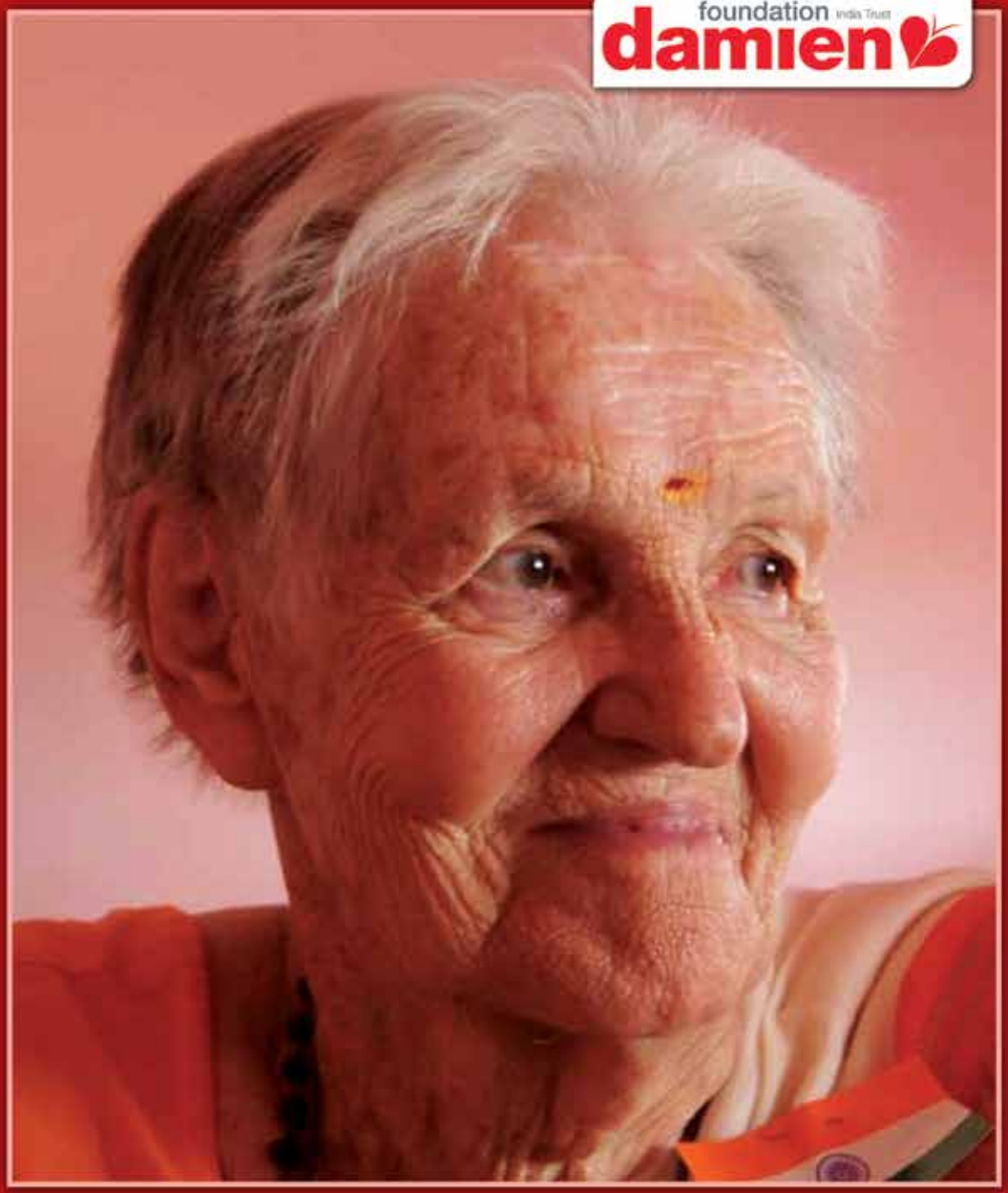


1926-2013

Dr. Claire Vellut, Founder Trustee Damien Foundation India Trust

Annual Report 2013

DAMIEN FOUNDATION INDIA TRUST

Padmashree Dr. Claire Vellut, founder trustee, Damien Foundation India Trust and recipient of the International Gandhi Award, passes away at 87.

As a young lady she wanted to serve the poor and initially started doing social service in New Delhi. Dr. Vellut later met Dr. Hemerijckx and her choice to work with him at Polambakkam was the beginning of her long journey of 55 years, generously serving persons affected by leprosy.

Dr. Vellut accustomed herself to the simple village lifestyle, blended herself with local people and there was not much difference between her and those whom she served. She was a kind and gentle woman. She spent her free time reading books on public health. As always, she continued to be concerned about cleanliness and taught basic hygiene care to the leprosy affected persons. She often travelled long distances to check if the affected person were taking their medicine regularly. She remembered most of her patients by name. Dr. Vellut often reflected on how hard life must be for the poor and the destitute who have spent all their days looking for food and shelter to survive.

In the earlier days Polambakkam was considered a leprosy centre "on wheels", with ambulatory service in the midst of the people. Today, Polambakkam is a symbol to the people around it, gifted by people of Belgium, as a token of appreciation of the help provided by the Govt of India during the great floods of Belgium in 1952. The centre is one of the best examples of international co-operation with India and other countries in respect to leprosy control.

Dr.Vellut was a witness towards the treatment evolution from Mono therapy with Dapsone to Multiple Drug in MDT for leprosy control. At the request of the Indian government, Polambakkam evolved as a training centre for Tamil Nadu and other Indian states under the leadership of Dr. Vellut

Dr. Claire Vellut

After having spent over 50 years in the project, she preferred to remain in India to serve the poor, after her retirement. Many local and international medical personnel have undergone their practical training in the centre. At 85 and unable to work anymore, she finally chose to return to her home in Belgium.

Her remarkable contribution to public health especially in leprosy control activities will always be remembered.

May her soul Rest in Peace.

CONTENTS

Foreword

It is with great pleasure I present the annual report for the year 2013. We have strived to make the report informative and interesting. We hope you get a good insight into the work done by Damien Foundation India Trust.

The year witnessed successes in the form of widening the reach of tertiary referral services to a greater number of persons with disabilities - number of surgeries done went up almost two-fold and the number of persons with disabilities facilitated for self-care showed considerable increase through the involvement of the community.

DFIT referral lab in Dharbanga became fully functional following accreditation by the Govt. of India, for diagnosing Drug Resistant Tuberculosis (DR TB).

The encouraging results of the evaluation of the involvement of Civil Society Organisations (CSO) in Disability Prevention & Medical Rehabilitation (DPMR) and livelihood support activities gave us the confidence to widen its reach.

The year also brought a proud moment to us when Dr. P. Krishnamurthy, The President of the trust was honoured by Government of Belgium with the title, 'The Commander of the order of Leopold'.

The sad news is the loss of our founder trustee Dr. Claire Vellut and Sri Muthumalla Reddiar, ex-trustee and philanthropist. It is hard to accept the fact that Dr. Claire is no more with us but her esteemed values continue to influence us in the right direction.

All the achievements were possible due to diligent efforts of the staff; collaboration of Government & Non Governmental Organisations (NGO); guidance from the members of the Trust; Damien Foundation Belgium (DFB). We appreciate the support from the volunteers and Chantier Damien from Belgium.

Dr. M. Shivakumar
Secretary

About Us

Damien Foundation India Trust is a Non Governmental Organisation working for leprosy and tuberculosis control in India and is supported by Damien Foundation Belgium. In 1955, a group of medical experts supported by Belgian government started leprosy control activities in a small village called Polambakkam in Kanchipuram district of Tamil Nadu. It was in 1964 that various associations involved in fundraising for leprosy in Belgium came together and set up Damien Foundation. This year marks the completion of 50 years of salubrious contribution of Damien Foundation to the fight against leprosy and its associates in various countries including India are implementing its activities in close collaboration with Governments, Non Governmental Organisations and communities.

Vision

Striving towards leprosy and TB free India.....

Mission

To reach the people, especially the underserved and underprivileged, afflicted with leprosy or Tuberculosis.

Highlights 2013

- Inaugurated referral laboratory 'Damien TB Research Centre (DTRC)' in Darbhanga, Bihar, in collaboration with the Govt. of Bihar. The lab has been accredited by the Govt. of India.
- Started tertiary referral services for managing complications related to leprosy in Delhi, Amda (Jharkhand), Dehri-on-sone (Bihar), Trivandrum (Kerala), Chennai (Tamil Nadu) and Bangalore (Karnataka).
- Carried out building constructions and renovations for the benefit of persons affected by leprosy in Ambalamoola, Trivandrum, Salem, Delhi and Bihar with the support of Chantiers Damien from Belgium.
- Designed and piloted low-cost housing model in Nellore, Andhra Pradesh.
- Reached 20,603 persons affected by leprosy and 80,390 TB patients through its projects.
- Performed 185 Reconstructive Surgeries.
- Provided livelihood support (LEP) to 208 persons affected by leprosy and TB. Nutritional support was provided to 950 poor TB patients under treatment.
- Presented the results of operational research on the involvement of community at the International Leprosy Congress and 44th Union World Conference on Lung Health 2013.
- Assisted DFB in producing documentary film for fundraising.

Overview

Damien Foundation India Trust (DFIT) currently has 17 projects located in eight states of which six projects provide services exclusively for persons affected by leprosy and the remaining 11 projects provide services for both persons affected by leprosy and tuberculosis. All the projects supported by DFIT work in close collaboration with local health authorities.

DFIT Strategy

DFIT supports four types of projects in India.

1. Self-governed projects
2. NGO sponsored projects
3. Support to government
4. Community intervention through local civil society organisations

Laboratory for managing drug resistant TB in Nellore, AP and Darbhanga, Bihar

Our Presence

Self governed projects

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

NGO sponsored projects

4. Arogya Agam, Aundipatty, Theni district - Tamilnadu
5. ASSISI Sevasadan Hospital, Nagepalli, Gadchirolli - Maharashtra
6. Claver Social Welfare Centre, Amda, Saraikela - Jharkhand
7. New Hope Rural Leprosy Trust, 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
14. Pope John Leprosy Referral Centre, Madhavaram, Chennai.

Support to Government

15. Damien TB Research Centre, Darbhanga, Bihar
16. Karnataka State RCS Centre, Bengaluru, Karnataka.
17. Damien Leprosy Referral Centre, Rudrapura, Bihar.

DFIT facilitates the Government in providing quality leprosy and TB services in selected districts of Bihar, Jharkhand and South India. It has placed district consultancy teams to support TB programme in six districts of Andhra Pradesh and 28 districts of Bihar. Each team has a non-medical supervisor with mobility support and is closely guided by a medical consultant.

Outpatient and Inpatient care

DFIT is supporting outpatient and inpatient care through its hospitals in 15 projects. All hospitals are recognised by the Government for leprosy and TB services.

	Leprosy	Tuberculosis
Outpatient	• Diagnosis and treatment • Management of skin diseases • Management of complications during and after the treatment • Socioeconomic support	• Diagnosis and treatment including drug resistant TB • Management of respiratory tract infections • Management of complications during treatment • Nutritional supplement
Inpatient	• Reconstructive surgery Chronic ulcer care • Management of severe complications • Management of co-morbidities	• Drug Resistant TB treatment initiation • Management of side effects and other complications

Hospital services

Diagnosis of leprosy

Diagnosis of leprosy requires clinical skills and experience. Often health workers and private practitioners face challenge in identifying leprosy. DFIT supported hospitals have staff with experience in providing leprosy care services. Skin smear examination is done in all the health facilities. DFIT supported projects diagnosed 398 new leprosy cases in 2013. All the confirmed cases were initiated MDT and referred to concerned PHCs for follow up treatment.

