Annual Activity Report - 2011

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Leprosy and TB control

Together we can!

Website: www.damienfoundation.in

Damien Foundation India Trust

Annual Activity Report - 2011

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DFIT Activity Report – 2011

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Damien Foundation India Trust working towards Leprosy Control since 1955 and TB Control since 1998

Beatitude Home in Anandapuram

Health check-up by physician

Livelihood Support - Trader

School Students Sensitization

Foreword

I have been presenting the annual activity report for the last 16 years. It has been a wonderful journey, with every passed year reminding that there is lot more than simply realising the expectations; and there is struggle in facing the challenges, difficulties in grasping opportunities, and unlimited excitement in the end.

I have the honour and the privilege to present the report for the last time before I lay down office and bid adieu. The year 2011 could easily be regarded watershed for Damien Foundation.

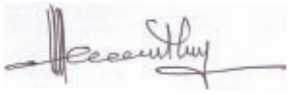
Lab for diagnosing MDR TB got underway in Nellore and became fully functional. An agreement with State Health Society was made for starting a similar lab in Dharbanga in Bihar.

Simultaneously, it was decided to give renewed accent to DFIT's involvement in leprosy control particularly in providing direct care services. Pilot projects have been started to field test POD expansion through non-leprosy NGOs. Plans were put in place to extend specialised leprosy services in more projects.

The year also brought proud moment to us through Dr. Claire the founder of the trust being conferred the International Gandhi Peace Award.

Overall, one could say that the year was productive, exciting, fulfilling and challenging. As you leaf through the report you can get a glimpse of what went behind these events and actions. This would not have been possible without the diligent work of the staff, active support from the trust and positive guidance from DFB. Please feel free to write to us. We value your suggestions, advice and criticisms.

Yours Sincerely,



P. Krishnamurthy
Secretary, DFIT

Leprosy Care:

Ten NGO projects provide primary and secondary levels of care for persons affected by leprosy while three others provide tertiary care. Total number of cases diagnosed and referred to respective PHCs by these facilities in 2011 was 223 of which MB was 142. The projects provided MCR footwear to 2683 persons. A total of 167 patients underwent reconstructive surgery. In 10 projects with inpatient facilities for leprosy, 1302 admissions were made for managing leprosy cases with complications.

Tuberculosis Care:

Out of the thirteen projects, TB support is provided by 10 (2 in tribal areas). The projects covered a total population of 30,48,719 and registered 4769 TB patients. The expected outcome in all the projects in general was good. Sputum conversion was 88% (range from 80% to 91%) and cure rate was 80.5% (range from 71% to 100%). In 8 projects with inpatient facilities 369 admissions were made for managing TB cases with complications.

TB & Leprosy Patients Managed in 2011	
Out patients	84638
Leprosy cases	223 (MB: 142)
TB cases	4769 (NSP: 1766)
Drug resistant TB cases	80
Inpatients Leprosy	1302
Inpatients TB	369
Deformity correction	167
Rehabilitation	393
Nutritional supplement	1332

Support to Disability Prevention and Medical Rehabilitation (DPMR):

This was done in 4 states by doing the following:

- Capacity building of general health staff
- Teaching self care techniques to patients
- Provision of protective foot wear.
- Socio Economic Rehabilitation.

State	No. Districts	No. Disability cases	PHCs covered/ Total PHCs	% of patients practicing self-care/Patients visited
Tamilnadu	10	5127	393 / 469	80% / 3643
Andhra	3	2826	199 / 208	60% / 2440
Jharkhand	8	1845	70 / 70	75% / 231
Kerala	1	357	86 / 86	41% / 899

Refer Table 3.1 & 3.2

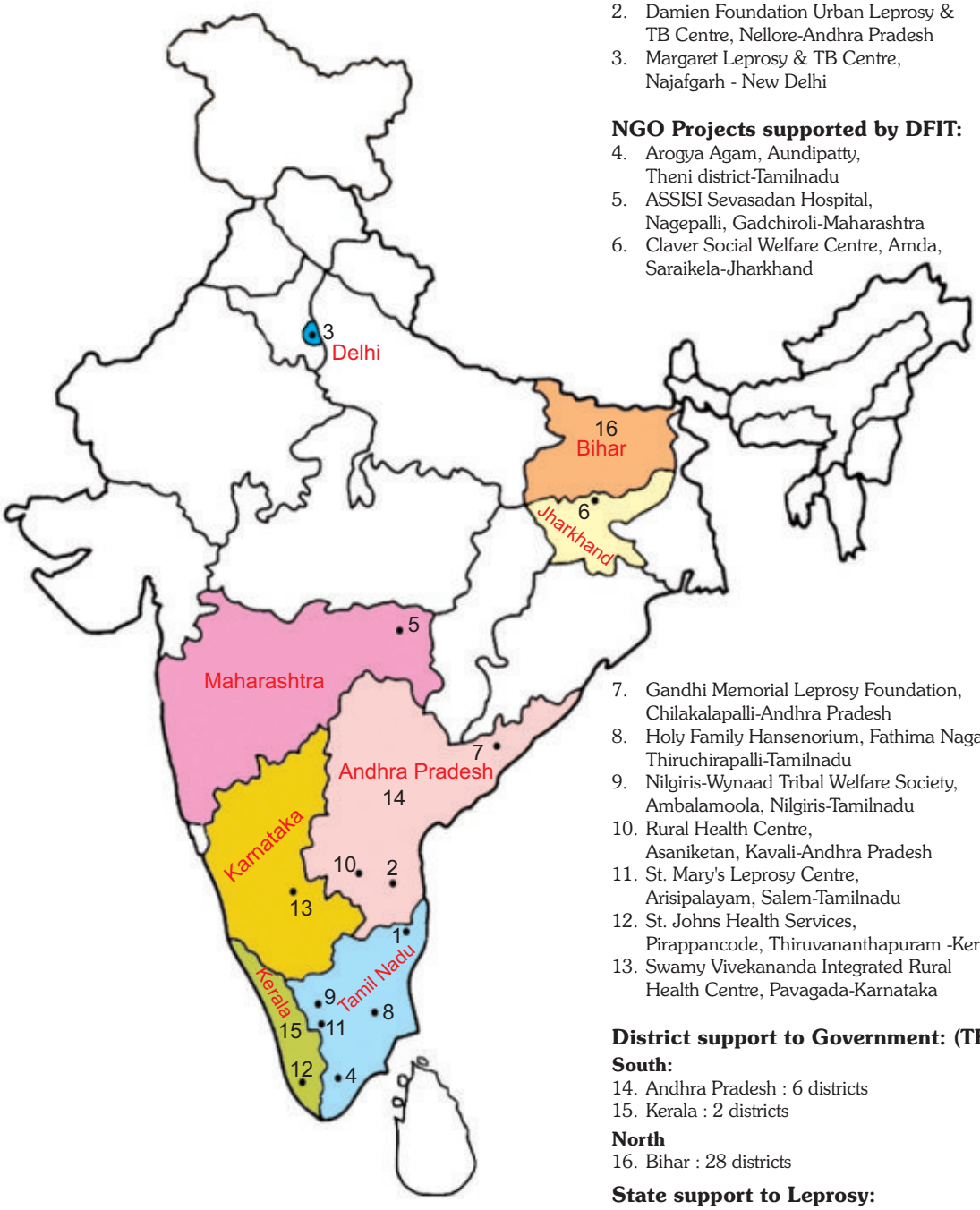
Support to TB Control:

This was done in 35 districts by doing the following:

- Capacity building of general health staff and community
- Infrastructure support
- Identifying the gaps and support (supply of lab reagents, construction and renovation of labs, lab technicians etc)

Trainings	Bihar (28 Districts)	South (7 Districts)
Medical officers	838	440
Lab technicians	603	181
Health workers	8087	4764
ASHAs	24165	2334
Private practitioners	838	903
Community Awareness		
Members participated in group talks	27882	2160
Schools covered	166	82

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. Nilgiris-Wynaad Tribal Welfare Society, Ambalamoola, Nilgiris-Tamilnadu
10. Rural Health Centre, Asaniketan, Kavali-Andhra Pradesh
11. St. Mary's Leprosy Centre, Arisipalayam, Salem-Tamilnadu
12. St. Johns Health Services, Pirappancode, Thiruvananthapuram -Kerala
13. Swamy Vivekananda Integrated Rural Health Centre, Pavagada-Karnataka

District support to Government: (TB)

South:

14. Andhra Pradesh : 6 districts
15. Kerala : 2 districts

North

16. Bihar : 28 districts

State support to Leprosy:

Bihar and Jharkhand States
(In collaboration with other ILEP organisations)

Nilgiris Wynaad Tribal Welfare Society

Located in the Nilgiris district of Tamil Nadu, covering a tribal population of close to 1,00,000 is the Nilgiris Wynaad Tribal Welfare Society. The project offers primary health care services through its hospital. DFIT has been supporting leprosy control activities since 1986 and TB control through the implementation of DOTs since 1996. It has inpatient facility for managing complications related to TB and leprosy. The project has a recognised Microscopy Centre. Field staff monitors the TB and Leprosy patients. The project also offers Mobile outreach Medical Services for tribals.

Project Highlights: 2011

4304 patients treated as out-patient

6 leprosy cases (MB:4)diagnosed and referred

11 TB cases (NSP:5) treated

3 patients treated as in-patient

13 affected persons given livelihood support

- Around 71 health staff of various cadres have been provided with training on TB
- 7 patients have been trained on DOT provider interaction meetings

Refer Table 1.1

Success Story - 1

Malu: Getting a second chance

I am Malu, 30 years of age, belonging to Paniya Tribal community in Koottatt village near Ermad. I am staying with my parents and 11 years old son. My husband committed suicide about 2 years back when I was very sick.

About 3 years back, I was suffering from persistent fever and cough. I also began to lose a lot of weight. My family took me to a doctor, but my condition didn't improve. After this I was taken to a traditional tribal healer and my condition worsened. Because of lack of knowledge, we could never identify what was wrong with me.

I was almost at a stage of death when two health workers from Tribal Welfare Hospital, Ambalamoola came to my house. They examined my phlegm (sputum) and identified it as TB. I was admitted in the hospital for two weeks and my treatment began. During this period I was given eggs and milk, so day by day my health started improving. After 2 weeks I was discharged from the hospital and sent home. My medicine was arranged with a 'chechi' (lady neighbour). Along with the medicines I was given foodgrains every month for a period of 6 months. The health workers of Tribal hospital Ambalamoola visit me regularly. After six months treatment I regained weight and the doctor at Ambalamoola told me that my disease was completely cured. I was so happy that I started going for work in a nearby Tea estate.

About 7 months later, during the monsoons, I again developed cough and fever. I took some tablets from the nearby health centre, but the fever and cough did not subside, and within

a month I became very sick. I had doubt that it might be TB again. Next day I went to the Tribal Hospital, Ambalamoola, doctor examined me and after the sputum test diagnosed that I had TB. I was put on a treatment for another eight months. I was cured on completion of treatment. I was still too weak to work. The staff of Ambalamoola Tribal Hospital gave me 2 female goats and money for the goat shed and with that I manage to make a living.

Note Here is an instance of one member's illness led to tragedy within a family. Fighting TB is a long-term effort and the family and patient both need to be counseled and motivated during the period

Claver Social Welfare Centre

The project is situated in the Saraikela district of Jharkhand State and offers Leprosy care. When compared with other districts in the region, it has shown positive results. The Leprosy care offered through this project uses a combination of in-patient as well as out-patient care, all of this with the aid of a well-trained staff. In the year 2009, the project started support to Disability Prevention and Medical Rehabilitation (DPMR) in Saraikela and seven other districts. The other districts covered were E. Singhbhum, W.Singhbhum, Lohardagga, Gumla, Simdega, Deoghar and Godda (Refer Tables 3.1 and 3.2).

Project Highlights: 2011

983 patients treated as out-patient

34 leprosy cases (MB:16) diagnosed and referred

25 patients treated as in-patient

53 affected persons given livelihood support

- The project supports DPMR activities in 8 districts
- The project trained 37 health staff on DPMR activities
- 602 people were provided with on-the-job training during field visits

Refer Table 1.1

Success Story - 2

Subhadra: Overcoming Societal Prejudice

My name is Subhadra Pal, I am 19 years old and live with my parents in Dugni village, Seraikela-Kharswan district of Jharkhand. I was well loved by everyone and very happy with my life. When I was 13, I observed a few white patches on my face and left leg. With time I developed weakness in my left foot and my family took me to a local doctor. After a year and a half of treatment, nothing changed. This was when I came to Claver Social Welfare Centre and was started on treatment for leprosy.

But emotionally this was a difficult time for me because of my deformity. I felt rejected by the community, lonely and helpless. Friends and neighbours shunned me. It was the darkest period of my life. The director of the Claver Social Welfare Centre, Amda and his team along with the district government officials counselled me and suggested that I should undergo surgery to correct my foot drop. After the reconstructive surgery I was able to walk like before. In the year 2011, I got married and am well settled now.

It is a miracle in my life, every thing is changed. I am grateful to all the

Note Leprosy is more than just a medical condition, the emotional and psychological impact of it also needs to be addressed, as it was done in this case. This becomes even more important when one is dealing with a teenager.

St. Mary's Leprosy Centre

Situated in Salem town in Tamil Nadu this project began leprosy control activities in 1960 and TB related activities in 2001. The TB unit set up in 2001 allows it to reach a population of 5,87,161 and it has been recognised by the Government as a model TB unit. Acknowledging the success of the project and keeping in mind its capabilities, the district authorities invited the project to support DPMR activities in 2003. The positive results of the DPMR project in Salem led to replication in other districts including Krishnagiri, Dharmapuri, Erode and Namakkal. The results have been encouraging in the new districts too (Refer Tables 3.1 and 3.2). One of the main challenges in DPMR activities is reaching the target population. This is due to the limited number of staff involved in supervision and monitoring. It is also difficult to get a good insight of the progress in implementation. To encounter these challenges, the project has developed a new strategy of involving local NGOs in DPMR activities. This new strategy is being tested in Krishnagiri district of Tamil Nadu and it will be coordinated by the Salem project. It has identified 4 NGOs involved in various development activities and trained them in monitoring disability cases and on livelihood support. Based on the outcome, it can be replicated in other districts, with support from DFIT. The results will be available by the end of 2012.

Project Highlights: 2011

9986 patients treated as out-patient

34 leprosy cases (MB:30) diagnosed and referred

577 TB cases (NSP:220) treated

138 patients treated as in-patient

156 affected persons given livelihood support

- About 1,10,000 persons have been educated on TB and Leprosy through various IEC activities.
- Project trained 1790 health staff of various cadres on TB control.

Refer Table 1.1

Success Story - 3

Murali: Holistic care for healing

My name is Murali, I am 25 years old and am from Krishnagiri District in Tamil Nadu. Four years ago I developed patches all over my body. A few months later I developed fever, body pain and raised skin patches and was unable to close both my eyes on my own. I also found that my fingers had become bent with blisters in my hand. I went to a PHC and my condition was diagnosed as leprosy and I was started on treatment. My wife on learning that I had Leprosy left me. At this point my mother was my only support and I had lost all hope in life.

The team from St. Mary's Hospital assessed my problems, gave counselling and taught me self care. I got admitted into St. Mary's Hospital for treatment of these complications. I was given physiotherapy, taught self care and exercises. After the complications subsided I was discharged from hospital and advised to take medicines, exercise regularly and follow self care. After six months, there was a tremendous change and my bent fingers were operated and corrected.

The St. Mary's Hospital team counselled my wife and I was reunited with her. I live with my wife and daughter. Today I am completely cured from the disease.

Note Leprosy requires holistic care – proper treatment, continuous care and counseling. In this case, the project provided all three to help Murali lead a good life.

