

Dr. Frans Hemerijckx with his team established the
"Belgian Leprosy Centre" at Polambakkam in July 1955

Annual Report 2014

DAMIEN FOUNDATION INDIA TRUST

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Rewind



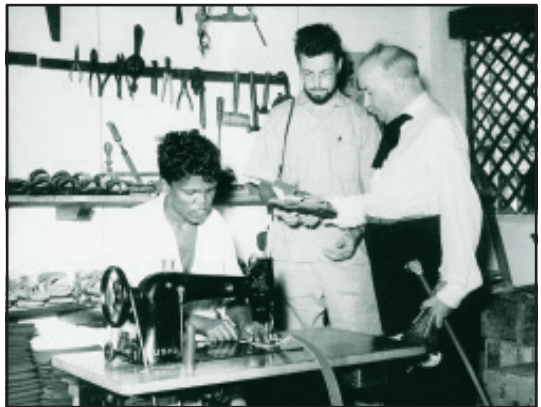
General dispensary



Dr Frans Hemerijckx during ward rounds



Patients undergoing physiotherapy



Raoul Follereau instigated World Leprosy Day and inspired creation of Damien Foundation at Polambakkam in 1964



King Leopold III and Princess Liliane at a clinic under the tree in 1960



Mr Muthumalla Reddiar, philanthropist, greets King Baudouin and Queen Fabiola in 1964



It is my privilege to share some insights of the annual report 2014. The report reflects on our achievements, challenges and success stories.

The 'Polambakkam adventure' began on 9th July 1955. The year 2014 marked the 60th year of a successful journey. The evolution of the involvement of Damien Foundation in leprosy and TB control in India is a history of an incredible journey with extraordinary challenges and opportunities. On this special occasion we remember our doctors Hemerijckx and Claire Vellut for their remarkable contribution in leprosy control.



This year our programmes did reasonably well, to highlight, we have made our referral services easily accessible to persons affected by leprosy and tuberculosis including drug resistant forms. There is still a further scope for scaling up of referral services for persons affected by leprosy especially in Bihar and Jharkhand. I am happy to share that there was an overall progress in the indicators set for this year.

I acknowledge and thank the continuous support of Government of India and State Governments. I thank Damien Foundation Belgium for their splendid contribution to support persons affected by leprosy and TB with medical and social rehabilitation. The judicious support of board members is well appreciated. I extend my appreciation to all our partners and team members, for their hard work and dedication in making the year a successful one. I cannot miss to mention the continuous support received from Dr. P. Krishnamurthy.

We are open and honest about our oversights and welcome feedback from our well-wishers for further improvement.

Dr. M. Shivakumar
Secretary



Highlights 2014

- Partnered with Damien Social Welfare Centre, Dhanbad to improve access to leprosy referral services in the state of Jharkhand
- Established palliative care for persons affected by leprosy and general physiotherapy units at Anandapuram Rehabilitation Centre, Polambakkam
- Dedicated a memorial for Dr Claire Vellut at Polambakkam
- Constructed a ward for managing patients with plantar ulcer at Amda (Jharkand) and renovated two leprosy colonies in Siwan & East Champaran (Bihar) with the support of Chantiers Damien
- Reached 34,721 persons affected by leprosy and 55,523 TB patients
- Damien TB Research Centre, Nellore crossed the milestone of diagnosing 1000 Rifampicin resistant/MDR TB in Andhra Pradesh
- Conducted 338 reconstructive surgeries for persons affected by leprosy with disability
- Provided livelihood support to 241 persons affected by leprosy and TB.
- Nutritional support was given to 787 needy TB patients during treatment
- Rolled out initiatives for contact investigation in leprosy, and screening of TB patients for diabetes
- Carried out operational research on rapid diagnosis of XDR TB; explore the potential use of Fluorescein – Diacetate (FDA) staining to distinguish viable and non viable acid fast bacillus; assess the magnitude of Grade 2 Disabilities among children affected by leprosy.



Introduction

Damien Foundation India Trust is a charitable Non-Governmental Organisation supporting leprosy and TB control programs in India. The organisation started its chapter in India by establishing 'mobile clinic under the trees' in Polambakkam, a small village located in Kanchipuram district. Efforts were taken to reach more people affected with leprosy by initiating similar mass oriented rural leprosy centres in different parts of India which were handed over to respective state governments as part of the agreement. Damien Foundation pioneered the concept of 'District Technical Support Teams' in 1994 to improve case finding and access to Multi Drug Therapy (MDT) in high endemic states like Bihar. The strategy led to striking improvements in MDT coverage, treatment regularity, monitoring and capacity building of local staff. Damien Foundation took up TB control activities in 1998 to make leprosy related activities more cost effective and better reach the people affected by leprosy.

Vision

To reach and serve persons affected by Leprosy or TB, medically and socially.

Mission

Damien Foundation offers quality services, both medical and social, to people in need, either directly or through NGOs, Civil Society Organisations or Government



For the last few years we have been focusing our efforts towards improving access to tertiary level care for leprosy. During this long journey there was evolution in our policies and strategies. However, the quality of leprosy care remains our centre of action.

Damien Foundation has 9 board members who execute all the leprosy & TB activities through the Secretary of the Trust.

Author & Founder : Late Dr. Claire Vellut

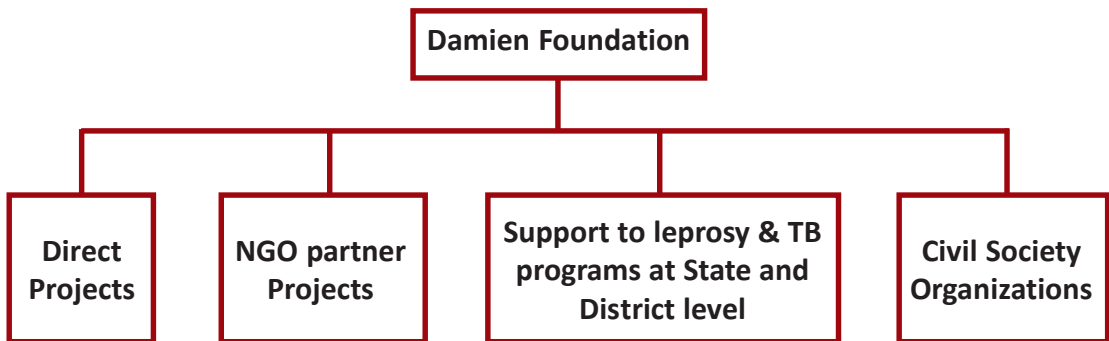
- Trust Members :**
1. Dr. P. Krishnamurthy (President)
 2. Mr. Koen Van Den Abeele, Director DFB (Member)
 3. Mr. Alex Jaucot, Director (Projects) DFB (Member)
 4. Mr. R.Subramanian (Treasurer)
 5. Mr. A.L. Somayaji (Member)
 6. Dr. Mannam Ebenezer (Member)
 7. Dr. S. Raja Samuel (Member)
 8. Mr. S. Jayaraman (Member)
 9. Dr. M. Shivakumar (Secretary)

Phase	Period	Strategy
1	1955-1982	Leprosy service by NGO projects, both field and hospital based
2	1983-1996	Leprosy service by NGO projects and support to government programme in districts
3	1997-2003	Leprosy service by NGO projects, TB Service in field and hospital by NGO projects, Support to leprosy control in districts
4	2004-2007	Integration of leprosy, support to TB control in districts, support to POD in districts, referral services in leprosy
5	2008-2011	Support to TB control including MDR TB in districts, support to POD in districts, referral services , socio economic rehabilitation, thematic support in leprosy
6	2012 -2016	Support to TB in specific areas like case notification and MDR TB, support to care after cure activities in districts through civil society organisations, socio economic rehabilitation, tertiary referral services, support to leprosy at State level in thematic areas
7	2017 onwards	Referral services for leprosy and MDR TB, care after cure services and case detection in underserved population through CSOs, socio economic rehabilitation



Projects

Damien Foundation has 17 projects spread across eight states in India. Among them seven projects provide only leprosy care services, nine provide both leprosy and TB and one offers laboratory services for drug resistant TB. Apart from direct patient care services, support is offered to implement POD activities for leprosy in 53 districts and for TB control program in 21 districts. Community participation is envisaged by involving civil society organisations. All the projects are executed in close partnership with state and local government authorities.



Partnership with Damien Social Welfare Centre

Damien Social Welfare Centre(DSWC), Dhanbad, one of the premier institutions for leprosy care services in the state of Jharkhand and the centre had done reconstructive surgeries in the past but later discontinued due to various reasons. Damien Foundation has partnered with DSWC to provide access to tertiary level leprosy care services.



Our Presence



Self governed projects

1. Anandapuram Rehabilitation Centre, 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, Aundipaty, Theni District - Tamilnadu
5. ASSISI Sevasadan Hospital, Nagapali, Gadchiroli - Maharashtra
6. Claver Social Welfare Center, Amda, Saraikela - Jharkhand
7. New Hope Rural Leprosy Trust, Chilakalapalli - Andhra Pradesh
8. Holy Family Hansenorium, Fathima Nagar, Thiruchirapali -Tamilnadu

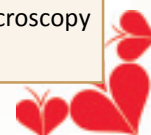
9. Nilgiris - Wynaad Tribal Welfare Society, Ambalamoola, Nilgiris - Tamilnadu
10. St. Mary's Leprosy Centre, Arisipalayam, Salem - Tamilnadu
11. St. Johns Health Services, Pirappancode, Thiruvananthapuram - Kerala
12. Swamy Vivekananda Integrated Rural Health Centre, Pavagada - Karnataka
13. Damien Social Welfare Centre, Dhanbad - Jharkhand
14. Pope John Leprosy Referral Centre, Madhavaram, Chennai - Tamilnadu

Support to Government

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



ADDRESS PHONE, FAX & E-MAIL		IN-CHARGE PERSON	SERVICES AVAILABLE
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St.Mary's Leprosy Centre, Arisipalayam, Salem, Tamilnadu - 636 009	0427-2352645 smlcslm@gmail.com	Sr.Francina Administrator	OP & IP (Leprosy & TB) Designated Microscopy Centre Support to TB program in Salem urban POD program
Arogya Agam, Theni District, Aundipatty, Tamil Nadu - 625 512,	04546-242306 04546-244311 (Fax) info@arogyaaagam.org	Dr.Sabu.M.Simon Secretary	OP & IP (Leprosy & TB) Designated Microscopy Centre
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New Hope Rural Leprosy Trust, Chilakalapalli PO, Balijipeta, Vizianagaram District, Andhra Pradesh - 535 557	08944-256265 psvramakrishna@gmail.com	Mr.Eliazar T. Rose Chairman cum Director Mr.P. Sivaramakrishna Project Officer	OP & IP (Leprosy) POD program
Damien TB Research Centre, Allalpatti, P.O. Darbhanga Medical College Campus, Laheria Sarai, DARBHANGA, Bihar - 846 003	0627-2250004 07782005230 / 09431649308 dtrcdarbhang@gmail.com	Mr.Moses Anandraj, Microbiologist	LED Fluorescence microscopy, Line Probe Assay Solid (L J) culture and DST
C/o. Model Leprosy Control Unit, Rudrapura, Dehri-On-Sone, Rohtas District, Bihar - 821 307	08969961455 dosmlcrohtas@gmail.com	Dr.Sheo Kumar Singh, Medical Consultant	OP & IP (Leprosy) Reconstructive Surgery for leprosy
Margaret Leprosy & TB Centre, 25-27, Qutub Vihar Phase-I Goyela Dairy Main Road Near Police Check Post, Najafgarh New Delhi - 110 071	011 - 65492609 Mobile : 9891561099 admindelhi@damienfoundation.in	Dr.Brijpal Singh Deo, Chief Medical Officer	OP & IP (Leprosy) Reconstructive Surgery for leprosy 10 Designated Microscopy Centres
Holy Family Hansenorium Fathimanagar PO, Tiruchirapalli Dist, Tiruchy, Tamil Nadu - 620 012	0431-2680222 0431-2680033 holyfamilylep@gmail.com	Sr.Conrad Mary Project Holder	OP & IP (Leprosy) Reconstructive Surgery for leprosy Designated Microscopy Centre