Child diagnosed with leprosy

Reconstructive Surgery (RCS)

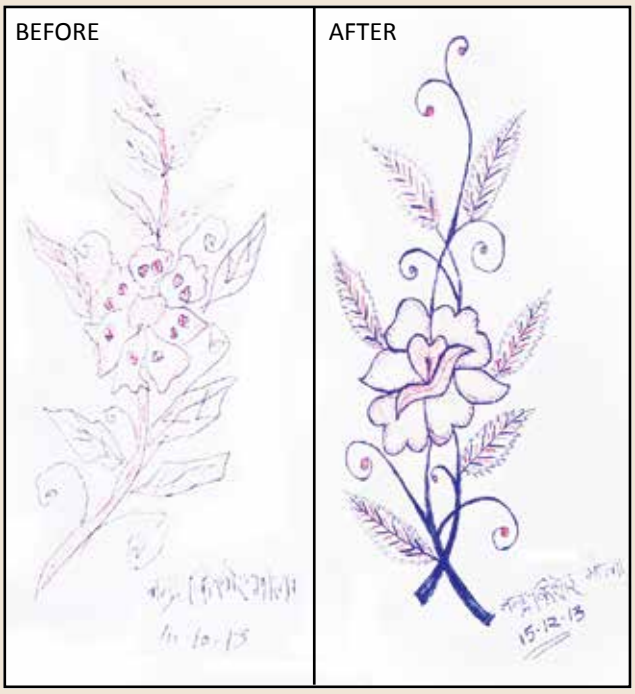
Persons affected by leprosy with disability often face stigma and discrimination in their families, work place and community. Reconstructive surgery plays a major role in improving the appearance and function of the hands, eyes and feet. DFIT has expanded the reach of reconstructive surgery service by adding five more centres (Dehri-On-Sone, Trivandrum, Delhi, Bangalore, Pope John Garden) to the already existing three (Nellore, Pavagada, Fathimanagar).

RCS centre Bangalore inauguration

The effort to establish RCS centres in Government hospitals in Bihar and Jharkhand has met with limited success.

For Art's Sake...

Resilience in the face of adversity is the greatest gift one can have. It often needs the necessary nudge and salutary support to manifest. The case of Nandkishore is a good example.

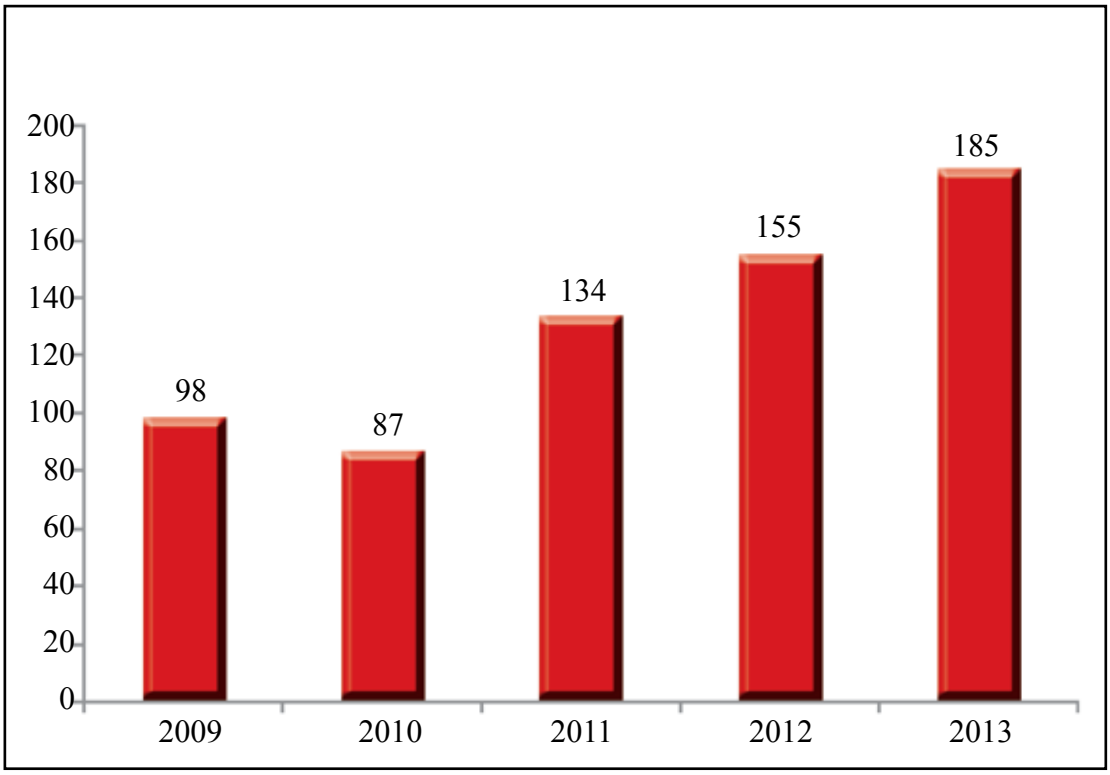


Mr.Nandkishore is 59 years. His dexterity in drawing fetched him a career. He drew for an industry that got him regular income. He was content and happy that he could feed his family of wife and two children. Everything was well until disaster struck. His disease which he thought had gone when he was treated for some months 23 years back, came back. His right hand became weak; he could not indulge in his passion and work. He went to the doctor who said it was leprosy again and treatment with MDT was started. After one year of treatment he was told that his disease was cured but he was left with the crooked right hand. His world came upside down. His family left him, his friends deserted him and the society did not look at him kindly. He went to a referral centre managed by an NGO. He was advised corrective surgery. He readily agreed. Some months following surgery at Goyaladairy centre in New Delhi he regained the ability to draw again. Slowly he regained his confidence and skill. He became a man with passion. He never thought he would be able to relive the happy days. His eyes glisten when he expresses his gratitude to Damien Foundation for helping him get back the life that he thought he had lost.

Developing expertise in RCS and Physiotherapy

Reconstructive surgery in leprosy is a rare speciality and only a few surgeons in India have the expertise. Three orthopaedic surgeons who are working in private sector, two medical officers from DFIT projects and two Chinese surgeons were trained in RCS by Dr. Jacob Mathew, senior surgeon. In 2013, three of them performed reconstructive

Trend of Reconstructive Surgeries



TB diagnostic services

Damien foundation supports sputum microscopy services for diagnosis of Tuberculosis in 8 projects and established two Culture & DST laboratories in Nellore (Andhra Pradesh) and Darbhanga (Bihar). The referral lab in Nellore has been functioning since 2011 and the lab in Darbhanga was inaugurated in 2013. Both the laboratories have been accredited by GOI and are providing services for drug resistant tuberculosis in neighbouring districts.

Management of Drug Resistant Tuberculosis (DR TB)

Drug resistant Tuberculosis is emerging as a major challenge for tuberculosis control in India. Damien Foundation provided diagnostic as well as treatment services with its own resources for managing drug resistant TB in Nellore district of Andhra Pradesh in 2008 - 2011. From 2012 the referral lab in Nellore is providing diagnostic and treatment initiation services in the adjoining six districts with the collaboration of Govt. A total of 225 patients from these districts were registered for drug resistant TB in Nellore during 2013. Diagnostic and treatment services are supported by the respective State Governments in other projects.

MDR TB program in Nellore

Year	2008	2009	2010	2011	Total
Cases Registered	02	05	24	29	**60**
Under Treatment	-	-	-	-	-
Culture Conversion	02	05	15	20	**42**
Cured	2	3	11	16	**32**
Defaulter	-	02	03	07	**12**
Died	-	-	06	05	**11**
Treatment Completed	-	-	01	-	**01**
Results Awaited	-	-	-	03	**03**
Failure	-	-	03	01	**04**

MDR TB program - Delhi

Year	2009	2010	2011	2012	2013
Cases Registered	18	19	30	88	43
Under Treatment	-	-	08	53	40
Culture Conversion	14	14	13	64	27
Cured	13	14	11	-	-
Defaulter	01	-	02	16	03
Died	01	03	03	16	-
Treatment Completed	01	-	01	-	-
Results Awaited	-	-	-	-	-
Failure	02	01	05	-	-
Transfer Out	-	01	-	03	-

Expansion of Civil Society partnership for DPMR Services

Declining expertise among General Health Staff in leprosy poses a serious challenge in improving the access to sustaining of DPMR services in India. There was an urgent need to develop sustainable DPMR service delivery model with increased participation and empowerment of local community. Damien Foundation in India conducted a study to examine the feasibility of involving civil society organisations to support DPMR services in Krishnagiri district, Tamil Nadu in the year 2012 and extended the strategy to seven more districts in three states. NGO with experience in leprosy control was made as the nodal NGO with the mandate to select Civil Society Organisations (CSOs), train them in leprosy, establish coordination with the government health system, monitor and supervise the CSOs. Local CSOs submit monthly and quarterly reports to the nodal NGO. The intervention included updating the disability register; visit persons affected by leprosy with disability to support and motivate them to practice self care; refer suspects to Primary Health Centre; support patients under treatment; refer patients with complication; identify, provide and monitor the beneficiaries under Livelihood

Enhancement Programme (LEP) and facilitate to receive government entitlements.

In 2013, CSO strategy was extended to Kancheepuram, Dharmapuri; (Tamil Nadu) Kollam (Kerala); Gumla (Jharkhand); East and West Champaran (Bihar).

Volunteer interacting with a person affected by leprosy

CSO staff creating awareness about leprosy

She created ripples

Ms.Suganya, field staff of Sadhana Trust is working for HIV program. Holy Family Hansenorium, nodal NGO for leprosy programme trained her to extend care and support to the persons affected by leprosy with disability in Thanthoni Block, Karur District. After the training, she was provided with the list of 24 persons affected by leprosy. While visiting the disabled persons in the list, she identified and updated the list to 64 persons affected by leprosy with disability in the block. Among them, 27 patients had plantar ulcers in the beginning of the project (June 2012). The ulcers were long standing. She motivated them to practice regular self-care and encouraged other community members to join her efforts. Her sincere efforts healed ulcers among 20 persons. Sometimes, it is indeed amazing to see how words and kindness have the power to heal, perhaps much more than medicines. They had developed such an emotional and a friendly bond with her, that, they always visited her whenever they visit her village. This dedicated service of Suganya brought a change among the persons affected by leprosy.

Support to National Leprosy Eradication Programme in Bihar

Damien Foundation India Trust (DFIT) started leprosy services in Bihar in 1982 by establishing its own project at Dehri on Sone. As Bihar had persistent problems (poor infrastructure, Inaccessibility to the villages, seasonal floods) DFIT started supporting 16 districts in the form of District Technical Support Teams since 1996 and the support was extended to about 22 districts till 2007. District Technical Support Team (DTST) has played an important role in facilitating the integration process and strengthening the leprosy services with a focus on quality in health care. These teams were withdrawn after the successful integration of leprosy services with general health services. DFIT has placed a consultant at the state level to support thematic areas of NLEP.

Case detection

During the year 2013, state has detected 20020 new leprosy cases. Among them 7796 (39%) were female, 543 (2.7%) had Grade II deformity at the time of diagnosis, 3154 (16%) of them were children and 7882 (39%) of them were Multi Bacillary cases.

Disability Prevention and Medical Rehabilitation

DFIT has begun to focus on care after cure services for the persons affected by leprosy after the integration of leprosy services. Training was given to all health staff for identification of deformities and Self Care. DFIT started tertiary referral services in Bihar through Model Leprosy Control Unit, Dehri on sone.

Involvement of CSOs

After successful implementation of civil society partnership for DPMR activities, the strategy was introduced in Gaya and Nalanda districts of Bihar in 2012. It was further extended to East and West Champaran districts in 2013.

CME at Gaya medical college

POD camp at a PHC

Livelihood Enhancement Programme (LEP)

Livelihood Enhancement Program is one of the unique strategies of DFIT which strives to change the life and uplift the socio economic status of Persons Affected by Leprosy in the Society. Financial assistance was provided for income generation activities to enhance the livelihood of persons affected by leprosy. So far 161 Persons Affected with Leprosy have benefited through this Programme. DFIT assisted to renovate leprosy colonies in East Champaran, West Champaran, Muzaffarpur & Sitamarhi districts.

Continuing Medical Education

DFIT organized CME in Gaya medical college and around 100 participants attended the programme. There is a endowment prize for medical students in the state of Bihar.

Human resource support in DFIT is classified into 3 categories

a) Staff working in self governed projects.

b) Staff working in NGO sponsored projects.

c) Support to Government programme.