Arogya Agam in Theni district of Tamil Nadu has been supported by DFIT since 1982. The project is involved in Leprosy and TB control activities, serving a population of 2,00,000. Apart from this the project is also providing care and support for persons affected by HIV/AIDS. Following integration, the project supported the POD programme and the responsibility of managing complications related to Leprosy in the covered population. Some of the challenges of the project have been that around 517 people among the nine PHCs were living with disabilities. Moreover, assessment revealed that only 58 among the 517 were practicing self-care. The project has been covering DPMR activities in Theni district since October 2011.

Project Highlights: 2011

15,688 patients treated as out-patient

14 leprosy cases (MB:8) diagnosed and referred

31 TB cases (NSP:21) treated

234 patients treated as in-patient

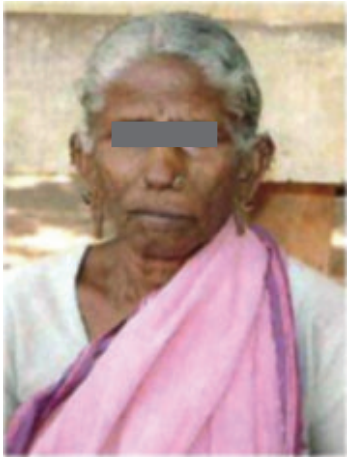
5 affected persons given livelihood support

- About 1,00,000 people have been educated on leprosy and TB through IEC
- Training to 920 community volunteers and 4 Medical Officers on TB control have been provided.

Refer Table 1.2

Success Story - 4

Marutayee: Helping others become more aware



My name is Marutayee, I am 65 years old and live in Marvapatti village in Aundipatty. When I was diagnosed with leprosy, my family abandoned me and today I live alone. As my fingers in both hands became bent I could not do any work. The project helped me to get a pension and free food grains. The people from the project also told me about the importance of hygiene and self-care. I take good care of myself now and have not had any ulcers or wounds for the last five years. I also tell others with similar problems about what I went through so that they too can take care of themselves.

Note Taking treatment alone for leprosy is not enough, a person with disabilities needs to practice lifelong self-care, including exercises. This requires that the patient is aware and remains motivated, as Marutayee here is.

Gandhi Memorial Leprosy Foundation

Gandhi Memorial Leprosy Foundation (GMLF) is one of the pioneer training centres for Leprosy in the country. Situated in the Vizianagaram district of Andhra Pradesh, this project has been supported by Damien Foundation since 1978. Post integration of the Leprosy control programme the project took up support for DPMR activities in four PHCs. In 2008, this support was extended to 14 PHCs. Almost 900 persons with disabilities related to leprosy are living in the district. The project has achieved very good results in 18 PHCs with 86% of the persons with disabilities practicing self care. Among the health staff visited, 83% of them were found monitoring patients practicing self-care. A key reason for success of the project has been the involvement of the community (ASHA) in monitoring activities. The volunteers are well-trained and supervised by the project staff. As a measure of its success, the project was requested by Government to extend support to the entire district in 2012.

Project Highlights: 2011

856 patients treated as out-patient

7 leprosy cases (MB: 5) diagnosed and referred

143 patients treated as in-patient

38 affected persons given livelihood support

- Around 60,000 people were educated on leprosy through IEC
- 387 health staff of various cadres were given DPMR training.

Refer Table 1.2

Success Story - 5

Paramesu: Today I am able to provide for my family

"My name is Kola Paramesu. I developed numbness and small wounds on my left hand in 1978, it was diagnosed as Leprosy at Chilakalapalli and I was treated.

Along with my family I prepare bamboo baskets and other articles, selling them in the nearby weekly market at Balijipeta. Raw materials were expensive and life was difficult. This was when the project helped me by giving me financial support for my business, which improved my living condition.

By selling articles prepared with bamboo I earn Rs 850 per month. The project has arranged a disability pension of Rs 200 per month and an Antyodaya Card on which 35 kilograms of rice is supplied monthly by the Government"

Note With a little assistance from the project, the life of this family was turned around. After treatment, the long-term sustenance of the patient also needs to be planned for.

Margaret Leprosy & TB Centre - DFIT

DFIT began its leprosy control activities in 1999 through this project in South West Delhi. It was one of the leprosy endemic regions in the Union Territory of Delhi, where around 800 new cases were detected annually. Post integration the project was given the responsibility for supporting all activities connected to Leprosy control, including training, monitoring and supervision of Government staff through a District Technical Support Team (DTST). Following withdrawal (as per decision taken by ILEP) of DTST, the project restricted its Leprosy control activities to diagnosis and referral of Leprosy cases to Government health

Project Highlights: 2011

16577 patients treated as out-patient

12 leprosy cases (MB:5) diagnosed and referred

2595 TB cases (NSP:767) treated

A total of 27 MDR TB cases were enrolled for treatment in 2011

42 affected persons given livelihood support

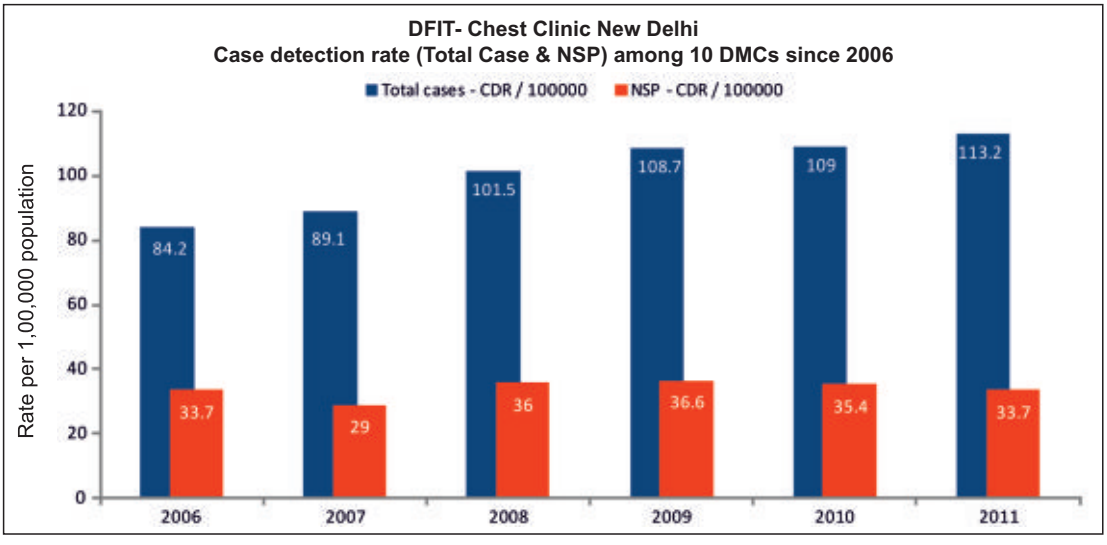
- Government of India has recognised this centre as a "Chest Clinic" and it is directly reporting to State TB Cell since April 2011
- 75 among the 80 private practitioners were directly involved
- As part of an awareness programme around 2500 people in Delhi slums were reached
- 38 meetings with patients and DOT providers were organised

Refer Table 1.2

TB support began in 2002, initially by establishing one TB unit and later (in 2004) by one more TB Unit covering a population of one million across the ten microscopy centres. A microscopist-cum-field worker who is provided with a two-wheeler for mobility manages each microscopy centre. This person is responsible for sputum microscopy, DOT supervision, arranging and monitoring community DOT providers and maintaining records.

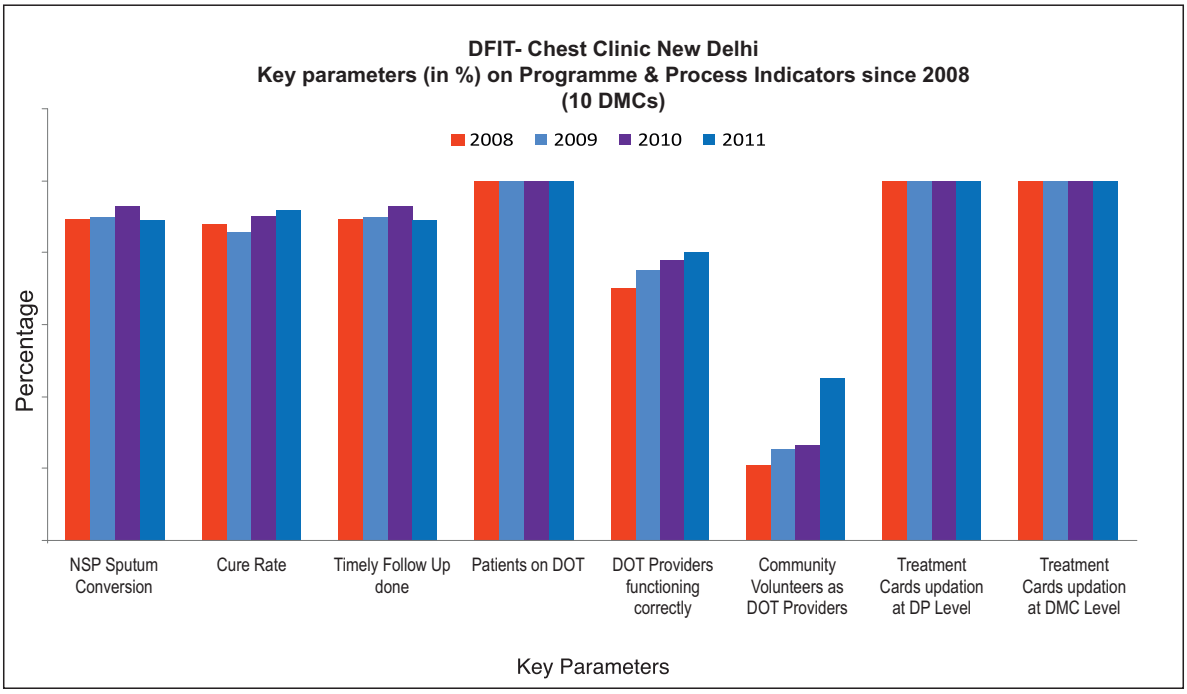
The project has its own hospital, providing facilities like out-patient care, laboratory, X-Ray facility for investigation and DOT centre. The project is also involved in managing MDR TB cases since 2009. There was improvement in cure rate (refer Table 2.2) among new-sputum positive and re-treatment cases in 2011 when compared to previous two years.

Refer Table 2.1



Margaret Leprosy & TB Centre - DFIT Contd . . .

Refer Table 2.2



Success Story - 6

Akhilesh: Curing and providing sustenance

" My name is Akhilesh Kumar and I live with my family in Delhi. I was seriously ill because of tuberculosis and had weight loss. My condition was diagnosed as MDR-TB and I was started on treatment. Doctors at LRS Hospital advised that I take nutritious food while I was undergoing TB treatment. This I could not afford and the project assisted me during this period with nutritious food. That along with completing my course of medication, helped me recover completely. But I had to support my family financially and needed some help. Once again DFIT came to my aid by helping me setup a small tailoring unit and today thanks to them I am able to support my family and myself ."

Note In many cases medical treatment alone will not suffice for holistic rehabilitation of the patients.

Holy Family Hansenorium

Holy Family Hansenorium, located in the Tiruchirapalli district of Tamil Nadu is one of the oldest projects supported by DFIT. With over three decades of experience in Leprosy control programmes, the project is one of the most popular referral and training centres. Additionally, the project also offers the facility for reconstructive surgery and care for Leprosy patients with complications. The project works by managing most patients through its outpatient clinic and referring them to a health facility for follow-up treatment. In case of severe complications, patients are hospitalised. Government has allotted a Microscopy centre covering a population of 1,00,000 and refer the cases to respective PHCs.

Project Highlights: 2011

4067 patients treated as out-patient

30 leprosy cases (MB:18) diagnosed and referred

45 corrective surgeries for leprosy deformities done

15 TB cases (NSP:5) treated

490 pat ients treated as in-patient

- About 2807 students including nurses have been sensitised on TB and Leprosy.
- The project has generated awareness among 2,52,425 persons. In addition to this, 242 Anganwadi workers were trained on identification and referral of leprosy suspects and self-care monitoring.

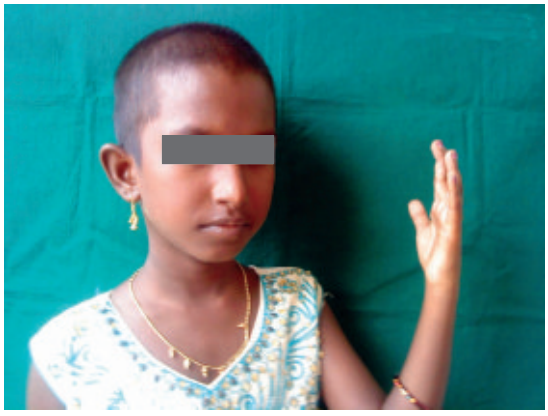
Refer Table 1.3

Success Story - 7

Ragasudha: Reclaiming her childhood

"My name is Ragasudha, I am nine years old and am studying in Class III in a village in the outskirts of Karur Town. My father works as a labourer in a printing press and my mother is a housewife. I am the only child in the family.

I developed a patch on my left hand from elbow to wrist in 2009, but did not have any other patches at that time. My parents took me to a skin specialist in Karur town and I was given a skin ointment and tablets. This treatment continued for two years, but without any improvement. As the doctor was unable to diagnose that I was suffering from Leprosy, I wasn't given the medicine for it. Soon my fingers started to bend and on noticing this a government medical officer referred me to Holy Family Hansenorium. I was put on the correct treatment and after completing it, I underwent surgery for correction of my deformity in March this year. Today I am able to go to school and manage all my work normally."



Note Ragasudha's history underscores the importance of early diagnosis, which in her case could have prevented her deformity and the need for subsequent surgery. Even today there are quite a number of children developing deformities due to leprosy because of poor awareness among the private medical practitioners.

Asaniketan Rural Health Centre

Asaniketan Rural Health Centre is located in Kavali, Potti Sriramulu Nellore district of Andhra Pradesh. DFIT has been supporting this project since 1975 for leprosy control in urban population and TB since 1998. After integration, project is mainly involved in POD activities. Project has been facilitating a TB unit since 2003 covering a 5,00,000 population and placed one Medical officer, five LTs, one senior TB supervisor and one TB lab supervisor. Due to unforeseen circumstances DFIT had to withdraw support to the TB unit from May 2011 but continues to support TB activities - DMC and DPMR in the urban population.

Project Highlights: 2011

1047 patients treated as out-patient

7 leprosy cases (MB:5) diagnosed and referred

608 TB cases (NSP: 290) treated

- In urban area covering 1,00,000 population, the project has trained 48 RMPs, 2 Medical officers, 28 ANMs, 15 AWWs and 45 ASHAs on TB and leprosy control.

Refer Table 1.3

Success Story - 8

Bakka Manjula: Holistic care to the road to recovery

"My name is Bakka Manjula, I am 28 years old. I had many patches and both my hands and feet were affected. I did not have feeling in both my feet. I took treatment for two months from nearby PHC but discontinued and went to a private doctor. Because of improper diagnosis I developed difficulty in walking with my left foot. During the visit to the project I was started on proper treatment. They also taught me exercises for my foot and counselled me about its importance. With three months of therapy and exercises I was better and almost back to normal. Today I am able to do all my work by myself."

Note The patient here had to go through a period of misdiagnosis and required counselling along with treatment to recover. Sensitization of the general health staff is important.

Assisi Sevasadan Hospital

Located in Allapalli, Gatchiroli district of Maharashtra is Assisi Sevasadan Hospital. It provides health care services to a tribal population and DFIT has associated with the project since 1972 for leprosy control and since 1998 for TB control. The project reaches a population in difficult terrain through a team of dedicated staff. The project has included five field staff from the tribal population who can speak the tribal dialect. They are mainly involved in strengthening the TB control through promoting regular DOT, livelihood enhancement including nutritional supplement and monitoring POD activities in 5 PHCs covering a population of 1,00,000. Project extended its support to 3 PHCs in 2011 covering a population of 80,000. There are 68 persons affected by leprosy with disabilities living in the project area and 80% of them are practicing self-care.