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Damien Foundation, Urban Leprosy & TB Centre, Damien TB Research Centre, Bakthavachala Nagar, A.K. Nagar Post, Nellore, Andhra Pradesh-524004	0861-2325163 adminnellore@damienfoundation.in	Mr. Nabi Thiagarajan Administrative Officer	OP & IP (Leprosy) Reconstructive Surgery for leprosy LED Fluorescence microscopy, Line Probe Assay Solid (L J) culture and DST
Sri Ramakrishna Sevashram, Swami Vivekananda Integrated Rural Health Centre, K R Extension, Tumkur, Pavagada, Karnataka - 561202	08136-244548 08136-244030 swajapa@yahoo.com	Swami Japananda President	OP & IP (Leprosy & TB) Designated Microscopy Centre , Reconstructive Surgery for leprosy, LED Fluorescence microscopy, Line Probe Assay, Solid LJ Culture and DST
The Beatitudes Social Welfare Centre, Rehabilitation for the Patients with Leprosy, 64, K.K.Thazhai, Madhavaram, Chennai - 600 051	044-25514287 / 25514929 director@popejohnsgarden.com	Rev.Fr.Edwin Vasanth, Director	OP & IP (Leprosy) Reconstructive Surgery for leprosy Support to TB program in Pavagada
Anandapuram Rehabilitation Centre, Damien Foundation India Trust, Polambakkam Village & PO, Kanchipuram District, Tamil Nadu - 603 309	044-27544258 dfitpolambakkam@gmail.com	Mr.Ilango-Yesu Project In-charge	Leprosy home with 20 beds General physiotherapy centre Palliative care unit
St.John's Hospital & Leprosy Services Pirappancode P.O. Trivandrum District Kerala : 695607	0472-2872047 0472-2872378 (Fax) stjohnshealthservices@gmail.com	Rev. Fr. Jose Kizhakedeth Director	OP & IP (Leprosy) Reconstructive Surgery for leprosy
Damien Foundation India Trust, " Navalaya" Main Road Budha Colony, Patna – 800 001 (Bihar)	Ph/Fax–0612–2520834 Mobile: 9334490624 / 9431380790 adminbihar@damienfoundation.in	Dr.Ajay Kumar Pandey, Chief Medical Advisor (Bihar)	Support to TB program in 15 districts Support to POD program in 23 districts Support to NLEP



Human Resource

Damien Foundation executes its projects through dedicated teams comprising of medical, paramedical and administrative staff. Professional development through regular trainings and continuing medical education is given high priority. Performance appraisal is done regularly to motivate and guide the staff to deliver quality services. Equal opportunity is given to staff without gender bias and discrimination. Damien Foundation staff are from a multicultural environment who strive together to achieve its vision and mission. During the year, 278 staff were engaged, among them 14 were newly appointed and 13 staff were relieved due to superannuation or resignation.

Human Resource			
Classifications	Direct Appointment	Support to NGO Projects	Support to Govt.
Doctors	9	7	0
Paramedical Staff	38	30	0
Lab Technicians / STLS	13	8	30
Staff Nurse	9	8	0
Microbiologist	3	0	0
Administration & Finance	19	14	0
Communication and Resource Mobilisation	3	0	0
Others	51	36	0
Total	145	103	30



Direct Patient Care

Direct patient service includes outpatient and inpatient care with follow up mechanisms. Services are provided by dedicated staff with expertise in dealing leprosy, TB and its complications. Among the projects, six provide secondary level and 10 provide tertiary level care services for leprosy. In addition, eight of them also provide TB services which include diagnosis, treatment and follow up. Leprosy and TB services are rendered as per the guidelines of Government of India . Medicines for leprosy and tuberculosis are provided free of cost by the Government. Other ancillary medicines are provided by Damien Foundation. Projects take responsibility to make sure all the persons affected by leprosy and TB completes their full course of treatment. Patient follow up is done by paramedical workers and government health staff.

Key functions of a leprosy referral hospital

Assist primary health centres in confirming the diagnosis	<ul style="list-style-type: none">• Manage complications like plantar ulcers, lepra reaction & RCS• Passive contact investigation	Train and build the capacity of health workers in leprosy	Research
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Lepra reaction management

Damien Foundation gives top priority for early detection of leprosy and high quality care for patients with lepra reaction. While 293 patients with reactions were managed by the referral centres, 446 were managed by field teams during the year.



Lepra reaction is a medical emergency. Timely diagnosis, treatment and follow up of reaction cases is the key to prevent disabilities.



Reconstructive surgery

The projects were successful in conducting 338 reconstructive surgeries during the year which is comparatively higher than previous years. Children and young adults are given priority. Surgeries are done by Dr. Jacob Mathew, Dr. Pramod, Dr. Ramasamy, Dr. Akbar Khan, Dr. Mohan Raj & Dr. Aasish Kumar Wagh.



A stitch in time....

Ampilli Sankara Rao, aged 22 is a active young student loves to play football. He resides with his parents in a small village of Vizianagaram district.

A year ago he noticed small patches on his skin and had some pain in the right elbow. He visited private doctors hoping to get his sickness treated. The doctors gave him pain-killers but the relief was temporary. A few months later his pain worsened, and noticed more patches on his skin. He reported to a nearby Primary Health Centre (PHC). The PHC medical officer diagnosed it as leprosy and started Multi Drug Therapy but overlooked his problem in the right elbow.

Sankara faced stigma from his friends and neighbours, but he never lost the hope of getting back to his normal life. He reported to New Hope Rural Leprosy Trust, a project supported by Damien Foundation. He was admitted with severe nerve & muscle pain, and a clawed little finger. Though diagnosed with neuritis, he responded very quickly to the steroid treatment and soon his deformity disappeared. He exuded confidence throughout the treatment.



Reaching underserved communities...

Ramesh (name changed), 21 years old, belongs to the Irula Tribe, a scheduled community from Tamil Nadu, who traditionally live in dense forests and subsist by catching snakes and rats. Over time they have become bonded unskilled labourers in rice mills, and now most are engaged in the construction industry. Ramesh lives with his parents and two siblings, and was brought up by his mother, his father being severely addicted to alcohol. Having studied up to seventh standard, Ramesh was forced to drop out of school because of severe migraine, and now works as a construction labourer earning Rs.450/- a day. Noticing a patch on his arm his mother (who suffered from leprosy) took him to hospital where he was diagnosed and treated successfully for the same disease, with multi-drug therapy for six months. Six years later, however, he developed a clawed hand. He was referred to the district leprosy office in Poonamalle, and they referred him to Pope John Garden (a project supported by Damien Foundation) for surgery. He was operated on in May 2014. This story of Ramesh highlights the reach of our referral services to people affected by leprosy from underserved communities.



A good referral system is the need of the hour

Meena (name changed), 14 years old, from Chennai is studying ninth standard. Her mother committed suicide by setting herself ablaze, after years of severe physical abuse from her alcoholic father. Meena was then sent to live with her grandparents. Noticing a patch on Meena's arm her grandmother took her to a private doctor, who prescribed an ointment; but even after a year the patch failed to disappear. To add to her woes the fingers on her right hand became crooked. Finally at the hospital run by GLRA (German Leprosy Relief Association) - she was diagnosed with leprosy, and treated successfully with Multi-Drug Therapy (MDT) for a year. They referred her to Pope John Garden Leprosy Referral Hospital, project supported by Damien Foundation for Reconstructive Surgery. The surgery was done to correct her claw hand. Meena's Grandmother worried about her future. Damien Foundation assured her that the project will support her for higher education. The story highlights the importance of the presence of International Federation of Anti-Leprosy Associations like Damien Foundation and GLRA in providing referral services.



Before and After Reconstructive Surgery



Chronic ulcer management

Persons affected by leprosy are often subjected to stigma and discrimination because of the long standing non healing plantar ulcers with foul smell. During the year, 1147 patients with chronic ulcers were admitted in referral centres and 167 of them underwent septic surgeries. These patients were educated on practicing self care measures to prevent recurrence.



Anandapuram Rehabilitation Centre

Anandapuram home was established in Polambakkam in 1964 to provide care for persons affected by leprosy cured clinically but living with mutilations, alone, or those not accepted by their family. Till the last year there was no new admission and in 2014, the number of inmates was increased from 14 to 20. The project started a palliative care unit to manage terminally ill persons affected by leprosy. During the year four patients received palliative care support and their funerals were managed by the project. The visiting doctor provides medical care for all inmates. The project is planning to start a physiotherapy unit for general orthopaedic ailments catering to people living in the neighbourhood.





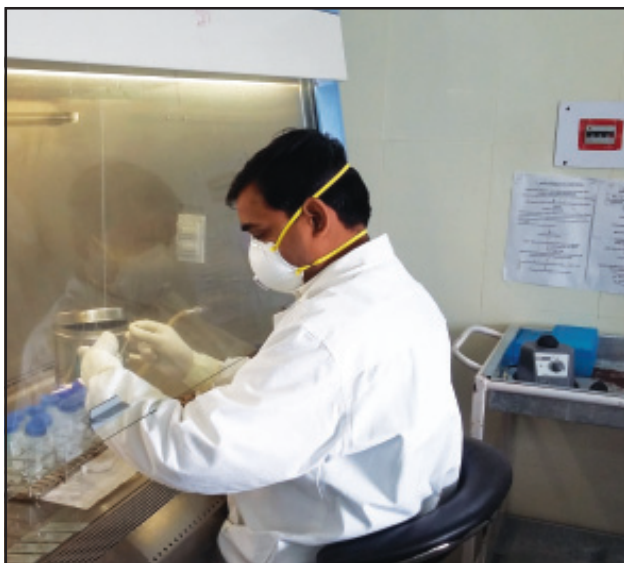
Think before amputation...

Venkat (name changed), 28 years old, hails from Kadapa district, Andhra Pradesh. He was working in a cloth shop. In 2010, he was diagnosed with leprosy and he completed the full course of treatment. He also underwent two surgeries to correct his disabilities in the right hand at Damien Foundation Leprosy and TB Centre, Nellore. In 2014, he reported to the centre with a big ulcer in the dorsum of his left foot. He walked barefoot during the hot summer and developed blisters which later became infected and turned into ulcers. At the time of admission he was severely malnourished. Also the ulcer was severely infected with foul smelling discharge. The medical team had a dilemma on whether he can be managed conservatively or needs an amputation. Finally the team decided to try to save his leg considering his young age. He was treated with antibiotics and was given protein rich diet. Surgical debridement and skin grafting was done later. His ulcers started healing fast with conservative line of treatment and finally the team could save the leg of this young man.



Referral services - MDR TB

Damien TB Research Centre, Nellore



Damien TB Research Centre (DTRC), Nellore was established in 2008 to provide diagnostic and follow up services for drug resistant TB patients in Nellore district. Government of Andhra Pradesh requested the project to extend its services to six districts (Anantapur, Chittoor, Kadapa, Kurnool, Nellore and Prakasam) covering a population of 22 million. The lab has the facility to diagnose MDR TB through conventional method (Solid LJ-DST) and rapid molecular

method “Line Probe Assay” (LPA). Follow up samples are processed with solid culture method. Government of India has certified this lab and granted accreditation for solid LJ DST in 2011 and LPA first line drugs in 2012 and so far the lab has detected more than **1000 MDR TB** cases since its accreditation.

The project has executed a MOU with the State for providing diagnosis and follow-up services under NGO/PPM scheme for six districts up to March-2014. From April 2014 onwards the diagnostic service is provided free of cost to Nellore district covering a population of 3 million and follow up services to all the six districts.

During the year, the lab processed 4359 diagnostic samples (from 2213 patients) and 2292 samples for follow up of MDR-TB. Among the diagnostic samples 45% were smear positive and smear negative samples were processed and inoculated in Solid LJ culture. Cultures which were positive for MTB were tested with Line Probe Assay. In total 1754 (14.3%) Rifampicin/Rifampicin & INH resistant cases were diagnosed and referred for treatment initiation.

It was found that 16.8% (386/2292) of follow up samples were found to be smear positive and 15% (358/2292) were reported as culture positive. Patients who remain culture positive at the end of fourth month onwards were suspected for XDR TB and samples



were sent to National Reference Lab, Chennai (NIRT). During this year 120 samples of XDR TB suspects were sent for diagnosis and 15 (12.5%) patients were reported as XDR TB cases. In addition to this 37 (30%) Ofloxacin and 8 (7%) Kanamycin mono resistance were also detected from the XDR TB suspects. Ofloxacin/Ofloxacin & Kanamycin resistant cases were referred for XDR TB treatment initiation.

Damien TB Research Centre, Darbhanga

Damien TB Research Centre (DTRC) laboratory was established in 2012 in Darbhanga to provide diagnostic for drug resistant TB patients in Darbhanga, Madhubani, Saharsa, Supaul, Madhepura and Samastipur districts and follow up services are extended in addition to above mentioned districts and Sitamarhi, Sheohar, Muzaffarpur, Siwan, Gopalganj, East Champaran and West Champaran. The lab has the facility to diagnose MDR TB through rapid molecular method “Line Probe Assay” (LPA). Follow up samples are processed with solid culture method. Government of India has certified this lab and granted accreditation for LPA first line drugs in 2014 and so far the lab has detected more than 100 MDR TB cases since its accreditation. Accreditation for Solid LJ-DST is in process.