STAFF INFRASTRUCTURE FOR 2013				
Classifications	**Self governed projects**	**NGO sponsored projects**	**Support to Government**	**Total**
Field	81	42	7	130
Medical	9	7	0	16
Hospital	34	29	16	79
Administration	27	20	1	48
Fund Raising	2	0	0	2
Total	**153**	**98**	**24**	**275**

Name of the project	Address	Associated with DFIT since	Available services	Population covered (TB)	Population covered (leprosy & DPMR)	No of beds for leprosy	No of beds for TB	RCS facility available (Yes/No)	No of persons affected by leprosy with disability covered
Self governed projects									
Anandapuram Leprosy Home	Polambakkam village, & Post, Kancheepuram district-Tamilnadu-603 309	1952	Leprosy home with 20 beds DPMR support to one district	NA	4049164	NA	NA	No	515
Damien Foundation Urban Leprosy & TB Centre	Bakthavatchala Nagar, AK Nagar Post, Nellore, PSN district-AP-524 004	1993	OP & IP (Leprosy, TB including DR TB) Designated Microscopy Centre, Reconstructive Surgery, DPMR support to Nellore urban	117827	Leprosy-503059. DPMR - 9970117	13	24	Yes	3751
Margaret Leprosy & TB Hospital	25-27, Qutub Vihar Phase-I, Goyella Dairy Main Road, Near Police Check Post, Najafgarh, New Delhi-110 071	1999	OP & IP (Leprosy, TB including DR TB) 10 Designated Microscopy Centres, Reconstructive Surgery DPMR support to one district	10,00,000	14,15,602	10	3	Yes	11
NGO sponsored projects									
Arogya Agam	Palakombai Road,Aundipatty, Theni district,Tamilnadu-625 512	1983	OP & IP (Leprosy, TB) Designated Microscopy Centre, DPMR support to one district	1,20,000	12,00,000	3	2	No	352
Holy Family Hansenorium	Fathima Nagar Post, Thiruchirapalli district,Tamilnadu-620 012	1973	OP & IP (Leprosy, TB) Designated Microscopy Centre Reconstructive Surgery DPMR support to five districts MCR footwear unit	142120	6429217	80	5	Yes	1438
Nilgiris Wynaad Tribal welfare Society	Ambalamoola Post, Via- Bitherkad, Gudalur Taluk, Nilgris district, Tamilnadu- 643 240	1986	OP & IP (Leprosy, TB) Designated Microscopy Centre, DPMR activities	86600	84000	6	6	No	15
St. Mary's Leprosy Centre	Arisipalayam, Salem, Tamilnadu-636 009	1964	OP & IP (Leprosy, TB) Designated Microscopy Centre, DPMR support to three districts Support to TB program in Salem Urban	630000	Leprosy-3482056. DPMR - 6868708	11	11	No	
Asaniketan Rural Health Centre	Vengal Rao Nagar, Kavali, AP-524 202	1973	DPMR activities	NA	116926	NA	NA	No	216
New Hope Rural Leprosy Trust	Chilakalapalli Post, Balijipetta, Vizianagaram district, AP- 535 557	1980	OP & IP (Leprosy) DPMR support to one district	NA	2235225	21	NA	No	2829

Swami Vivekananda Integrated Rural Health Centre	KR Extension, Pavagada, Tumkur district, Karnataka- 561 202	1991	OP & IP (Leprosy, TB) Designated Microscopy Centre, DPMR activities Support to TB program in Pavagada	401579	Leprosy-515158. DPMR - 8958295	10	5	Yes	116
St. John's Hospital & Leprosy Services	ST.John's Hospital & Leprosy Services, Thiruvananthapuram, Kerala:695607	1982	OP & IP (Leprosy) DPMR support to two districts	NA	6104894	30	NA	Yes	427
Assisi Sevasadan Hospital	Nagepalli, Allapalli Post, Gadchiroli dsitrict, Maharashtra- 422 703.	1972	OP & IP (Leprosy, TB) Designated Microscopy Centre, DPMR activities Support to TB program	268677	Leprosy-248639. DPMR - 248639	5	5	No	62
Clover Social Welfare Centre	Clover Bhavan PO,Amda,Kharswan,Sareikela district, Jharkhand	1985	OP & IP (Leprosy) Reconstructive Surgery DPMR support to eight districts	NA	9609814	12	NA	Yes	2412
Pope John Garden	The Beatitudes Social Welfare Centre,# 50, Sundaram street, Vyasarpadi, Chennai:600039.	15.08.2012	OP & IP (Leprosy) Reconstructive Surgery	NA	NA	38	NA	Yes	NA
Support to government									
Damien Tuberculosis Research Centre, Nellore	Bakthavatchala Nagar, AK Nagar Post, Nellore, PS Nellore district, 524 004, Andhra Pradesh	2011	LED Fluorescence microscopy, Line Probe Assay Solid (LJ) culture and DST	21694061	NA	NA	NA	NA	NA
Damien Tuberculosis Research Centre, Darbanga	Allalpatti PO, Darbanga Medical College Campus, Laheria Sarai, Dharbanga 846 003, Bihar	2013	LED Fluorescence microscopy, Line Probe Assay Solid (LJ) culture and DST	NA	NA	NA	NA	NA	NA
Damien Leprosy Referral Centre	C/O Model Leprosy Control Unit, Rudrapura, Dehri on Sone, Rohtas - 821 307, Bihar	2012	OP & IP (Leprosy) Reconstructive Surgery	NA	NA	30	NA	Yes	NA
Karnataka state RCS centre	Leprosy Hospital, ist cross, Magadi Road, Bangalore - 560023, Karnataka	2013	Reconstructive Surgery	NA	NA	NA	NA	Yes	NA
DFIT District consultancy team –Andhra Pradesh	Bakthavatchala Nagar, AK Nagar Post, Nellore, PS Nellore district, 524 004, Andhra Pradesh	2001	Support to TB program in six districts DPMR support to three districts	21694061	NA	NA	NA	NA	NA
DFIT District Consultancy Team – Bihar	**Damien Foundation India Trust,** NAVALYA, Main Road, Budha Colony, Patna - 800001, Bihar	**2003**	**Support to TB program in 28 districts**	**86129674**	**NA**	**NA**	**NA**	**NA**	**NA**
DFIT NLEP support to Bihar		**1996**	**NLEP consultant & DPMR Services in 23 districts**	**NA**	**69784954**	**RCS: 20 Beds & Ulcer Care: 10 Beds**	**NA**	**NA**	**7585**

Evaluation of DGD supported projects 2011-13

Evaluators: Dr. P. Krishnamurthy and Dr.N. Selvakumar

DFIT supported projects in Bihar, Delhi and Nellore have been under co-finance from Government of Belgium (DGD) since January 2011. These projects implemented the activities as per action plan agreed both by DFB and DGD. As per agreed mandate an evaluation of the co-financed projects was carried out by a team consisting of two consultants Dr. P. Krishnamurthy, Epidemiologist and Dr.N. Selvakumar, Bacteriologist. The purpose was to see whether all the activities and results were realised as per the plan, to review the strategy adopted and make recommendation for possible future orientation.

The evaluation team visited all the three sites and in each project site a predetermined number of randomly selected Primary Health centres/ Microscopy centres, Patients and DOT providers were visited in addition to meeting and interacting with programme staff at various levels and DFIT staff including the technical teams. Data was collected through observations, interview, from records and reports. Totally about 2 weeks were spent in the field to accomplish the evaluation exercise.

The following are the observations and recommendations

a. A high level of cooperation is observed between the Government and DFIT

b. In Nellore, the quality of direct care given to the TB affected is of high standard and there is a need to continue this for the rich experience that it provides to the DFIT staff so that it can be translated into accelerated action in the districts already covered. The MDR facility with lab and ward is an important addition which provides the much needed support for implementing MDR TB Programme in the 6 districts including Nellore. There are teams by DFIT placed in 6 districts. While their contribution has been appreciated by all, their continuance beyond the present phase (2011-2013), in the present form, may not be of much benefit. Field support, in whatever form, may be needed for some more time till MDR TB implementation is put on the right track.

c. In Delhi, TB Control is implemented through direct care in the ten Microscopy and DOT centres including hospital. All the results and activities have been realised except community involvement. The Government is not in a position to

establish their own centres in this district (South West). A good number of staff has been provided by the Government which also supplies drugs for managing patients. The project has brought out a good model of TB Control which can be adapted in urban setting. It consists of a single person doing both sputum microscopy and patient treatment under supervision at each Microscopy and DOT centre (unlike in the Government sector where there are two persons at each centre). The best practice should be disseminated so that it can be tried in other urban areas. Community involvement is an important component and this needs to be given more emphasis.

d. The main theme of the multipurpose project in Bihar is the field, infrastructure (construction of PHCs, labs, supply of reagents, transport of drugs) and human resource support (LTs, field and lab supervisors) to the Government in 28 districts. The field support has been going on for the last 10 years with varying intensity chiefly through its technical support teams. While the strategy has paid rich dividends in building the capacity of the Government programme staff it could not do much in building the capacity of the programme. Administrative and managerial challenges have stifled internal development. While majority of the results in relation to patient management for new positive cases have been realised, there is still an immense challenge in managing Category II cases and MDR cases and also in case notification. This requires a focussed & flexible plan directed at the factors contributing to the problems. There is also an urgent need for operational research in key problem areas to control situation.

Conclusion

The capacity of the programme in Bihar has improved over the years. The programme staffs have the skills but the focus is not the same as one would expect. Administrative malaise and dysfunctional inertia continue to blot the programme landscape. Sustainability of the programme, therefore, is not an immediate reality. There may be a possibility in Delhi, not in too distant a future, to phase out. It depends on how soon DFIT is going to establish an ideal Urban TB control model. In Nellore, the strategy could be totally different and it could be for a short time particularly with district support. In Bihar, support may be needed for some more time with a different strategy, more focussed and with less intense involvement. It is also important to realise that with 3-year phased plans (as per the DGD requirement) it will be difficult to obtain this end point. What is definitely needed is a long term plan with focussed, specific strategy and with intermediate results directed at critical deficiency areas.

Evaluation of hospital services in DFIT supported projects

Background

Damien Foundation India Trust is supporting the hospital care services for leprosy and TB in 15 projects. Nine projects are providing tertiary level care and remaining projects are providing secondary level care for persons affected by leprosy. TB diagnostic and treatment services are provided in eight projects, one of them is providing services for drug resistant tuberculosis.

Evaluation of hospital services was carried out to assess the quality of patient management and other services.

Methodology

Hospital evaluation was conducted between August and December 2013 in 11 projects. Each team comprising of Medical Officer and physiotherapist. Outpatient, Inpatient services, patient interviews, verification of case sheets & drug stock, training needs assessment was done during evaluation.

Results of patient interviews

Questions	Number of outpatients interviewed	Excellent	Very Good	Good	Poor	Very Poor
Waiting time in OPD	89	29	42	13	5	0
Enough time during consultation	89	36	40	12	1	0
Doctor listens to you	89	38	40	10	1	0
Explain about the tests and treatment	89	33	41	14	1	0
Satisfied with the services provided	89	58	25	5	1	0
		At all times	Some times	Not sure	No	Never
Will you recommend this hospital to friends and relatives	89	67	18	4	0	0

Questions	Number of outpatients interviewed	Excellent	Very Good	Good	Poor	Very Poor
Involves you in decision about your medical care	91	51	36	4	0	0
Concern of the staff	91	63	22	6	0	0
Happy with the food served	91	63	21	5	2	0
		Completely satisfied	Mostly satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Completely dissatisfied
Feel about the Services provided	91	82	9	0	0	0

Major recommendations

- **Intervention required for improved outpatient services in three projects**
- **Developing standard formats for OP & IP records and registers to maintain the uniformity**
- **Strengthening data management system both in projects and DFIT head quarters**
- **Update the list of essential drugs**
- **Training for newly joined staff, reorientation training for technical staff**
- **Develop research protocols for projects**
- **Improve infection control measures in wards**

Evaluation of DFIT civil society partnership initiative

Background

Damien Foundation India Trust is involving civil society organisations to improve the access and sustainability of DPMR services. Initially the project was pilot tested in Krishnagiri district, Tamil Nadu in 2012, later expanded to 12 districts in 2013. Evaluation was conducted to assess the impact of involving civil society organisations in Tamil Nadu (Krishnagiri, Karur, Pudukottai and Theni) and Bihar (Gaya and Nalanda).

Methodology of evaluation

Exchange evaluation was done to assess the progress and impact of civil society partnership projects. A mid-term evaluation was carried out in the months of August and September 2013. In each CSO area five persons affected by leprosy disabilities, one CSO staff and six community volunteers were randomly selected for interview. All the evaluators were briefed and debriefted before and after the evaluation.