Project Highlights: 2011

19,372 patients treated as out-patient

25 leprosy cases (MB:13) diagnosed and referred

204 TB cases (NSP: 119) treated

66 patients treated as in-patients

- About 98 health staff of various cadres and 1256 members of the community including ASHA have been trained on Leprosy and TB

Refer Table 1.3

Success Story - 9

Haren: Motivation is the Key

"My name is Haren and I am 21 years. I belong to a very poor family and because of this I had to discontinue my studies and started working as a truck cleaner. I was diagnosed with TB and began my treatment, but because of my work I was unable to complete my treatment. After some months, I developed cough and fever again. My TB had returned and this started a period of great struggle . I had to sell all my property for my survival. When things became very difficult I went to Assisi Sevasadan Hospital and shared my story. They helped me heal physically and were also very supportive. They convinced me to continue my treatment and also kept me motivated. They counselled my family too and today I am cured. My family too is happy because it is as if they have a new me. I feel that there is new hope in my life."

Note Good counseling keeps the patient motivated and committed to complete treatment.

Damien Foundation Urban Leprosy & TB Centre

Damien Foundation Urban Leprosy and TB Centre (DFULTC) located in Potti Sri Ramulu Nellore district of Andhra Pradesh is directly operated by DFIT. The project began its work in the area of Leprosy in 1993 and TB in 1998. Post integration the project continued to be a referral centre for Leprosy care and reconstructive surgery. The centre has been officially recognised as the RCS Unit for the districts of Kadapa, Nellore and Prakasam. Government has allotted a Microscopy centre to cover 1,15,000 urban population in Nellore town. Project supports DPMR activities in an integrated setup in Nellore since 2006 and Kadapa district since 2008.

Damien TB Research Centre :
Damien TB Research Centre (DTRC) a wing of DFULTC in Nellore was established in 2008. The main objectives of DTRC are diagnosis and follow-up of MDR TB and TB research. The lab has been accredited for the diagnosis of MDR TB. It has facilities for Lowenstein Johnson (L J) media and Line Probe Assay (LPA) - molecular method. Government of India and Andhra Pradesh has recognised this centre to support MDR TB control programme in 6 districts of Andhra Pradesh covering a population of 19 million. It is the first NGO project to have both diagnostic and treatment facilities in the country.

Project Highlights: 2011

5139 patients treated as out-patient

27 leprosy cases (MB:21) diagnosed and referred

47 corrective surgeries for Leprosy deformities done

30 affected persons given Livelihood support

- 587 TB suspects examined
- 190 TB Cases Treated
- 63 New Sputum positive cases treated
- 12 persons with TB given nutritional support

Refer Table 1.4

Success Story - 10

Jayalaskhmi: Early diagnosis helps prevent long-term damage

"I am Cherukuru Jayalakshmi and am 14 years old. Six months ago I found that I had rashes all over my body and consulted a skin specialist. The rashes began to subside but the doctor noticed a small patch on the right hand. I also had severe elbow pain. They diagnosed it as leprosy and I was put on proper treatment. My mother too had been affected by leprosy. Today I am much better and on my way to complete recovery thanks to the doctor for early diagnosis ."

Note The involvement of private medical practitioners is very important. As we see in the case of Jayalakshmi, it was the effort of the skin specialist which prevented her from developing

MDR TB treatment programme in Nellore:

MDR TB control programme was implemented in 2008 and initially it restricted MDR TB services to Nellore TB unit and later it was extended to the whole district in 2010. All procedures were followed as per the RNTCP guidelines. The project having good collaboration with State TB Training and Demonstration Centre (STDC) in Hyderabad since 2009. Lab in Nellore got accreditation in Feb 2011, till then the samples were sent to STDC for the diagnosis of MDR TB and follow up. DOT-Plus site committee was formed in 2008; the committee is consisting of the District TB Officer, Chest Physician, Medical Officers of DFULTC and Chief Medical Advisor from DFIT, Chennai. MDR TB patients were hospitalised for one to two weeks and observed for adverse effects before their discharge, meanwhile suitable DOT providers were identified and trained on treatment supervision. At least once a month all the patients and DOT providers were monitored by Medical Officer of the DFULTC, TB Supervisor, MDR TB Co-ordinator and key staff from RNTCP.

Years	No. of MDR TB suspects screened	No. of MDR TB cases diagnosed	No. of MDR TB cases initiated on Cat IV	Number cured	Number still on treatment	Deaths	Defaulters	Treatment Completed	Results awaited
2008	10	08	02	02	-	-	-	-	-
2009	30	13	05	03	-	-	02	-	-
2010	54	28	24	01	12	6	03	01	01
2011	56	22	29*	-	24	3	02	00	-
Total	150	71	60	06	36	9	07	01	01

* Diagnosed from TRC/STDC

For more refer Table 1.5-1.7

Success Story - 11

Kalpana: Overcoming ill-health and prejudice

"My name is Kalpana, I am 15 years old. Some years ago my father died after a serious illness. I live with my mother and younger brother. I started having a persistent cough and began to lose a lot of weight. My mother took me to the government hospital where the doctor felt that I might be suffering from TB and referred me to the project. I was confirmed as a case of TB and was subsequently put on regular treatment. I took the treatment regularly for about three weeks, but after this my mother felt that I was a victim of some black magic and we stopped the TB treatment and instead spent all our savings on warding off the ill-effects of black magic. But the project medical supervisor continued to counsel me and my mother. When I became very weak, I returned to the project hospital. After examination they restarted me on treatment again. While I recovered, my brother and mother also were diagnosed with TB and underwent treatment. As a result of all the family members falling ill we were without any means to make a living. Looking at our plight, the project helped us with livelihood assistance. Today all of us are cured and leading a normal life. I am back in school."

Note This family gives an insight into how illiteracy, ignorance, negative health seeking behaviour, stigma and prejudice of the society pushed people into a corner, almost with no hope. It took persistent efforts to give this family a new lease of life.

Swami Vivekananda Integrated Rural Health Centre

Swami Vivekananda Integrated Rural Health Centre in Pavgada Taluk of Tumkur district in Karnataka, which is situated in one of the most backward regions of the state, has been involved in Leprosy control since 1993 and TB control since 1996. It is one of the two centres conducting RCS in the state and also involved in POD activities in the project area. Project has restricted DPMR services to one block covering 2,80,000 population and about 102 persons with leprosy related disabilities are living in the block. Involvement of health staff in DPMR activities is still a challenge for the project. The project operates one TB unit since 2003, covering a population of 4,13,917 with support from one Medical officer, one Senior TB Supervisor and one Senior TB Lab. Supervisor. This TB unit has been recognised by the State and awarded for its contribution in TB control.

Project Highlights: 2011

6142 patients treated as out-patient

21 leprosy cases (MB:13) diagnosed and referred

45 corrective surgeries for Leprosy deformities done

518 TB cases (NSP:265) treated

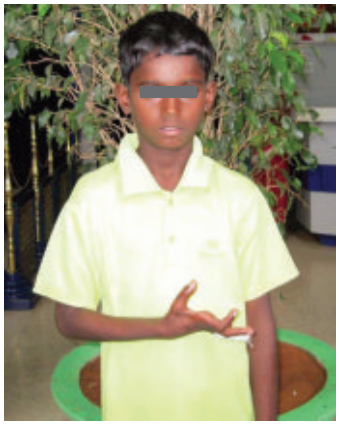
- About 190 health staff of various cadres were trained in DPMR activities.

Refer Table 1.4

Success Story - 12

Bhagwan: Back to school and routine

"I am Bhagwan Sai and 14 years old. Around 2 years ago, I had numbness of my right hand and was unable to hold pen and write. My father consulted a well known, experienced Dermatologist at Anantapur. I took medications for some time as per doctor's advice but it didn't help. Meanwhile one of our relatives came to our house and guided us to visit a Government hospital. At the Government hospital, they examined me in detail and diagnosed that I was suffering from leprosy. I was immediately initiated on treatment for 12 months. I completed the treatment. For my deformity of right hand, surgery was done to correct it. I am regularly doing exercises and taking care of myself. I am studying in the Xth standard now and freely moving around with my friends. I am happy and studying well."



Note Bhagwan Sai's story tells us the importance of correct and timely diagnosis. The pain of isolation and discrimination is felt by children too. Integration into the community is an important goal.

St. John's Hospital & Leprosy Services

St. John's Hospital in Pirappancode, Thiruvananthapuram district of Kerala has been involved in leprosy and TB control services with the support of DFIT since 1982. It has both outpatient and inpatient facilities. Additionally, the project facilitates a community care centre for HIV and AIDS patients. After integration, the project has mainly focussed on managing complications related to leprosy at the hospital and facilitating an integrated DPMR programme in Thiruvananthapuram district. There are 352 persons with disabilities due to leprosy living in the district. Project has been providing Microscopy services for the diagnosis of TB and treatment supervision covering population of 1,00,000.

Project Highlights: 2011

477 patients treated as out-patient

6 leprosy cases (MB:4) diagnosed and referred

20 TB cases (NSP:11) treated

50 affected persons given Livelihood support

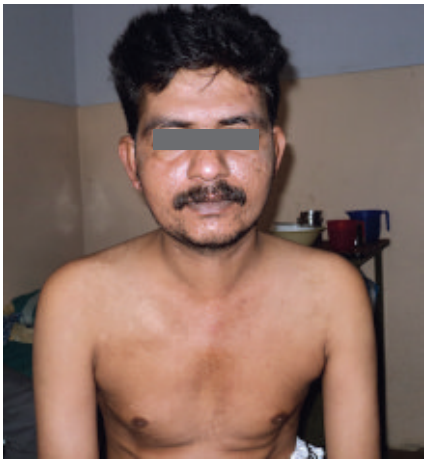
164 patients treated as in-patient

- DPMR training and reorientation was given to 182 PHC staff
- The project trained 242 ASHA volunteers
- There were 34 training programmes conducted on Leprosy & TB

Refer Table 1.4

Success Story - 13

Ansari: Incorrect diagnosis, financial burden



"I am Ansari, I am 31 years old living in Valiyathura. I was leading a happy family life with my wife and three children. I developed severe pain in my elbow and weakness in my fingers. I went to a private hospital. The doctors put me on medication, I spent almost two lakhs (2,00,000) rupees with no improvement. My mounting debt made my wife and children leave me. One of my relatives asked me to consider going to St. John's Hospital, where my condition was immediately diagnosed as Leprosy and I was started on treatment. I wish that others like me don't suffer debt and incorrect diagnosis. I had to go through financial and emotional trauma as a result."

Note This emphasizes the importance of awareness among both the public at large and the general practitioners.

Anandapuram Home Society

Anandapuram Home Society is located in Kancheepuram district of Tamil Nadu and managed directly by Damien Foundation India Trust. In fact, it is through this project, almost six decades ago that the Damien Foundation initiated its activities in India. At present twelve persons affected by leprosy with disabilities are living in the home. This project is supporting DPMR activities in Kancheepuram district since 2009. The involvement of general heath staff has been improved from 45% to 57% when compared to 2010 (Refer Tables 3.1 and 3.2) and around 85% of the persons are practicing self-care. Ten persons affected by leprosy were supported for livelihood.

Anandapuram Home: 2011

In an effort to spruce up the residential facilities, renovation activities were undertaken and new structures were built. The existing residence was refurbished and two additional buildings were added. One of these will serve as a ward for female residents and the other will be used as a dining cum recreation area.

The New Female Ward

The New Dining Area

Success Story - 14

Elumalai: Overcoming prejudice of those most near

My name is Elumalai, I am 38 years old and am a resident of Kavanipakkam Village. I was married and blessed with two daughters. When I was diagnosed with leprosy I underwent treatment but developed deformity. Because of this my wife and children began to live separately. My wife wouldn't allow my children to speak to me also.

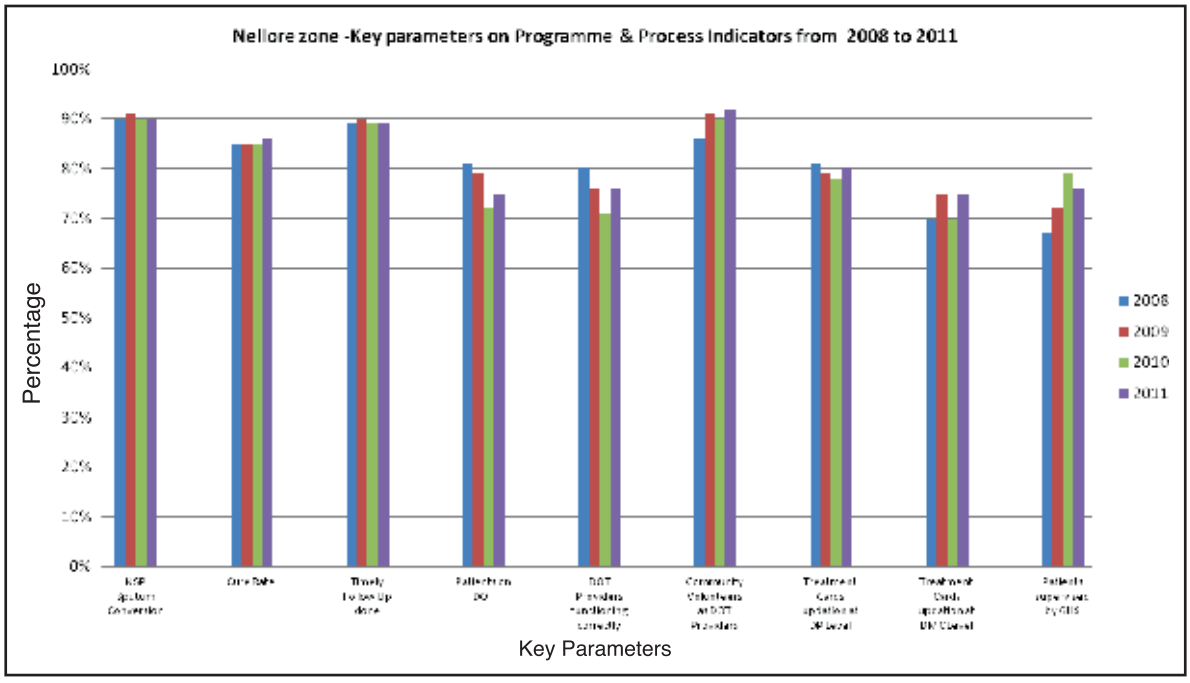
When the DPMR Coordinator visited my house, I told him about my problems. The project then counselled me and my wife and I underwent surgery to correct my deformity. I was given a loan of Rs 5000 to buy a cow and support my family. Today things are fine, I provide for my family and my wife too supports me.

Note The emotional separation because of the stigma of this illness is something that needs to be taken care of.

District Consultancy Teams (DCT): Andhra Pradesh and Bihar

Damien Foundation India Trust (DFIT) 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 (poor infrastructure, inaccessibility of villages because of lack of roads and frequent seasonal flooding and lethargic bureaucracy) for implementing public health programmes including leprosy and TB control. DFIT realised the need for support to leprosy control in Bihar in 1995. A new strategy of providing a District Technical Support Team (DTST) consisting of one Medical Officer and one or two Supervisors for each district for building the capacity of general health staff and community was implemented in 22 districts in Bihar, one district in Delhi and 3 districts in Andhra Pradesh. Success of this strategy in leprosy control leads to its extension in TB control. While technical support for leprosy control concluded in March 2007, support to TB control programme was continued in 28 districts in Bihar and 3 districts in Andhra Pradesh, in 2008 one district and in 2010 two districts were added. The total population covered is 10 crores.

