more than 10% in 8 districts. Cure rate plus treatment completion together was 90% or more in 13 districts. This is indicative of inadequate follow up examination.

6.3 TB Units supported by DFIT:

1. Bagha I TB Unit in West Champaran district
2. Bahadhurganj TB Unit at Kishanganj district

DFIT supported two TB Units situated in difficult areas by providing Medical Officer, STS, STLS and Lab Technicians. Regular monitoring was done by the TB Coordinator and Medical consultant from DFIT, in addition to the District TB Officer.

Case notification though showed improvement since 2008 but it was far below the target. Sputum conversion improved to more than 90% in both units but Cure rate was yet to improve in Bahadhurganj TU.

RNTCP performance Bagha - I TB Unit in West Champaran – Bihar

Year	Population (in 100,000)	Case Notification				Sputum Conversion Rate (NSP)	Cure Rate (NSP)
		NSP TB patients	Rate per 100,000	Total TB patients	Rate per 100,000		
2007	3.49	59	17	169	48	80%	42%
2008	3.59	109	30	266	74	90%	51%
2009	4.50	234	52	435	97	95%	94%
2010	5.82	279	48	385	66	98%	98%

RNTCP performance Bahadhurganj TB Unit in Kishanganj – Bihar

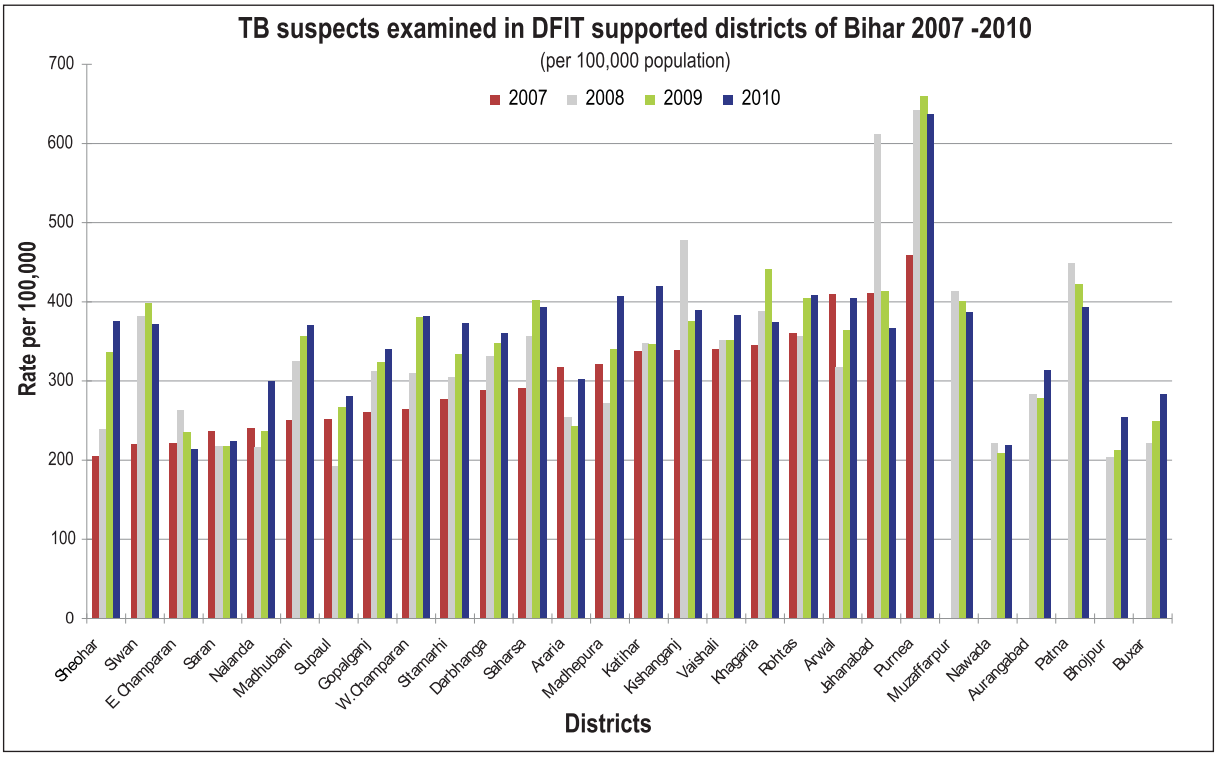
Year	Population (in 100,000)	Case Notification				Sputum Conversion Rate (NSP)	Cure Rate (NSP)
		NSP TB patients	Rate per 100,000	Total TB patients	Rate per 100,000		
2007	4.80	135	28	209	43	90%	60%
2008	4.92	253	51	386	78	88%	63%
2009	5.0	180	36	381	76	91%	87%
2010	5.41	176	33	344	64	94%	82%

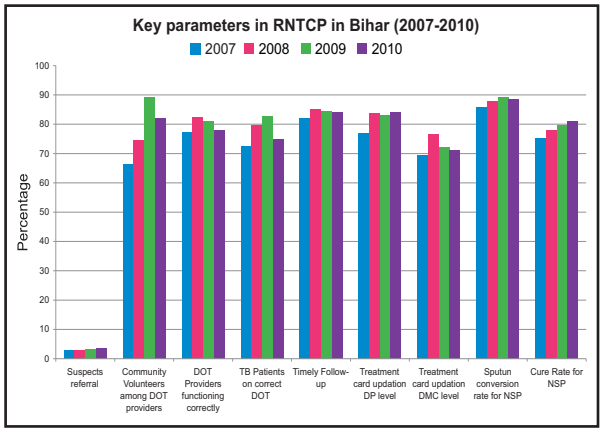
External evaluation:
The major recommendation from evaluation by DGDC was to scale down the intensity of involvement of teams in supervision of DOT providers and allow key staff from government to take over more responsibilities.