Results

Key Parameters	Tamil Nadu	Bihar	Total
Number of leprosy affected persons with disability seen practicing self care	52/69 (75%)	23/31 (74%)	75/100 (75%)
Healing of plantar ulcer	40/61 (65.6%)	19/25 (76%)	59/86 (68.6%)
Eligible cases operated for RCS	1/2 (50%)	0/2 (0%)	1/4 (25%)
Eligible persons rehabilitated under LEP	20/38 (52.6%)	1/6 (16%)	21/44 (48%)
Receiving disability pension	55/69 (79.7%)	5/31 (16%)	60/100 (60%)
Wearing appropriate foot wear	56/69 (81%)	6/31 (19%)	62/100 (62%)
Awareness about symptoms of leprosy among neighbours living near persons affected by leprosy	45/145 (31%)	20/96 (21%)	65/241 (27%)
CSO staffs aware of SSOD & exercises	25/26 (96%)	8/8 (100%	33/34 (97%)
CSO volunteers aware of SSOD & exercises	55/66	Volunteers are not involved	55/86 (83%)

Evaluation teams examining the persons affected by leprosy with disability

Key Recommendations

- Field volunteers/staff who demonstrated excellent performance have to be recognised and rewarded.
- Identify and train one CSO staff as trainer to provide periodical refresher training for all the staff and volunteers.
- Need to develop, print & distribute uniform registers to CSOs
- Only 20% of the neighbours of leprosy affected persons were aware of symptoms of leprosy. CSO partners should put efforts to improve the community awareness about leprosy particularly in Bihar.
- Advocacy should be done for regular supply of MCR footwear and disability pension in Bihar.

Rapid enquiry Survey among tribal population in Nellore district, Andhra Pradesh

Background

In Indian context caste is considered as an important social determinant of health. People from the Scheduled Castes (SC) and Scheduled Tribes (ST) are considered as socially disadvantaged groups with higher chance of living in adverse conditions. In Nellore district, Andhra Pradesh ST population constitutes about 10% of the total population but contributed 39% of the total new leprosy cases in the district. This prompted us to conduct a survey to estimate the actual burden of leprosy among rural population.

Survey team during active case search

New leprosy case detected during survey

Materials and Methods

Rapid Enquiry Survey (RES) was carried out in tribal colonies in four Health & Nutrition Clusters in Nellore district, Andhra Pradesh in the year 2013 by District Nucleus Team (DNT) with the support of Damien Foundation India Trust. The survey was carried out by three teams with each team comprising of a DNT member, local Auxiliary Nurse Midwife (ANM), Accredited Social Health Activist (ASHA) and Damien Foundation field coordinator. Initially micro plans for the survey were prepared and DF provided mobility support to

carry out the survey. All the houses in tribal colonies visited by trained persons and enquired family members about signs and symptoms of leprosy by showing a photo card with related pictures. All the suspects were screened by senior staff from DNT and DFIT to confirm the diagnosis.

Results

Summary of Rapid Enquiry Survey Results

Name of the Cluster	Allur	Vakadu	Kota	Indukurpet	Total
Total ST population as per census 2011	17457	7775	12525	13559	51316
Population covered	12926 (74)	10030 (129)	8957 (71.5)	15661 (115.5)	47574 (92.7)
Total No of suspects	42	72	77	134	325
No of cases detected byKavali project	19*	-	-	-	-
Total confirmed cases	14 +19*	20	15	21	89

*Note: 19 new cases detected by Kavali project in Allur cluster is not part of the 42 suspects identified during the survey.

The prevalence of leprosy among ST population in four clusters before the survey was found to be 5.5/10,000, but after the survey the prevalence increased to 22.8/10,000 which is four times higher than the reported prevalence.

Comparison of leprosy cases detected during survey and under treatment (UT) cases

	Survey cases N (%)	UT cases	Total	P value
Age in years Mean (SD) Range Age in groups 0-15 16-30 31-45 46-60	 28 4-60 24 (27.9) 32 (37.2) 15 (17.4) 15 (17.4)	 32.5 12-60 1 (4.8) 9 (42.9) 8 (38) 3 (14.3)	 28.9 (15.5) 4 – 60 25 (23.4) 41 (38.3) 23 (21.5) 18 (16.8)	0.2
Sex Female Male	 41 (47.7) 45 (42.3)	 5 (23.8) 16 (76.2)	 46 (43) 61 (57)	0.05
Duration between noticing symptoms and diagnosis in months Mean Range	 16 2-60	 13.8 1-60	 15 1-60	-
Distance between the surveyed village and nearest PHC in Km Mean Range < 10 km ≥ 10 Km	 7 0.1-31 58 (67.4) 28 (32.6)	 8.6 0.2-21 11 (52.4) 10 (47.6)	 7.3 0.1-31 69 (64.5) 38 (35.5)	-
Adequate transport facilities available to reach PHC	69 (80.2)	14 (66.7)	83 (77.6)	-
Patients or family members consulted anyone	32 (37.2)	21 (100)	53 (49.5)	<0.001
Consulted whom? PHC staff (MO, APMO, DPMO) Government hospital NGO (Asaniketan)	 6 (18.8) 2 (6.3)	 19 (90.5) 0 0 2 (9.5)	 25 (47.3) 2 (3,8) 19 (35.9) 7 (13.2)	-

Classification MB PB	 36 (41.9) 50 (58.1)	 14 (66.7) 7 (33.3)	 50 (46.7) 57 (53.3)	0.04
Under reaction at the time of interview	6 (6.9)	0 (0)	6 (5.6)	-
Grade 2 deformity at the time of diagnosis	12 (13.9)	0 (0)	12 (11.2)	-

Conclusion

The survey result shows very high burden of leprosy among tribal population in Nellore district. National Leprosy Eradication Programme should develop separate strategy to cover endemic pockets and high risk population. Mobilisation of resources from different stakeholders like government, NGO and local community will result in early detection of leprosy cases among underserved population.

When Wife is the Bread Winner...

Life is sometimes uneasy. Sannakka's husband is handicapped and cannot work; she is the only bread winner of the family. But what if the Bread Winner of the family herself is diseased?

Sannakka, 30, wife of Marappa, hails from a remote village of Chitragondanahally in Bellary district, Karnataka. She worked as a daily wage coolie and was the sole bread earner of the family; often she did menial jobs to earn her bread. Her husband is handicapped and cannot work. They have two daughters and one son who are just school-going kids. The entire responsibility of taking care of husband and children was shouldered by Sannakka. Two years ago she developed an ulcer in her foot and also wounds on her fingers, which recurred frequently. Busy with her daily chores she neglected the ailment. This eventually resulted in the loss of her right middle finger. She then consulted doctors at a nearby Government hospital, Koodlagi for her ulcer treatment. Doctors examined her thoroughly and diagnosed leprosy. She started on MDT for the same. During the treatment both her hands became weak and developed claw hand. After completion of MDT, she was referred to Swami Vivekananda Integrated Rural Health Centre, Pavagada for Reconstructive surgery.

In mid 2013 she underwent surgery for correcting the deformity. Along with physiotherapy, she was given health education on care of hands and feet. Sannakka is satisfied with the Reconstructive Surgery and now resumed her work. Her husband and children are very happy and entire family is grateful to the hospital staff. Awareness about Leprosy has to reach the people at large for early case detection and disablity prevention.

Livelihood Support Activities – 2013

We are living in an extremely individualistic and self-centric world. There are thousands of people in India dying of hunger and leading a detrimental life. Most of the Leprosy & TB patients live on a shoestring budget; keeping this in mind DFIT started livelihood support schemes for the underprivileged persons affected by leprosy/TB.-

The support to these patients is for enhancing their livelihood conditions and providing a scope for a dignified living. The support is rendered for construction and renovation of houses, educational support to the children of the affected persons. Self employment support is provided in the form of livestock, small business shops.

The needy tuberculosis patients are being provided food grain supplement during the course of treatment.

The affected persons are identified by the field staff and specific requests are considered in consultation with the beneficiaries. The proposals are scrutinised by the project committee and forwarded to Chennai for approval.

Type of Support provided	No. of Beneficiaries	Amount Support in Rupees
Live Stock	125	1083500
Small Scale Business	57	661500
Renovation of Houses	20	279000
Educational support	6	59350
Nutritional Support TB patients	950	1045650
Total	**1158**	**3129000**

House built for a person affected by leprosy

Cycle rickshaw provided to a TB patient

Livelihood Support for persons affected by Leprosy / Tuberculosis

District Consultancy Teams: Bihar and Andhra Pradesh

The concept of providing support to leprosy control at district level through technical teams was conceived and operationalised in Bihar since 1996. Initially limited number of districts were supported and later expanded to other districts. Intervention through the District team Strategy was required in the State because of various long-lasting gaps like inadequate infrastructure, resources, expertise and supervision and monitoring and social problems like low literacy, extreme poverty, and frequent natural calamities. The team was responsible for capacity building of the staff at various levels with strengthening of infrastructure. This became a pioneering Strategy which was adapted by WHO and other ILEP members in India. The progress in integration of leprosy control was hastened by the teams. The teams were withdrawn in 2007 after successful integration of leprosy control programme. DFIT utilised this opportunity to train all teams in TB control activities and supported 28 districts with similar strategy, initially two to three teams were placed in each district depending on the population but the number of teams were gradually reduced over a period of time. A similar strategy was also followed in six districts in Andhra Pradesh in South India. These two projects were supported by DGD from 2011-13.

Intervention and impact

Key activities of DCT

- Strengthening the lab services through placement of LTs in selected HFs, capacity building of lab technicians, STLSs, infrastructure support and logistics on a stopgap arrangements.
- Facilitate training of all cadres of government health care staff and community volunteers in Tuberculosis
- Attend the PHC/district/State level review meetings and discuss problems and suggeset suitable solutions.
- Visit PHCs, DMCs, RMPs, TB patients and DOT providers periodically to ensure that the guidelines are followed.
- Support in retrieval of absentees and defaulters for the treatment.
- Identify needy TB patients and provide them nutritional supplementation during the course of the treatment

Case notification

Bihar

In Bihar, while success in DOT supervision has been maintained and to a large extent made sustainable, MDR TB services has been initiated on small scale, case notification has remained sluggish. Every attempt was made to improve the case notification, but only some districts could show the improvement. It was observed that lack of political and administrative commitment was the main influencing factor in these districts like lack of initiatives for appointment of lab technicians, late payment of salaries, delayed procurement of lab logistics etc. It was observed that 18% of the microscopy centres were not functioning due to vacancy of lab technicians. At least one microscopy centre is essential to cover 100000 population but in Bihar each microscopy centre has to cover 160000 population or more thus only 62% of the required number of microscopy centres are functioning. Other influential factors for poor case notification includes difficult geographical terrain and frequent natural calamities.

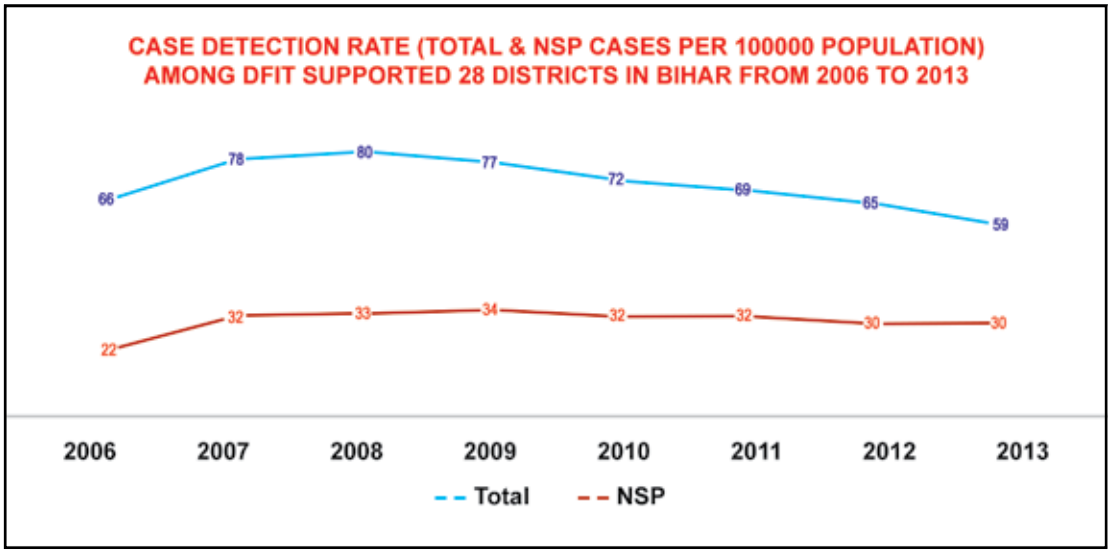
DFIT teams were able to establish 62 sputum collection centres in villages far away from PHCs but at the end only 26 centres were functioning. All together 2271 suspects were screened through sputum collection and transportation and detected 171 (7.5%) sputum positive cases. Teams conducted sensitization programme on TB for ASHA workers and sensitized 18456/23801 (77%) ASHAs in 181 PHCs. Teams sensitized 248 village sanitation committees and 251 patient welfare committees during the field visits. Teams conducted 858 patient DOT provider meetings covered 2077 patients under treatment and 1090 dot providers, sensitized them about treatment regularity and referring cough symptomatic to Govt HFs and dissemination of message done in 3560 villages through PA system. Teams covered 37595 students (between 7thstd to 10thstd) and 1258 teachers in 155 schools and conducted health education on TB.