Refer Table 2.3



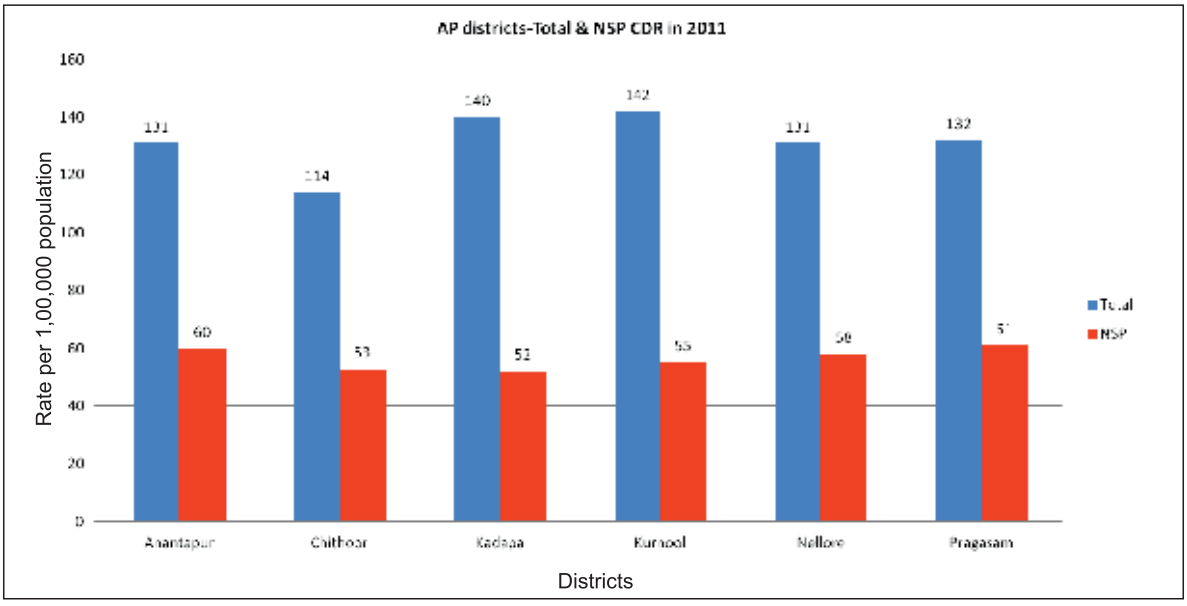
The Teams from DFIT for supporting TB control in Bihar and other States were called District Consultancy Teams (DCT) each composed of one supervisor who had been trained in Revised National TB Control Programme (RNTCP). A Medical person designated as TB Medical Advisor / Medical Consultant supervises the DCT in five to six districts. The 6 Zonal supervisors for mid level supervision cover 3-4 districts each and they assist the teams in supervision and monitoring. All the members of DCT were provided vehicles. TB Coordinator guides and supervises the teams. 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 State depots to districts and from districts to TB units.

The total number of staff working for Damien Foundation in Bihar and Nellore zone for support to TB/Leprosy control is 90, which include 4 Medical Consultants, 6 Zonal TBSupervisors, 22 TB Supervisors, 1 UMDT Coordinator, 2 RA (UMDT), 3 PT, 2 Laboratory Coordinator, 1 LT, 41 Drivers, and 8 Administrative Staff.

The teams visit Primary Health Centres (PHC) and Designated Microscopy Centres (DMC) based on the problems identified during previous visits along with STS and STLS. All health facilities are covered at least once in six months some times more frequently depending on the need. They assist in retrieval of absentees and defaulters, facilitate the trainings and review meetings at district and PHC level. Teams visit sample of cases under treatment to ensure the DOT and treatment regularity. On–the-job guidance to all categories of personnel is done during the visits. Feed back is given to Medical Officer in PHC and District TB Officer (DTO). Teams also ensure that TB control activities were reviewed during monthly meetings at different levels.

Two Laboratory Coordinators are mainly involved in training the Lab staff and in supervision and monitoring of the Sputum Microscopy services. TB coordinator assesses the performance of the teams during monthly zonal review meetings and quarterly review meeting of all teams.

Refer Table 2.4

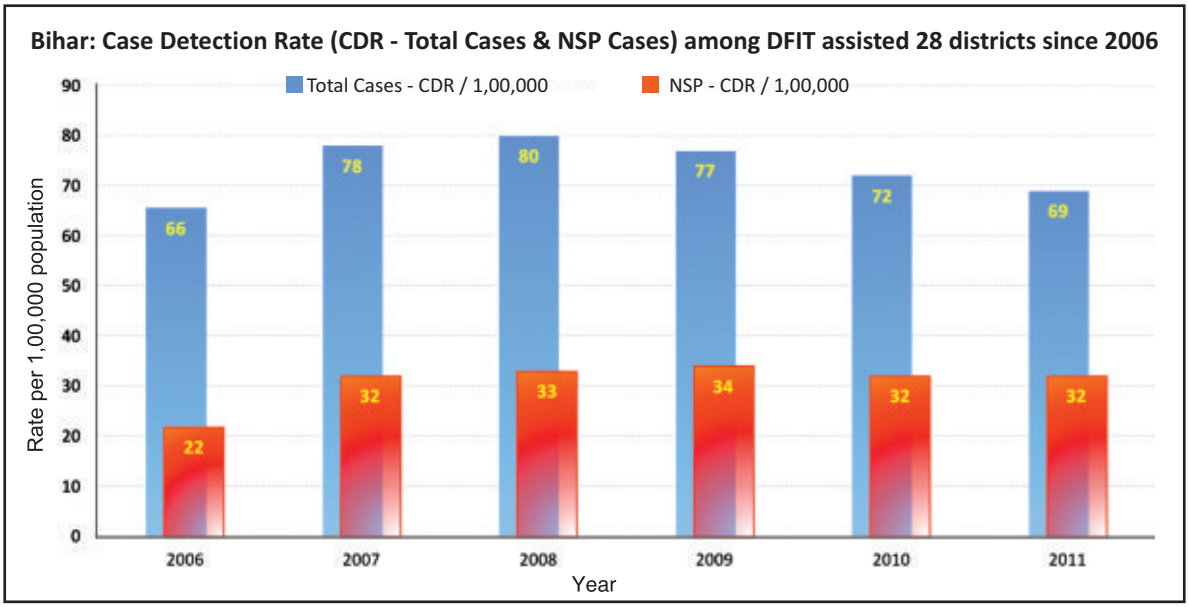


Progress in patient management

Bihar: Health facilities with quality diagnostics was improved from 85% in 2010 to 92% in 2011. Card update at health facility level was improved from 72% in 2010 to 87% in 2011. Wrong categorisation declined from 4% in 2010 to less than 3% in 13 districts in 2011. It could not be achieved in remaining districts due to untrained medical officers and shortage of Cat II medicines. This shortage resulted in prescription of Cat I medicines for retreatment patients.

Timely follow-up of sputum microscopy was improved from 88% in 2010 to 89% in 2011, it was almost achieved in 23 districts; this was due to improvement in microscopy services and better functioning of health workers and ASHA workers. The teams conducted re orientation training of 8087 health staff, 24165 ASHA workers and 838 medical officers in 2011.

Refer Table 2.5



Progress in case notification:

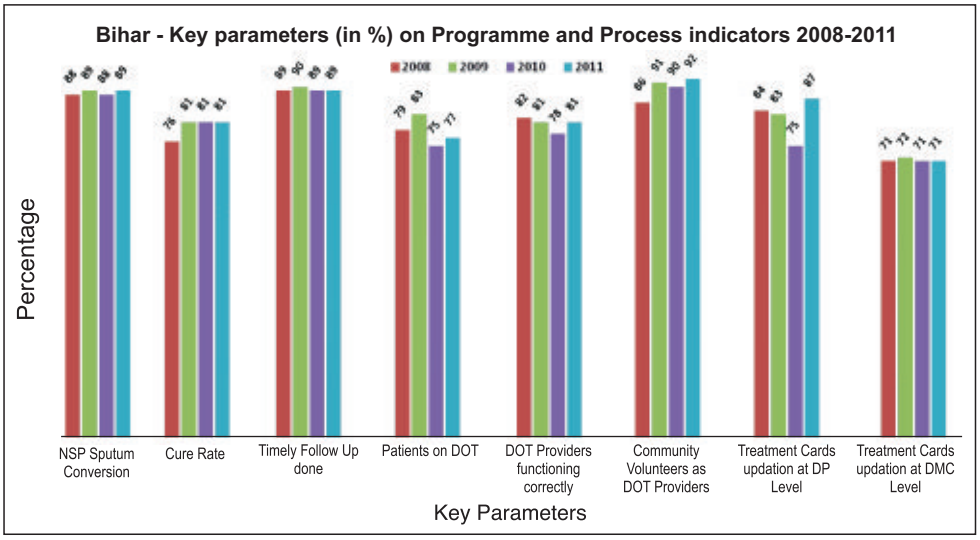
The estimated New Sputum Positive (NSP)TB caseload was 75 per 1,00,000 population. The target for case detection in the National guideline was 70% of estimated cases i.e. 52 per 1,00,000 population.

Bihar: Improvement in NSP case notification was observed. Around 19 districts could achieve more than 32 NSP cases per 1,00,000 population but there was no improvement observed in nine districts. The average NSP case detection rate was 32 per 1,00,000 population in Bihar, one of the main reasons for low case detection could be the deputation of the lab technicians for school health programmes for nearly 10 days a month. General health staff were otherwise occupied for one month during Assembly and Panchayat elections in the State. As per the plan, efforts were made to involve Rural Medical Practioners (RMPs) and General practitioners (GPs) in TB control. Team trained 838 GPs including RMPs in 2011. Teams were involved in various IEC activities during routine field visits. Teams provided information on TB to 68415 people through 27,882 group talks . Awareness on TB was given to 57,763 school children including teachers. With introduction of ASHA the situation has improved and most of the villages benefited from health education as they were a channel for accessing health services in Bihar. During the reporting year 24,165 (70%) of ASHA workers were trained in RNTCP.

Nellore zone: There has been an improvement in total TB and NSP case notification in Nellore zone. It was observed that 76% of the estimated cases were diagnosed in 2011 and there was 1% raise when compared to 2010. Teams disseminated information on TB to 29,049 people through 2160 group talks and to 11,964 school children including teachers. During the reporting year 2334 (16%) of ASHA workers were trained in RNTCP. Teams trained 903 General Practitioners including RMPs in TB control through one to one meetings and continuous medical education.

Refer Table 2.6

Refer Table 2.7



DFIT had provided infrastructure support to improve functioning of health system - Bihar

Placement of Laboratory Technicians: As a stop gap arrangement DFIT provided 25 lab technicians on request from State TB Officer to facilitate smooth functioning of DMCs. Team facilitated reorientation training for 603 lab technicians in 2011.

STS/STLS in Vaishali district: Vaishali district had problem in recruiting supervisory staff (STS and STLS) in RNTCP. On request of STO Bihar and DTO Vaishali DFIT facilitated placement of 5 supervisory staff who took up dual responsibilities (STLS cum STS) from 2008 and this support has been continued.

TB Units under DFIT: DFIT was requested to provide support to TB units in difficult areas. Accordingly two TB Units were supported (by providing a STS and STLS at Bagha-1 TU and Bahadhurganj TB Unit). TB units supported by DFIT had been performing well in both case notification and treatment outcome in 2011.

Reagents: DFIT supplied lab chemicals and materials to DMCs on request from districts for uninterrupted and smooth functioning of labs.

Minor repairs: Lab coordinators visited the DMCs with problems identified by the team and minor repairs of microscopes were done on the spot and maintenance was done in 4 DMCs including repair of washbasin and water supply.

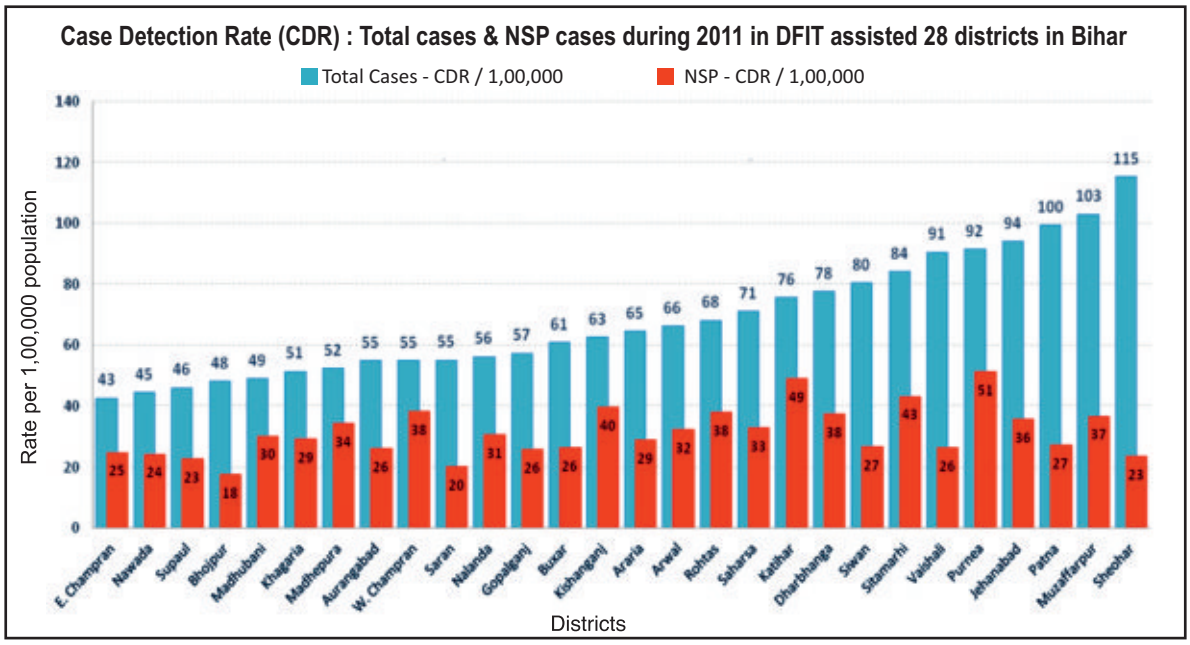
Sputum collection centres: TB suspects and TB patients under treatment for followup sputum examination could not reach DMCs for various reasons, these places were identified and sputum collection centres were made available through community volunteers. About 37 sputum collection centres have been established in different districts (one to two centres each in 23 districts). Some of them were functioning from 2008 and 26 centres were established in 2011.

ASHA workers have been involved in the TB control since 2008. There was a remarkable change observed in DOT supervision. TB patients on DOT was improved from75% in 2010 to 77% in 2011 and it was more than 85% in 3 districts. This was mainly due to improvement in functioning of DOT providers. It was improved from 78% in 2010 to 81% in 2011.

One of the key activities of each team was to retrieve absentees and defaulters from the treatment, teams could retrieve 427 absentees and 101 treatment defaulters in 2011. TB patients tend to default without adequate means for earning livelihood. DFIT provided nutritional supplement to 330 patients. The defaulter level was considerably reduced in all the districts; this was mainly due to more attention being given to NSP cure rate by the TB control programme.

We have achieved a cure rate of more than 85% in 7 districts and around 85% in 6 districts. Our overall success rate was 87%.

Refer Table 2.8



Progress in Patient Management:

Nellore: Health facilities with quality diagnostics improved from 86% in 2010 to 95% in 2011. Reorientation training was given to 181(75%) DMC lab technicians. Patient Card update at health facility level was improved from 62% in 2010 and 75% in 2011. Wrong categorisation declined from 3% in 2010 to less than 1% in 2011.

Timely follow-up of sputum microscopy improved in 3 districts from 81% in 2010 to 90% in 2011, even though timely follow up was done in remaining districts it was not recorded in the cards. Sputum conversion rate was around 90% in all the 6 districts.

The teams carried out re orientation training of 4764 health staff and 2334 ASHA workers in 2011 and facilitated the trainings on TB control of 440 PHC medical officers and 903 RMPs.