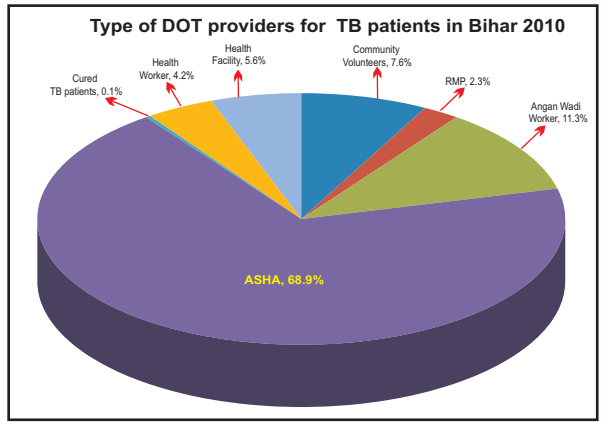
Accordingly human resources in District Consultancy Teams were reduced during last quarter of the year. Each team would cover 2 to 3 districts with optimum inputs to patients and key staff. On the basis of our own observation assessment of community awareness was not useful and hence would be excluded while retaining IEC in the action plan.

Capacity building of DFIT-Bihar staff:

1. DGDC Action Plan workshop held on 19th February and 20th February 2010.
2. Refresher training for TB Supervisors held on 17th and 18th March 2010.
3. Training to newly recruited TB Supervisors on Lab aspect conducted by Mr. Jai Shankar, Central Lab Supervisor on 19th March 2010.
4. Basic Computer training conducted by Mr. Premkumar Velu, Chief Financial Officer, DFIT Chennai.
5. Workshop on DGDC Action Plan held at DFIT Patna on 20th March and 21st March 2010, conducted by Dr. P. Vijayakumaran, Director (Programme).
6. Workshop on DGDC Action Plan – Zone wise held at Patna on 14th to 17th May '10.
7. Meeting regarding new strategy held at DFIT Patna on 8th November 2010. Dr. A. K. Pandey, TB Coordinator conducted the meeting.
8. Action Plan review and report format discussion held at DFIT Patna on 14th December and 15th December 2010.
9. Dr. A. K. Pandey, TB Coordinator and Dr. B. K. Mishra, Medical Officer, STDC Patna attended MDR training at Bangkok from 27th September to 1st October 2010.
10. Dr. A. K. Pandey, TB Coordinator attended World 46th TB Conference at Berlin from 11th to 16th November 2010.







7. Disability Prevention and Medical Rehabilitation (DPMR)

Disability Prevention and Medical Rehabilitation (DPMR) is a renewed approach to manage leprosy affected persons with disabilities through general health system in an integrated health setup. DPMR was not implemented adequately due to less priority and lack of expertise in the general health system. DFIT projects are assisting the DPMR programme in 10 districts in Tamilnadu, 3 in Andhrapradesh, 8 districts in Jharkhand and 1 in Kerala. The strategy followed is very simple. Non Governmental Organisation (NGO) collaborates with one or more districts assisting the District Leprosy Office in planning, supervising and monitoring DPMR activities. Key staff within the district are identified, trained and guided constantly by the NGO project in implementing DPMR.

Data on disability that is available from various records are collected; village and sub-centre wise records are prepared and handed over to health workers for verification and confirmation. All the persons affected by leprosy with disability are mobilised at the PHCs for screening and training. The health workers and the persons with disability are supervised by the team from District Leprosy Office, the former to ensure their involvement in supporting the persons affected and the latter to make certain that they are practicing self-care.

All the persons needing different services (Counselling, Footwear, Prosthesis, Aids, Physiotherapy, Reconstructive Surgery, Socio-economic Rehabilitation) are identified and helped accordingly. Support to 22 districts involve 6 NGOs, 7 Physio-technicians and 9 field workers.

Results

The outcome remains static when compared to 2009, but the coverage of PHCs increased. In 22 districts there are 818 Primary Health Centres out of which 644 (477 in 2009) were covered by NGO support. The total number of persons with leprosy related disability in these districts was 10,461, ranging from as small as 59 to as large as 1335. About (2243) 21% of these had plantar ulcers and (1088) 48 % of plantar ulcers healed with simple self care practice. Total number of persons with disability visited was 6883 out of which 4795 (69%) were found to be practicing self care (it was 67% in 2009). The teams also contacted 2316 staff and found that 1651 (71%) were involved in monitoring self care activities of persons affected. Overall, 3080 persons had been provided MCR footwear and 137 had undergone reconstructive surgery.

Observations suggest that minimum inputs from NGO may have to be continued after attaining optimum results to sustain the success.

Districts	Year of involvement	Total no. of PHCs	PHCs covered	Number of disability cases	No. of plantar ulcers healed	%	No. Practicing self care	%	Health workers monitoring self care	%	Footwear provided	RCS done
Tamil Nadu - St. Mary's in Salem												
Salem	2003	75	75	1383	324	78.5	1028	87.0	256	89.8	663	8
Dharmapuri	2007	36	30	646	145	69.0	471	87.9	216	85.7	135	6
Krishnagiri	2007	33	27	661	85	66.4	389	67.9	95	91.3	35	5
Erode	2009	54	10	822	154	50.8	495	95.9	82	66.7	114	2
Tamil Nadu - Holy Family Hansonorium in Trichy												
Trichy	2003	64	64	495	61	78.2	133	92.4	29	80.6	280	8
Pudukottai	2003	52	52	522	52	83.9	133	93.0	32	80.0	131	7
Perambalur	2007	23	22	104	18	81.8	47	83.9	23	85.2	50	1
Ariyalur	2007	31	20	119	17	44.7	64	90.1	23	79.3	78	2
Karur	2007	29	8	67	11	50.0	41	67.2	16	80.0	66	3
DFIT Chennai												
Kancheepuram	2009	69	32	489	70	59.3	365	89.0	89	42.4	301	6
Andhra Pradesh - DFIT in Nellore												
Nellore	2006	62	62	1110	12	5.9	92	50.8	46	69.7	110	22
Kadapa	2006	68	68	919	18	7.7	565	62.0	208	55.6	229	7
Andhra Pradesh - GMLF in Chilakalapalli												
Vizianagaram	2008	66	18	887	40	37.0	624	74.3	297	79.0	679	23
Kerala - St' John's hospital in Trivandrum												
Trivendrum	2008	86	86	392	55	62.5	69	78.4	168	87.5	156	0
Jharkhand - Claver Social Welfare Centre, Amda												
Sareikela	2007	8	8	683	26	37.7	147	33.4	20	39.2	48	4
E.Singhbhum	2007	9	9	146	-	-	11	7.8	6	31.6	2	19
W.Singhbhum	2007	15	15	210	-	-	31	13.5	14	35.0	3	4
Logardagga	2007	5	5	59	-	-	18	29.0	9	60.0	-	0
Gumla	2007	11	11	343	-	-	45	32.4	18	54.5	-	0
Simdega	2007	7	7	114	-	-	11	11.2	2	11.1	-	0
Deoghar	2008	8	8	163	-	-	15	30.0	2	50.0	-	0
Godda	2008	7	7	127	-	-	1	9.1	0	0.0	-	0