The project has executed a MOU with the State of Bihar for providing diagnosis and follow-up services under NGO/PPM scheme. During the year, the lab processed 1704 diagnostic samples (from 852 patients) and 1199 samples for follow up of MDR-TB. Among the diagnostic samples 31% were smear positive and subjected to LPA. Smear negative samples were processed and inoculated in Solid LJ culture. Those cultures



positive for MTB were tested with Line Probe Assay. In total 115 (34.5%) Rifampicin/Rifampicin & INH resistant cases were diagnosed and referred for treatment initiation.

It was found that 19.7% (236 /1199) of follow-up samples were found to be smear positive and among them 9.7% (116 /1199) were reported as culture positive. Patients who remain culture positive at the end of fourth month onwards were suspected for XDR TB and samples were sent to National Reference Lab, Delhi. During this year 16 samples of XDR TB suspects were sent for diagnosis and 7 (43.8%) patients were reported as XDR TB cases. In addition to this 4 (25%) Ofloxacin and 1 (6.3%) Kanamycin mono resistance were also detected from the XDR TB suspects. Ofloxacin/ Kanamycin & Ofloxacin resistant cases were referred for XDR TB treatment initiation.

DOTS Plus site, Nellore

Damien Foundation Urban Leprosy & TB Centre established a DOTS plus site in 2012 in collaboration with government. DOTS plus site provides services including pretreatment evaluation, counseling, treatment initiation and management of complications. DOTS plus site was catering services to six districts (Anantapur, Chittoor, Kadapa, Kurnool, Nellore and Prakasam) in Andhra Pradesh till 2013 and thereafter it was restricted to Nellore and Prakasam since the treatment initiation services were decentralized to district level. In 2014, the project organized 44 DOTS plus site committee meetings and 169 MDR TB patients were admitted for treatment initiation and among them 165 were started on second line TB treatment.



He felt all the ills of the world...

No one likes to think they have given someone else TB. Anyone can get TB. You must take steps to protect your family before it is too late...

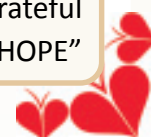


Mr. Kanaiyalal, aged 41, originally from Bihar and currently lives with his wife & four children in South Delhi. Kanaiyalal was affected by Tuberculosis 20 years ago, but was cured after 6 months of treatment through a private doctor. He worked for a printing press as a book binder to make a living. He was extremely attached to his daughters. With his salary, Kanaiyalal somehow managed to cover the basic expenses of family.

When his elder daughter became ill and was diagnosed with MDR TB, she took treatment from one of our Delhi centres. He was absolutely heartbroken, but then as ill-luck would have had it, Kanaiyalal himself was diagnosed with MDR TB. Sadly, all the family

members shared one room without adequate ventilation. Subsequently, everyone in his family contracted TB except the wife. She was devastated by this turn of events and started doing menial jobs to compensate her family's expenses. Even at these times she was a constant source of inspiration to the other family members. They were staring at destitution living hand to mouth.

Unable to face his wife's struggle, Kanaiyalal sold his house to sustain the family. Our staff continued to motivate him and ensured a timely supply of drugs. Damien Foundation supported him and his family with nutritional supplements during the whole period of two years. Gradually the situation improved. He is now doing well and has gained seven kilograms in weight. Kaniyalal is back to normal life, and could continue to earn a living. Damien Foundation has provided the battery for his auto-rickshaw and now makes a living as a rickshaw driver. His own words: "I was totally in pain when I saw my daughters in sickness, but I'm extremely grateful to Damien Foundation for all the motivation and support they have given me HOPE"



Tears of despair to tears of joy...

It is not every day that you find an extremely drug resistant TB case. When you find one, you have to put the whole health care machinery into top gear. That is what the project in Delhi did when one such case was detected.

Razia (name changed), 17 years, who was living with her parents in Mumbai came to New Delhi three years back for TB treatment. She stayed at her sister's in laws' place. She was treated by Damien Foundation health centre. When she failed to respond she was retreated. Still her symptoms persisted and her phlegm was positive for TB bacillus. Laboratory tests revealed that she had Multidrug Resistant TB for which appropriate drug regimen was started.



When she did not respond well to treatment even after seven months of closely observed treatment, the staff feared the worst. She was found to have extremely resistant TB, resistant to first and two of the second line drugs. Promptly she was put on special drug regimen.

It was not easy for her. She had to take a fistful of drugs and get injected every day, tolerate uncomfortable symptoms due to the effects of drugs. She was literally quarantined in the house. She had lost all hopes of surviving the ordeal. Intense care by her sister, strong support by the staff of Damien Foundation health centre who provided her nutritional supplement and continuous counseling and guidance helped her face the challenge. She began responding to the treatment. Her symptoms became less severe. When the sputum result became negative there was happiness and joy all around. She is determined to resume her studies in the 9th class and has not forgotten her aim: to become a social science teacher. She recalls the help provided by Damien Foundation with tears rolling down her cheeks, "The whole phase was a mental torture for me. But I was optimistic and changed my attitude. I'm very grateful to Damien Foundation staff for so patiently taking care of me and my sister and brother-in-law for their incessant support, affection and care."



Livelihood Enhancement Programme

Damien Foundation started socio-economic rehabilitation initiative in 2007 to improve the livelihood capacity of the needy persons affected by leprosy or tuberculosis. Eligible persons are identified by the project and proposal is sent to Damien Foundation, Chennai for the final approval. Support is provided in the form of safe shelter, livestock, self employment and education support for children.

Type of support sanctioned	No. of beneficiaries	Amount sanctioned
Cattle Rearing (Live stock)	63	584000
Self employment	105	1144000
House Construction and Renovation	49	958671
Educational support for Children	31	341105
Total	247	3027776



A new house with a hope...

Salim Miyan, aged 65, a person affected by leprosy, ekes out a living by begging and earns Rs. 1,500 monthly – a sum barely enough to support him and his wife. He lives in a hut with a leaky roof prone for flooding during rainy season. During a field visit, Damien Foundation team selected him for LEP Support (house construction), and Rs. 50,000 was sanctioned last December.



Before



After

Nutritional Support for TB Patients

Nutrition plays a crucial role in healing a person affected by Tuberculosis. The poor and needy TB patients are provided food such as rice, wheat cereals, eggs, cooking oil etc. during the course of their treatment. In 2014, nutritional support was provided to 787 patients with a budget of Rs.14,12,417 which enabled the poor TB patients to complete their treatment and lead a healthy life.



Support to TB control programme

Bihar

The strategy of the Damien Foundation's support to the Government TB control programme in Bihar during the last few years has produced the intended results. The strategic orientation in the first phase (2005-07) was to build the capacity of the programme staff. In the second phase (2008-10) it also became clear that lack of serious infrastructure was a barrier in sustainable results. The strategic reorientation continued to focus on capacity building of the staff but adding two important elements- capacity building of the community and infrastructure support. There was significant improvement in patient management and case notification in some of the districts. In the third phase (2011-13) in addition to abiding the DOTS strategy the focus was to improve case notification through augmentation in the community capacity and quality of service in the Primary Health Centres and establishment of MDR services.

Despite several challenges the State managed to establish DOT supervision which resulted in reasonably good cure rates among new sputum positive patients. But the program faced challenges in achieving new sputum positive case detection as per the target and in scaling up of MDR TB programme. The objective of Damien Foundation in the present phase is to establish sustainable quality referral services in selected population of Bihar to enhance new sputum positive case notification and diagnostic services for drug resistant tuberculosis through a mix of programme support and operational research to develop sustainable models. Currently, Damien Foundation is focusing to improve case notification by strengthening microscopy services through appointment of lab technicians in selected vacant microscopy centres as a stop gap arrangement; organise trainings for lab technicians and doctors; establish sputum collection centres at health facilities other than microscopy centres; engaging civil society organisations for dissemination of message on TB, suspect referral and monitoring of MDR TB patients under treatment; engaging rural medical practitioners on experimental basis and support diagnostic services for managing MDR TB through reference laboratory in Darbhanga.

Damien Foundation placed six TB coordinators, one Zonal TB coordinator and a medical adviser to implement all the activities planned in the present phase. Facilitating regular functioning of microscopy centre by bridging the gaps and provide support like trainings, lab logistics, minor repairs etc; training to health staff at sub centre level including





ASHA volunteers; support programme key staff in monitoring MDR TB patients and provide patients with nutritional assistance; Collaborating with Civil Society Organisations and involving them in disseminating information on TB, identifying and referring the suspects to health facilities; establishing sputum collection centres and conducting operational research. While TB coordinators are responsible for implementing all the activities, the zonal TB coordinators are responsible for supervising and monitoring of TB coordinator's functioning; collating, consolidating and analysing the reports. Medical adviser is overall responsible for the entire project and facilitates trainings of medical officers and general practitioners; and conducts review meetings.

Three annual evaluations including one external evaluation have been included in the plan to evaluate the progress of implementation and the performance of the indicators set.

In 2014...

There was a progressive improvement seen in all the set indicators directed towards the specific objective and expected results. There was an improvement in NSP case detection in 60% (9/15) of the supported districts but it was a challenge in remaining districts. It was well noted that triage approach for screening of TB suspects and support of lab technicians have mainly contributed in improving NSP case detection. It is too early to assess the added value of CSO volunteers and Rural Medical Practitioners involvement in the TB control in 15 districts, however it was observed that there was a good response from Rural Medical Practitioners than CSO volunteers. The other indicators set for the establishment of MDR TB programme in 15 districts have shown improvement in both screening of MDR TB suspects and treatment adherence.

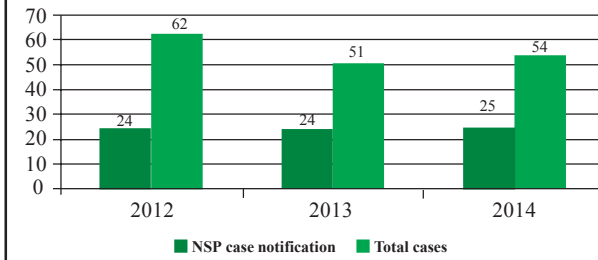
Result 1: Case notification improves

It was noted that 82% (293/359) of the microscopy centres were providing services but majority were not providing regularly due to non-payment of salaries for lab technicians appointed on contractual basis nearly for 10 months. At least 40 % of the microscopy centres were not providing regular services for sputum microscopy.

DF provided the support of 29 lab technicians and placed them where there was a dire need. All the activities planned were accomplished. Lab coordinator visited microscopy centres with problems identified by the TB coordinators. It was noted that 72 microscopy



TB cases detected per 100000 population in 15 districts



centres were visited by the lab coordinator and provided on the job training. During the year 94% (321/339) lab technicians and all lab supervisors (53) were given re orientation training as per the plan. 61% (618/1002) doctors including specialists in alternative medicine were trained and the rest will be

covered in 2015. Lab reagents and other logistics were supplied in eight districts as a stopgap arrangement to avoid interruption in microscopy services. Damien Foundation supplied 3,240,000 standardised sputum cups at subsidised rate for those districts requested. Minor civil work was done in 37 microscopy centres and major civil works in two health facilities and staining trolley was supplied to one health facility for conducting sputum examination. Triage for the identification of TB suspects was tried in 209 microscopy centres where more outpatients attend but it was observed that complete data was available only from 164 microscopy centres and found that there has been an improvement in suspect referral in 68% (112) and improvement in sputum positive case detection in 62% (101) centres. Triage approach proved that there was an increase in 14765 suspects examined and increase in 1685 sputum positive cases when compared to 2012 but the overall impact on NSP cases was not much in 15 districts.

It was observed that there was an improvement in case notification compared to 2012. Average NSP case notification in 15 districts was 25 per 100000 population. It was noted that six districts could achieve more than 26 cases per 100000 population (range from 26 to 34). It was noted that in seven districts the case notification was between 20 to 25 per 100000 population and less than 20 in 2 districts. Overall 9 out of 15 districts could show the improvement in the notification of new sputum positive cases when compared to 2012 and 2013. It was noted that 11475 new sputum positive cases and 25000 of all types of cases notified in 2014 in 15 districts. Compared to 2012, 600 more new sputum positive cases were notified in this year. DF could accomplish most of the activities as per the plan. DF supported 29 lab technicians in 29 microscopy centres strewn in 13 districts wherever needed. All together 29 microscopy centres screened 22700 suspects and identified 2140 sputum positive cases. More than 15% of the sputum positive cases in 15 districts were detected by LTs supported by DF.