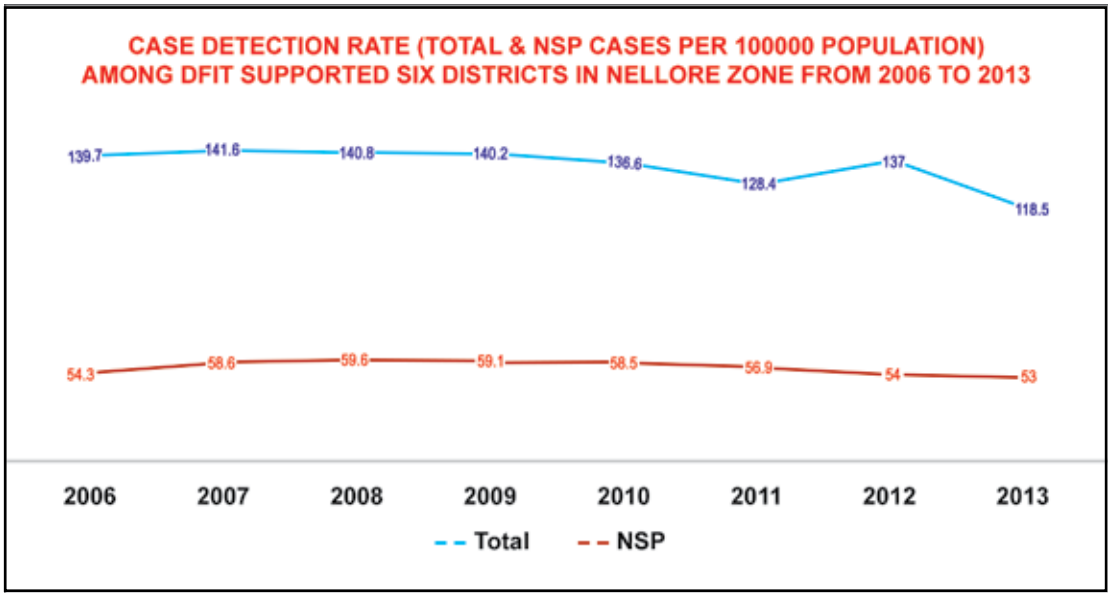
Nellore Zone

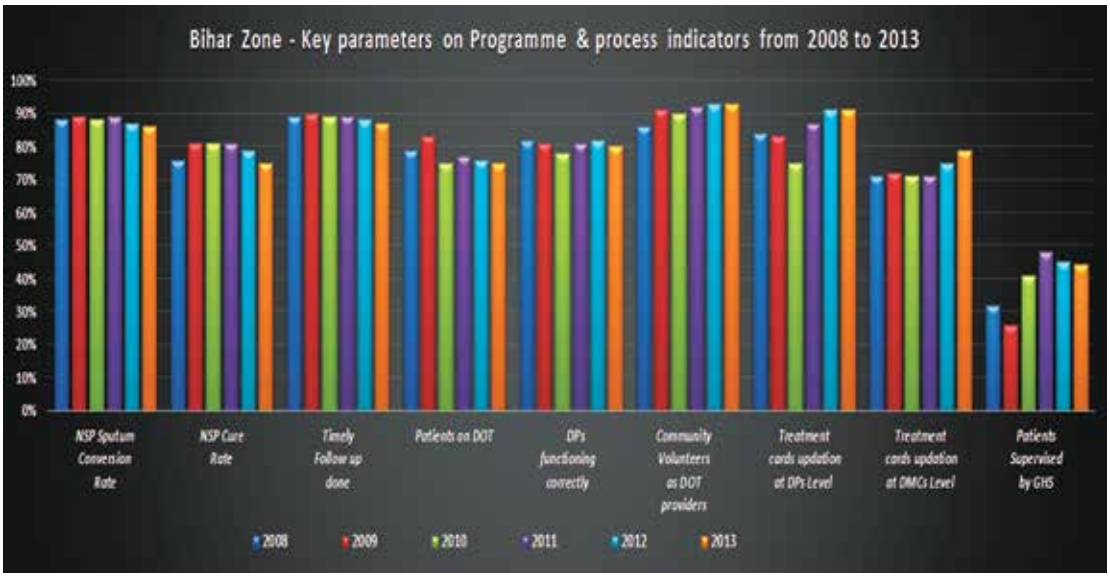
All six districts achieved NSP case notification as per the targets set by the Govt. It was observed that administrative and political commitment was strong in this zone. Adequate health infrastructure and reasonably good health services motivates community to utilise Govt services for their ailments. During reporting year re orientation training was given to 2496 ANMs and 3639 of ASHA workers. Teams trained 294 RMPs in TB control through one to one meetings and continuous medical education. Teams realised all the activities as per the plan, it disseminated information on TB in 3572 villages through

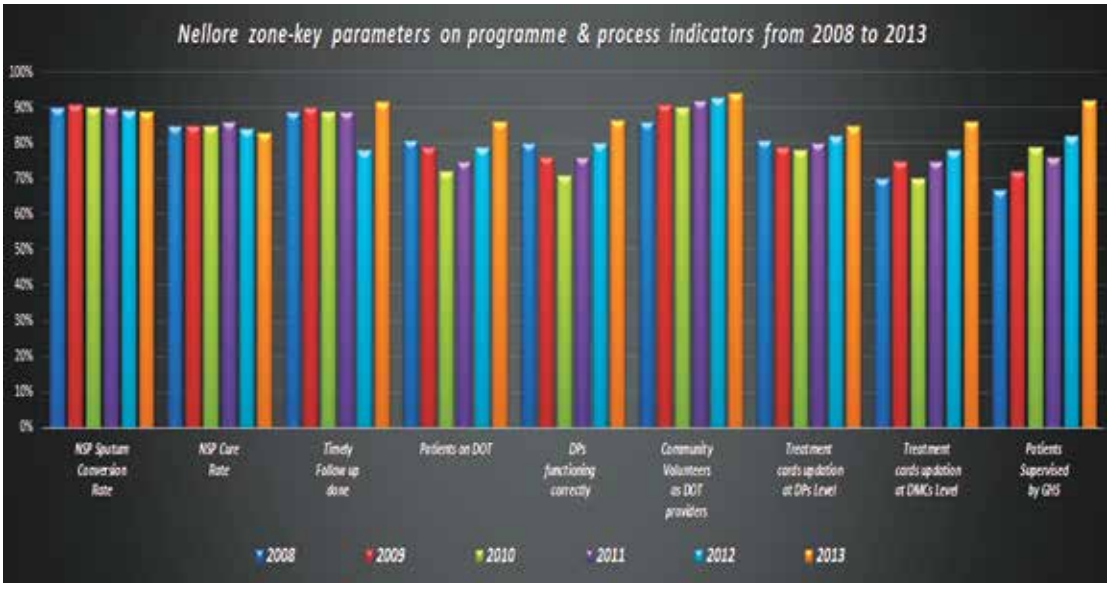
public announcement system and sensitised 9973 school children and 381teachers through covering 76 schools.

The proposal to bifurcate the State of Andhra Pradesh affected TB services in Nellore zone for two months. It affected the referral of TB suspects, total TB case registration, MDR TB suspect referral and initiation of treatment for confirmed MDR TB cases which showed a decline in the third quarter 2013.









Patient management

Bihar

Overall patient management has improved in Bihar. It was found that good progress was seen in six of the nine monitoring indicators like quality microscopy, categorisation, DOT provider functioning, patient monitoring by ANMs, updating of treatment cards and management of TB with HIV co-infection. Teams conducted reorientation training of 458 (93%) lab technicians, 65 STLSs (98%) in 28 districts supported by DF and re

orientation training was given to 643(86%) medical officers in 19 districts.

DFIT provided specific and need-based support to improve the functioning of the health system (TB control programme) on a stop gap arrangement.

1. **Placement of Laboratory Technicians:** As a stopgap arrangement DFIT provided 15 lab technicians in selected health facilities.

2. **STS/STLS in Vaishali district:** DFIT facilitated placement of 5 supervisory staff who took up dual responsibilities (STLS cum STS) from 2008 and this support has been continued till 2013 and handed over to Govt from 2014. Govt is able to continue the services.

3. **TB Units supported by DFIT:** Two TB Units functioning under the direct supervision of DFIT since 2007.

Case notification and treatment outcome in Bagha I TB Unit in West Champaran – Bihar

Year	Population	Case detection		Case notification (per 100000)		Cure Rate
		NSP	Total	NSP	Total	
2007	349000	59	169	17	48	15 / 36 (42%)
2008	359000	109	266	30	74	30 / 59 (51%)
2009	450000	234	435	52	97	96 / 110 (94%)
2010	582000	279	385	48	66	226 / 236 (98%)
2011	584000	256	371	44	64	256 / 279 (92%)
2012	595000	305	427	51	64	236 / 256 (92%)
2013	595386	280	443	47	74	277 / 305(90%)

Case notification and treatment outcome in Bahadurganj TB Unit in Kishanganj district – Bihar

Year	Population	Case detection		Case notification (per 100000)		Cure Rate
		NSP	Total	NSP	Total	
2007	480000	135	209	28	43	28 / 47 (60%)
2008	492000	253	386	51	78	85 / 135(63%)
2009	500000	180	381	36	76	221 / 253 (87%)
2010	541000	176	344	33	64	141 / 172(82%)
2011	541000	216	313	40	58	171 / 191(90%)
2012	620000	212	309	34	50	191 / 216(88%)
2013	634420	204	302	33	48	177 / 212(83.5%)

4. **Lab logistic support:** DFIT supplied lab chemicals and materials to 3 districts as a stopgap arrangement to sustain the diagnostic services without interruption.

Material	Quantity
1. Sputum cups	9500
2. Slides	15000
3. Basic Fuchsine	18 bottles of 25 gms each
5. H2 So4	30 bottles of 500 ml each
6. Distilled Water	80 liters
7. Spirit	32 liters
8. Phenol	144 bottles of 500 gms each
9. Immersion oil	39 bottles of 30 ml each
10. Tissue Roll	10
11. Lens Paper	20 books
12. Stickers for specimen identification	4500

5. **Minor repairs:** Renovation done in 4 microscopy centre and 9 microscopes were given as stopgap arrangement.

6. **Sputum collection centres:** Teams identified the difficult to reach areas or villages far away from health facilities and established sputum collection centres with the support of local community volunteers in 62 places, all together transported 2271 samples of which 171 sputum positive cases detected and all of them were initiated on treatment.

Nellore Zone

It was observed that there was a progressive improvement in all the indicators measured for good patient management. Re orientation training was conducted in 222 PHCs and 2293 ANM and 3652 ASHAs attended the training. Teams attended the TB review meeting in 215 PHCs and provided their feedback.

MDR TB programme

Bihar

MDR TB control programme was initially implemented in 4 districts in 2012 and scaled up to cover all 28 districts in 2013. The referral lab established by DFIT has started diagnostic services for MDR TB in 7 districts in and around Darbhanga district in Bihar. It was found that 51% (717/1418) of the MDR suspects were screened and found 58%

(416) MDR TB cases among them. It was noted that 94%(389) of them initiated on MDR TB treatment and DFIT provided Nutritional supplement to 172 MDR TB patients. Teams assisted key staff in monitoring of MDR TB patients under treatment.

Nellore zone

Training health workers in Tuberculosis

TB training for doctors organized by DFIT

DFIT implemented MDR TB control programme with its own resources in Nellore town in 2009 and later expanded to entire district in 2010 and continued till the end of 2011. The Govt of Andhra Pradesh launched MDR TB control programme in Nellore zone in 2012 covering a population of 19 million with the support of DFIT's infrastructure in Nellore. It was found that 68% (4852/7103) of the MDR TB suspects underwent DST. Among the confirmed MDR TB cases 85% (383/451) were initiated on treatment in Nellore zone. Team also provided nutritional supplement to 126 MDR patients.