Re Constructive Surgery in DFIT supported projects:
DFIT supports three projects with facilities for reconstructive surgery. Each of these centres is identified by the government as nodal centre for RCS for the neighbouring districts. Accordingly persons with disability are referred from these districts.

Surgical procedures done at DFIT supported projects in 2010

Projects	Hand	Foot	Eye	Others
Fathimanagar	23	8	4	92
Nellore	18	2	2	2
Pavagada	22	2	2	1
Total	**63**	**10**	**8**	**95**

It takes only a little whisper from the heart to save a family.

Mrs. Shanti Devi (Name Changed) is sixteen. She is like any other girl. She is like no other girl. Her eyes dream of a happy future. She realises it is only a dream. When she migrated to Delhi from a small hamlet in Bihar along with her parents ten years back she did not know that her life would be a ceaseless struggle against misery. She has learnt to take any hardship that comes her way in her stride. She knows there is no other choice.

It was in February last that her new misery began. She started coughing. There was evening raise of temperature. She began to lose weight. Her father, who was working as a security guard at a local firm, took her to Government hospital for women and children. The doctor treated her for almost two months before deciding to refer her to Damien Foundation centre at Vijay enclave where she was diagnosed to have Tuberculosis. Treatment was started. A local volunteer was identified to give her the TB drugs on alternate days. Her symptoms subsided within three weeks. Two months after starting treatment, her mother, 35 years of age, started to get cough. She noticed blood in the sputum. She came to Damien Foundation centre. She was tested for Tuberculosis and was found to be positive. Shanti Devi's father was called to the centre for screening. He did not have tuberculosis. Shanti Devi's sisters were also screened. Both did not have Tuberculosis. Two months later Shanti Devi's father developed Tuberculosis. He was put on treatment. He said he would take treatment at the centre, not from community volunteer.

Shanti Devi and her mother successfully completed treatment. Both were cured of Tuberculosis. Her father is still under treatment. Her mother delivered a girl 15 days back. The baby looks emaciated. Her father is now unemployed. His frequent absence from work led to his sacking.

The family lives in a one room dwelling. The gloom inside reflects their mood and life. Shanti Devi and her mother work as house maids and earn about 4000 rupees for the family which they say is not enough. Shanti Devi lost all hopes. She knew that she would be like any other girl in the slum, toiling twelve hours a day, taking care of her siblings and her ailing father.

Shanti Devi wants to study. But her father says he cannot let her because that would deprive them of the sure income. The staff from Damien Foundation talked to him and finally could convince him. It was decided that Damien Foundation would support the education of Shanti Devi and provide food supplements to the family.

8. Field trial of Uniform MDT (UMDT) for all types of Leprosy in Bihar

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.

Study design:
Prospective, non-randomised, controlled, open trial

This study 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 it is the standard treatment employed under NLEP in Control area.

Patient intake:

Group	Period	District	MB patients	%	PB patients	Total
Study	Jun 2005 to Jun 2007	Gaya	181	28.7	450	631
	Jun 2007 to Jun 2008	Rohtas	176	40.1	263	439
		Total	**357**	**33.4**	**713**	**1070**
Control	Jun 2005 to Jun 2007		330	35.9	588	918

Treatment completion:

Results	Study Group		Control Group	
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	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 observed during treatment period in 3.2% of leprosy patients in Study group and 2.5% in Control group.

Annual follow-up assessments:
No relapse has been reported in either group during 2323 person years of follow up in Study and 2088 person years in Control group. Lepra reaction was observed in 7.5% of patients during first year of follow up in Study group and it was 4.1% in Control group. Majority of lepra reactions were observed during first year of follow up (63.2% in Study group and 61.5% in Control group).

Future plans:
Follow-up examination would continue in all the study sites. Additional intake may not be possible.

Post-Treatment surveillance – UMDT Project

Details	Study Group				Control Group			
	Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4
Assessed	861	781	453	169	727	579	534	161
Addition (assessed)	27	17	15	0	47	30	8	2
Migrated	27	13	2	2	29	49	7	1
Not available	21	26	3	7	0	9	2	0
Died	1	2	1	0	4	6	1	1
Refusal	16	16	1	1	2	1	0	0
Not assessed yet	0	50	388	289	24	130	195	366
Total	**953**	**905**	**863**	**468**	**833**	**804**	**747**	**531**

9. National and State level support

9.1 National level

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

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

II. 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 :

I. Consultant to STO Bihar:

DFIT provided one Consultant with mobility support for assisting STO in supervision of districts.

II. Support 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.

III. Support to STDC in Bihar:

DFIT provided one microbiologist to STDC, Bihar assisting IRL at Patna.

IV. ILEP Coordination Bihar:

Damien Foundation India Trust has been supporting leprosy control in Bihar since 1996 through District Technical Support Teams (DTST). ILEP members ended this support in 2007 and state level support has been in place for planning, supervision, monitoring and training with special emphasis on Disability Prevention and Medical Rehabilitation (DPMR). DFIT as the coordinating ILEP member has employed a state coordinating representative.

Activities: DFIT supports activities in 28 out of 39 districts.

Trainings done	Medical Officers: 1231 Health Workers: 616 ASHA worker: 816
Number of individuals affected by leprosy involved in active self-care groups	93
Economic rehabilitation	17

Involvement of ASHA in suspect referral and follow up treatment.