Team could establish 41 sputum collection centres in additional PHCs but at the end only 27 centres were functioning, this was mainly due to less outpatient attendance which resulted in lack of interest among the sputum collectors. All together 3864 suspects were screened through Sputum Collection Centres and



detected 148 (7.5%) sputum positive cases. Team conducted sensitization programme on TB for ASHA workers and sensitized 6183/8060 ASHAs in 71/359 PHCs as per the plan. Team participated in ANM review meetings at PHC level in 92 health facilities & assisted Medical Officers / Block Health Managers in reviewing TB activities. Team could not participate in more health facilities (as planned for 144 PHCs) due to general elections. Damien Foundation identified and recruited 325 Rural Medical Practitioners (RMPs) in TB control for referring suspects and DOT (as part of Operational Research) in 2 districts (Saran & Gopalganj). It was noted that 144 /325 RMPs referred 417 suspects and among them 41 sputum positive cases were detected. Damien Foundation recruited 48 Civil Society Organisations (CSOs) in 15 districts to create awareness in the community and also refer TB suspects to health facilities for screening and treatment but at the end of the year only 29 CSOs continued. DF identified and recruited 3 volunteers in the place of CSOs on a trial basis, their role is covering each village and spread awareness on signs and symptoms of TB and leprosy in the community and refer suspects to nearby health facility for screening and treatment. All together 6491 group talks conducted by CSO Volunteers, 11,984 suspects were identified and referred and about 608 sputum positive TB cases detected among them. World TB Day was celebrated through Civil Society Volunteers and patient group. Conducted 141 School quiz competitions in 15 districts, 6 public meetings were organised in 2 districts. 48 civil society organisations were engaged in 15 districts as per the plan. They were trained in TB control activities which include dissemination of message on symptoms of TB, referral of suspects, follow up of MDR TB patients under treatment. Overall 45.4% of the population (1543/3398 panchayats – group of villages) was covered in 2014. Their activities were monitored by TB coordinators and medical advisor.



Result 2: MDR TB programme is established

There was a significant improvement observed in two indicators compared to baseline (2012). Damien Foundation established diagnostic services for managing drug resistant TB in Darbhanga as per the plan. The reference lab supported 6 districts for both diagnosis through Line Probe Assay and follow up through LJ media and supported 7 districts for only follow up through LJ media. It was noted that 46% (852/1849) MDR suspects were screened for drug resistant TB in selected 6 districts and 118 MDR TB cases were detected. It was observed that 1190 follow up samples were processed for patients from 13 districts. Consultant Microbiologist cum Scientist visited once in 2014 for the performance appraisal.

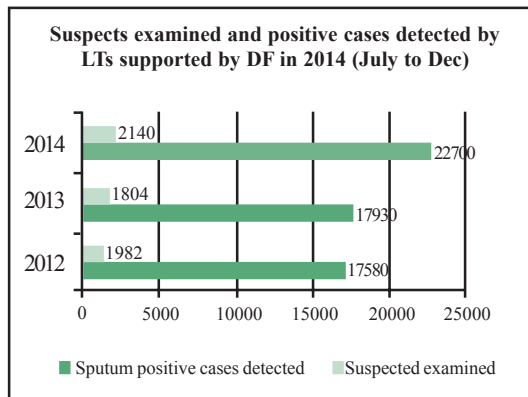
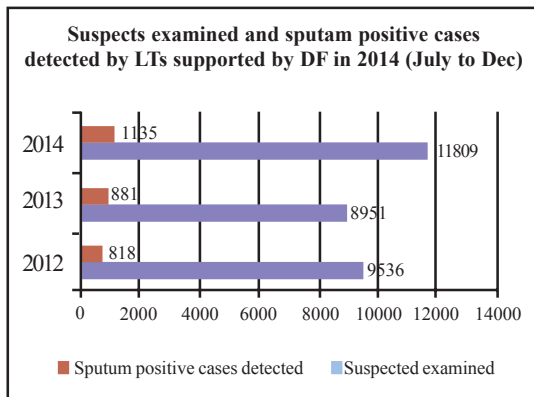
Re orientation training on drug resistant TB was given to all STS and TB HIV coordinators. Damien Foundation supplied 700 falcon tubes as a stop gap arrangement to the districts for the collection of sputum samples and provided financial support to two districts (Bhojpur & Siwan) for the transportation of sputum samples from districts to laboratory. It was observed that overall 88% of (353/403) MDR TB patients were regular in treatment. It was reported that all the MDR TB patients were visited at least 4 times by the TB coordinator and 3 times by the CSO volunteer during the year. Only 26/144 patients providers interaction meeting were conducted by team as per the plan. Team could not conduct remaining meetings as many patients were not willing to reach TB units. It was noted that 126 patients and 38 DOT Providers were participated. Nutritional supplement was provided to 38% (120/320) of needy MDR TB Patients in 11 districts.



Nutritional supplement was given to 81% (67/83) MDR TB patients in 4 districts as an operational study. It was planned to provide nutritional supplement to all MDR TB patients in 4 districts as an operational research to assess the impact on treatment regularity and final results will be published in 2016.



Challenges and opportunities



The list of challenges in Bihar is always a long one. One of the major challenges observed during the year was around 50% of the microscopy centres were unable to provide regular services, they could only provide sputum microscopy services either two to three days a week or one to two hours in a day. The main reason was non-payment of salaries in time for LTs recruited on contract basis (delayed by 10 months) in many districts. The LTs supported by DF and LTs appointed on regular basis by the Government provided regular services. Fund mobilisation within the programme was a major issue. Lack of administrative commitment was the major reason for weak progress in the TB control programme in Bihar compared to other states. Recruiting of LTs by DF was difficult - reason being the unwillingness of qualified lab technicians to work in rural areas of Bihar.

Though it was planned to recruit 30 lab technicians in January 2014, it could recruit only 18 LTs and recruitment process was repeated twice to appoint 11 more LTs by 3rd quarter. It was observed that there was an impact on both suspect referral and sputum positive cases.

Involvement of civil society organisations in TB control was another important challenge. It was observed that at least 50% of the CSOs engaged by Damien Foundation were either terminated or they have withdrawn on their own due to frequent turnover of staff or lack of resources for their programmes. CSO infrastructure and human resource are poor when compared to CSOs in south India. Majority of CSOs are depending on funds from the Government which they don't receive in time resulting in high turnover

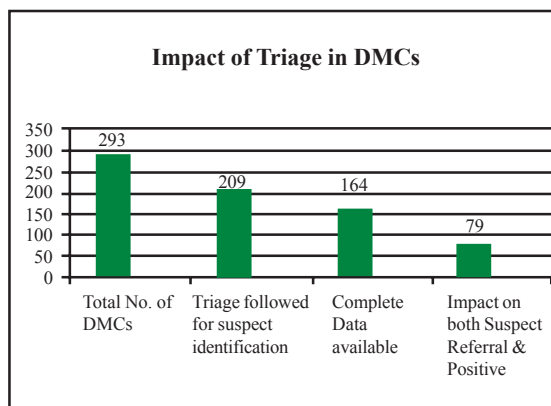
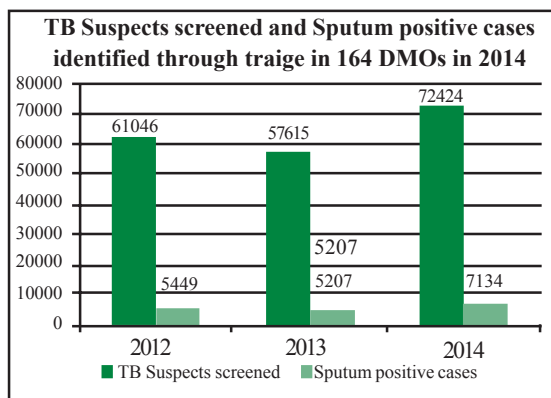


of staff working with CSOs. There was a parliamentary election in April which hampered many activities in the State for almost one month; majority of health centres could not provide regular services during the elections due to poor attendance of staff in the health facilities. Sputum collection centres (SCCs) could not be established as per the plan due to non availability of volunteers, only 41/50 SCCs were established but only 27 remained to continue at the end. One of the main reasons for discontinuation was poor outpatient attendance in the health facilities which resulted in lack of interest among sputum collectors. DF tried to establish a network with rural medical practitioners and ASHA volunteers where sputum collection centres are located to improve the referrals. Challenges in establishment of MDR TB programme

was not different, it was observed that five districts initiated the services only after June, major problem was procurement of logistics and then transportation of sputum sample from district to reference laboratory. There is a delay in transporting samples due to lack of courier services. It was observed that triage for identification of suspects implemented in 209 microscopy centres but some LTs could not follow triage due to either lack of interest or unwillingness. Data collected from 164 centres shown promising results in both suspect identification and detection of sputum positive cases.

Lessons learnt from internal evaluation:

1. It was observed that majority of sputum collection centres were not optimally utilised by the local communities and are recommended to sensitise all the local Rural Medical Practitioners and ASHA volunteers on TB control. They can refer TB suspects to sputum collection centre whenever they identify.



2. Microscopes are in mint condition, supply of lab reagents and other logistics was satisfactory except falcon tubes and MDR TB referral forms; smear preparation needs to be improved. There is an impact in both suspect referral and positive cases through triage approach at health facilities. All microscopy centres need to follow the triage and team should focus on this.
3. Involvement of CSOs in TB control is just beginning, they need more guidance and hand holding.
4. It would be ideal to involve drivers in conducting IEC activities like group talks, using public announcement system in villages and distribute pamphlets to public during the field visits.

Andhra Pradesh

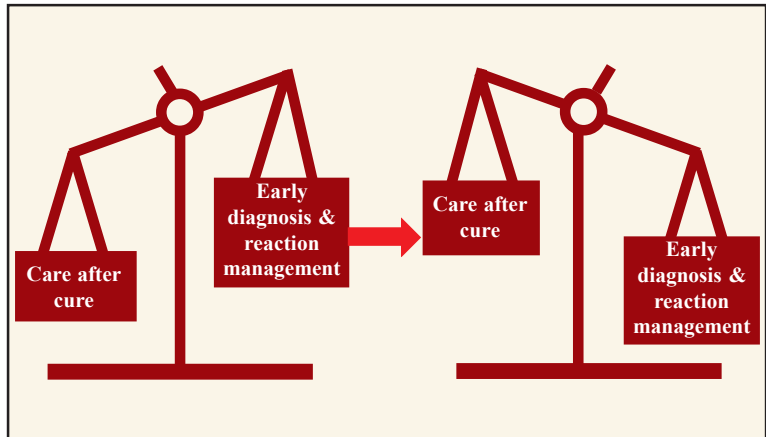
Damien Foundation has been supporting TB control activities in six districts of Andhra Pradesh covering a population of 22 million out of which three districts since 2001 and remaining districts from 2008. Earlier POD program was covered in three districts. In 2014, we decided to place one field coordinator for two districts. These coordinators are supporting both MDR TB and POD programs.



Prevention of Disability

POD programme for persons affected by leprosy

Damien Foundation pioneered the concept of “District Technical Support Team” in the state of Bihar to improve leprosy case detection and access to MDT. The strategy was highly successful and soon it was expanded to all our project areas. After integration leprosy with



general health services and withdrawal of DTST, it started focusing on POD services. The strategy was first piloted in Salem and soon expanded to other states. The strategy of supporting field based care after cure services initiated through 28 teams in 53 districts across India. During the last few years quite a good number of undetected leprosy cases were found particularly among underserved population and the health system’s capacity to detect these cases and manage leprosy related complications like reactions remains as a major challenge. So it is necessary to focus on the curative aspects like promotion of early case detection and timely management of lepra reaction.

Key activities

- Identify and refer new leprosy cases to government health facilities
- Follow up of patients with lepra reaction
- Update the list of persons affected by leprosy with disability
- Train and follow up persons affected by leprosy with disability in practicing self care
- Refer eligible persons for reconstructive surgery
- Engage community by involving civil society organizations
- Build capacity of government health staff
- Organize rapid survey in collaboration with government in underserved areas
- Provide socio - economic rehabilitation



Support to leprosy programme

Support to leprosy control programme at state level

International Federation of Anti-leprosy Associations (ILEP), as per the MoU signed with the Government of India has placed experts at the state level to provide technical support to the leprosy control programme and coordinate the ILEP members activities in the state. Damien Foundation coordinates the ILEP activities in the state of Bihar. Dr Aashish Kumar Wagh is the consultant for NLEP in the state of Bihar and works under the technical guidance of Central Leprosy Division to support the state. Damien foundation supports the Bihar NLEP consultant salary. Assist State Leprosy Officers in respective state planning, implementing and evaluation.