Diligence for a dignified life…

Mookadurai is a 67 year old widower, living with his great grand nephew in Samandipuram village of Theni district. He has been physically challenged with leprosy for 25 years; he has clawed feet, clawed hands, and has lost the middle finger of his right hand. In July 2012, Arogya Agam, a project supported by DFIT helped him with the grant of Rs 5000. With this grant, he purchased a goat to generate income suited to the agricultural environment where he lives. Despite initial pressure from his neighborhood to sell the goat following a stillbirth, he looked after his asset, which up to now has produced five off spring. He has continued to practice self care regularly to ensure that his ulcers do not return to his hands and feet. Now with DFIT's guidance and support, there is an improvement in his economic status, both his family and the village people recognise his success, and support him.

Continuing Medical Education – 2013

Leprosy continues to be a public health problem especially in India. Every year about 50% of the total leprosy cases reported in the world are from India.

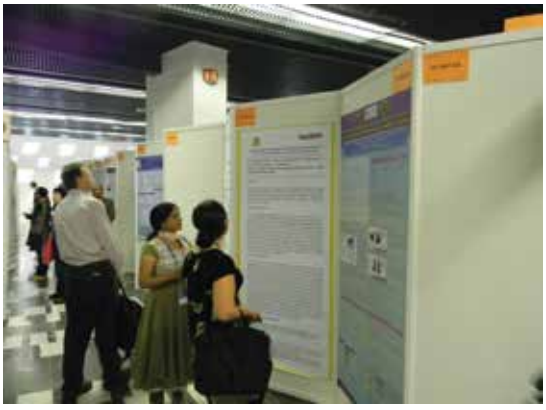
DFIT as part of continuing medical education provides opportunity to young budding doctors by educating them on leprosy by providing study materials and conducting endowment exams. The top scorer is awarded with a gold medal by the medical university.

During the year 185 medical students from 15 medical colleges in Tamil Nadu participated in theory examination and 30 of them were selected for practical examination based on the marks scored. Practical examination was organised in Trichy on 24th August. 23 students participated in practical examination. A best student each from Thirunelveli Medical College and Sri Ramachandra Medical College was selected for the award.

Dr Huub Bederbos, pulmonologist, professor from medical university in Netherlands facilitated training of hospital staff in Nellore and Delhi in managing complications related to TB and MDR TB.

Practical examination for medical students

Dr Huub training our staff in reading Chest X-rays



DFIT staff presenting scientific papers in TB conference

Chantier Damien Activities - 2013

Chantier Damien is a group of volunteers from Belgium who support the infrastructural needs of leprosy and TB activities in countries where DFIT projects are located. Chantier Damien works in close relationship with Damien Foundation Belgium. The group is formed by individuals from different walks of life with the aim of supporting Leprosy and Tuberculosis control activities. The group generates the funds from its volunteers through fund-raising campaigns and by creating awareness. Every year Chantiers groups visit India to scout the new proposals and review the constructions and allocate budgets. Selected volunteers visit India every year and participate in construction activities. The Chantier Damien has so far constructed Primary Health Centres, Laboratories, hospitals and houses for the poor patients for both Government and DFIT. The work of Chantier Damien is highly appreciated as they not only contribute funds but also participate in the construction of the buildings by doing manual work like carpentry, masonary, and painting. The Chantier Damien has been consistently participating every year since 1993.

Chantier Damien supported the following constructions in 2013

1	Renovation of leprosy wards in St. Johns Hospital, Trivandrum	Rs. 12,00,000
2	Construction of doctor's rest room in Margaret Leprosy Hospital, Delhi	Rs. 10,04,000
3	Construction of kitchen and dining hall in Nilgiris-Wynaad Tribal Welfare Society, Ambalamoola	Rs. 6,86,400
4	Construction of houses for leprosy affected persons in Pananthoppu Nagar Leprosy Colony, Salem	Rs. 36,75,000
5	Renovation of houses in Kaparthika Leprosy Colony, Bihar	Rs. 12,85,009
6	Renovation of houses and construction of toilets with hand pump in Digha Pokhar Leprosy Colony, Bihar	Rs. 14,01,614
	Total	**Rs. 92,52,023**

Volunteers from Belgium visited India in seven batches during the year 2013 and took active participation in the construction activities involving the local communities. DFIT is thankful to all the Chantier Damien volunteers from Belgium for their generous support in making a difference in the lives of persons affected by leprosy and TB.

Volunteers from Belgium involved in construction activities

First things first…

We have all heard the term "Health is Wealth". Healthy diet is vital to good physical condition. Hence, DFIT is providing Nutritional support to poor and marginalised persons affected by leprosy or TB.

Rama Kumari (Name Chenged) stays with her family in Delhi. She had patches in both hands and lateral side of thigh since a year. Her parents took her for a treatment in her village, but there was no sign of relief. Rama Kumari's father knows about the services of DFIT as he stays in the vicinity. He visited DFIT centre for treating her daughter's ailment. On examination Rama Kumari's right ulnar nerve was found to be thickened. Immediately MDT was started. Rama Kumari's family lives on a shoe string budget. Her father, a rickshaw puller hardly earns about Rs. 4000 per month out of which Rs. 1,500/- is being paid as house rent. It was hard for them to even afford two-healthy-meals a day. DFIT Delhi Project provided nutritional support to patient's family. Rama Kumari took regular treatment with self-care practice and during the course of treatment no deformity developed. She is now studying in 3rd Standard in a government school.

Resource Mobilisation Initiatives

You make a living by what you get. You make a life by what you give.

- Winston Churchill

Damien Foundation India Trust believes that involving local community in its efforts for serving the persons affected by Leprosy and Tuberculosis is a very important milestone.

DFIT started its fund raising initiatives in a small way in the year 2011 and this year had mobilsed about INR 8,17,000.

Water cooler donated by Mr. Ishwar Singh

Highlights

- Appointed a resource mobilisation consultant cum Public Relations officer in Bangalore to initiate fund raising activities among clubs, institutions and Individuals.
- A full time resource mobilisation executive was appointed in Delhi project to initiate fund raising with institutions and individual philanthropists.
- In house pay roll giving among the DFIT staff continued for the second year and the staff contributed around INR 1,80,000.
- DFIT continued to raise funds from individuals through coupons and collected about INR 1,22,000.

- DFIT received a donation of INR 4,00,000 from "Good Way India Trust" for Polambakkam and Fathima Nagar project to carry out IEC activities to spread awareness
- DFIT was able to mobilise individual donations through Probus club (Association of Retired professionals) in Chennai to a tune of about INR 37,000/-.
- Philanthropists also supported in kind way by providing water cooler for patients, fans for ward, lunch for patients and inmates etc.

Dr.Santhosh Kumar at the fund raising campaign in Belgium

Financial Report

The Financial support of DFIT had a mix of regular, co-financed and special projects. DFIT received 110.84 Million rupees from DFB which includes 54.60 Million rupees provided by DGD (Directorate General for Development, Belgium) for Co-Finance project support. Chantier Damien volunteers group provided 12.17 Million for construction and renovation of buildings relating to Leprosy and TB support activities. DFB provided an additional grant of 2.18 Million rupees towards Livelihood Enhancement Programs as part of direct support patients. Sale of fixed assets and interest from fixed deposit were 5.31 Million rupees. Income generated from renting of hall and premises, sputum cups sale, fixed deposit interest, donations were 4.01 Million rupees.

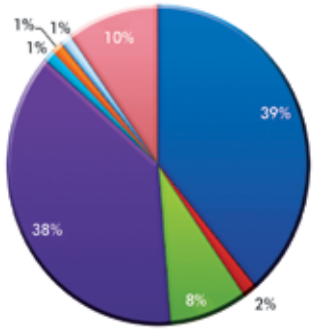
DFIT supported 11 NGO projects by providing 22.91 Million rupees. DFIT own projects, Office and Field, Cofinance activities of Nellore, Delhi and DCT activities, were provided with 97.28 Million Rupees. Chantier Damien constructions were made by spending 10.75 Million Rupees for hospital building at Trivandrum, a kitchen for patients at Ambalamoola, houses for leprosy and TB patients at Arisipalayam, Doctors rest room at Delhi and two leprosy colonies renovation. Livelihood Enhancement Program supported 331 beneficiaries affected by Leprosy and TB utilising 2.9 Million rupees. NGO Civil Society partnership program was expanded during the year and 1.7 Million rupees were spent towards supporting the care after cure services for people affected by leprosy.

Finance Report : 2013 (Foreign Contribution a/c)

Source	Income (IRS)	%
Contribution -Damien Foundation Belgium (DFB)	56232216.37	39
Contribution - Socio Economic Rehabilitation (LEP)	2183085.18	2
Chantier Damien Constructions (DFB)	12171835.68	8
Contribution - DGD (Govt. of Belgium)	54609899.86	38
Interest received on Fixed Deposits & Savings A/c	1761595.00	1
Sale of Inventories	1713000.00	1
Misc.(Interest/Recoveries/ Others)	1837996.00	1
Opening Balance (2013)	14407281.53	10
Total	**144916909.62**	100

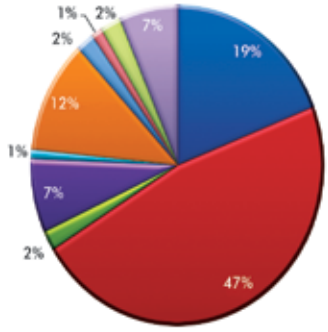
Application	Income (IRS)	%
Support to NGO & Own Projects (Leprosy & TB)	27619489.00	19
Support to DGD Activities - Bihar, Nellore and Delhi	68324868.84	47
Support to Govt. Leprosy & TB Control Programme & ILEP	2877123.00	2
Chantier Damien Construction Activities	10752987.00	7
Research Programme (Uniform Multi Drug Therapy)	1384577.00	1
DFIT HQ, Field , Fund raising & Reconstructive surgeries	16674907.20	12
Socio Economic Rehabilitation (LEP)	2914000.00	2
NGO Civil Society Partnership	1700438.00	1
Misc Expenses(DFB/Com.Dept.)	3295132.00	2
Closing Balance (2013)	9373387.58	6
Total	**144916909.62**	100

FCRA ACCOUNT: SOURCE 2013



- Contribution - Damien Foundation Belgium (DFB)
- Contribution - Socio Economic Rehabilitation (LEP)
- Chantier Damien Constructions (DFB)
- Contribution - DGD (Govt. of Belgium)
- Interest received on Fixed Deposits & Savings A/c
- Sale of Inventories
- Misc. (Interest / Recoveries / Others)
- Opening Balance (2013)

FCRA ACCOUNT: APPLICATION 2013



- Support to NGO & Own Projects (Leprosy & TB)
- Support to DGD Activities - Bihar, Nellore and Delhi
- Support to Govt. Leprosy & TB Control Programme & ILEP
- Chantier Damien Construction Activities
- Research Programme (Uniform Multi Drug Therapy)
- DFIT HQ, Field, Fund raising & Reconstructive surgeries
- Socio Economic Rehabilitation (LEP)
- NGO Civil Society Partnership
- Misc. Expenses (DFB / Others)
- Closing Balance (2013)

Finance Report : 2013 (Indian a/c)

Source	Income (RS)	%
Donations Received (Sale of coupons, Payroll, Others etc.)	13,58,091.50	12
Supply of Sputum cups	4,74,904.00	4
Interest Received (Fixed Deposits A/c & Savings A/c)	1,74,808.00	2
Gratuity from LIC	15,39,051.00	13
Miscellanceous Receipts	25,05,068.00	22
TDS on Salaries & Others	12,56,802.00	11
Opening Balance (2013)	42,96,815.27	37
Total	**1,16,05,539.77**	**100**

Application	Expenses (RS)	%
Surgery Equipment (Amda)	1,20,716.00	1
Lab and Hospital Equipment	3,62,941.00	3
Delhi Construction (Doctors rest room)	2,00,000.00	2
Public Relations	86,158.00	1
Gratuity Settlement to Staff	16,39,051.00	14
TDS on Salaries / Others	12,56,802.00	11
Travel, Bank and Misc expenses	9,77,853.76	8
Closing Balance (2013)	69,62,018.01	60
Total	**1,16,05,539.77**	**100**