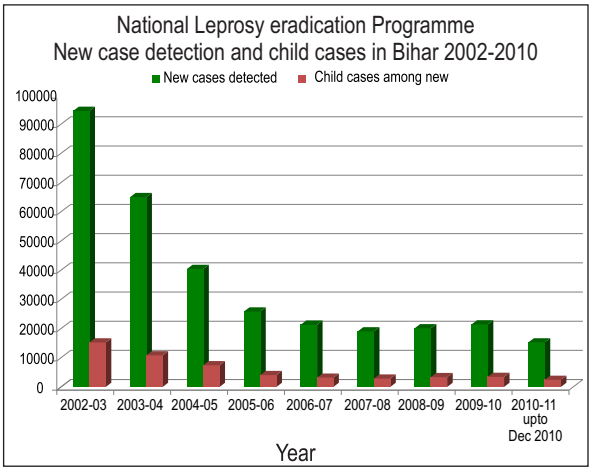
During the year 1177 confirmed new leprosy patients were among the suspects referred by ASHA and 845 leprosy patients under supervision by ASHA completed treatment successfully.

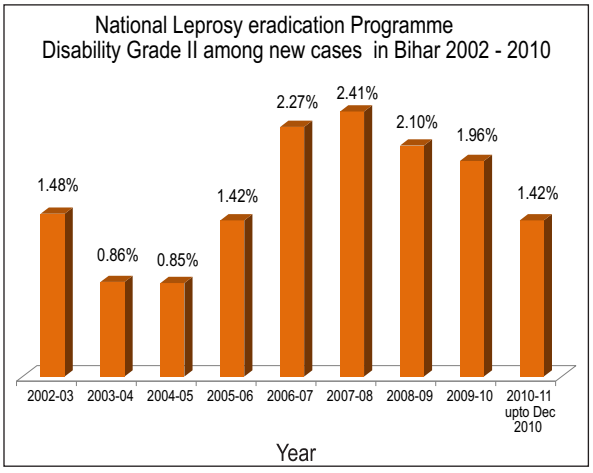
Involvement of Lab Technicians from TB control in leprosy control:

Many districts did not have skin smear facilities at District Leprosy offices. Sputum microscopy centres are available in all district hospitals. Lab Technicians at district hospital were trained in skin smear technique and among 465 skin smears examined, 63 were positive for AFB.

DPMR Activities - Jan to Dec 2010

Sl.No.	DPMR Activities	PB	MB	Total
1	Lepra reaction cases managed			
	PHC level	111	328	439
	District level	18	71	89
	Total	**129**	**399**	**528**
2	No. of relapse cases confirmed	1	14	15
3	No. of patients provided with footwear	193	543	736
4	No. of Institutes providing RCS	Govt		2
		NGO		1
		Total		**3**
5	No. of Patients - RCS done	Govt		40
		NGO		42
		Total		**82**





Performance in NLEP:

Total new cases of leprosy detected remains around 20000 from 2007 and child cases around 3000. Grade II disability among new cases also remains static around 2%. About 8% of new cases detected from April to December 2010 have been referred by ASHA and treatment delivery was also done by ASHA. Diagnosis and management facilities are available in all Health facilities. The treatment completion rate (PB & MB) is good and maintained at more than 90%.

Sl. No.	Details	2007-08	2008-09	2009-10
1.	MB	90.57	96.63	94.82
2.	PB	96.22	91.22	91.34
3.	Rural	94.71	94.96	93.59
4.	Urban	87.36	89.43	92.86
	Combined Total	**94.03**	**94.50**	**93.53**

10. Livelihood Enhancement Program: (LEP)

Socioeconomic rehabilitation program (Livelihood Enhancement Program-LEP) started by Damien Foundation in 2007 has progressed well over the years. The beneficiaries under this scheme are carefully selected and grouped under various categories like support for repair/construction of houses, providing livestock, financial assistance for education (self/children) and self employment. A few poor Tuberculosis patients are provided with food supplements during the period of treatment to sustain their commitment to the treatment. The selections of beneficiaries are done by committees formed by the projects with representation from management, staff and patients. The committees approve the selection after assessing the capabilities of the beneficiary to utilise the support. The applications are further prioritised by DFIT and forwarded to Damien Foundation, Belgium with their recommendations; this is being done twice a year. The program once implemented is periodically monitored by the field workers from the project and DFIT. A review report on the progress is sent every six months to Damien Foundation, Belgium.

The program since its inception has built the confidence of DFIT and projects in handling the socioeconomic interventions. There are many success stories and a few failures, but the success has thrown open several opportunities and challenges in our effort to reach the needy patients. The positive factors of the programs are profound increase in the confidence of the patients, sense of belonging to the community, and a bit of pride in owning something. DFIT appreciates the commitment of all the participants in the program. The total amount sanctioned was Rs. 21,47,900

Number of Beneficiaries

Year	Live stock support	Self Employment support	Construction - New and renovation support	Educational support	Nutritional support for TB patients	Total
2007	91	36	17	23	140	307
2008	79	52	36	13	10	190
2009	40	19	2	300	50	411
2010	49	44	22	3	110	228

11. Chantier Damien

Chantier Damien is a group of volunteers from Belgium who support the infrastructure needs of public health activities of DFIT in India. Chantier Damien works in close relationship with Damien Foundation Belgium. The group is formed by individuals from different walks of life with the aim of supporting the Leprosy and Tuberculosis control activities in countries supported by Damien Foundation, Belgium. The group generates the funds from its volunteers by campaigns. Chantier Damien representatives visit India to scout and review the construction projects identified by DFIT and allocate budgets. Selected volunteers visit India for participating in the construction activities. The group visits India in batches of 8 to 12 to participate in the construction activities for 15 to 20 days. The Chantier Damien has so far constructed Primary Health Centres, Laboratories, and hospitals for both Government and DFIT. The work of Chantier Damien is highly appreciated as they not only contribute funds but also participate in the construction of the buildings by doing manual work like carpentry, masonry, and painting. The Chantier Damien participation is a regular feature every year, an unbroken record for more than 16 years.