Major activities of NLEP consultant in Bihar

- Assist the state in planning and organizing special case detection campaigns .
- Assisted in training 38 medical officers and 62 paramedical workers.
- Assist in organizing state and zonal level review meeting.
- Assisted DLO in reviewing the programme in 21 districts.
- Fifty under treatment patients were interviewed in 26PHCs area.

Epidemiological situation of leprosy in Bihar (Jan-Dec 2014)	
New leprosy cases detected	16787
Female cases	6165 (36.7%)
Grade I disability among new cases detected	276 (1.6%)
Grade II disability among new cases detected	473 (2.8%)
Child cases	2400 (14.3%)
Multi Bacillary cases	7051 (42%)
Prevalence Rate	1.03/10,000
New Case Detection Rate	15.12/100,000



Training and capacity building

Continuing Medical Education

- One day CME programme was organized for 31 technical staff of projects in the month of July. This program covered the latest updates in the field of Tuberculosis control, contact investigation in leprosy & promotion of active case detection among underserved population groups.
- Google groups, an online platform, was launched for doctors and paramedical staff to share ideas and knowledge paving a way for a two-way communication.

Post graduate Orthopaedic workshop on nerve palsy in leprosy

Damien Foundation organized a workshop on nerve palsy in leprosy in collaboration with Nellore government medical college. Dr Akbar, consultant surgeon played a major role in organizing the workshop. Around 40 post graduate orthopedic students attended the workshop. Common nerve palsies in leprosy was taught with a live demonstration of claw hand correction.

Endowment prize exam

Damien Foundation has organized an endowment prize examination in collaboration with Dr MGR Medical University and Sri Ramachandra Medical University. During the year, theory examination was conducted in 12 medical colleges in Tamil Nadu. Out of 164 students who appeared for the exam, 41 were selected but only 37 appeared for the practical examination. One student from Stanley Medical College and one from Sri Ramachandra Medical University were selected for the Endowment prize.



Re orientation training on leprosy

Refresher training on basic aspects of clinical leprosy was organised for 7 doctors and 10 field coordinators at The Leprosy Mission Hospital, Naini. The training was mainly patient centric, with a lot of discussion on basic aspects of leprosy



Infection control training

Infection Control Training was organised at Nellore for the project staff, which was by Mr. Alex Jaucot, an Infection Control Consultant from Belgium, along with Dr. Liu Zhentian, Chief Medical Advisor, from China. There were 19 participants representing Damien Foundation projects along with one Govt. staff. Participants were trained in basic infection control measures, conducting an infection control assessment of health facilities and prepare an infection control plan. Practical skills like fit test for particulate respirators and hand washing were imparted during this training.



National and international level meetings/conferences

Project Forum meeting in Belgium

Damien Foundation Belgium organized Project Forum meeting in Brussels from June 18th to 21st, 2014. Dr. Shivakumar, Dr. Santhosh Kumar, Mr. Camillus Rajkumar, Mr. Premkumar participated in the project forum on behalf of Damien Foundation India. The participants shared the best practices on involvement of civil society organizations in leprosy control program, support to MDR TB program in India, promotion of early case detection in leprosy among underserved population, human resource management and software on financial management and vehicle data.



45th World Conference on Lung health in Barcelona

The conference themed “Community-driven solutions for the next generation”, reflected the need to find solutions to the lung health challenges we face by involving all stakeholders from health care professionals and policy-makers to the people and communities they serve. This approach recognized the essential role of affected persons and advocates, these inputs need to be integrated into the conception, design and implementation of interventions along with clinicians and researchers, government officials and donors.

WHO Global strategy on Leprosy meeting in Delhi

Damien Foundation presented its interim observations of research on grade 2 disabilities among children and highlighted the seriousness of the problem. There is no information collected on child cases with grade 2 disabilities in routine information system. The study is being conducted in two districts of Bihar. Objective of the study is to screen maximum number of child leprosy cases reported between 2011 to 2013 and present the observations about the magnitude of grade 2 disabilities among children.



National consultation meeting on innovative approaches for prevention of disability

Damien Foundation presented experience on innovative approaches to prevent disabilities with a special focus on involving civil society organizations and also highlighted the the need to promote early case detection among underserved population through partnership with NGOs.



Training of general health staff and community volunteers

Leprosy services were earlier delivered through a vertical program which was later integrated with general health system due to decline in the burden of leprosy. Leprosy case detection and management needs clinical expertise. Retaining the vertical structure in the integrated setup created a barrier in transmission of leprosy related knowledge to general health staff and prevented them from taking ownership. In the next two to three years most of the vertical staff having clinical expertise in leprosy will get retired. This will pose major challenge in leprosy case detection and management by primary health care system. So it is important to train the general health staff in basic clinical aspects of leprosy. Leprosy case detection remains static for the last five years. Training and engagement of community volunteers will help in early case detection.

Most of the general health staff was trained in Tuberculosis. Emergence of drug resistant tuberculosis and the roll out of second line treatment necessitates training and building the capacity to deal with this public health emergency. Damien Foundation assists in training and building the capacity of government general health staff and community volunteers in both leprosy and tuberculosis.

During the year, 536 trainings were organized for 17640 general health staff on basic aspects of clinical leprosy, suspect referral, treatment and prevention of disabilities. In addition to these trainings 360 POD camps were organized for persons affected by leprosy and 3490 community volunteers were trained in these camps to promote self care activities. In Nellore zone, field teams organized 47 training on TB and MDR TB and 2115 general health staffs were trained.



Treatment outcomes of leprosy cases detected during survey in Nellore

Damien Foundation and District Leprosy Office, Nellore organized a survey to cover ST population in Vakadu, Allur, Gudur & Indukurpet clusters in 2013. Village health workers covered 47,574 people living in tribal colonies and identified 325 leprosy suspects. Among them, 70 were confirmed as new leprosy cases. During this year we did a follow up study to assess the treatment outcomes. Among 16 persons who defaulted from treatment, 7 migrated for work and they could not be traced further, 5 patients refused treatment due to improvement in skin lesions and 4 patients did not take treatment due to problems in MDT supply. The key lesson learnt is active case detection initiatives should establish a follow up mechanism to ensure complete treatment among underserved population.



Outcomes	MB leprosy	PB leprosy	Overall
New leprosy cases detected during survey	33	37	70
Treatment completed	24 (73%)	28 (76%)	52 (74%)
Died	2 (6%)	0	2 (3%)
Defaulted treatment	7 (21%)	9 (24%)	16 (23%)

Rapid Enquiry Survey in Vizianagaram district

New Hope Rural Leprosy Trust (NHRLT) in collaboration with District Leprosy Office (DLO), Vizianagaram district organized a rapid enquiry survey in six Mandals. NHRLT assisted the government in preparing the microplans for survey and confirmation of diagnosis by screening the suspects identified by village health workers.



Name of the Mandal	No. of PHCs	Population		No. Suspected	No. Confirmed			Disability Cases	Child Cases	Female Cases
		Enu	Exam		MB	PB	Total			
Balijipeta	3	70,064	58,614	80	9	26	35	2	3	19
Komarada	2	50,270	23,124	8	1	2	3	1	-	2
R.B.Puram	2	48,076	38,007	57	2	4	6	-	-	1
Mentada	2	44,191	37,171	26	2	10	12	-	1	6
Poosapatirega	3	63,864	50,214	116	1	12	13	-	-	12
Vepada	2	51,628	46,485	25	2	4	6	-	-	5
	14	328,093	253,615	312	17	58	75	3	4	45

Contact survey in Vizianagaram district

Contact investigation and management will be important component of future leprosy control strategy:

- Population-based approaches like surveys are no longer cost-effective in non endemic areas
- Risk of exposure in the general community is very low
- The main risk of exposure is in contacts of new, untreated cases
- An increasing proportion of new cases will be from household contacts

New Hope Rural Leprosy Trust organised a survey among household contacts of new leprosy cases reported in Vizianagaram district by involving village health workers and civil society volunteers.

Outcomes of Leprosy contact survey	
Total new cases	512
Contact survey done	341
Contacts enlisted	1261
Contacts examined	887
Suspected	12
Confirmed	12 (5MB + 7PB)



Follow up study to assess outcomes of Reconstructive Surgery

Damien Foundation has scaled up Reconstructive Surgery (RCS) in the last three years. It is very important to assess the outcomes of these surgeries. Follow up study is being carried out in Dehri on Sone, Pavagada, Bengaluru & Amda. We have planned to assess all patients who underwent reconstructive surgery during the period Jan 2013 to June 2014. We are collecting socio demographic details, duration of disability, post operative events and are assessing the appearance and function after surgery by an external evaluator. The major challenge is poor attendance in follow up camps in some of the projects.

Fluorescein – Diacetate (FDA) staining

FDA was first used by Rotman and Papermaster to measure the viability of mammalian cells. This led them to propose the use of FDA as a staining method for determining the viability of cells. Viable cells stained with the non-fluorescent dye FDA will be able to hydrolyze the FDA to free fluorescein and then appear fluorescent green when excited by high-energy light (480 nm). Nonviable are unable to hydrolyze FDA and will not become fluorescent. A study done on FDA staining in Bangladesh concluded that this technique can be used as a screening test before DST for rapid screening of viable acid-fast bacilli and true treatment failure in delayed smear converters or smear-defined failures.

Damien TB Research Centre, Nellore is receiving diagnostic and follow up samples from Nellore in Andhra Pradesh. Smear positive follow up samples were subjected to both FDA staining and LJ culture. The results were compared and found to be discordant only in 5.4% of samples. The findings were similar to the study done in Bangladesh and the results can be published.

FDA Slide Result	Culture Result							
	Negative	Scanty	1+	2+	3+	Contamination	Result Awaited	Total
Negative	81	7	8	4	0	11	15	126
Scanty	0	253			11		6	270
1+								
2+								
3+								



Conventional DST (Solid LJ) Vs LPA (Geno Type MTBDRs/) for diagnosis of XDR TB

Conventional methods for mycobacteria culture and drug susceptibility testing are very slow. Hence there is a need for rapid molecular methods to detect XDR TB. In 2009, Hain Lifescience, a diagnostic company, introduced a new LPA, the Genotype MTBDRs/ test, for the rapid determination of genetic mutations associated with resistance to fluoroquinolone, aminoglycosides (kanamycin, amikacin). The WHO Expert Group recommended that the Genotype MTBDRs/ assay cannot be used as a replacement test for conventional phenotypic DST. Very few studies were done in India to assess the sensitivity and specificity of MTBDRs/ compared to conventional DST. Damien TB Research Centre, Nellore sends the samples from patients suspected with XDR TB to National Institute for Research in Tuberculosis, Chennai for second line DST. We have tested these samples with MTBDRs/ at DTRC, Nellore and the results were compared with conventional DST results from NIRT, Chennai. Sensitivity for Ofloxacin resistance was found to be 82% and Specificity was 100%. Sensitivity for Kanamycin resistance was found to be 71% and specificity was 98.4%. The results are consistent with WHO recommendation on the use of MTBDRs/ for ruling in XDR TB. Since there is no false positives in Genotype MTBDRs/ assay, these result can be used to screen and isolate the XDR and pre XDR suspects among the MDR patients who reports at DOTS plus site for MDR treatment initiation. It is also helpful as infection control measure to prevent others to acquire resistant from these patient.

OF - Ofloxacin K - Kanamycin S - Sensitive R - Resistance AG/CP - Kanamycin & Amincacin / Capreomycin			LPA (Geno Type MTBDR sl)						Grand Total
			OF			AG/CP			
			S	R	N/A	S	R	N/A	
L.J.DST (Conventional Method)	OF	S	39		2				41
		R	8	36				44	
		N/A	7	4	1				12
	K	S				61	1	2	64
		R				6	15		21
		N/A				11	1		12
	G. Toatal	54	40	3	78	17	2	97 / 97	



Role of nutritional support in improving treatment outcomes among MDR TB patients – Damien Foundation Experience

Background:

Multi Drug Resistant Tuberculosis (MDR TB) is closely linked with poverty and under nutrition. Many patients cannot afford to have adequate food due to loss of income and catastrophic health expenditures. There is very limited evidence available to suggest that nutritional support in addition to standard MDR TB treatment, improves treatment adherence and outcomes.