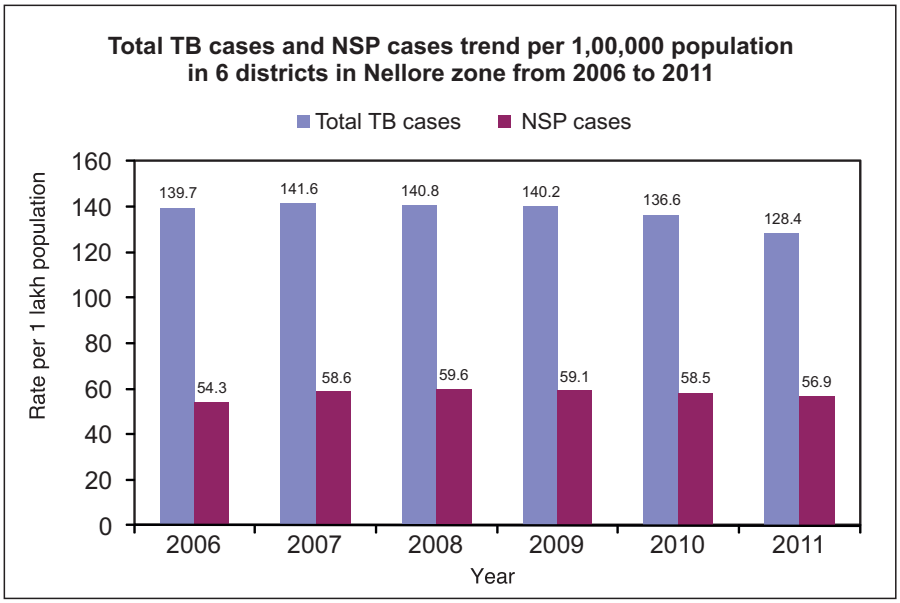
Good involvement of the community was observed in the zone, it was one of the important features of a successful TB control programme in terms of good case notification and cure rate in all the 6 districts.

We could observe an improvement in DOT supervision from 64% in 2010 to 72% in 2011 and two districts had achieved more than 80% and remaining districts had achieved around 70%. There was improvement in functioning of DOT providers from 65% in 2010 to 73% in 2011.

One of the key activities of the team was to retrieve absentees and treatment defaulters. Team could retrieve 779 absentees and 79 treatment defaulters in 2011. TB patients tend to default to treatment without adequate means for earning livelihood. DFIT provided nutritional supplement to 55 patients.

The defaulter level was declined marginally in all the districts; this was mainly due to high priority given by the TB control programme. Management of TB-HIV co infection was improved in all six districts, Screening of TB patients for HIV was improved from 70% in 2010 to 82% in 2011.

We have achieved cure rate of more than 85% in 5 districts and around 85% in 1 district. Our overall success rate was 86%.



Refer Table 2.9

Progress in Programme Management:

Bihar:

Maintaining of buffer drug stock at all the health facility levels is an important aspect in TB control to initiate the treatment at earliest to prevent the delay. Early initiation of treatment will prevent the initial defaulters. At least one month drug stock was maintained in 92% of the health facilities during 2011. There was shortage of Cat II drugs including Streptomycin for one month in the districts and even in the State. Teams provided the assistance in transportation of drugs from districts to TB units and to PHCs. Approximately 4 % (351/8780 cases) of the retreatment cases received Cat I regimen during that period and it was one of the main reasons for increase in the proportion of cases with wrong categorisation. There was improvement in programme review at all levels, monthly review meetings were conducted in all the districts and 58% of the PHCs during 2011. Teams participated and shared their field observations in the meetings. Teams attended all district level review meetings and at 377 PHCs during which reorientation training was given to ANMs and ASHA workers.

Nellore zone:

There were no serious problems in supply of drugs except that there was shortage of Cat II drugs and Streptomycin for 2 months at district level. At least one month buffer stock was maintained at all the levels. Monthly review on TB control had been conducted in all the districts and 99% of the PHCs. Teams participated and shared their field observations in the meetings. Teams attended all the district level meetings and at 250 PHCs.

Progress in MDR TB programme

Bihar:

MDR TB control begins from the prevention of its occurrence. It can be achieved by good case holding mechanism in the programme. Early retrieval of absentees from the treatment is one of the main challenges in the TB control programme. The trend of defaulters among retreatment cases was reduced in 12 districts and there was no increase in the remaining districts. TB patients tend to default to the treatment, as they are unable to tolerate the side-effects of TB drugs. The situation is further aggravated because of inadequate means for earning livelihood. DFIT provided nutrition supplement to 330 TB patients during the treatment and referred those with severe side effects to near by PHCs. Teams could retrieve 427 absentees and 101 defaulters in 2011

Nellore:

There was considerable reduction in defaulters among retreatment cases in 3 districts. Reasons for high defaulters were more or less the same. DFIT provided nutrition supplement to 55 TB patients during the treatment and referred those with severe side effects to near by PHCs. Teams could retrieve 779 absentees and 79 defaulters in 2011.

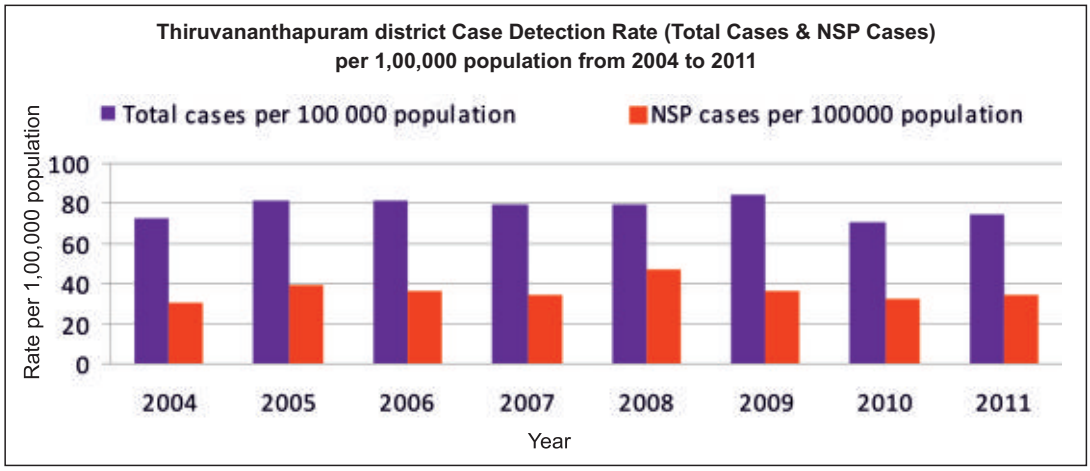
MDR TB in Nellore zone:

Damien TB Research Centre (DTRC) a wing of DFULTC in Nellore was established in 2008. The main objectives of DTRC are diagnosis and management of MDR TB and TB research. The lab is accredited for the diagnosis of MDR TB. It has facilities for the diagnosis of drug resistant TB through solid culture (L J media) and Line Probe Assay (molecular method). Govt of Andhra Pradesh recognised and requested this project to support MDR TB control programme in 6 districts covering a population of 19 million. It is the first NGO project to have both diagnostic and management facilities for MDR TB in the country. The whole cost for the diagnosis and treatment was borne by DFIT till the end of 2011 and programme was restricted to Nellore district in Nellore zone and initiated treatment for 60 MDR TB patients.

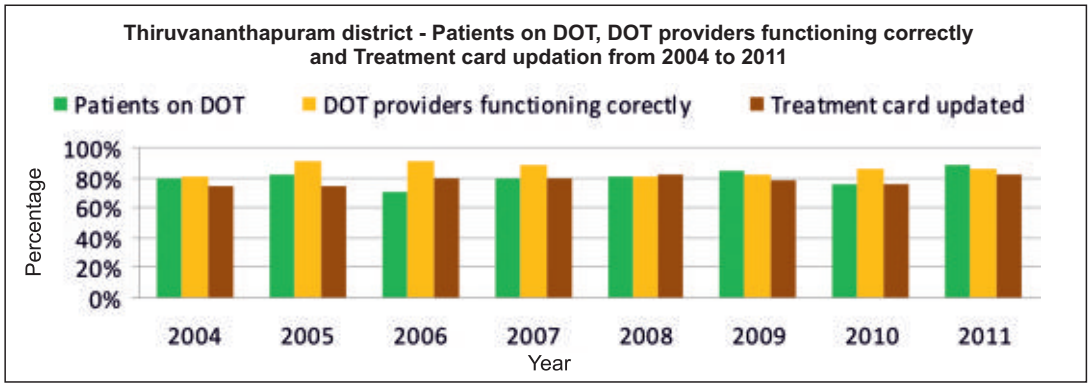
The MDR TB control programme was supposed to be implemented in the entire Nellore zone by the end of the first quarter 2011 but there was delay in the whole implementation process. Training of key staff, health staff of various cadres and appraisal of districts was completed only in August 2011 and again there were changes in the protocol for the diagnosis of MDR TB. One major change that occurred in the diagnosis of MDR TB was the use of molecular techniques, which helped to prevent unnecessary delay. Another change was in the inclusion criteria for suspects screening, programme decided to include all re treatment sputum positive cases, follow up sputum positives and sputum positive contacts of MDR TB cases. The number of suspects expected was raised ten times when compared to previous criteria (only Failures of NSP, Re treatment cases and sputum positive contacts of MDR TB cases). The lab at Nellore was accredited for molecular techniques in Feb 2012. As per the MoU, the project in Nellore will be delivering its services to 6 districts from March 2012.

For the list of activities refer to Table 2.8

Damien Foundation has been supporting the 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. In 2011, 47,721 suspects were examined and the district registered 2615 TB cases of all types (NSP: 1201).



Refer Table 2.10



Refer Table 2.11

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. 88% of the patients visited were on DOT and 86% of the DOT providers visited were found to be functioning correctly.

Disability Prevention & Medical Rehabilitation (DPMR)

"Identify", "train", "support" and "integrate" are the main principles of prevention of disability.

DFIT projects are assisting the POD programme in 10 districts in Tamil Nadu, 3 districts in Andhra Pradesh, 1 district in Kerala and 8 districts in Jharkhand.

Disability Prevention and Medical Rehabilitation (DPMR) is a renewed approach to manage persons affected by leprosy with disabilities through the general health system in an integrated health setup. DFIT supported projects have been involved either directly or indirectly in providing DPMR services to persons affected by leprosy.

The population groups covered ranged from hundred thousand to the whole district or a cluster of districts. The services provided ranged from managing reactions to preventing disability among patients reporting to the centres. Thus helping or empowering persons affected with leprosy related disability to lead a respectable life through self-help, self- care and assisted care including livelihood enhancement. The manpower involved was either one person for the whole district or one for two or more districts.

The strategy followed was simple. Non Governmental Organisation collaborated with one or more districts and assisted the district nucleus team in planning, implementing, supervision and monitoring of POD activities. Key staff within the district were identified, trained and guided frequently by the NGO project in implementing the

POD programme. General health staff were trained to update the existing list of persons affected by leprosy with disabilities. POD camps were arranged at the block level or PHC level to train the health staff with practical demonstration on self care.

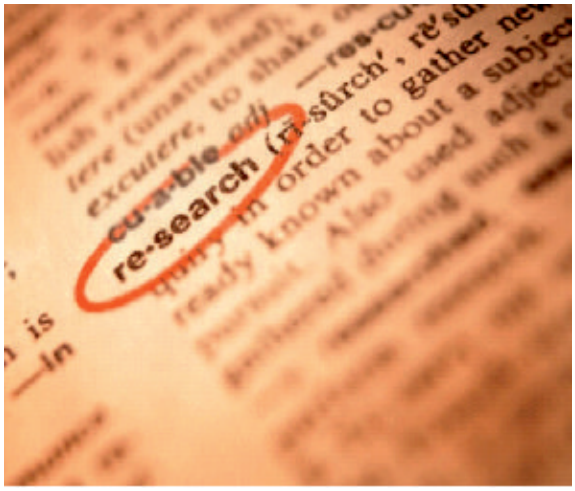
There has been a progressive improvement observed in practicing self care by the persons affected in initial years. The outcome remains unchanged when compared to previous years. The problem or rather the challenge is the restricted reach of the target population because of the limited number of DFIT field staff who are unable to reach all the Government workers and through them all the affected persons. It is also difficult to get a reasonably good insight into the progress in implementation with limited manpower. The question is how can DFIT render the intervention tangible and yet reach larger number of persons affected. This would be possible by aligning DFIT with civil society, either NGOs or leprosy affected peoples' associations. This new strategy is being tested in Krishnagiri district of Tamil Nadu and it is coordinated by the Salem project. It has identified four NGOs engaged in various development activities and trained them in monitoring disability cases and livelihood support. Based on the outcome, it can be replicated in other districts supported by DFIT. The results will be available by the end of 2012.

The strategy which was experimented in one NGO project in 2008 has been successful and is now being implemented in 22 districts (4 States) through seven projects. The total number of persons with disability covered in these districts was 10,155 and DPMR care was extended through the general health staff.

As part of the ILEP support, technical assistance is provided to the State in establishing DPMR services in all the 28 districts in Bihar. Training of the District Nucleus has been completed in 38 districts. Similarly, training for the Physio-technicians and Laboratory technicians has been completed. Training of the General health staff has been carried out in 12 districts. A total of 104 out of 149 PHCs have been covered for DPMR training. Totally 2354 ANMs out of 3240, 844 other staff and 400 persons affected by leprosy have been trained in prevention of disability.

Field trial on Uniform MDT (UMDT) for all types of leprosy is a multi-centre trial by the World Health Organization (WHO).

Damien Foundation India Trust as one of the participating centres has recruited 1070 newly detected leprosy patients in the study area (Gaya and Rohtas districts) from 2005 to 2007. In the control area (Nalanda district) 918 newly detected leprosy patients have been included in the study. The patients have shown no signs of deterioration or relapse in either of the groups. Follow up of these patients will be done for eight years.



Among 1070 leprosy patients enrolled in the study area 926 (86.5%) completed treatment and it was 786 (85.6%) out of 918 in the control area. Reason for dropout was temporary migration during treatment.

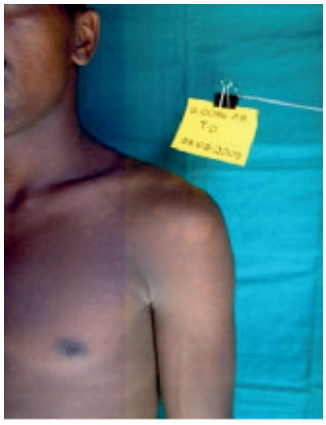
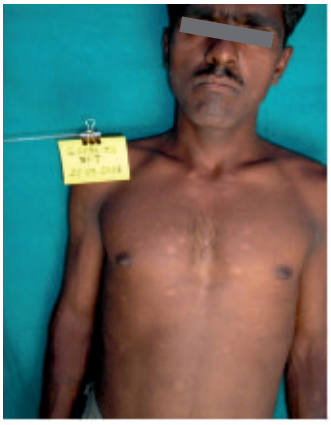
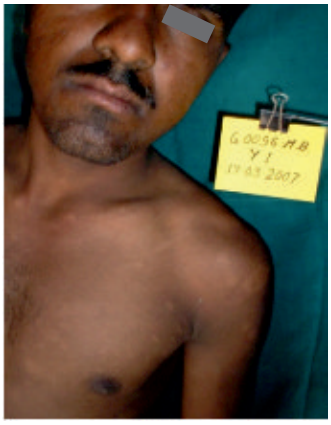
For reactions data refer to Table 4.4

Annual follow-up assessments: 2011

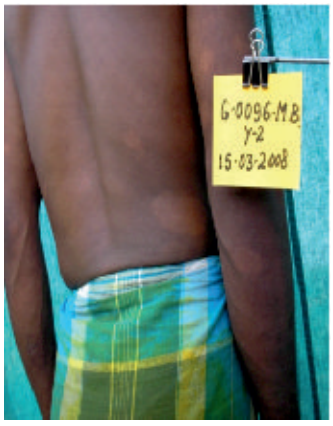
No relapse has been reported in either group during 3922 person years of follow up in the study group and 3313 person years in the Control group. Lepra reaction was observed in 7.3% of patients during first year of follow up in the study group and it was 2.6% in the control group. Majority of lepra reactions were observed during the first year of follow up (42.8% in study group and 18.4% in control group).