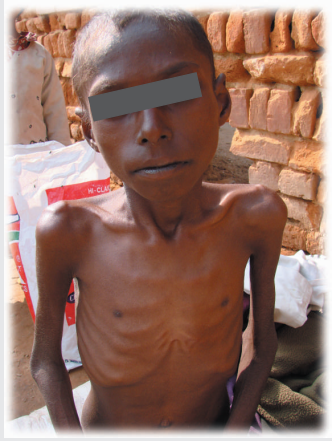
Construction activities 1993- 2010:

Primary Health Centres	Designated Microscopy Centres	Hospitals & Wards	Vocational Training Centres	Houses to Leprosy affected persons	School, Operation Theatre, etc
30	3	30	4	58	2

During the year 2010, Chantier Damien participated in the activities conducted in Bihar. Three leprosy colonies were taken up for repair and renovation in places at Ghorasahan, Chauradano, and Dhaka of East Champaran district, Bihar State. In total 102 rooms were renovated in the colonies. They constructed a new building for establishment of DMC(Designated Microscopy Centre) at Bahadurganj, in Kishanganj district. Chantier Damien volunteers participated with verve in the construction and repair works, despite the trying problems of lack of quality accommodation and food. The activities drew accolade from local community members and local newspapers.

The total value of construction during the year was Rs.26,60,942

I want to go to School ...



Master Raja (Name changed) is eight years. He was literally dying. It was two years back he started getting cough and fever. His grandmother with whom he was staying in a village in Bihar took him to a private doctor who treated him for one month without any relief. His parents who are settled in Delhi brought him to Delhi and took him to a private doctor who again treated him for one month without any relief. He was taken back to Bihar where another doctor was consulted who also treated him for two months. There was no relief. He was again brought back to Delhi and was treated by another physician for two weeks before he was referred to Damien Foundation centre. The family had spent about 10000 rupees till then. They were worried that he would not be cured. He was put on treatment for TB with nutritional supplements. His father says that he is very much interested in studies. Damien Foundation centre promised him that after completing the treatment, arrangements will be made for his education. Raja is recovering. He is relieved of cough, there is no fever and his appetite has improved. The whole family is grateful to Damien Foundation for saving the life of Raja.

12. Training Programmes - 2010

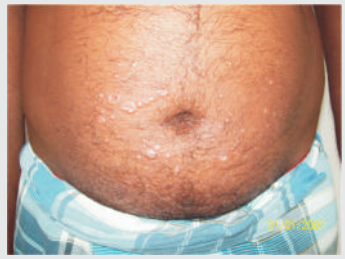
TB (RNTCP)	Venue	Period	Facilitators
Training of Laboratory Technicians	Districts-Bihar	21st to 24th Feb.	Mr. R. Jaishankar
	Districts-Bihar	17th to 31st Mar.	
	Districts-Bihar	7th to 22nd May	
	Districts-Bihar	13th 25th Jul.	
	Districts--Bihar	1st to 10th Sep.	
	Andhar Pradesh-Prakasam district	14th to 18th Sep.	
	Andhar Pradesh-Chithoor district	28th & 29th Oct.	
	Tamilnadu-Salem district	11th & 12th Nov	
LEPROSY (NLEP)			
Training on DPMR to hospital Staff	Puspagiri Medical College, Thiruvalla, Kerala	16th to 18th Jan.	Dr. Jacob Mathew
Training on DPMR to Medical students	Saveetha Medical College	28 th Jan.	Dr. Jacob Mathew
Training of NLEP staff Chennai district	SLO's Office, Chennai	4th to 6th Mar	Dr. P. Vijayakumaran
DPMR Training for Medical Officers-Govt. of Goa	Goa	12th Mar.	Dr. Jacob Mathew
RCS training to Surgeon-GLRA	Chettipatti, Salem, Tamilnadu	12th to 14th May	Dr. Jacob Mathew
Training on RCS to leprosy Programme Staff, China	Nanning, China	19th to 29th May	Dr. Jacob Mathew
Surgical Training in Leprosy for Medical Officers & Physio-Technicains	Moba, DR Congo.	4th to 14th Aug.	Dr. Jacob Mathew
Training of Medical Officers in Leprosy	Bengaluru, Karnataka	18th Aug.	Dr. P. Vijayakumaran, Dr. Jacob Mathew
Training for DLOs – Govt. of Karnataka	Bengaluru, Karnataka	18th Sep.	Dr. P. Krishnamurhty, Dr. P. Vijayakumaran
Training on DPMR for Non-Medical Supervisors - Thiruvannamalai district	Thiruvannamalai, Tamilnadu	19 th & 20th Oct.	Dr. P. Vijayakumaran, Dr. Jacob Mathew, Dr. M. Shivakumar
Reorientation training for Dermatologists, DLOs & Dist. Nucleus	Trivandrum, Kerala	2nd & 3rd Nov.	Dr. P. Vijayakumaran, Dr. Jacob Mathew, Dr. M. Shivakumar
RCS & Training to surgeons	Hubli Hospital, Karnataka	22nd to 25th Nov.	Dr. Jacob Mathew
Training for SLOs/DLOs – SIH-R&LC, Karigiri	SIH-R&LC, Karigiri	25th & 26th Nov.	Dr. P. Vijayakumaran

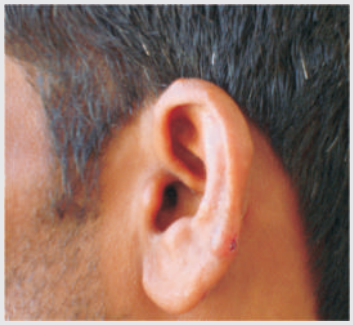
13. Endowment Prize Examination

Damien Foundation India Trust organizes endowment prize examination for under graduate medical students every year to upgrade their knowledge in leprosy. During the year 2010, 205 students from 11 medical colleges under Dr. M.G.R. Medical University and 17 from Sri Ramachandra Medical University participated in the theory examination held on 27th August 2010. Around 35 students from Dr. M.G.R. Medical University and 5 from Sri Ramachandra Medical University scored 70% and above and were called for the practical examination. 19 students from Dr. M.G.R. Medical University and 4 from Sri Ramachandra Medical University participated in the practical examination held on 29th November 2010 at Fathimanagar, Trichy. Name of the best student has been communicated to the University for awarding the