Intervention:

Damien Foundation is providing nutritional support worth 6 USD to poor and needy MDR TB patients in the form of rice, wheat, cereals, egg, cooking oil etc once in two months till completion of treatment. In 2012, nutritional support was given to 51 MDR TB patients in south west Delhi and six districts of South Andhra Pradesh in India. Treatment outcomes for those who received nutritional support along with those who didn't was retrieved from MDR TB register and analyzed.

Results:

In 2012, 206 MDR TB patients were registered for treatment in South West Delhi and six districts of South Andhra Pradesh. Among them 51 (25%) patients were identified and received nutritional support. Analysis of treatment outcomes showed higher treatment success rate of 74.5% (38/51) among those who received nutritional support along with standard MDR TB treatment compared to 39% (61/155) among those who received only standard MDR TB treatment. Only five patients (10%) who received nutritional support were lost to follow up compared to 48 patients (31%) among those received only standard treatment.

Conclusion

Providing nutritional support in addition to standard MDR TB treatment for patients is likely to motivate them to complete treatment and reduce the default rate.



	No of MDR TB cases registered	Treatment success rate	Died	Failure	Lost to follow up	Transfer out	Switched to XDR TB treatment	Under treatment
Nutritional support with standard MDR TB treatment	51	38 (74.5%)	4	2	5 (10%)	1	1	0
Only standard MDR TB treatment	155	61 (39%)	30	5	48 (31%)	3	6	2
Total	206	99 (48%)	34	7	53 (26%)	4	7	2

Screening of tuberculosis patients for Diabetes in public private partnership projects in India

Background

Diabetes is emerging as a major threat to progress made in tuberculosis control. Screening of all TB patients for diabetes and ensuring strict blood glucose control is important to improve the treatment outcomes. Revised National Tuberculosis Control Program has issued guidelines for screening and management of diabetes among TB patients. The aim of the study is to share the experience in screening of TB patients for diabetes in projects managed under public private partnership.

Intervention

Damien Foundation India Trust organized training for all the staff involved in TB control program in Salem (Tamil Nadu), Nellore (Andhra Pradesh) and South West Delhi. In 2014, after a brief training all the TB patients registered in third and fourth quarter were screened for diabetes using glucometer. At the time of registration, all the TB patients were enquired about history of diabetes. TB patients who were not aware of their diabetic status underwent random blood glucose test. Patients with random glucose value more than 110 mg/dl were screened with fasting blood glucose. If fasting blood glucose was more than 126 mg/dl, patients were considered as suffering from diabetes.



Results

During third and fourth quarter 2014, 1533 TB cases were registered for treatment. Among them 139 were found to be already suffering from diabetes. Out of 1394 patients who didn't know their diabetic status, 1347 (97%) underwent random blood glucose test. It was found that 380 patients had random blood glucose level >110 mg/dl, among them 322 were screened with fasting blood glucose. This screening initiative was helpful in diagnosing 37 new diabetic cases among TB patients. Overall 11.5% of TB patients were found to be suffering from diabetes. Most of the patients who already knew their diabetic status were found to be taking treatment from private sector, therefore coordination with them remains as a major challenge.

Conclusion

Screening of tuberculosis patients for diabetes is feasible. Future research should focus on coordination with private sector to improve management of diabetes.



Chantier Damien

Chantier Damien is a group of volunteers from Belgium who support leprosy and tuberculosis services by assisting in construction and renovation of houses in the leprosy colonies, Primary Health Centers, hospitals, laboratories etc. These volunteers are generally students, teachers, retired persons, young professionals, who spend their own money for their travel, stay and also



sponsor the amount involved in the construction activities. In 2014, 29 volunteers in four batches supported in the construction of an inpatient ward in Jharkhand, and renovation of houses in two leprosy colonies in Bihar.

1. Construction of inpatient ward at St. Peter Claver RCS & Referral Centre, Amda, Saraikela District, Jharkahand for Rs.15, 00,000/-.
2. Renovation of 30 houses in Kasturba Kushth Kalyan Sansthan, Jawahar Colony, Siwan District, Bihar at a cost of Rs.38,03,800/-.
3. Renovation of 37 houses in Gandhi Kushth Ashram, East Champaran District, Bihar at a worth of Rs. 21, 91,700/-.



Resource Mobilization

Damien Foundation is committed to being open and transparent about its work and it believes in involving the local community in its efforts. Damien Foundation started its local fund raising initiatives in India since 2011. During this year Rs.9,74,000/- was mobilised in cash and kind. We would like to acknowledge few of our Donors...



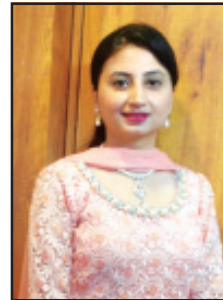
Goodway India Trust donated Rs. 4,00,000 to support TB control activities



Mrs. Sneha Hindocha , offered Rs.20,000 towards Re-Constructive Surgery (RCS) for the persons affected by leprosy



A resident from Nellore offered Rs. 30,000 towards MCR footwear for persons affected by leprosy with disability



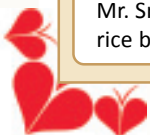
Ms. Jasleen Kaur offered food items worth Rs. 10,000 to Delhi project



Mr. Sri Konda Reddy offered centrifuge & 100 Kg rice bag of worth Rs.7000 to Nellore project

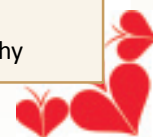


Rice Bucket Challenge: Supporters from Nellore took up the Rice Bucket Challenge by offering rice bags to our project. We have received around 400 Kg of rice.



Meetings

Month	Date	Particulars	Organized by	Participant (s)
Jan	22 nd – 24 th	National Conference for SLOs at Bangalore	Central Leprosy Division, Delhi	Dr. Krishnamurthy Dr. Ashish Wagh
	24 th & 25 th	1 st National Conference on Hospital Safety & Occupational Health at Vellore	Christian Medical College	Mr. Nabi Thiagarajan
	30 th	Project Holders meeting at DFIT, Chennai	DFIT	All Project Holders
Feb	14 th	ILEP meeting at Delhi	ILEP	Dr. M. Shivakumar
	18 th & 19 th	National Consultation for Rehabilitation of People Affected by Leprosy at Delhi	Pt. Deendayal Upadhyaya Institute for the Physically Handicapped	Dr. M. Shivakumar
	27 th	Referral Coordination meeting at Pope John Garden, Chennai	DFIT	SLO, Tamil Nadu DLO, Kanchipuram, Thiruvallur PTs from Kanchipuram & Thiruvallur Districts, Dr. Santhosh Kumar, Mr. Rajkumar, Mr. Kothandapani & Mr. Ilango Yesu Fr. Edwin Vasanth & Team
March	28 th – 30 th	29 th Biennial Conference of IAL - LEPCON 2014 at Chandigarh	Indian Association of Leprologists	Dr. M. Santhosh Kumar Dr. Ashish Wagh Dr. Brijpal Singh Deo
April	1 st – 4 th	Workshop on Leadership in Health and Management Sectors at Gurgaon	Indian Institute of Public Health, Delhi	Dr. M. Shivakumar
	28 th	Trust Meeting	DFIT	All Trust members Representative from DFB Mr. Koen Van Den Abeele
May	28 th & 29 th	SLO Conference at Pune	Central Leprosy Division	Dr. Shivakumar Dr. Krishnamurthy



June	18 th to 21 st	Project Forum at Brussels	DFB	Dr. Shivakumar Dr. Santhosh Kumar Mr. Camillus Rajkumar Mr. Premkumar Velu
July	8 th to 10 th	Action Plan meeting and Continuing Medical Education at Chennai	DFIT	Technical staff from projects
	16 th & 17 th	National Consultation on POD at Delhi	ILEP	Dr. Shivakumar Dr. Santhosh Kumar Dr. Ashish Wagh
Sept	11 th to 19 th	Internal evaluation of Bihar teams	DFIT	Mr. Somasekar Reddy Mr. Satheesh, Mr. Charles, Mr. Naresh & Mr. K.V.R. Murthy
	29 th & 30 th	Global Forum at Delhi	TLM	Dr. Santhosh Kumar
Oct Nov.	29 th to 1 st	45 th Union World Conference on Lung Health at Barcelona, Spain	IUATLD	Dr. Shivakumar Dr. A.K. Pandey
Nov.	5 th & 6 th	Informal Consultation to develop Global Leprosy Strategy 2016-2020 at Delhi	WHO	Dr. Shivakumar
Dec	5 th	AP DCT review meeting at Chennai	DFIT	Mr. K.V.R. Murthy, Mr. Satheesh & Mr. Charles
	9 th	NLEP consultants meeting at Delhi	Central Leprosy Division, GOI	Dr. Shivakumar
	13 th	Trust Meeting at Chennai	DFIT	Mr. Koen Van Den Abeele & Trust members
	28 th	Dr. Claire Vellut Memorial Orthopaedic Postgraduate Workshop on Nerve Palsy in Leprosy at Nellore	DFIT & Department of Orthopaedics, ACSR Govt. Medical College, Nellore	Dr. Shivakumar, Dr. Jacob Mathew, Dr. Santhosh Kumar, Dr. Md. Akbar Khan & Dr. Ankur Mittal



Schedule of Trainings / Workshops

Month	Date	Particulars	Organized by	Facilitator(s)/Participants
Jan	3 rd – 5 th	Programme Monitoring and Evaluation at Hyderabad	Administrative Staff College of India	Mr. R. Ramanujan
	8 th	Seminar on FCRA Consultation at Chennai seminar	Christian Institute of Management	Mr. Premkumar Velu Mrs. Parameswari
Feb	3 rd to 15 th	Training in Solid Culture and DST at Bangalore	NTI	Mr. Moses Anandraj, Mr. Chandan Kumar
	17 th – 21 st	Training on infection control at DFUL&TC, Nellore	Damien Foundation Belgium	Facilitators: Dr. Liu Zhentian, Medical Advisor, DF China, Mr. Alex Jaucot, Infection Control Advisor, DFBParticipants : 19 staff from Damien Foundation participated in the training
	22 nd to 24 th	Training on FDA staining at DFUL&TC, Nellore	DFIT	Facilitator : Mr. Akram, Lab. Coordinator, DF Bangladesh. Participants : All Lab. staff of Nellore Project, Mr. Moses Anandraj, Microbiologist, Darbhanga, Mr. Chandan Kumar, LT, Darbhanga
	26 th & 27 th	Training for TB Coordinators and DPMR Coordinators at Dehri-on-sonne, Bihar	DFIT	Facilitators: Dr. M. Shivakumar Dr. A.K. Pandey. Participants : All TB Coordinators and DPMR Coordinators of Bihar & Jharkhand
	28 th	Training on “Writing good annual reports” at Chennai	Changex Services Pvt. Ltd.	Dr. Santhosh Kumar, Mr. Premkumar Velu, Mr. Nikhil P Asrani
Mar	5 th to 15 th	Reorientation training for lab technicians	DTO	Facilitators : Mr. R. Jaishankar, Cental Lab. Coordinator, Mr. S. Satheesh, Zonal Coordinator



Mar	17 th to 21 st	Course on Advanced Statistics for Medical Officers, Scientists & other Research Investigators at Chennai	National Institute of Epidemiology (ICMR)	Dr. M. Santhosh Kumar
April	10 th – 13 th	Certificate Course on Internal Audit and Quality Management Systems Bangalore	Foundation for Quality (India)	Mr. R. Jaishankar, Central Lab Coordinator
May	31 st	Volunteer Management training at Chennai	iVolunteer	Mr. Nikhil P Asrani Mr. Appala Naidu
June	2 nd – 3 rd	Reorientation training for NLEP consultants at Naini	ILEP	Mr. Ashish Wagh, Medical Advisor
August	4 th – 8 th	Clinical training on leprosy at Naini	The Leprosy Mission Trust	Dr. Sr. Conrad, Mr. Vijay, Ms. Sakkubai, Dr. Loreen Gujral, Mr. Franklin, Dr. Rahamathunnisa Begum, Dr. P.S. Balmuchu
Sept	5 th	E-Smart Training at Hyderabad	STDC	Mrs. Siva Durga
	15 th – 19 th	Training on Participatory, Planning, Implementation & Monitoring of RD programmes at Patna	National Institute of Rural Development	Mr. Ramanujan, Mr. Ramana Rao
	22 nd – 26 th	PMDT Training at NITRD, Mehrauli	Govt. of Delhi	Dr. Brijpal Singh Deo
	22 nd – 26 th	Clinical training on leprosy at Naini	The Leprosy Mission Trust	Mr. Somasekara Reddy, Mr. Satheesh, Mr. K.V.R. Murthy, Mr. Naresh, Dr. Sheo Kumar Singh, Dr. Leo, Mr. Kamdev, Mr. Sudhakar, Mr. Dwivedi
Dec	1 st – 5 th	Leading Management Teams course at Kuala Lumpur	The Union	Mr. Camillus Rajkumar
	9 th & 10 th	Workshop on Effective Proposal Training at Chennai	Tamil Nadu Voluntary Health Association	Mr. Nikhil P Asrani
	16 th & 17 th		Karl Kubel Institute for Development Education	Mr. Thiagarajan Mr. Nikhil P Asrani