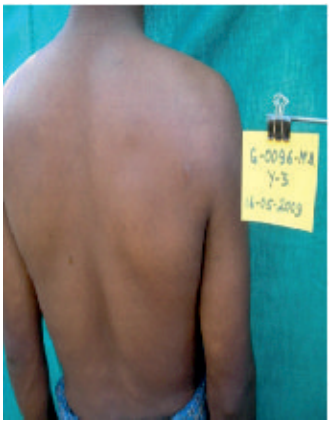
For details refer Tables 4.1 to 4.3

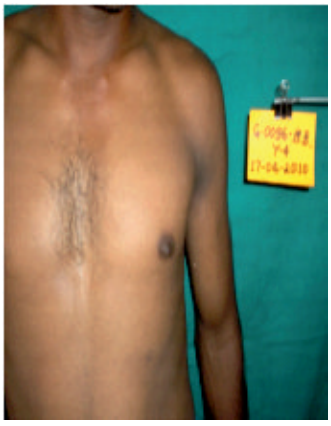
Deewakar Yadav (name changed) is a 30 year old male who had completed the course of UMDT in March 2006. He presented with raised skin lesions soon after completion of treatment and was managed with steroids. He responded very well and stopped steroids after 16 weeks but six months later he came with the same complaints and was restarted on another course of steroids. The lesions disappeared after the full course of steroids. He has been examined every year since 2007 and there were no recurrence thereafter.

Photographs of the patient over the trial period







Sputum Microscopy

DFIT supported NGO projects which screened sputum samples of 15,237 respiratory symptomatic, of which 2090 (13.7%) were found to be positive for AFB. The positivity ranges from 3.8 % in Ambalamoola to 23.9 % in Nagepalli.

Additional 15 (5.9%) sputum positives were reported from 252 repeated sputum smear examinations.

Among (7290) follow up sputum examinations 813 (11.2%) were reported to be positive. The range is 5.4 % in Fathimanagar to 16.8 % in Trivandrum.

Refer Table 6.1

Trend of Sputum Positivity
A comparison between 2010 and 2011

Year	Sputum Exam	Suspects		Follow up		Total
		No	%	No	%	
2010	Low Positive (Scanty & 1+)	803	35	592	74	1395
	High Positive (2+ & 3+)	1470	65	210	26	1680
Total		2273	100	802	100	3075
2011	Low Positive (Scanty & 1+)	769	37	570	70	1339
	High Positive (2+ & 3+)	1310	63	243	30	1553
Total		2079	100	813	100	2892

Socio-Economic Rehabilitation
"Livelihood Enhancement Program" (LEP)

Although DFIT has been supporting rehabilitation on a limited scale, it has now been given renewed focus and augmented attention. DFIT has taken up new initiatives which directly support the needs of the economically disadvantaged and leprosy disabled persons in the form of livestock support, self employment, house repair, and educational support. Another initiative is to support TB patients with food grains during the course of treatment as part of nutritional supplement.

Persons affected with leprosy and living with disabilities are selected and their needs identified. Support is linked to their requirements and is decided after mutual consultation.

Initially the program was started in selected projects and later extended to all the projects based on needs. This was offered under the name of "Livelihood Enhancement Program" (LEP).

Livestock support

The program has been implemented in 12 projects supported by DFIT. It is heartening to note that this small help brings a sea change in the lives of the persons affected by leprosy and TB.

In 2011, 134 persons were supported for Livestock, 14 for renovation of houses, 87under self employment, 15 under educational support and 34 patients for nutritional food. In all, 284 people were offered Livelihood support.

Since 2007, DFIT has supported 464 persons (Livestock 176, Self Employment 62, House Repair 46, Educational support to children of Leprosy Patients 30, and food grain support for TB patients 150). Projects constructed 8 houses each for the leprosy affected persons and their families in Salem and Fathimanagar.

The expenditure made so far from the start of the program in Oct 2007 is around 3.6 Million Indian rupees.

Petty shop support

Chantier Damien

Chantier Damien is a group of volunteers from Belgium who support the infrastructure needs of public health activities across the world. Chantier Damien is part of Damien Foundation Belgium. The group is formed by individuals from different walks of life with the aim of supporting the Leprosy and Tuberculosis 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 construction activities for 15 to 20 days. So far, Chantier Damien has constructed Primary Health Centres,

Laboratories hospitals and patients houses. Their work is unique, in that they not only contribute funds but also offer their skills and time for manual work. This has become a regular feature and has now been going on for sixteen years.

Activities by Chantier Damien in 2011

- Construction of Designated Microscopy Centre in Motipur, Bihar.
- Renovation of 32 leprosy patients houses in Marjaduwa Leprosy Colony, Bihar
- Construction of Kitchen cum Dining Hall for inmates of Anandapuram Home, Polambakkam
- Construction of Female ward for inmates in Anandapuram Home, Polambakkam

In an effort to strengthen DFIT's work in India, we are currently trying to put together a volunteer base. We hope to use the time and skills of our volunteers across numerous activities.

Princess of Belgium visits DFIT Project in Delhi

Her Majesty Princess Astrid of Belgium visited the activities of DFIT in Delhi from 16th to 19th January 2011. She went round the facilities at the project and interacted with persons affected by leprosy, Tuberculosis and evinced keen interest in the activities. She was pleased with what was being done in the project and appreciated the services provided there.

Continuing Medical Education (CME) to Undergraduate and Post graduate medical students, faculty, General Practitioners

Damien Foundation has several programmes aimed at updating the knowledge and up scaling the skills of Medical professionals of all categories. For undergraduate students there is the endowment examination restricted to final year undergraduate medical students affiliated to Dr. MGR Medical University & Sri Ramachandra Medical University in Tamil Nadu. It consists of theory examination followed by Objective structured practical examination (OSPE) format. In 2011 a total of 202 students took the examination and 30 of them were selected for practical examination. Mr. Anuj Singh from Coimbatore Medical College and Ms. Shruthi from Sri Ramachandra Medical University were selected as best students and awarded the gold medal.

Another programme that is regularly conducted is the Seminar on leprosy for Postgraduate medical students. This was conducted on 25th August'11 at Sri Ramachandra Medical College in Porur, Chennai.

Partnership with Government

A MoU has been signed with the Government of Bihar to establish an Intermediate Reference Laboratory (IRL) -MDR TB Lab in Dharbanga district.

For a list of all activities refer to Tables 5.1 to 5.3

Total fund allocation by DFB for the year was 103.3 Million rupees out of this DGD (Directorate General for Development, Government of Belgium) provided 67.5 Million rupees for supporting the activities in Bihar, Nellore and Delhi. The expenditure was broadly under three heads: sponsored projects, directly run projects, Government support programs. Ten NGO projects received funds for providing Leprosy and TB services in Tamil Nadu, Andhra Pradesh, Kerala, Karnataka, Maharastra and Bihar. DFIT's own projects are located in Nellore, Delhi and Polambakkam. DFIT has established an MDR lab at Nellore. Delhi was recognized as a chest clinic and the hospital was upgraded with X-ray facilities. Polambakkam project has in-patient facilities and supports DPMR field activities in Kancheepuram district. As part of direct support to the Government in Bihar and Bangalore, DFIT provided salary support to a few program staff working as Lab Technicians, TB Heath Visitors, Data Entry operator, and microbiologist. Indirect support was given by deploying teams in Bihar, Kerala and Andhra Pradesh for technical support to the TB and DPMR programmes. Chantier Damien continued their support by providing 3.7 Million rupees and actively participated in the construction of Leprosy & TB buildings in Tamil Nadu and Bihar.

Source	Income (INR)
Contribution from Damien Foundation Belgium	4,08,37,092.92
Contribution from DGD	7,01,32,757.94
Contribution from Chantiers	42,43,447.11
Interest received on Fixed Deposit / Savings A/c	9,39,862.00
Share from ILEP Agencies	5,49,500.00
Sale of Old Vehicles/Inventories	39,73,177.00
Misc.(Op.Bal/interest/Recoveries)	10,52,660.00
Opening Balance (2011)	45,73,583.61
Total	**12,63,02,080.58**

Activity	Expenditure (INR)
Donation to NGO Projects (Leprosy & TB)	2,28,79,420.00
Nellore, Delhi and Support to Government	4,97,83,157.00
Own project - Polambakkam	14,52,089.00
State level support to Leprosy – ILEP (Karnataka/Tamil Nadu/Bihar)	9,68,124.00
Support to Govt TB control program (National/Karnataka)	14,68,884.00
Chantier Damien	29,85,580.00
Research (UMDT)	14,44,204.00
DFIT Office, Field activities , GOI Technical support and POD Surgeries	1,44,24,833.01
DFIT Fund Raising	1,65,638.00
DFIT LEP activities	25,17,405.00
DFIT Misc Expenses	25,34,762.75
Closing Balance (2011)	2,56,77,983.82
Total	**12,63,02,080.58**

foundation India Trust damien

Damien Foundation India Trust now has a website where we update information on all the activities that we do across the country.

We are also now present on social media like Facebook and Twitter.

Do connect with us on these places so that we can keep the conversation going.

WWW http://damienfoundation.in/

http://www.facebook.com/DamienDFIT

https://twitter.com/damiendfit

When deformities do not deter

Madru (name changed) is the eldest among three children and lives in a village in Bihar. He had to drop out of school when he was in 6th standard because of poor financial condition. AT the age of 15 he began learning tailoring and this skill became a source of income for the family.

Around this time he discovered a patch in his left arm and consulted a doctor who specialised in country medicines. He took some herbal medicines and this worsened his condition. When Damien Foundation India Trust (DFIT) conducted an awareness programme on signs and symptoms of leprosy, he realised what his condition was. On learning that he had leprosy, he was asked to leave his job.

By now Madru's leprosy had progressed and his fingers became bent. He felt that his dreams of a better future were now over. But he decided to visit DFIT to see if he could be helped. At the centre his treatment was started and his condition began to improve.

Once his health was better, DIFT team counselled him and assisted him with livelihood support. Since he was trained as a tailor, a sewing machine was given to him and he started working from home. Business was slow in the beginning, but with time, things improved and he began to get orders from bigger shops. He was finally making a living and happy with his life.

He today practises self-care for his hand and feet and everyone around have accepted him. Madru remains grateful for getting help from DFIT.

How you can help us?

Join Us

Do you share the dream of a Leprosy and TB free India? Together we can help persons affected by Leprosy and TB live a life of dignity.

You can help us by providing care and rehabilitation of persons affected by Leprosy and TB.

Donate Now

Your contribution will be utilised for

- Providing livelihood and self-employment opportunities for those affected by Leprosy or TB
- Surgery for deformity correction for those affected by Leprosy
- Education of the children of the Leprosy affected
- Providing nutritional supplement for TB patients during treatment
- Providing special footwear for the leprosy affected
- Providing shelter/ housing for those affected by Leprosy and TB

foundation India Trust damien

Date _____

☐ YES, I want to provide for care and rehabilitation of persons affected by Leprosy and TB. I am enclosing my cheque No._____ drawn on_____ in favour of "**Damien Foundation India Trust**".

Full name: _____

Address: _____

_____

Email: _____

Phone Number: _____

- ☐ Providing livelihood and self-employment opportunities for those affected by Leprosy or TB: **Rs. 15000 per person**
- ☐ Surgery for deformity correction for those affected by Leprosy: **Rs. 7000**
- ☐ Education of children of the Leprosy affected: **Rs. 3000 per year**
- ☐ Nutritional supplement for one TB patient: **Rs. 500 per month**
- ☐ Footwear for the Leprosy affected: **Rs. 300 per person**
- ☐ General donation (any amount of choice)

Mail your cheques to:

Damien Foundation India Trust
No. 14, Venugopal Avenue, Spur Tank Road,
Chetpet, Chennai 600031
Phone : 044-2836 2367

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
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
CDR	Case Detection Rate
C & DST	Culture & Drug Sensitivity Test
CME	Continuing Medical Education
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
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)
HIV	Human Immune deficiency Virus
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
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
MOU	Memorandum of Understanding
NGO	Non Governmental Organisation
NLEP	National Leprosy Eradication Programme
NSP	New Sputum Positive case (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
OPD	Out Patient Department
OSPE	Objective Structured Practical Examination
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
POD	Prevention Of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability
PT	Physio-Therapist
RA	Research Assistant
RMP	Registered Medical Practitioner; Rural Medical Practitioner
RNTCP	Revised National TB Control Programme
RCS	Re-Constructive Surgery
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
TRC	Tuberculosis Research Centre, Chennai
UMDT	Uniform Multi Drug Treatment
WHO	World Health Organisation

Table 1.1

NGO Projects supported by DFIT- Activity Report - 2011									
Details	**Ambalamoola**			**Amda**			**Arisipalayam**		
	2009	**2010**	**2011**	**2009**	**2010**	**2011**	**2009**	**2010**	**2011**
Out patients treated	5485	6709	4304	889	1407	983	7563	8831	9986
Leprosy:									
Leprosy cases diagnosed and referred (MB+PB)	3 (MB:1)	3 (MB: 1)	6 (MB: 4)	3 (1MB:1)	36 (MB: 18)	34 (MB:16)	56 (MB:42)	46 (MB: 27)	34 (MB: 30)
Reaction cases managed	1	0	2	22	20	17	16	25	28
RCS done	0	0	0	27	27	15	6	21	6
Inpatients managed	1	3	2	24	21	25	539	206	120
LEP beneficiaries	15	12	13	46	10	53	110	16	156
MCR foot wear given	0	0	12	30	53	638	30	947	526
Tuberculosis:				NA	NA	NA			
Suspects examined	131	170	159				7547	7401	7661
TB cases treated (all types)	23	16	11				652	582	577
New Sputum Positive cases treated	9	8	5				232	227	220
Cure rate	100%	100%	88%				87%	81%	85%
Re treatment cases treated	2	3	2				90	75	104
Cure rate	50%	50%	0%				35%	48%	52%
Inpatients managed	15	13	1				15	17	18
MDR cases on treatment	0	0	0				0	0	1
TB cases given nutritional supplement	20	3	44				206	169	941
Total budget	Rs. 435 644	RS.476 064	Rs. 500 000	Rs. 1 728 186	RS.216 281 0	Rs.205 241 0	Rs. 3 113 335	RS.310 833 5	RS.310 833 5
Local contribution	Rs. 916 500	Rs. 916 500	Rs. 916 500	Rs. 100 000	Rs. 100 000	Rs. 100 000			

Table 1.2

NGO Projects supported by DFIT- Activity Report - 2011									
Details	**Aundipatty**			**Chilakalapalli**			**Delhi**		
	2009	**2010**	**2011**	**2009**	**2010**	**2011**	**2009**	**2010**	**2011**
Out patients treated	9875	10168	15688	681	789	856		18043	16577
Leprosy:									
Leprosy cases diagnosed and referred (MB+PB)	20 (MB: 6)	29 (MB: 18)	14 (MB: 8)	7 (MB: 3)	11 (MB: 5)	7 (MB: 5)	14 (MB: 3)	8 (MB: 5)	12 (MB:5)
Reaction cases managed	2	4	0	2	4	4	0	13	0
RCS done	0	0	0	11	23	21	1	0	0
Inpatients managed	86	98	64	48	147	143	NA	NA	NA
LEP beneficiaries	10	0	5	23	23	38	10	0	42
MCR foot wear given	12	10	30	456	679	715	10	0	1
Tuberculosis:				NA	NA	NA			
Suspects examined	583	710	698				7326	7570	7713
TB cases treated (all types)	88	38	31				2472	2479	2595
New Sputum Positive cases treated	22	23	21				834	806	767
Cure rate	85%	85%	85%				89	89%	92%
Re treatment cases treated	12	6	8				439	620	698
Cure rate	40%	45%	48%				58	77%	79%
Inpatients managed	5	156	170				NA	NA	NA
MDR cases on treatment	0	0	0				16	37	27
TB cases given nutritional supplement	16	7	170				25	30	26
Total budget	Rs. 562 400	RS.542 430	Rs. 300 000	Rs. 907 464	Rs. 976 199	Rs. 135 070 0	Rs. 7 160 466	RS.744 300 0	Rs. 105 953 61
Local contribution	0	0	Rs. 5000	Rs. 563 36	Rs. 528 60	Rs. 147 278	0	0	Rs. 2000