Schedule Of Meetings

Period	Particulars	Participant (s)
5th January	Andhra Pradesh RNTCP Partnership meeting at Blue Peter Research Institute, Hyderabad	Mr. Thiagarajan, Administrative Officer, DFIT, Nellore
7th February	Meeting of Project Holders at DFIT, Chennai.	All Project Holders **Special Invitees** Mr. Luc Comhaire, Project Manager, DFB Dr. Tine Demeulenaere, Medical Advisor, DFB Dr. P. Krishnamurthy, President, DFIT Prof. Lakshmanan, Member DFIT Dr. Mannam Ebenezer, Member, DFIT Mr. R.Subramanian, Member, DFIT
14th& 15th February	Regional PMDT Review meeting of southern states organized by FIND at Trivandrum	Mr. Giri Prasad, Microbiologist, DFIT, Nellore
18th February	Fund Raising Consortium organized by ALERT India at Bangalore	Dr. Shivakumar, Secretary Mr. Camillus Rajkumar, Chief Administrative Officer
19th& 20th February	ILEP meeting at Bangalore	Dr. Shivakumar, Secretary
21st & 25th February	Briefing and debriefing meeting for the participants who involved in first batch exposure visit to Civil Society Organisations in Krishnagiri, Pudukkottai, Karur and Aundipatty	Dr. AshishWagh, Medical Advisor, Supervisors from Bihar, Andhra Pradesh DCTs and Kancheepuram district
11th& 15th March	Briefing and debriefing meeting for the participants who involved in 2nd batch Civil Society Organisations exposure visit was held at Chennai. Supervisors from Bihar were involved in 2nd batch.	Supervisors from Bihar DCTs
21st& 22nd March	SLOs review meeting organized by Central Leprosy Division at Jabalpur.	Dr. Anne Mattam, NLEP Consultant Dr. AshishWagh, Medical Advisor, DFIT, Bihar
9th April	CME programme for the final year medical students of Gaya Medical College organized by DFIT	Dr. M. Shivakumar, Secretary Dr. Ashish Wagh, Medical Advisor Dr. Jacob Mathew, Consultant Surgeon
27th April	DFIT Trust meeting	Mr. Rigo Peters, General Secretary, DFB Trust members
14th May	Meeting of Tamil Nadu ILEP agencies organized by GLRA at Chennai	Dr. M. Shivakumar, Secretary
18th May	C&DST Lab. Performance Review meeting at Hyderabad organized by Joint Director (TB), Andhra Pradesh	Mr. Giri Prasad, Microbiologist,
29th May	Annual NLEP review meeting of Andhra Pradesh organized by Directorate of Public Health at Hyderabad	Mr. Thiagarajan, Administrative Officer
20th & 21st June	SLOs review meeting organized by Central Leprosy Division at Chandigarh	Dr. Shivakumar, Secretary
24th July	Interactive meeting with NGOs in AP under TB control Programme organized by STO, Govt. of A.P. at Hyderabad	Mr. Satheesh, TB Supervisor
19th & 25th August	Briefing and debriefing meeting to the evaluators for evaluation of CSO projects at Chennai	
5th September	Preliminary meeting to develop socio-economic service at Polambakkam was organized at DFIT, Chennai.	DFIT Officers Project Holders from Arisipalayam, Fathimanagar, Pope John Garden, Fr. Suresh, Incharge, CRDS, Chengalpattu and Mr. Ramesh
7th September	Trust meeting	All local trust members
16th to 21st September	18th International Leprosy Congress at Brussels organized by International Leprosy Association from 16th to 19th followed by extended core team meeting at Damien Foundation Belgium.	Dr. Shivakumar Secretary Dr. M. Santhosh Kumar, Chief Medical Advisor Dr. Ashish Wagh, Medical Advisor
14th to 19th October	International Management Development Programme (MDP) course on Project Management organized by IUATLD at Kuala Lumpur, Malaysia	Mr. M. Shivakumar, Secretary
6th to 8th November	SLOs review meeting organized by Central Leprosy Division at Shillong on 6th& 7th and followed by ILEP meeting on 8th .	Dr. A.K. Pandey, CMA (Bihar)

Schedule of Trainings

Date	Particulars	Facilitator(s) / Participants
1st to 5th April	LPA Training organized by NTI in Bangalore	Mr. Moses Anandraj, Microbiologist Mrs. Mary Esther, Microbiologist Mr. Aman Kumar, LT
8th to 12th April	Lab. Management Training for Microbiologists organized by Central TB Division in Mumbai	Mr. Giri Prasad, Microbiologist
5th to 19th April	Leprosy Training for MOs organized by Bikash at Nepal	Dr. Ramesh Kumar, CMO Dr. Ashish Wagh, Medical Advisor
21st to 26TH April	Dermatology Course for MOs organized by Bikash at Nepal	Dr. Ramesh Kumar, CMO
6th to 10th May	Training Programme on Participatory Project Planning for NGOs organized by National Institute of Rural Development at Hyderabad	Dr. A.K. Pandey. CMA (Bihar) Mr. Nabi Thyagarajan, Administrative Officer
10th May	Training of widows of deceased TB Patients as Community DOT Providers organized by DFIT at Delhi	4 participants Facilitators: Dr. Ramesh Kumar, CMO Mr. Rajendran, AAO Mr. Ravi kanth, PT Mr. Amaresh Mishra, LT
24th to 27th September	Re-orientation training of STS, STLS and LTs of Bhojpur, Buxar, Arwal and Aurangabad Dist. oganised by Govt. of Bihar	Facilitator : Mr. Johinder Singh, STLS
14th to 25th October	Training on Solid Culture and DST organized by NIRT at Chennai	Mr. Maheswar, LT
16th to 22nd October	Clinical training on managing TB and HIV related complications organized by DFIT at Nellore	Facilitator – Dr. Huub Bederbos, Pulmonologist, Belgium
2nd to 8th November	Clinical training on managing TB and HIV related complications organized by DFIT at Delhi	Facilitator – Dr. Huub Bederbos, Pulmonologist, Belgium
18th to 29th November	Training on Solid Culture and DST organised by NIRT at Chennai	Mrs. Siva Durga, LT
18th to 23rd November	Re-orientation training for LTs & STLS of Khagaria, Katihar and Araria district organized by Govt. of Bihar	Mr. Joginder Singh , STLS – Facilitator
19th to 23rd November	RNTCP training for LTs of Kurnool district organized by DTO, Kurnool	Mr. Jaishankar, Facilitator

A gentle 'push' for motivation...

Vikas Rao lives with his family in Nagepalli village of Maharastra. He had been taking drugs for drug resistant tuberculosis for a year. He had earlier been treated, but could not complete it because of side effects. He did menial jobs and labour work for his daily living but wasn't able to work because of extreme TB sickness. Sadly his daughter also was affected by TB. Rao became frustrated when he learnt about his daughters TB sickness. He eventually stopped taking his drugs. The staff from Nageppalli project visited Rao and tried to pacify him and counselled him about the disease. To get over his state of despair and melancholy, DFIT established a small road-side business for him through our livelihood enhancement program. Rao was motivated to continue his medication. Rao and his family now live a happy and motivated life.

VISITORS

NAME	PERIOD	PLACE OF VISIT & PURPOSE
Mr. Peter Gordts and Mr. Jean Marie Platteu	6th to 18th January 2013	Pope John Garden, Chennai, Nellore, Polambakkam and Delhi Preliminary visit for selection of place for campaign film shooting
Mr. Luc Comhaire and Dr. Tine Demeulenaere	29th January to 8th February 2013	Mr. Luc Comhaire Delhi, Gaya, Aurangabad, Rudhrapura, Patna, Aundipatty, Nellore & Prakasam Dr. Tine Demeulenaere Delhi, Darbhanga, Sitamarhi, Patna, Trivandrum, Kanchipuram, Chittoor
Mrs. Carla Reynders	26th February to 1st March	Nellore & Polambakkam – Preliminary visit in connection with production of campaign film Chennai – Discussion with senior officers and fund raising team
Chantier Volunteers (14 members)	23rd February to 10th March 2013	To assist construction work at Salem
Dr. Bu Wenbo& Dr. Chen Xiaogang from China	27th February to 18th May 2013	Nellore and Fathimanagar - Physiotherapy training in RCS
Group of students and Teachers from NursingSchool in Belgium	1st to 20th March 2013	Fathimanagar – exposure visit
Mr. Jean Marie Platteu & Mr.Jopie	17th March to 21st April (Mr. Jopie leaves on 14th April)	Nellore – Filming for DFB campaign film
Mrs. Carla Reynders	29th March to 7th April 2013	Nellore – Review the filming activities
Chantier volunteers (10)	29th June to 27th July 2013	Kaparthika Leprosy Colony, Bihar To assist construction work
Chantier volunteers (8)	3rd July to 30th July 2013	Trivandrum To assist construction work
Chantier volunteers (8)	3rd July to 30th July 2013	Pananthoppu Nagar, Salem (1st group) To assist construction work
Chantier volunteers (6)	17th July to 13th August 2013	Ambalamoola To assist construction work
Chantier volunteers (6)	28th July to 25th August	Digha Pokhar Leprosy Colony, Bihar To assist construction work
Chantier volunteers (5)	2nd to 27th August 2013	Pananthoppu Nagar, Salem (2nd group) To assist construction work
Chantier volunteers (6)	15th September to 13th October 2013	Delhi To assist construction work
Triangle visit (1st Group)	20th September to 26th September 2013	Fathimanagar, Salem
Triangle visit (2nd Group)	29th September to 5th October 2013	Polambakkam, Fathimanagar
Dr. Huub Belderbos, Pulmonologist	16th to 19th October 2013	Nellore
Dr. Huub Belderbos, Pulmonologist	2- 8 November 2013	Delhi Impart training programme in managing TB & HIV related complications
Students & Teachers from Brussels (15)	27th October to 4th November 2013	Exposure visit to DFIT Chennai, Polambakkam and Fathimanagar projects
Mr. Roger Torremans, Member – DFB and Member of Organising Committee of Chantiers) &Mrs. Roger Torremans	21st November to 4th December 2013	Chennai, Salem & Nellore To review the Chantier projects and scouting visit to the project where Avery-Dennis team going to take up repair work

Annexure - 1

Nellore lab annual report 2013

S.NO	Districts	No of Diagnosis Cases			Rejected	Inoculated in -L.J culture						LPA					
												LPA Done		Resitant			Sensitive
		Nos	Smear Positive	Smear Negative		Nos	Positive	Negative	Neg. (%)	Awaiting	Contamination	Nos	Invalid	Rif. only	Rif & INH	Rif / Rif & INH	INH & RIF
1	Anantapur	905	639	250	16	300	42	196	78.4	57	5	663	40	15	63	78	545
2	Chitoor	810	467	338	4	375	49	262	77.51	55	9	508	31	13	42	55	422
3	Kadapa	439	228	201	0	214	22	176	87.56	14	2	431	13	53	46	99	319
4	Kurnool	803	420	398	0	427	23	298	74.87	97	9	433	29	24	60	84	320
5	Nellore	687	443	240	5	259	43	175	72.92	39	2	473	14	12	74	86	373
6	Prakasam	1425	639	771	6	817	77	641	83.14	71	28	706	34	31	75	106	566
Total		5069	2836	2198	31	2392	256	1748	79.53	333	55	3214	161	148	360	508	2545
	Average/ Month	422	236	183	5	199	21	146		28	5	268	13	12	30	42	42

In 2013 Nellore Lab enrolled 5268 patients and processed 11,630 samples of diagnostic and follow-up

Annexure - 2

Leprosy Data - 2013

Name of the project	Damien Foundation Urban Leprosy & TB Centre - Nellore	Margaret Leprosy & TB Hospital - Delhi	Nilgris Wayanad Tribal Welfare Society, Ambalamoola	Claver Social Welfare Centre Amda	Arogya Agam, Aundipatty	St. Mary's Leprosy Centre, Salem	New Hope Rural Leprosy Trust, Chilakalapalli	Holy Family Hansenorium, Trichy	Asaniketan Rural Health Centre, Kavali	ASSISI Seva Sadan Hospital, Nagapalli	Swami Vivekananda Integrated Rural Health Centre, Pavagada	St John's Hospital & Leprosy Services	Damien Foundation Referral Centre, Dehri on Sone	Pope John Garden, Madhavaram	Total
Total OPD (both leprosy & TB)	5083	38,052	5273	1278	10129	**8452**	**1110**	3349	816	**26359**	**6463**	**265**	**2779**	**8577**	117985
New leprosy cases detected	53	21	6	43	32	49	27	33	14	40	26	4	47	3	398
Among them Multi Bacillary	37	12	6	18	?	34	11	23	9	23	18	2	19	2	214
No of reaction cases managed	35	4	3	34	2	28	13	79	0	1	6	13	89	1	308
No of Reconstructive surgery done	22	4	0	18	0	0	0	32	0	0	45	0	41	11	173
No of Septic surgeries done	9	0	0	2	0	0	0	10	0	0	4	0			25
No of inpatients managed	153	25	5	38	131	173	173	469	0	9	139	97	138	22	1572
No of bed days	2190	318	38	1456	1090	3344	3628	16091	0	73	2680	3540	4338	856	39642
No of persons provided socio economic assistance	14	4	0	11	7	48	25	5	7	7	0	12	5	0	145
No MCR foot wear distributed	25	4	20	38	14	400	602	563	53	66	38	119	NIL	12	1954