INTERNATIONAL

Particulars	No. of persons	PERIOD	PLACE OF VISIT & PURPOSE
Mr. Ibrahim Ahmed, PT, Comoros Island	01	14.02.14 – 30.04.14	Nellore & Fathimanagar (Pre & Post operative Training in Physiotherapy)
First group of volunteers from Belgium under the leadership of Mr. Jean-Pierre Wellens	12	02.03.14 – 15.03.14	Nellore, Fathimanagar, Salem
Avery Dennison group from Belgium	10	07.03.14 – 21.03.14	Polambakkam – To take part in renovation work
Second group of volunteers from Belgium under the leadership of Mr. Jean Pierre Wellens	09	06.04.14 – 12.04.14	Pope John Garden, Nellore & Polambakkam
Mr. Koen Van Den Abeele, Director, DFB	01	25.04.14 - 29.04.14	DFIT, Chennai & Chittoor. Attend the Trust meeting on 28 th April
Dr. Amole Isaac Olusayo, Medical Officer & Ms. Areegbe Iyabo Tinuola, Staff Nurse from Nigeria	02	18.06.14 - 19.08.14 -	Nellore , Fathimanagar and Pope John Garden Underwent training in RCS
Volunteers from Belgium under the leadership of Mrs.Lutgart Van De Vijver	16	2.07.14 - 15.07.14	Nellore, Fathimanagar, Pope John Garden and Polambakkam – Internship
Volunteers from Belgium for Chantier Damien activities (1 st group)	05	1.07.14 - 31.07.14	To assist construction activities in Amda, Jharkhand
Volunteers from Belgium for Chantier Damien activities (2 nd group)	09	6.07.14 - 3.08.14	To assist construction activities in Kasthurba Jawahar Colony, Siwan district, Bihar
Volunteers from Belgium for Chantier Damien activities (3 rd group)	06	19.07.14 - 10.08.14	To assist construction activities in Motihari District, Bihar
Chantier volunteers from Belgium (4 th group)	09	2.08.14 - 30.08.14	To assist construction activities in Kasthurba Jawahar Colony, Siwan District, Bihar
Triangle 1 st group visitors from Belgium	10	23.08.14 - 30.08.14	To film activities in Nellore, Pope John Garden, Polambakkam
Triangle 2 nd group visitors from Belgium	09	20.09.14 - 28.09.14	To film activities in Nellore, Pope John Garden, Polambakkam



Triangle 3 rd group visitors from Belgium	09	27.09.14 - 4.10.14	To film activities in Nellore, Pope John Garden, Polambakkam
Ms. Claire Teliden & Ms. Myriam Lemmeljin from DGD and Mr. Arnaud Gaspart, First Secretary in Embassy of Kingdom of Belgium	03	13.11.14	Witness the activities of Delhi project
Nursing students from Belgium	11	02.12.14 – 12.02.14	Fathimanagar (Exposure visit)
Mr. Koen Van Den Abeele, Director, DFB & Mrs. Rose Marie	02	12.12.14 – 19.12.14	Chennai – To attend Trust meeting, Polambakkam & Fathimanagar – Project visit
Group of French speaking people from Brussels under the leadership of Mrs. Scoriels Joelle	04	19.12.14 – 23.12.14	Nellore & Pope John Garden, Chennai – Filming the activities in the field and RCS

NATIONAL

Particulars	No. of persons	PERIOD	PLACE OF VISIT & PURPOSE
Mr.Rajendra Prasad, Joint Director (LEP), Hyderabad & Mr. Y. Venkateswaralu, Project Officer (Yanadi), Nellore	02	03.04.14	Nellore - Monitoring & evaluation
Mr. Shaik Basheer, Executive Secretary, Association for Rural Development, Nellore	01	16.04.14 - 17.04.14	Nellore – Training in Leprosy & TB for their staff
Dr. Sonia, Medical Officer, Leprosy Society and House Surgeons from ESI Hospital, Basidarapur	03	16.04.14	Delhi – Hospital visit
Dr. Vimal Kushal, DLO, South West District, CDMO & NMS	03	17.04.14	Delhi – Hospital visit
Mrs. V. Bharthi & team, Sri Sai Seva Samithi	03	25.04.14	Nellore – Gave donation for MCR footwear
Mr. Khasim Sayyad, Project Manager, STSSTLS, TB Alert India, Delhi	03	29.04.14	Delhi – Discussion with team members about TB program
Dr. Tarachand Naidu, SLO & Mr. Micheal, WHO Consultant	02	03.05.14	Nellore – NLEP Review meeting



General Manager, SBI, Nellore & Senior Branch Manager, SBI, Vedayapalem, Nellore	02	13.05.14	Nellore – Discussion on developing a proposal for delivering ambulance
Mr. Atul Nigam, Delhi	01	14.05.14	Delhi – Donated Atta and Dhal
Dr. Ashok, President, IMA	01	28.05.14	Nellore – Inspection for hospital registration
Mr.Varun Vats, Delhi	01	02.06.14	Delhi – Donated Atta & Dhal
Mr. Krishna Reddy & Mr. Jagadeswar Rao	02	13.06.14	Nellore – Donated articles for the hospital
Mr. Atul Nigma,	01	19.06.14	Delhi – Donated Atta & Dhal
Dr. Parthiban, WHO Consultant	01	08.08.14	Nellore District RNTCP review meeting
Dr. Vimal Kushal, DLO, South West District, CDMO & NMS	03	11.09.14	Delhi – Visited patients admitted for RCS
Mrs. Jaselin Kuar, Gurgaon	01	23.09.14	Delhi - Donated Atta & Rice
Mr. Anupama & Mr. Amardass, Dwarka	02	27.09.14	Delhi – Donated Woolen Blankets & biscuits for inpatients
Dr. Shivani, WHO Consultant & Dr. Neet, APO, STO Office	02	01.10.14	Delhi – Project visit
DLO & Medical Officer from Meerut	02	14.10.14	Delhi – Visited the hospital and had discussion on referring patients for RCS
Dr. B. Sinha, DTO, RTRM Hospital, Jafarpur	01	01.11.14	Delhi – Visited hospital & Bharath Vihar DMCs
Mr. Srinivasa Rao, S.P (Home Guard), Nellore	01	08.11.14	Nellore – donated rice bags
Mr. Y. Venkaeswaraiyah, Project Officer (Yanadi), Nellore	01	09.11.14	Nellore – Discussion on leprosy survey among ST population
IRL Team		24.11.14	Delhi – Visited Jeevan Park Centre
Mr. Saikumar Garu, APEXAQUA	09	26.12.14	Nellore – sponsored lunch to in-patients & staff



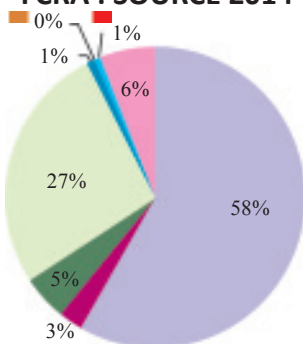
DFIT's primary funding agencies, Damien Foundation Belgium (DFB) and Directorate General for Development (DGD), Belgium continued their support for the year 2014. DFB provided 91.05 Million rupees for project activities and 3.97 Million rupees for reimbursement of expenditure made for purchase of drugs, surgical items, visitor, volunteers, filming activities etc. Damien Foundation India Trust received 41.28 Million rupees and 7.83 Million rupees from DGD and Chantier Damien respectively. Sale of inventories and Fixed Deposits were 1.38 Million rupees. The opening balance for the year was 9.37 Million rupees.

There was a remarkable increase in expenditure for DFIT direct project activities due to the changes in the strategy of Damien foundation to directly operate the field based programs of Prevention Of Disabilities (POD) in Jharkhand, Bihar & Tamil Nadu. The expenditure towards NGO's and direct projects was 68.77 Million rupees, DGD activities in Bihar for supporting field coordinators and TB referral Lab at Darbhanga was 27.18 Million. Chantier Damien construction activities expenditure was 4.41 Million rupees. Damien Foundation expenditure was 17.76 Million rupees towards DFIT office, Field, Fund raising, and Surgeon fees for reconstructive Surgeries. DFIT spent 2.32 Million rupees towards engaging civil society organizations in POD programmes in the districts and 3.29 Million rupees for Livelihood Enhancement Programme.

Finance Report : 2014 (Foreign Contribution a/c)		
Source	Income (IRS)	%
Contribution -Damien Foundation Belgium (DFB)	91050938.30	58
Contribution - DFB Direct Expenses	3975358.17	3
Chantier Damien Constructions (DFB)	7834710.60	5
Contribution - DGD (Govt. of Belgium)	41279779.44	27
Interest received on Fixed Deposits & Savings A/c	1287475.00	1
Sale of Inventories	100513.00	0
Misc.(Recoveries/ Others)	795820.30	1
Opening Balance (2014)	9373387.58	6
Total	155697982.39	100
Application	Income (IRS)	%
Support to NGO & Own Projects (Leprosy & TB)	68774493.75	44
Support to DGD Activities - Bihar, IRL	27185002.00	17
Support to Govt. Leprosy Control Programme & ILEP	1648343.00	1
Chantier Damien Construction Activities	4406655.00	3
DFIT Office, Field , Fund raising & Reconstructive Surgeries	17762091.56	11
DFIT LEP(Livelihood Enhancement Programme)Activities	3292305.00	2
DFIT Disability Care Activities	2321654.00	1
DFIT Misc. Expenses(DFB/Com.Dept./Govt)	3410306.00	2
Closing Balance (2014)	26897132.08	17
Total	155697982.39	100

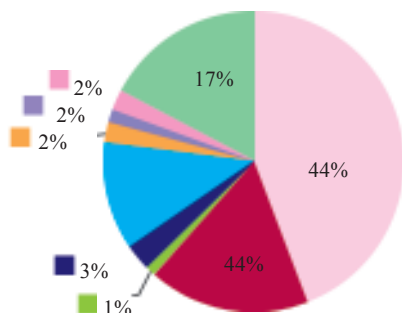


FCRA : SOURCE 2014



- Contribution - Damien Foundation Belgium (DFB)
- Contribution - DFB Direct Express
- Chantier Damien Constructions (DFB)
- Contribution - DGD (Govt. of Belgium)
- Interest received on Fixed Deposits & Savings A/c
- Sale of Inventories
- Misc. (Recoveries/Others)
- Opening Balance (2014)

FCRA : APPLICATION 2014



- Support to NGO & Own Projects (Leprosy & TB)
- Support to DGO Activities - Bihar, IRL
- Support to Govt. Leprosy Control Programme & ILEP
- Chantier Damien Construction Activities
- DFIT Office, Field, Fund raising & Reconstructive Surgeries
- DFIT LEP (Livelihood Enhancement Programme) Activities
- DFIT Disability Care Activities
- DFIT Misc. Expenses (DFB/Com.Dept./Govt)
- Closing Balance (2014)

Finance Report : 2014 (INDIAN a/c)

Source	Income (RS)	%	Application	Expenses (RS)	%
Donations Received	775700.00	4	Conference Hall Inventories	361963.00	2
Sale of Sputum cups	349148.00	2	Meeting Hall Renovation	657132.00	4
Interest Received	371657.00	2	Consultant fees - Fund Raising	80000.00	0
Gratuity from LIC	970847.00	5	Public Relations	478446.00	3
Sale of Assets	2956938.00	16	Gratuity Settlement to Staff	1829256.00	10
Rent / Rent advance Received	311250.00	2	Gratuity Settlement to Project	1987251.00	11
Miscellaneous Receipts	4115824.89	22	TDS on Salaries / Others	1521817.00	8
TDS on Salaries & Others	1511104.00	8	Travel, Bank and Misc expenses	2732331.19	15
Opening Balance (2014)	6962018.01	38	Closing Balance (2014)	8676290.71	47
Total	18324486.90	100	Total	18324486.90	100