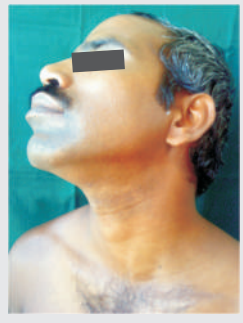
Relapse history from Fathimanagar

Mr. Subramani (Name changed), male, aged 39 years from Trichy district had a full course of MB MDT regimen for 2 years in 1985. He had multiple skin lesions all over the body at the time of detection during the survey. While on treatment he developed hemiplegia and stopped MDT for 4 months but completed it later on. Three years after RFT he developed ulnar paralysis in both hands but neglected to seek treatment for it since he thought that it could be due to stroke (hemiplegia). Gradually, he developed swelling of both hands with severe pain in the joints and was referred to Holy Family Hansenorium (HFH) in April 2010 by the PHC. Here he was diagnosed as being in type I reaction and completely recovered after the prescribed full course of steroids in Sept, 2010. He visited HFH on 2nd December 2010, for a routine check up and during the examination was found to have developed generalised infiltration with nodules on the trunk region. A skin smear revealed AFB 5+ and was diagnosed as a case of relapse. MB MDT was restarted on 4th Dec, 2010. The skin lesions disappeared within 3 weeks of the start of MDT.





Mr. Kishore (Name changed), male, aged 36 years from Trichy district, had completed a full course of MB MDT regimen in 1991 from a nearby PHC. He was diagnosed as a case of Hansen's disease by NLEP staff during a survey, with infiltration all over the body. Four months back (Sept 2010) he developed bleeding from the nose for which he consulted an ENT specialist in a private hospital. There he had to undergo many investigations like CT scan etc., and spent Rs. 9000. Not satisfied, he went to another private hospital where he again had to spend Rs. 2000 for further investigations like biopsy, etc., but was diagnosed as having leprosy. He was referred to a nearby Government hospital for further treatment but during counselling it was realised that he was already treated (RFT) and so they referred him to HFH for confirmation. He was examined in detail at HFH and found to have infiltration all over the body, nodules over trunk, left upper arm, and ear lobules with both the ulnar and median trunk nerves enlarged. Skin smear was 3+. He was then diagnosed as a case of relapse and initiated on MB regimen.



Mr. Pandian (Name changed) is a male aged about 33 years from Trichy district and is a teacher by profession. In 2002, he noticed 2 skin lesions on his body but did not consult any doctor. In 2003, these lesions started increasing in size and since he had a doubt about it being leprosy, went to the Sengattupatty PHC for consultation. He was examined by the MO and was started on PB regimen for 6 months. He took treatment regularly and was released from treatment. On 11.12.2010, he consulted the MO with complaints of increasing sizes of the skin lesions. He was referred to HFH for confirmation. During a complete examination, he was found to have infiltration all over the body with left ulnar and Lateral Popliteal Nerve thickened. Skin smear was 2+. He was diagnosed as a case of relapse and initiated into MB regimen.

14. Workshop / Meetings / Conferences - 2010

Programme	Venue	Period	Participants
National Workshop on Epidemiology of Leprosy by IAL	TRC-Chennai	30th Jan.	Dr. P. Vijayakumaran
Task Force Meeting by WHO & IDEA	Chennai	17th & 18th Feb.	Dr. P. Krishnamurthy
STO office meeting	Bengaluru	4th Mar.	Dr. P. Krishnamurthy
National Sample Survey – DDG (L) meet.	DDG(L) office, Delhi	5th Mar.	Dr. P. Krishnamurthy
NRHM (5 Years completion)-GOI	Vigyan Bhavan, Delhi	12th Apr.	Dr. P. Vijayakumaran
NLEP-National Sample Survey-Training of Trainers	NIH& FW, Delhi	14th April	Dr. P. Vijayakumaran
Meeting with SLO-Jharkhand	Ranchi	16th April	Dr. P. Krishnamurhty, Dr. P. Vijayakumaran, Dr. Jacob Mathew
Discussion regarding National Survey to assess disease burden	CLD, Delhi	7th May	Dr. P. Krishnamurthy
Meeting with STO-Andhra Pradesh	STO office, Hyderabad	13th May	Dr. P. Vijayakumaran, Dr. M. Shivakumar
WHO meeting- Development of guidelines to strengthen participation of PAL in leprosy services at Manila, Philipines	Manila, Philipines	8th & 9th Jun.	Dr. P. Krishnamurthy
Workshop by Standard & Charted Bank	Malaysia	11th to 13 th Jun.	Mr. Premkumar Velu
National Programme Managers meeting by WHO	Colombu, Srilanka	27th to 29th Jul.	Dr. P. Krishnamurthy
Partner's meeting by STO-Andhra Pradesh	Hyderabad	31st Aug.	Dr. M. Shivakumar
Workshop on Human Rights and approaches taken in various Countries by ILU	Mumbai	3rd Oct.	Dr. P. Krishnamurthy
IUALTD Conference	Berlin	11th to 14th Nov.	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Dr. M. Shivakumar, Dr. A.K. Pandy
Project Forum meeting by DFB, Belgium	Belgium	16th to 19th Nov.	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Dr. M. Shivakumar, Dr. A.K. Pandy, Mr. Premkumar Velu
International Workshop on An Inclusive Society, Leprosy and Human Rights by ILU-HA and SMHF	Pune	12th & 13 th Dec.	Dr. P. Krishnamurhty
Strategic Planning Workshop by GOI	Patna	14th Dec.	Dr. P. Vijayakumaran, Dr. Anne Mattam
Technical Resource Group meeting by GOI	Delhi	22nd Dec	Dr. P. Krishnamurthy
MDR TB Training by IUALTD	Bangkok, Thailand	27th Sep. to 1st Oct.	Dr. P. Vijayakumaran. Dr. A.K. Pandey, Dr. B.K.Mishra-STDC-Bihar