Table 1.3

NGO Projects supported by DFIT - Activity Report - 2011									
Details	**Fathimanagar**			**Kavali**			**Nagepalli**		
	2009	**2010**	**2011**	**2009**	**2010**	**2011**	**2009**	**2010**	**2011**
Out patients treated	5655	4625	4067	2250	1726	1047	16389	17843	19372
Leprosy:									
Leprosy cases diagnosed and referred (MB+PB)	48 (MB: 30)	44 (MB: 32)	30 (MB:18)	9 (MB: 9)	7 (MB: 2)	7 (MB: 5)	24 (MB: 7)	20 (MB: 8)	25 (MB: 13)
Reaction cases managed	58	70	67	0	1	0	58	3	1
RCS done	35	21	45	0	0	0	35	0	0
Inpatients managed	707	474	468	0	0	0	13	21	29
LEP beneficiaries	22	20	0	7	0	0	8	6	6
MCR foot wear given	566	605	513	2	5	0	110	61	63
Tuberculosis:									
Suspects examined	1118	1480	1724	1447	1821		1420	1221	1305
TB cases treated (all types)	57	36	15	568	557	608	86	141	204
New Sputum Positive cases treated	7	12	5	247	269	290	49	75	119
Cure rate	95%	100%	39%	91%	80%	87%	83%	92%	71%
Re treatment cases treated	8	9	5	99	119	91	12	26	29
Cure rate	32%	75%	83%	48%	55%	68%	82%	83%	80%
Inpatients managed	46	14	22	0	61	0	65	60	37
MDR cases on treatment	0	0	0	0	0	0	0	0	0
TB cases given nutritional supplement	10	10	14	10	0	0	10	10	8
Total budget	Rs. 3 369 609	RS.312 720 9	Rs. 336 300 0	Rs. 1 899 259	RS.187 945 9	Rs. 837 209	Rs.150 977	Rs.154 649 2	Rs. 142 630 0
Local contribution	Rs. 136 880	Rs. 154 740	Rs. 196 200	Nil	Nil	Nil	Rs. 267 33	Rs. 206 25	Rs. 441 40

Table 1.4

NGO Projects supported by DFIT - Activity Report - 2011									
Details	**Nellore**			**Pavagada**			**Thiruvananthapuram**		
	2009	**2010**	**2011**	**2009**	**2010**	**2011**	**2009**	**2010**	**2011**
Out patients treated	5521	4536	5139	4367	5833	6142	442	468	477
Leprosy:									
Leprosy cases diagnosed and referred (MB+PB)	16 (MB: 9)	18 (MB: 11)	27 (MB: 21)	51 (MB: 28)	11 (MB: 5)	21 (MB: 13)	51 (MB: 28)	9 (MB:9)	6 (MB: 4)
Reaction cases managed	47	46	57	3	1	4	3	6	7
RCS done	36	22	47	27	26	45	0	0	6
Inpatients managed	86	168	181	117	92	144	123	111	126
LEP beneficiaries	14	6	30	21	13	0	25	25	50
MCR foot wear given	64	110	13	40	32	50	232	156	122
Tuberculosis:									
Suspects examined	1009	424	587	7219	6700	7977	151	690	294
TB cases treated (all types)	216	213	190	638	577	518	12	48	20
New Sputum Positive cases treated	90	92	63	309	284	265	4	22	11
Cure rate	84%	80%	74%	79%	80%	84%	85%	100%	100%
Re treatment cases treated	39	39	65	123	109	103	3	6	5
Cure rate	53%	50%	36%	47%	36%	50%	57%	55%	50%
Inpatients managed	16	36 (Including MDR)	71	17	17	12	47	25	38
MDR cases on treatment	8	23	23	0	0	1	0	0	28
TB cases given nutritional supplement	10	11	12	20	35	107	20	0	10
Total budget	Rs. 104 791 92	Rs. 903 058 6	Rs. 123 811 66	Rs. 1 688 204	RS.202 820 4	Rs. 170 812 6	Rs. 169 368 6	Rs. 158 278 5	Rs. 178 196 5
Local contribution	0	0	Rs. 6000	Rs. 530 000	Rs. 530 000	Rs. 530 000	Rs.100 000	Rs. 100 000	Rs. 125 000

Table 1.5
Culture results for MDR-TB suspects compared to sputum smear microscopy (2011)

Culture results	Sputum positive results for AFB		Sputum negative results for AFB		Grand total	
	No	%	No	%	No	%
Positive	314	82.6	18	5.35	332	46.3
Negative	47	12.4	308	91.6	355	49.6
Contamination	19	5.0	10	2.9	29	4.1
NTM	0	0	0	0	0	0
Total	380	100	336	100	716	100

Table 1.6
Culture results for MDR TB follow up compared to sputum smear microscopy (2011)

Culture results	Sputum positive results for AFB		Sputum negative results for AFB		Grand total	
	No	%	No	%	No	%
Positive	36	47.36	9	5.1	45	17.85
Negative	39	51.3	165	93.7	204	80.95
Contamination	1	1.3	2	1.1	3	1.19
NTM	0	0	0	0	0	0
Total	76	100	176	100	252	100

Table 1.7

DST results

Year	Susceptible to SHRE	MDR	Only H resistant	Only R resistant	Poly & Mono resistant	Others	Total DST
2010	23	34	5	0	11	0	73
2011	183	41	15	3	71	30	343

The DST results-2011 shows 183 (55.1 %) positive culture was susceptible to routine TB drugs and 41 (12.3%) was MDR TB

National Tuberculosis Institute, Bangalore, carried out proficiency test for LPA (Line Probe Assay) and DTRC achieved 100 % in Internal and External concordance.

Table 2.1

DFIT- Chest Clinic New Delhi Chart showing case detection rate (Total Case & NSP)		
Year	**Total cases - CDR / 100000**	**NSP - CDR / 100000**
2006	84.2	33.7
2007	89.1	29
2008	101.5	36
2009	108.7	36.6
2010	109	35.4
2011	113.2	33.7

Table 2.2

DFIT- Chest Clinic New Delhi Key Parameters on Programme & Process Indicators				
RNTCP Key Parameters	**2008**	**2009**	**2010**	**2011**
NSP Sputum conversion	89.50%	89.80%	92.90%	89%
Cure Rate	88%	86%	90%	92%
Timely Follow up done	89.50%	89.80%	92.90%	89%
Patients on DOT	100%	100%	100%	100%
DOT Provider functioning correctly	70%	75%	78%	80%
Community Volunteers as DOT Providers	20.70%	25.50%	26.70%	45.10%
Treatment cards updation at DP level	100%	100%	100%	100%
Treatment cards updation at DMC level	100%	100%	100%	100%

Table 2.3

AP districts-Key parameter on Programme and Process indicators since 2008

RNTCP Key Parameters	2008	2009	2010	2011
NSP Sputum conversion	90%	91%	90%	90%
Cure Rate	85%	85%	85%	86%
Timely Follow up done	89%	90%	89%	89%
Patients on DOT	81%	79%	72%	75%
DOT Provider functioning correctly	80%	76%	71%	76%
Community Volunteers as DOT Providers	86%	91%	90%	92%
Treatment cards updation at DP level	81%	79%	78%	80%
Treatment cards updation at DMC level	70%	75%	70%	75%
Patient Supervised by GHS	67%	72%	79%	76%

Table 2.4

AP Districts Total and NSP CDR in 2011

District	Total cases - CDR / 100000	NSP - CDR / 100000
Anantpur	131	60
Chithoor	114	53
Kadapa	140	52
Kurnool	142	55
Nellore	131	58
Pragasam	132	61

Table 2.5

Bihar: Case Detection Rate (CDR - Total Cases & NSP Cases) among DFIT assisted 28 districts since 2006

Districts	2006		2007		2008		2009		2010		2011	
	Total	NSP	Total	NSP	Total	NSP	Total	NSP	Total	NSP	Total	NSP
Dharbhanga	74	28	78	31	84	34	76	32	70	30	78	38
Madhubani	48	19	50	28	63	34	63	37	58	37	49	30
Sitamarhi	77	21	81	38	89	44	89	46	87	43	84	43
Sheohar	45	13	71	18	78	26	85	33	120	31	115	23
Siwan	43	11	82	25	107	40	102	47	90	33	80	27
Gopalganj	50	13	98	35	93	37	93	46	62	29	57	26
Saran	41	15	57	28	54	20	54	23	52	21	55	20
Vaishali	121	28	112	31	100	26	99	29	97	25	91	26
W. Champran	39	17	52	22	65	33	72	45	64	44	55	38
E. Champran	46	14	55	21	62	29	52	28	45	23	43	25
Muzaffarpur	111	40	130	43	133	38	124	37	110	36	103	37
Purnea	76	24	94	41	102	48	105	57	104	52	92	51
Katihar	77	35	92	48	85	51	78	48	82	50	76	49
Kishanganj	30	13	60	31	80	47	76	39	72	41	63	40
Araria	58	22	72	30	62	25	58	25	65	29	65	29
Madhepura	53	21	63	33	44	26	50	27	57	33	52	34
Khagaria	31	12	57	27	58	27	65	36	55	32	51	29
Saharsa	76	30	67	25	76	24	90	37	74	34	71	33
Supaul	40	11	52	19	39	13	41	16	51	20	46	23
Nalanda	49	10	71	33	67	31	62	29	60	32	56	31
Jehanabad	66	21	87	36	114	45	102	39	87	34	94	36
Arwal	56	16	98	36	82	36	76	35	68	31	66	32
Nawada	45	19	53	30	51	26	51	27	51	26	45	24
Rohtas	46	19	75	31	67	31	63	33	58	35	68	38
Aurangabad	70	22	30	38	74	32	58	28	54	25	55	26
Patna	130	39	138	50	130	39	117	33	104	32	100	27
Bhojpur	49	17	48	18	41	15	44	15	50	19	48	18
Buxar	54	19	66	21	60	21	53	20	51	21	61	26
Bihar (28 districts assisted by DFIT)	66	22	78	32	80	33	77	34	72	32	69	32

Table 2.6

Training and Awareness on TB – Activities 2011	Bihar (28 districts)	Andhra Pradesh (6 districts)
Awareness programmes		
Group talks (members)	27882	2160
School awareness programme (members)	166 (57763)	82 (11964)
Patient –DOT provider meetings (members))	1074 (4377)	95 (1252)
Training programmes		
Medical officers	838	440
Lab technicians	603	181
ANMs	8087	4764
ASHA workers	24165	2334
General practitioners and RMPs	838	903
Review meetings		
District level	156	86
PHC level	377	250
Retrieval action		
Absentee retrieval	427	779
Defaulter retrieval	101	79
Accompanied visits with health staff	2393	1131

Table 2.7

Bihar District
Key parameter on Programme and Process indicators since 2008

RNTCP Key Parameters	2008	2009	2010	2011
NSP Sputum Conversion	88%	89%	88%	89%
Cure Rate	76%	81%	81%	81%
Timely Follow Up done	89%	90%	89%	89%
Patients on DOT	79%	83%	75%	77%
DOT Providers functioning correctly	82%	81%	78%	81%
Community Volunteers as DOT Providers	86%	91%	90%	92%
Treatment Cards updation at DP Level	84%	83%	75%	87%
Treatment Cards updation at DMC Level	71%	72%	71%	71%

Table 2.8

Bihar Chart showing Case Detection Rate (CDR) :
Total cases & NSP cases during 2011 in 28 districts

Districts	Total Cases	NSP Cases	Districts	Total Cases	NSP Cases
E. Champran	43	25	Araria	65	29
Nawada	45	24	Arwal	66	32
Supaul	46	23	Rohtas	68	38
Bhojpur	48	18	Saharsa	71	33
Madhubani	49	30	Katihar	76	49
Khagaria	51	29	Dharbhanga	78	38
Madhepura	52	34	Siwan	80	27
Aurangabad	55	26	Sitamarhi	84	43
W. Champran	55	38	Vaishali	91	26
Saran	55	20	Purnea	92	51
Nalanda	56	31	Jehanabad	94	36
Gopalganj	57	26	Patna	100	27
Buxar	61	26	Muzaffarpur	103	37
Kishanganj	63	40	Sheohar	115	23

Table 2.9

Andhra Pradesh
Total TB Cases and NSP Cases trend per 100000

Year	Total Cases	NSP Cases
2006	139.7	54.3
2007	141.6	58.6
2008	140.8	59.6
2009	140.2	59.1
2010	136.6	58.5
2011	128.4	56.9

Table 2.10

Thiruvanthapuram District
Chart showing case detection rate (Total Case & NSP)

Year	Total cases - CDR / 100000	NSP - CDR / 100000
2004	73	30
2005	81	39
2006	81	36
2007	79	34
2008	79	47
2009	84	36
2010	71	32
2011	75	34

Table 2.11

Thiruvananthapuram District
Patients on DOT,DOT providers functioning correctly and Treatment card updation from 2004 to 2011

	2004	2005	2006	2007	2008	2009	2010	2011
Patients on DOT	79%	82%	71%	80%	81%	84%	76%	88%
DOT providers functioning correctly	81%	91%	91%	89%	81%	82%	86%	86%
Treatment card updation	74%	75%	79%	79%	82%	78%	76%	82%

Table 3.1

DFIT-DPMR ACTIVITIES - 2011

Project	Year	Districts	Total No. of PHCs	PHCs covered	No. of patients with disability	No. of patients seen	No. of patients practicing self care	%	No. of patients with plantar ulcer among seen	No. of plantar ulcers healed	%	No. of health workers visited	Health workers monitoring self care	%	Foot wear provided	RCS done
Tamil Nadu																
St.Marys, Salem	Salem	2003	78	78	1328	1255	1149	91.6	369	166	45.0	164	159	97.0	513	6
	Dharmapuri	2007	33	33	618	401	307	76.6	102	69	67.6	37	32	86.5	128	0
	Krishnagiri	2007	36	36	507	348	198	56.9	112	31	27.7	48	23	47.9	109	0
	Erode	2009	54	4	793	318	279	87.7	143	82	57.3	43	38	88.4	0	0
HFH, Fathima Nagar, Trichy	Trichy	2003	64	64	524	332	320	96.4	146	86	58.9	83	66	79.5	205	28
	Pudukottai	2003	52	52	522	202	143	70.8	156	27	17.3	67	35	52.2	150	7
	Perambalur	2007	23	23	103	85	66	77.6	19	7	36.8	43	26	60.5	54	1
	Ariyalur	2007	31	22	132	103	78	75.7	19	3	15.8	27	14	51.9	43	4
	Karur	2007	29	12	75	112	85	75.9	112	18	16.1	33	24	72.7	61	5
Anandapuram-Polambakkam	Kancheepuram	2009	69	69	525	487	413	84.8	140	13	9.3	106	61	57.5	234	9