Annexure - 3

DPMR Report - 2013

Disability Prevention & Medical Rehabilitation																		
		PHCs		No. of patients														
Project	District	Total	Covered	Total with disabilities	Trained in Self care	Visited	Found practicing self care regularly	Among monotored - with plantar ulcers	Found ulcers healed	Found fit for RCS	RCS done	With plantar ulcers using MCR footwear among visited	Eligible for LEP support	Provided LEP support	Receiving Govt. pension	Health workers trained in Self care	Among them found monitoring patients practicing self care	No. of patients monitored by health workers
DFUL&TC, Nellore,AP	Anantapur	81	56	928	416	180	49	91	50	144	47	206	160	10	363	416	180	144
	Kadapa	69	69	1225	1143	558	241	135	28	28	12	128	96	24	763	1143	243	135
	Nellore	74	43	1396	1089	204	64	58	7	75	9	75	0	0	686	1095	204	152
	DFUL&TC	8	8	202	202	36	32	4	0	2	2	4	0	0	25	16	6	12
Anandapuram, Polambakkam, Tamilnadu.	Kancheepuram	51	35	515	515	515	386	175	66	10	5	316	12	0	398	355	85	85
Chilakalapalli,AP	Vizianagaram	66	66	2829	2707	2707	1673	318	110	58	33	306	50	25	1562	1008	706	1413
HFH,Fathima Nagar, Thiruchirapalli, Tamilnadu	Ariyalur	42	42	120	120	143	113	24	0	4	2	24	4	25	65	50	26	98
	Karur	34	34	222	201	440	319	81	39	3	2	75	3	0	181	144	82	220
	Perambalur	28	28	112	110	122	95	12	0	4	2	12	4	1	45	53	31	69
	Pudhukottai	57	57	483	483	433	396	72	57	9	6	146	9	5	190	241	201	211
	Thiruchirapalli	63	63	501	501	542	282	98	71	5	2	95	6	3	451	307	252	372
CSWC, Amda, Jharkhand	Deoghar	8	8	271	176	176	50	57	1	NA	2	NA	NA	0	NA	43	6	9
	E.Singhbhum	9	9	275	71	71	27	17	0	NA	NA	NA	NA	1	NA	6	4	9
	Godda	7	7	135	124	124	45	48	1	NA	NA	NA	NA	0	NA	35	14	25
	Gumla	11	11	469	469	469	209	176	36	NA	2	NA	NA	0	NA	95	60	118
	Lohardagga	5	5	109	92	92	26	26	3	NA	4	NA	NA	0	NA	23	11	16
	Sareikela	8	8	683	183	183	84	51	12	NA	10	NA	NA	2	NA	23	7	7
	Simdega	7	7	194	165	165	78	48	11	NA	0	NA	NA	0	NA	43	24	59
	W.Singhbhum	15	15	276	131	131	54	43	8	NA	3	NA	NA	8	NA	21	10	17
St. John's Hospital & Leprosy Services,	Kollam	85	85	81	81	81	61	32	6	9	0	25	29	0	NA	362	40	41
	Thiruvananthapuram	92	92	346	346	433	303	123	50	4	0	123	15	12	208	310	73	73
Arogya Agam	Aundipatty	27	27	352	296	352	296	88	72	3	0	127	7	7	254	51	22	68
Margaret Leprosy & TB	Delhi	30	30	11	10	7	6	2	0	4	4	0	0	0	0	0	0	0
Asaniketan	Kavali	21	21	216	216	182	113	75	2	9	4	38	10	7	104	210	59	176
SVIRHC	Pavagada	8	8	116	116	40	32	28	12	8	4	0	35	8	0	30	15	24
NWTWS	Ambalamoola	5	5	15	15	15	15	0	0	0	0	2	15	13	3	10	5	5
ASSISI	Nagepalli	10	10	62	62	62	58	14	6	0	0	14	0	7	8	84	12	12

District	PHCs		No. of patients								
	Total	Covered	Total with disabilities	Trained in Self care	Visited	Found practicing self care regularly	Among monitored - with plantar ulcers	Found ulcers healed	Identified for RCS	RCS done	With plantar ulcers using MCR footwear among visited
E. Champaran	20	20	505	201	156	108	32	17	85	7	9
W. Champaran	18	16	480	124	91	68	19	11	51	5	2
Gopalganj	14	12	365	76	41	29	16	8	32	5	4
Siwan	19	2	170	19	0	0	7	2	3	0	10
Saran	20	2	163	9	4	2	0	0	0	0	3
Vaishali	16	2	340	7	3	2	0	0	1	0	0
Sitamarhi	18	1	449	12	0	0	0	0	2	0	0
Sheohar	5	1	21	2	0	0	0	0	0	0	0
Arwal	5	19	81	4	7	3	NA	1	11	0	4
Jahanabad	8	26	232	28	10	8	NA	1	27	0	19
Nalanda	22	41	578	123	30	26	NA	7	67	7	5
Gaya	25	63	956	167	30	28	NA	4	64	6	21
Rohtas	19	11	962	5	0	0	NA	0	44	1	0
Khagaria	7	14	138	6	2	1	NA	0	5	0	3
Saharsa	10	15	107	8	0	0	NA	0	15	0	6
Madepura	13	13	182	20	2	2	NA	2	17	0	8
Darbhanga	18	20	474	28	16	7	1	1	14	NA	1
Madhubani	22	15	655	18	4	1	0	0	1	NA	0
Katihar	16	4	335	0	0	0	0	0	3	NA	0
Purnia	14	2	392	4	4	1	0	0	1	NA	0
Kishanganj	7	9	NA	3	3	0	0	0	0	0	2
Araria	9	2	NA	0	0	0	0	0	0	0	0
Supol	12	3	NA	5	5	1	0	0	5	NA	0
Total	337	313	7585	869	408	287	75	54	448	31	97

No. of patients			GHS			ASHA Workers		
Eligible for LEP support	Provided LEP support	Receiving Govt. pension	Health workers trained in Self care	Among them found monitoring patients practicing self care	No. of patients monitored by health workers	ASHA workers trained in Self care	Among them found monitoring patients practicing self care	No. of patients monitored by ASHA workers
9	5	NA	268	20	23	551	38	43
9	4	NA	57	8	10	157	21	23
2	2	NA	56	10	12	647	37	39
1	0	NA	0	0	0	0	0	0
0	0	NA	0	0	0	0	0	0
1	0	NA	16	2	4	86	9	13
1	0	NA	0	0	0	93	13	17
0	0	NA	0	0	0	0	0	0
12	0	NA	1	0	0	2	1	0
18	0	NA	9	4	6	22	3	4
45	14	NA	51	9	11	103	16	17
106	41	NA	54	7	8	89	12	14
16	8	NA	1	0	0	4	1	1
8	0	NA	0	0	0	0	0	0
8	0	NA	4	1	1	1	0	0
13	0	NA	8	3	3	10	7	7
1	6	NA	13	2	2	0	0	0
0	0	NA	68	4	7	0	0	0
1	0	NA	0	0	0	0	0	0
0	0	NA	0	0	0	18	1	1
0	0	NA	3	0	0	6	1	1
0	0	0	0	0	0	0	0	0
0	0	NA	0	0	0	0	0	0
251	80	0	609	70	87	1789	160	180

Annexure - 4

TB Data Table - 2013

Name of the project	Damien Foundation Urban Leprosy & TB Centre - Nellore	Margaret Leprosy & TB Hospital Delhi	Nilgris Wayanad Tribal Welfare Society, Ambalamoola	Arogya agam, Aundipatty	St. Mary's Leprosy Centre, Salem	Holy Family Hansenorium, Trichy	ASSISI Seva Sadan Hospital, Nagapalli	Swami Vivekananda Integrated Rural Health Centre, Pavagada	Total
Number of TB suspects examined	412	7325	838	815	8038	832	1639	4882	24781
Total new TB cases registered	158	2585	20	23	595	21	207	579	4188
Among them New Sputum Positive	69	754	19	17	266	8	118	289	1540
Sputum conversion rate for NSP	90%	90%	71%	94%	87%	90%	99%	84.50%	
Cure rate for NSP	80%	86%	87%	63%	79%	100%	77%	83.00%	
In patients managed	374	30	22	82	0	17	87	0	612
Bed days	2566	32	118	629	0	326	230	0	3901
MDR TB cases initiated treatment	9	42	0	1	9	2	5	7	75
No of TB patients provided nutritional supplementation	12	207	18	0	64	3	65	0	369

Glossary

AFB	Acid Fast Bacilli
ASHA	Accredited Social Health Activist 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
ANM	Auxiliary Nurse Midwife
C & DST	Culture & Drug Susceptibility Testing
CME	Continuing Medical Education
CSO	Civil Society Organisation
CSWC	Claver Social Welfare Centre
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
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
DNT	District Nucleus Team
DPMR	Disability Prevention and Medical Rehabilitation. New name given to POD
DR TB	Drug Resistant Tuberculosis
DTO	District Tuberculosis Officer
DTRC	Damien TB Research Centre (a facility in Nellore and Darbhanga for diagnosis, management and research in MDR TB)
FCRA	Foreign Contribution Regulation Act
GHS	General Health Staff
GMLF	Gandhi Memorial Leprosy Foundation: NGO Project at -Chilakalapalli supported by DFIT , Chennai.
HFH	Holy Family Hansonorium. NGO Project at -Tiruchirapalli supported by DFIT , Chennai
HIV	Human Immunodeficiency Virus
HF	Health Facilities
IEC	Information, Education and Communication
ILEP	International Federation of Anti-leprosy associations. Has ten members

INR	Indian Rupees
INH	Isoniazid
IP	In patient
LEP	Livelihood Enhancement Programme (a socio economic rehabilitation programme implemented by DFIT assisted projects)
LP A	Line Probe Assay
L T	Laboratory Technician
MB	Multi Bacillary leprosy
MCR	Micro Cellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected person with anaesthesia or deformity in the foot
MDR TB	Multi Drug Resistant Tuberculosis
MDT	Multi Drug Therapy
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
PA	Public Announcement system
PAL	Persons Affected by Leprosy
PB	Pauci Bacillary leprosy
PHC	Primary Health Centre. The main health facility in rural area covering a population of 25000 to 100000 and responsible for implementing curative and preventive services in the designated population
PMDT	Programmatic Management of Drug Resistant TB
POD	Prevention Of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability
RMP	Rural Medical Practitioner
RIF	Rifampicin
RNTCP	Revised National TB Control Programme
RCS	Re-Constructive Surgery
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
SVIRHC	Swami Vivekananda Integrated Rural Health Centre, Pavagada
TB	Tuberculosis
TBS	Tuberculosis Supervisor
TU	Tuberculosis Unit
WHO	World Health Organisation

Henry Sheehy, volunteer from Belgium shares his experience.

What struck me the most was that the leprosy colony in Walajabad, Tamil Nadu wasn't as shocking as I had expected. This was in stark contrast to the government colony we visited. Even the patients' pain and suffering at the leprosy centre in Polambakkam was completely overcome by the care and attention given by the volunteers and doctors who went out of their way to treat them. The happiness we saw in the patients was only possible thanks to the work done by Action Damien and its donors and volunteers. I saw that wherever Action Damien was present there was no sense of hopelessness nor despair. It was clear that DFIT was not only healing patients, but also providing hope where hope would not have otherwise be found. At the convent in Fathimanagar we observed the meticulous care provided by Action Damien. I was impressed by the level of education the Sisters provided the orphans, as well as their own knowledge in the treatment and research of Tuberculosis and Leprosy. They not only treated patients, but also equipped them with the means to perform their own treatments, and once cured, to even work. We met some leprosy patients who had now been cured from the disease but still suffered from the scars it had left them with. Nevertheless they were able to produce sandals made to order for other patients. The Sisters' work here was not only providing care and treatment for the orphans and patients, but also giving them a future once they leave. The impact of DFIT's efforts where we visited in Fathimanagar and Polambakkam have really made me see how even a small donation can provide so much good thanks to the work of Action Damien's doctors and volunteers. I look forward to the continued work by Action Damien and will continue to raise funds for them.

DFIT FORMER SECRETARY, DR.KRISHNAMURTY RECEIVING THE "COMMANDER OF THE ORDER OF LEOPOLD" AWARD FROM THE BELGIUM GOVERNMENT

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