14. Workshop / Meetings / Conferences - 2010 (Contd.)

Programme	Venue	Period	Participants
ILEP – INDIA REPRESENTATIVES MEETINGS - 2010			
ILEP Karnataka State Coordination meeting	AIFO office, Bengaluru	22nd & 23rd Feb	Dr. P. Krishnamurhty, Dr. P. Vijayakumaran
ILEP – India Representatives meeting	Delhi	18th & 19th Mar.	Dr. P. Krishnamurhty, Dr. P. Vijayakumaran, Dr. M. Shivakumar
Meeting with Dr. Arif regarding ILEP meet. On 29th June & 1st Jul.	NLR office, Delhi	1st Jun.	Dr. P. Krishnamurthy
ILEP – India Representatives meeting	Delhi	29th June & 1st Jul	Mr. Luc Comhaire, Dr. P. Krishnamurthy, Dr. P. Vijayakumaran
ILEP Tamilnadu Coordination meeting	Karigiri	8th Jul.	Dr. Jacob Mathew
ILEP partners – Andhara Pradesh meeting	Secunderabad	3rd Aug.	Dr. P. Vijayakumaran, Dr. M. Shivakumar
ILEP Karnataka State Coordination meeting	AIFO office, Bengaluru	19th Aug.	Dr. P. Krishnamurhty, Dr. P. Vijayakumaran, Dr. Jacob Mathew
ILEP – India Representatives meeting	Bengaluru	7th & 8th Sep.	Dr. P. Krishnamurhty, Dr. P. Vijayakumaran,
ILEP – International meeting	London	7th Oct.	Dr. P. Krishnamurthy

Review Meetings / Project Holder's Meeting / Action Plan Meetings - DFIT - 2010

Programme	Venue	Period	Participants
Performance appraisal – Bihar staff	Patna	19th to 24th Jan.	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Mr. Premkumar Velu
Project Holder's / DCT-South meeting	Chennai	10 th Feb.	Mr. Luc. Comhaire, Dr. Tine Demeulenaere, DFIT Chennai officials Project Holders & DCT South team members
Bihar / AP Action plan 2011-13 finalisation meeting	Chennai	24th to 26 th Feb	DFIT-Patna, DCT-South and DFIT-Chennai Officials
Bihar Action plan 2011-13 finalisation meeting	Patna	20th & 21 st Mar.	Dr. P. Vijayakumaran, Mr. Premkumar Velu, Dr. A.K. Pandey
Action plan 2011-13 Projects & DCTs South finalisation meeting	DFUL & TC, Nellore	23rd & 24 th Mar.	Dr. P. Vijayakumaran, Mr. Premkumar Velu, Mr. G. Kothandapani, DCT South team members
Performance appraisal for DFUL & TC, Nellore & AP- DCTs	DFUL & TC, Nellore	25th & 26th Mar.	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Mr. Premkumar Velu, Mr. G. Kothandapani
South DCTs Review meeting	Chennai	7th May	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Dr. M. Shivakumar, Mr. Premkumar Velu, Mr. G. Kothandapani, South DCT members

Review Meetings / Project Holder's Meeting / Action Plan Meetings - DFIT - 2010 (contd)

Programme	Venue	Period	Participants
Project Holder's South meeting-Budget discussion	Chennai	25th Jun	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Dr. M. Shivakumar, Mr. Premkumar Velu, Project Holders
DOTs Plus site committee meeting	Nellore	27th Aug.	Dr. M. Shivakumar,
Review meeting - Bihar	Patna	31st Aug.& 1stSep.	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Mr. Premkumar Velu, Bihar staff
Performance appraisal – Bihar staff	Patna	22nd to 25th Sep.	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Dr. M. Shivakumar, Mr. Premkumar Velu
Review meeting on DPMR activities- South DCTs	Chennai	14th Oct.	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Dr. M. Shivakumar, Mr. Premkumar Velu
Project Holder's meeting for finalisation of Action Plan 2011	Chennai	18th Oct.	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Dr. Jacob Mathew, Dr. M. Shivakumar, Mr. Premkumar Velu & Project Holders from South Projects
Review meeting on DPMR activities- South DCTs	DFUL & TC, Nellore	19th Dec.	Dr. P. Krishnamurthy, Dr. P. Vijayakumaran, Dr. Jacob Mathew, Dr. M. Shivakumar, Mr. Premkumar Velu & South DCT teams

DFIT Trust Meeting - 2010

Programme	Venue	Period	Participants
47th DFIT Trust meeting	Chennai	8th May	Mr. Rigo Peeters-DFB
48th DFIT Trust meeting	Chennai	28th Aug.	Members
49th DFIT Trust meeting	Chennai	2nd Oct.	Mr. Rigo Peeters-DFB, Dr. Claire Vellut

15. DFIT Fundraising Unit - 2010 (Aug-Dec)

Damien Foundation India Trust (DFIT) is one of the oldest partner in National Leprosy Eradication Programme (NLEP) and Revised National TB Control Programme (RNRCP) supported by Damien Foundation Belgium. Damien Foundation India Trust intends to explore the possibilities of using resources available with in the country. The local Fundraising Unit manned by a Coordinator (resource mobilisation) was started in mid-2010.

Method of functioning:
Fundraising through schools is the way presently adapted. The Fundraising unit conducts health education programme in schools to create awareness about Leprosy and TB. Special sessions are given to the students willing to participate. Donation collection cards are issued. The school children in turn spread the messages about Leprosy and TB amongst their family members and friends which results in getting some voluntary and willing donations from the well-wishers to support the activity carried out by Damien Foundation. The participation of schools are acknowledged and best performing students rewarded.

Programme Conduction:
We have conducted such programmes in 10 schools during Aug-Dec 2010 in Tamil Nadu 11,000 children have directly participated in the Health Education Programme, which has covered nearly, 275000 people. About 132000 persons have extended their monetary support during this period.

Conclusion:
Through fund collection programmes we are able to bring awareness among thousands of students, their family members and friends of people and also achieve active participation. It is for sure that this will help creating socially conscious citizens of tomorrow.