Table 3.2

DFIT-DPMR ACTIVITIES - 2011

Project	Districts	Year	Total No. of PHCs	PHCs covered	No. of patients with disability	No. of patients seen	No.of patients practicing self care	%	No. of patients with plantar ulcer among seen	No. of plantar ulcers healed	%	No. of health workers visited	Health workers monitoring self care	%	Foot wear provided	RCS done
Andhra Pradesh																
DFUL&TC, Nellore	Nellore	2006	74	65	940	816	423	51.8	297	65	21.9	288	138	47.9	300	23
	Kadapa	2006	68	68	976	810	345	42.6	191	64	33.5	430	191	44.4	370	24
GMLF, Chilakalapalli	Vizianagaram	2008	66	66	910	814	702	86.2	105.0	6	5.7	325	271	83.4	648	21
Kerala																
St.John's Hospital, Trivandrum	Trivandrum	2008	86	86	357	231	173	74.9	68	20	29.4	53	46	86.8	114	6
Jharkhand																
CSWC, Amda	Sareikela	'07	8	8	683	260	139	53.5	64	24	37.5	79	61	77.2	450	15
	E. Singhbhum	'07	9	9	146	93	28	30.1	31	2	6.5	52	32	61.5	60	-
	W.Singhbum	'07	15	15	210	194	81	41.8	62	9	14.5	97	49	50.5	45	-
	Lohardagga	'07	5	5	59	36	17	47.2	13	2	15.4	28	19	67.9	34	-
	Gumla	'07	11	11	343	183	93	50.8	52	10	19.2	166	77	46.4	24	-
	Simdega	'07	7	7	114	62	27	43.5	19	3	15.8	41	21	51.2	10	-
	Deoghar	'08	8	8	163	34	11	32.4	6	0	0.0	24	17	70.8	12	-
	Godda	'08	7	7	127	37	9	24.3	10	1	10.0	15	12	80.0	0	-

Table 3.3

Surgery done at DFIT supported Projects-2011

Projects	Hand	Foot	Eyes	Others
Trichy	36	6	3	89
Nellore	36	8	3	4
Pavagada	35	6	4	4
Total	107	20	10	97

Table 4.1

UMDT Trial - Bihar

Results	Study Group		Control Group	
	No.	%	No.	%
Completed treatment (RFT)	926	86.5	786	85.6
Drug side effects	11	1	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**

Table 4.2

UMDT Report-Bihar

Group	Period	District	MB patients	%	PB patients	Total
Study	Aug. 2005 to July 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	Aug. 2005 to July 2007	Nalanda	330	35.9	588	918

Table 4.3

UMDT- Bihar - Assessment results

Details	Study Group					Control Group				
	Year 1	Year 2	Year 3	Year 4	Year 5	Year 1	Year 2	Year 3	Year 4	Year 5
Assessed	861	833	776	458	168	674	672	644	470	135
Addition (Assessed)	27	18	23	4	2	49	33	26	24	11
Migrated	28	13	5	0	1	5	9	1	0	0
Not available	21	23	23	6	3	38	36	53	4	4
Died	1	3	0	0	0	4	4	5	1	1
Refusal	15	16	4	3	1	0	2	1	1	1
Not assessed yet	0	0	43	332	285	0	0	1	353	353
Total	**953**	**906**	**874**	**803**	**460**	**770**	**756**	**731**	**505**	**505**

Table 4.4

UMDT - LEPRA REACTION CASES **District: Gaya** **State: Bihar**

	During Tt.	Y-1	Y-2	Y-3	Y-4	Y-5	Y-6	Y-7	Y-8	Total
Type-1	9	20	10	8	3	3	1			54
ENL	0	2	0	4	0	0	0			6
Neuritis	6	8	3	2	6	2	1			28
Total	15	30	13	14	9	5	2			88
%	2.4	5.6	2.5	2.8	1.8	1.1	1.2			17.4

UMDT - LEPRA REACTION CASES **District: Rohtas** **State: Bihar**

	During Tt.	Y-1	Y-2	Y-3	Y-4	Y-5	Y-6	Y-7	Y-8	Total
Type-1	14	27	10	3						54
ENL	0	2	0	0						2
Neuritis	5	9	1	0						15
Total	19	38	11	3						71
%	4.3	9.8	3	0.9						18

RMDT - LEPRA REACTION CASES **District: Nalanda** **State: Bihar**

	During Tt.	Y-1	Y-2	Y-3	Y-4	Y-5	Y-6	Y-7	Y-8	Total
Type-1	14	9	4	5	4	4				40
ENL	0	1	1	0	1	0				3
Neuritis	12	9	7	13	12	7				60
Total	26	19	12	18	17	11				103
%	2.8	2.6	1.7	2.6	2.5	2.2				14.4

Table 5.1a

Schedule of Meetings 2011

Month	Date	Particulars	Organised by	Participant(s)
January	27th	Brain storming discussion to propose a theme for a national level debate during the National Workshop at Bangalore	ALERT India	Secretary
February	6th	Review meeting of Bihar Teams at Patna	DFIT	All team members Mr. Luc & Dr. Tine attended as special invitees
	11th	Project Holders meeting of south projects at Chennai	DFIT	All project holders Mr. Luc & Dr. Tine attended as special invitees
March	7th & 8th	UMDT review meeting at Chennai	NIE, Chennai	Director/Mr. Peter Paul/Mr. U.A. Kharkar/DLO, Rohtas
	17th & 18th	ILEP meeting at Delhi	ILEP	Director/CMA
	23rd	SLOs regional review meeting at Ahamadebad	GOI	Secretary
	24th	Presentation of Best NGO award to DFIT	Govt. of Karnataka	CFO received the award
	25th	Project Holders Meeting at DFIT, Chennai	DFIT	President, DFB, DFIT officers and Project Holders
	26th	Trust Meeting	DFIT	President, DFB and Trust members
April	19th	DDL's and NGO's meeting at Fathimanagar	SLO, Tamil Nadu	Director/CMA
May	23rd	Working group meeting on "Health System Strengthening" at Delhi	Central TB Division	Secretary
	27th	Meeting with WHO, LEPRA and DFIT to discuss the involvement of NGO sectors C & DST Laboratories for LPA technology at Delhi	Central TB Division	CMA
June	22nd & 23rd	Workshop on DPMR at Delhi	GOI	Secretary / Dr. Anne Mattam
July	4th to 8th	EQA training for DTOs at Bangalore	NTI	Dr. Ramesh Kumar, MO, Delhi
	5th to 8th	National Workshop for quality improvement under NLEP through Newer Approaches at Secunderabad	GOI in collaboration with ILEP	CMA
	23rd	ICMR / TLM seminar on harnessing advances in the knowledge into action for eradication of leprosy	ICMR	Secretary
	27th to 29th	WHO SEARO meeting of Programme Managers at Yangon, Myanmar	WHO/ SEARO	Secretary/ CMA

Table 5.1b
Schedule of Meetings 2011 Contd...

Month	Date	Particulars	Organised by	Participant(s)
August	8th & 9th	POD strategic meeting at Chennai	DFIT	TB Coordinator, Dr. Anne Mattam, PTs of Patna, TVM, F.Nagar, Nellore, Pav, Salem, Amda, Chil, UMDT Coordinator, DPMR Coordinator, Kadapa and NMS Polam.
	9th to 13th	Training & Supervision	Kadapa	Mr.Jaishankar
	10th	Fund raising meeting at Chennai	DFIT	F.Nagar, Salem, Chil, Thiagarajan, Appala Naidu, Mr.Rajendran
	13th	Trust Meeting	DFIT	Dr. Claire Vellut and local members
	22nd & 23rd	Meeting on Sentinel Surveillancef for Drug Resistance in Leprosy at Hyderabad	WHO	Secretary
	25th	Symposium on Leprosy for PG students at SRMC, Porur	SRMC and DFIT	
September	12th	ILEP meeting at Guwahati	ILEP	CMA
	5th to 16th	Training & Supervision	Bihar	Mr.Jaishankar
	13th to 14th	SLOs regional review meeting at Guwahati	Govt. of India in collaboration with ILEP	CMA
	14th & 15th	Action Plan meeting of projects	DFIT	All project holders
	26th	Reorientation programme on Leprosy for District Nucleus Staff at Bangalore	Leprosy Division of Karnataka in collaboration with ILEP, DFIT Chennai, SVIRHC - Pavagada and CLTRI - Chengalpattu	Secretary - as facilitator.
	28th to 29th	Global Programme Managers Meeting of WHO at Delhi		Secretary
	30th	11th meeting of WHO Technical Advisory Group on leprosy control at Delhi		Secretary
October	8th	Trust Meeting	DFIT	Mr.Rigo and Trust members
	16th to 20th	Meeting of experts for preparation of Training Manual at NLR Office, Delhi	GOI	Secretary as Chairman
	24th & 25th	Core Group Meeting at Brussels	DFB	Secretary/CMA

Table 5.1c

Schedule of Meetings 2011 Contd...

Month	Date	Particulars	Organised by	Participant(s)
October	26th to 30th	IUATLD Conference at Lillee, France	IUATLD	Secretary/CMA/Dr.Ramesh Kumar
November	1st & 2nd	Country Policy Development Workshop at Agra	NLR	Manager – as participant
	16th	Meeting of NGOs of Krishnagiri District, at DFIT, Chennai	DFIT	PH and field staff of NGOs of Krishnagiri
	18th	Debriefing of internal evaluation at Patna	DFIT	All team members, CMA/ Manager/CFO
	19th & 20th	Performance appraisal of Bihar staff at Patna	DFIT	CMA/Manager/CFO
	24th & 25th	Performance appraisal of Delhi staff at Delhi	DFIT	CMA/Manager/CFO
	28th	Sub Committee meeting on discriminatory laws at Delhi	Fontilles with all ILEP members	CMA
December	5th	Project evaluation debriefing meeting at DFIT, Chennai	DFIT	Evaluators of all projects
	6th & 7th	Workshop on operational research at DFIT, Chennai	DFIT	Arisipalayam, Delhi, F.Nagar, Nellore, Pavagada, Polambakkam, AP DCT and Bihar
	13th & 14th	Annual SLOs review meeting at Goa		CMA

Table 5.2

Schedule of Trainings - 2011

Month	Date	Particulars	Organised by	Facilitator(s)/ Participants
January	9th to 27th	Training on molecular methods at Antwerp	Institute of Tropical Medicine	Mr. Jaisankar Mr. Giri Prasad
	27th to 29th	Medical Officers Training at Anantapur	DTO, Anantapur	Dr. Shivakumar
March	28th	Orientation training for nursing students on the occasion of anti TB Day	DFIT	44 students participated
April	6th & 7th	Training on LED Microscope at Dharmasala		CLS
May	24th to 26th	RNTCP Modular Training and DOTS Plus (MDR TB) to Medical Officers at Chittoor	DTO, Chittoor	CMA
July	4th to 10th	EQA Training for DTOs at Bangalore	NTI	Dr. Ramesh Kumar
	18th & 19th	Training on leprosy & TB including MDR TB for key staff DFIT projects at Nellore	DFIT	MOs, STS, STLS, TBS, PTs
	20th	Training on Data analysis at Nellore	DFIT	Dr. Ramesh, Mr. Franklin, Mr. Ramanujam, Mr.Kothandapani
August	22nd to 26th	Training Programme on Managing Development Evaluation at Hyderabad	Administrative Staff College of India	Dr. A.K. Pandey
Sept.	8th	Seminar on Leprosy for Cluster Officers at Nellore	Govt. of AP	Secretary/ CMA/Dr. Jacob as facilitators
Dec	12th – 16th	LT Training for Govt. LTs in Dadra & Nagar Haveli at Silvasa	GLRA	Mr Jaisankar as facilitator

Table 5.3

Visitors 2011

Name	Period	Place of Visit
Princess of Belgium	16th to 19th January	Delhi
Mr. Luc Comhaire Dr. Tine Demeulenaere	1st to 6th February 7th & 8th February 9th & 10th February	Bihar Pavagada Nellore
Triangle Group I Triangle Group II (12 persons in both group including cameraman and Mr. WillemGees)	23rd Sept. to 1st October 2nd to 8th October	Fathimanagar Arisipalayam DFIT, Chennai
Mr. Rigo Peeters	7th & 8th October	DFIT, Chennai for Trust Meeting
Ms. Anandi Martin (colleague of Dr. Armand) and Dr. JC Palomino, Institute of Tropical Medicine, Antwerp	4th November	Delhi Project
Two teachers from the Saint Augustinus School from the city of Aalst	9th November to 6th December	Fathimanagar Project
Ambalamoola Tribal children	28th November	DFIT, Chennai
Television Youth Star Team from Brussels Purpose : Shooting of leprosy colony and young Leprosy/TB affected patient	27th to 29th December	Arisipalayam

Table 6.1

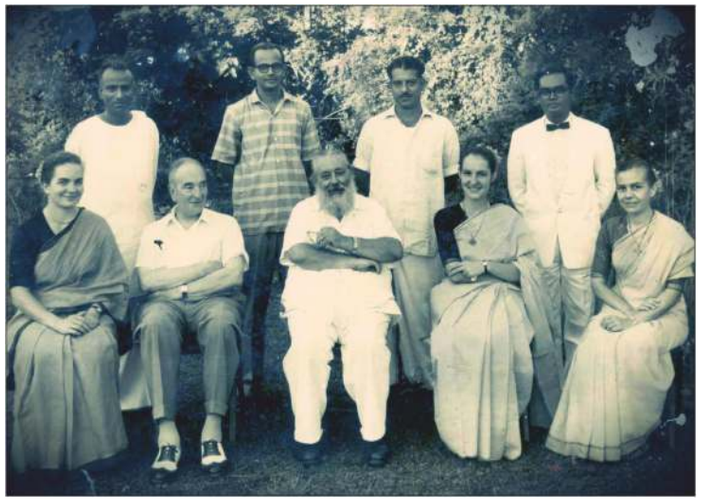
Details of Annual Sputum AFB Examination-2011 (Low & High Positive %)

Month	Suspects (cases)								Repeat sputum exam (cases)								Follow up (cases)							
	Exam	Pos	%	Scan	1+	2+	3+	Neg	Exam	Pos	%	Scan	1+	2+	3+	Neg	Exam	Pos	%	Scan	1+	2+	3+	Neg
Ambalamoola	159	6	3.77	0	1	2	3	153	0	0	0	0	0	0	0	0	23	4	13.4	2	1	1	0	19
Arisipalayam	916	105	11.46	6	49	24	26	811	12	0	0	0	0	0	0	12	378	55	14.5	17	23	9	6	323
Aundipatti	558	63	11.29	9	21	17	15	495	0	0	0	0	0	0	0	0	183	25	13.66	9	6	5	5	158
Delhi TU-I	3984	559	14.03	73	180	124	182	3425	58	2	3.45	0	0	0	0	56	2187	215	9.83	60	95	34	26	215
Delhi TU-II	3728	626	16.79	43	152	158	263	3112	50	3	6	2	0	0	0	47	2633	247	9.3	72	93	47	35	2366
Fathimanagar	1535	79	5.15	7	22	22	28	1456	19	0	0	0	0	0	0	19	37	2	5.41	0	1	1	0	35
Kavali	952	182	19.11	23	51	55	53	771	49	1	2.04	1	0	0	0	48	561	74	13.19	19	42	9	4	487
Nagepalli	276	66	23.91	17	19	9	21	210	3	1	33.33	1	1	0	0	2	93	7	7.52	4	3	0	0	86
Nellore	435	99	22.76	7	27	26	39	336	25	4	16	3	1	0	0	21	398	53	13	6	35	9	3	345
Pavageda	1950	267	13.69	16	34	48	169	1683	36	4	11.11	2	0	1	1	32	630	103	16.35	23	36	28	16	527
Trivandrum	744	38	5.11	3	9	15	11	706	0	0	0	0	0	0	0	0	167	28	16.8	17	6	3	2	139
TOTAL	15237	1990	13.06	181	514	445	757	12387	252	15	5.95	8	2	1	1	189	7290	813	11.15	210	299	137	93	4213

Damien Foundation India Trust

Together we can make a difference

- Damien Foundation began its work in Polambakkam, a village in Kancheepuram district of Tamil Nadu in 1955
- Damien Foundation India Trust (DFIT) was registered under the Trust Act in 1992



Our Work

- Through our work we reach eight Indian states
- We have three own projects with hospital and field based care
- Offer financial, technical and logistical support to 10 NGOs and work in partnership with them
- A total of 249 staff provided patient services (Leprosy & TB)
- Work in close coordination with the government for technical support - 28 technical support teams in Bihar and 7 in South India.

DFIT's Mission

The mission of DFIT is to reach the people, especially the underserved and underprivileged, afflicted with leprosy or Tuberculosis, either directly through own projects or in collaboration with other NGOs and indirectly through capacity building of the Government and the community.