16. Finance

The buoyancy of funds raised dictates the quantum of budget allocated. Global economics along with low exchange rate compounded the problems in finance. Reduced cash flow projection led to careful trimming of budget forecast for this year. Projects were called for a special meeting and budget changes were adopted to have minimum impact on the program. The main contributors of funds were Damien Foundation Belgium, Chantier Damien Belgium and Directorate General for Development (DGD), Belgium. Audit for the year 2009-2010 was completed and submitted to the Government. Financial statements to DFB monthly, quarterly and annual along with budget comparisons were submitted in time. Fund transfer from DFIT is fully automated. Fund raising program started during the year has also contributed for flexibility in the budget. Local fund raised during the year 2010 was Rs.668,488.

The expenditure for Bihar District Consultancy Teams (DCT) was (43.75%), Project support (37.54%), South DCT (4%), Chantier Damien (2%) Office management, National TB Support, ILEP support, Training and workshops (12.71%). ILEP common expenditures in the states were shared among the ILEP members once a year.

Finance - 2010

INCOME	INR
Damien Foundation Belgium	53,554,018.73
DGD, Belgium	52,880,645.64
Chantier Damien	654,426.12
LEP Activities	1,547,143.90
Bank Interest	726,640.47
Miscellaneous Income	4,994,779.53
Miscellaneous Income (ILEP Agencies)	376,843.00
Opening Balance for the Year 2010	7,745,961.69
Total	**122,480,459.08**

PAYMENTS	
Funds Transferred to Projects	44,274,176.39
Bihar Activities – District Technical Teams	51,603,318.76
Andhra Pradesh – District Technical Teams	4,781,262.50
Leprosy Activity – Support to State Government	720,406.00
TB Activity - Support to Central Government	826,213.00
Chantier Damien Activities	2,396,699.00
DFIT Office, Field, POD - Administration	10,729,384.21
Training / Workshop / Conference	1,106,272.61
Miscellaneous Expenses	1,469,143.00
Closing Balance for the year 2010	4,573,583.61
Total	**122,480,459.08**

17. VISITORS

Mr.Luc Comhaire and Dr.Tine Demeulenaere visited India from 31st January to 11th February 2010. They visited Bihar, Chilakalapalli, Nellore and Kancheepuram districts during that period and participated the Project Holders meeting conducted at DFIT, Chennai on 10th February 2010.

Ms. Marlene Thomas from DGDC visited India from 31st January to 10th February 2010. She visited two projects in Patna from 1st to 3rd February 2010. She also visited MDR TB patients, MDR TB Laboratory and Hospital at DFULC, Nellore from 7th to 10th February 2010.

Mr. Rigo Peeters, General Secretary, Damien Foundation, Belgium visited India on 8th May and 2nd October 2010 and participated in the 47th and 49 Trust Meeting of DFIT respectively.

Dr. Claire Vellut, Founder and Vice Chairman visited India and participated in the 48th Trust Meeting of DFIT on 2nd October 2010.

17. 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
AFB	Acid Fast Bacilli
AIIMS	All India Institute of Medical Sciences-Delhi
AIDS	Acquired Immuno Deficiency Syndrome
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
C & DST	Culture & Drug Sensitivity Test
CFO	Chief Financial Officer
CMA	Chief Medical Advisor
CLD	Central Leprosy Division-Delhi
CTD	Central TB Division-Delhi
CT Scan	Computerised Tomography Scan
DDG(L)	Deputy Director General (Leprosy)
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)
DFUL&TC	Damien Foundation Urban Leprosy & TB Centre, Nellore: NGO Project directly run by DFIT, Chennai.
DGD	Directorate General for Development
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
DOTS Plus	The strategy for management of Multi Drug Resistant TB is called DOTS Plus.
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	Directly Observed Treatment Shortcourse. 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 diagnose, 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
ENT	Ear, Nose & Throat
GH	General Health
GMLF	Gandhi Memorial Leprosy Foundation: NGO Project at -Chilakalapalli supported by DFIT, Chennai.
GOI	Government Of India
GP	General Practitioner. (Medical practitioner)
HFH	Holy Family Hansonorium. NGO Project at -Tiruchirapalli supported by DFIT, Chennai
HIV	Human Immune deficiency Virus
IAL	Indian Association of Leprologists.
IDEA	International Association for Integration Dignity and Economic Advancement
ILU	International Leprosy Union
ICTC	Integrated Counselling and Testing Centre
IEC	Information, Education and Communication
ILEP	International Federation of Anti-leprosy associations. Has ten members
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
LAP	Leprosy Affected Person
LEP	Livelihood Enhancement Programme (a socio economic rehabilitation programme implemented by DFIT assisted projects)
LJ	Lowenstein-Jensen
LPA	Line Probe Assay
LRS	Lala Ram Swaroop
LT	Laboratory Technician
MB	Multi Bacillary leprosy
MCR	Micro Cellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected person with anesthesia or deformity in the foot
MDR	Multi Drug Resistance
MDR TB	Multi Drug Resistant Tuberculosis
MDT	Multi Drug Therapy
MO	Medical Officer
NGO	Non Governmental Organisation
NIH&FW	National Institute Health & Family Welfare
NLEP	National Leprosy Eradication Programme

NRHM	National Rural Health Mission
NSP	New Sputum Positive case (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
NSS	National Sample Survey
NTM	Non Tuberculous Mycobacterium
OPD	Out Patient Department
PAL	Patients Affected by Leprosy
PB	Pauci Bacillary leprosy
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
POD	Prevention Of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability
PT	Physio-Therapist
RMP	Registered Medical Practitioner
RNTCP	Revised National TB Control Programme
RCS	Re-Constructive Surgery
RFT	Release From Treatment
SIHR & LC	Schieffelin Institute of Health-Research & Leprosy Centre, Karigiri, Vellore.
SHRE	Streptomycin, Isoniazid,Rifampicin, Ethambutol: Drugs used in the treatment of Tuberculosis
SLO	State Leprosy Officer
STDC	State TB Training and 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	Tuberculosis
TBS	Tuberculosis Supervisor
TB MA	Tuberculosis Medical Advisor
TU	Tuberculosis Unit
TB-HV	Tuberculosis Health Visitor (a person employed on contract by RNTCP for treatment of TB cases in urban areas)
TRC	Tuberculosis Research Centre, Chennai
UMDT	Uniform Multi Drug Treatment
VHN	Village Health Nurse
WHO	World Health Organisation