Annexure - 1

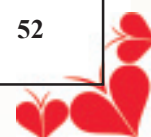
Hospital Services -

Name of the project	Total number of out patients treated	Outpatient services												
		No. of new leprosy cases detected							Grand Total	Total no. of new grade II disability			Total number of new lepra reaction cases managed	
		Adult			Children (0-14 years)			Adult		Child	Total	Type I	Type II	
		PB	MB	Total	PB	MB	Total							
Nellore	4914	9	40	49	4	3	7	56	19	1	20	29	13	
Delhi	32053	2	8	10	1	0	1	11	3	0	3	6	0	
Delhi-On-Sone	3499	52	44	96	11	8	19	115	32	4	36	69	6	
Amda	878	15	29	44	1	2	3	47	0	0	0	17	5	
Ambalamoola	5684	0	0	0	0	0	0	0	0	0	0	0	0	
Arisipalayam	9527	12	26	38	6	2	8	46	13	0	13	9	5	
Aundipatty	13557	12	9	21	0	0	0	21	0	0	0	0	0	
Bangalore														
Chillakalapalli	1357	22	18	40	2	3	5	45	5	1	6	21	0	
Fathima Nagar	3378	6	17	23	0	0	0	23	9	0	9	52	42	
Nagepalli	29366	7	14	21	1	1	2	23	3	0	3	0	7	
Pavagada	5340	9	10	19	1	0	1	20	0	0	0	0	0	
Pope Jahn Garden	8238	2	5	7	2	0	2	9	2	0	2	3	0	
Trivandrum	377	0	6	6	0	0	0	6	2	0	2	3	6	
Total	118168	148	226	374	29	19	48	422	88	6	94	209	84	



Annual Leprosy Report

In patient services										
Total number of persons underwent RCS			Others (Septic surgeries & nerve decompression)			Total number of MCR foot wear distributed	Total number of beds available for leprosy	Total number of leprosy patients admitted	Total number of bed days occupied by leprosy patients	Bed occupancy for leprosy
Male	Female	Total	Male	Female	Total					
34	6	40	12	1	13	77	13	234	3563	76
29	11	40	23	14	37	6	17	137	2717	47
61	17	78	1	0	1	54	30	231	6611	61
26	13	39	0	0	0	50	12	91	2334	54
0	0	0	0	0	0	17	2	2	9	1
0	0	0	3	0	3	171	15	147	3789	82
0	0	0	0	0	0	15	3	135	1257	116
17	0	17	0	1	1					
0	0	0	0	0	0	52	21	169	2995	40
32	1	33	49	9	58	516	80	444	16606	57
0	0	0	0	0	0	26	5	22	108	6
28	10	38	1	2	3	43	10	79	2441	68
29	3	32	34	17	51	9	38	125	2434	18
12	9	21	0	0	0	154	30	152	6197	51
268	70	338	123	44	167	1190	276	1968	51061	52



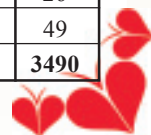
Annexure - 2

POD Programme Annual Report - 2014

Name of the State	Name of the project/districts covered	Total no. of persons affected by leprosy with disability	Total no. of persons with disability covered	No. of persons with disability visited (Cumulative)	No. of persons practicing self care regularly	No. of persons using appropriate footwear	No. of persons identified for RCS	No. of persons referred for RCS	No. of persons receiving disability pension	No. of leprosy cases diagnosed and referred to hospitals	No. of under treatment cases visited and counselled
Bihar	23 districts	9894	9894	1639	934	603	333	161	220	301	264
Jharkhand	Gumla	483	483	456	250	198	34	15	136	61	73
	Lohardaga	139	139	229	120	84	22	11	53	32	42
	Simdega	285	285	230	112	93	13	5	63	22	25
	Godda	319	319	312	147	114	42	8	20	50	62
	Deoghar	375	375	498	256	155	65	8	89	145	215
	E-Singhbhum	1275	1275	766	330	274	46	22	430	36	53
	W-Singhbhum	301	301	396	124	112	35	17	52	39	60
Saraikela	692	692	691	290	193	91	32	115	95	97	
Delhi	Delhi	214	214	306	148	54	100	79	0	10	881
Maharashtra	Nagepalli	89	89	131	75	89	3	3	18	24	87
Andhra Pradesh	Anantapur	784	531	212	91	70	19	18	107	11	19
	Kurnool	996	164	117	38	29	8	8	52	4	10
	Nellore	1504	655	117	60	66	39	36	63	7	45
	Prakasam	939	145	105	31	34	44	42	47	0	11
	Chittoor	1159	259	127	52	73	21	21	35	2	64
	Kadapa	793	336	165	86	96	42	41	48	11	20
	Vijazianagaram	2252	2252	3438	2347	2145	100	32	1882	120	334
Nellore Hospital	92	92	229	130	153	0	0	94	18	5	
Tamil Nadu	Krishnagiri	423	423	442	221	334	24	6	339	13	38
	Dharmapuri	225	225	268	125	195	15	4	210	11	12
	Kanchipuram	434	434	600	244	350	77	55	392	4	46
	Salem	1336	597	1082	599	545	13	10	375	16	67
	Trichy	487	487	457	294	359	7	2	369	7	20
	Ariyalur	112	112	225	177	122	6	6	7	9	17
	Perambalur	110	110	153	125	114	5	5	4	3	10
	Pudukottai	480	480	415	313	264	8	7	66	3	28
	Karur	238	238	308	198	243	11	2	217	5	31
Theni	353	353	2215	1786	1783	14	7	2021	11	84	
Kerala	Trivandrum	436	436	530	289	201	12	9	67	6	21
	Kollam	110	110	400	315	152	24	7	62	0	17
Total		27509	22507	17259	10307	9295	1273	679	7654	1076	2758



No. of reaction cases first time monitored	No. of follow up reaction cases motivated	No. of community volunteers interviewed	No. of CVs monitoring persons with disability once in a month	No. of CVs identified and referred suspects	No. of leprosy cases confirmed	No. of training conducted	No. of participants attended the training	No. of meetings conducted	No. of participants attended	No. of POD camps conducted	No. of persons with disability attended	No. of CSOs/govt. staff/others attended the POD camp
95	66	497	332	461	207	97	3405	83	2533	82	367	1414
29	28	142	82	58	40	14	556	11	191	15	86	85
16	18	108	62	39	23	7	297	8	159	8	46	40
9	17	81	42	17	9	10	557	6	94	8	42	133
12	19	151	50	12	10	8	363	6	160	6	23	38
30	34	190	101	65	46	3	85	6	76	6	25	35
9	8	149	36	29	32	5	141	9	187	9	52	116
10	24	94	40	8	5	8	304	9	244	7	24	47
32	15	138	83	35	24	8	260	7	151	10	27	31
13	2	15	0	0	11	2	64	3	22	13	207	46
11	29	0	0	0	0	14	150	11	86	6	14	0
0	3	42	34	21	6	10	342	13	438	5	37	113
0	0	17	16	7	1	4	107	4	89	4	33	30
3	10	21	147	15	2	2	58	4	177	4	45	102
0	2	17	5	3	2	2	15	4	29	4	29	103
5	7	33	24	30	3	18	715	15	933	4	104	24
3	3	31	26	18	2	8	250	8	137	6	87	66
52	111	917	493	93	16	27	1108	71	3504	46	722	321
11	37	0	0	0	0	0	0	14	907	0	0	0
9	1	120	116	115	5	4	179	11	119	3	51	37
1	5	84	83	69	4	4	88	12	85	3	54	36
9	5	137	125	107	12	13	401	19	288	16	178	138
15	87	57	0	0	0	10	553	4	1371	11	332	8
8	16	18	18	8	1	0	362	20	2869	11	127	43
7	8	16	0	0	0	3	172	7	80	12	230	29
6	34	60	3	0	0	6	1290	6	72	5	117	78
19	26	156	47	25	0	7	166	8	172	17	251	66
9	16	24	24	13	1	7	357	16	881	4	43	16
21	28	464	177	37	7	177	3572	18	590	19	277	119
1	19	13	13	18	0	29	968	44	1347	4	20	26
1	1	23	278	90	13	21	755	63	2346	13	69	49
446	677	3912	2457	1392	482	536	17640	520	20337	360	3719	3490



Annexure - 3

Involvement of Civil Society Organisations (CSO) in POD Programme - 2014

Parameters	Bihar	Jhar khand	Tamil Nadu	Andhra Pradesh	Kerala	Total
Total no. of districts covered	13	2	6	7	1	29
Total no. of CSOs involved	46	2	14	12	2	76
Number of persons affected by leprosy with disabilities at the beginning of the year	5114	531	2021	3549	81	11296
Number of persons affected by leprosy with disabilities deleted during the year	780	102	157	1103	7	2149
Number of persons affected by leprosy with disabilities added during the year	2478	193	289	938	36	3934
Number of persons affected by leprosy with disabilities at the end of the year	6812	622	2153	3384	110	13081
Number of persons affected by leprosy with disabilities visited during the year (cumulative)	8020	1724	9294	10368	995	30401
Number of persons practicing self care regularly	3695	865	7284	5818	919	18581
Number of persons visited with plantar ulcers	632	139	697	631	20	2119
Number of persons with complications referred to hospital	267	56	973	710	132	2138
Number of LEP beneficiaries monitored (cumulative)	173	14	935	119	78	1319
Number of leprosy suspects identified and referred to hospitals for diagnosis	1673	308	634	527	229	3371
New leprosy cases confirmed during the year	535	84	69	83	6	777



Annexure - 4

Projects annual TB report

Name of the Projects	Total no. of TB suspects examined	Total no. of sputum positive cases detected	Total no. of TB cases registered	Total no. of new TB cases registered	NSP TB cases registered	Total no. of retreatment TB patients registered	Sputum conversion rate - NSP TB cases	Sputum conversion rate - RT TB cases	Cure rate for NSP TB cases (2013 Cohort)	Cure rate for RT TB cases (2013 Cohort)	Total no. of beds for TB - DR TB Patients	Total no. of TB patients admitted	Bed occupancy TB/DR TB patients	Average bed occupancy for TB
Nellore	389	82	140	123	55	17	97%	73%	91%	65%	24	248	1916	22.2
Delhi	4848	746	2505	1975	753	530	90%	74%	84%	72%				
Salem	8241	948	572	468	242	104	72%	66%	73%	36%				
Pavagada	4639	470	479	381	267	98	84%	64%	80%	44%	5	2	16	0.9
Aundipatty	1150	91	26	19	17	7	46%	67%	77%	80%	2	105	627	87
Ambalamoola	789	12	12	9	9	3	84%		100%		2	10	87	12
Nagepalli	3042	317	280	235	159	45	89%	69%	84%	57%	5	46	182	10
Fathima Nagar	689	33	29	21	11	8	100%	100%	100%	13%	5	12	250	14
Total	23790	2699	4043	3231	1513	812	86%	71%	82%	59%	43	423	3078	20



Annexure - 5

Andhra Pradesh DR TB programme Annual Report

Name of the district	DR TB suspects indentified	DR TB suspect sputum samples sent to IRL	Confirmed DR TB patients	No. of patients initiated treatment		
				MDR TB	XDR TB	Total
Nellore	1158	864	77	80	2	82
Prakasam	1667	1624	85	80	6	86
Anantapur	1939	1490	66	63	4	67
Kurnool	1870	1359	81	71	3	74
Chittoor	1362	833	36	40	4	44
Kadapa	902	504	47	48	2	50
Total	8898	6674	392	382	21	403



12 months MDR TB culture conversion (IV-2012 I, II and III qtr 2013)	MDR TB patients treatment out come - I and II quarter-2012								
	Total patients	Cured	Treatment completed	Died	Failure	Defaulted	Switched to XDR TB treatment	Transfer out	Under treatment
25/69(36%)	32	7	5	4	0	13	3	0	0
38/80(47%)	46	13	9	7	2	12	1	0	2
39/67(58%)									
48/80(60%)	6	4	0	0	1	1	0	0	0
31/50(62%)	23	10	1	2	1	5	3	1	0
34/50(68%)	11	5	0	4	1	1	0	0	0
215/396(54%)	118	39	15	17	5	32	7	1	2





Annexure - 6

Andhra Pradesh District Consultancy Team DR TB Annual Report - 2014

Name of the district	Patients interaction meetings					Patient visited			Patients on DOT				Irregular Patients		Defaulted Patients		DOT Provider			Trainings		
	No. of patients counselled at DOTS plus site	No. of meetings conducted	No. of patients attended	No of DOT providers attended	No of GH staff attended	MDR TB	XDR TB	Total	MDR TB	XDR TB	Total	Percentage (%)	DR TB patients motivated	DR TB patients retrieved	DCT Team visited	No. of DOTPs functioning correctly	Percentage (%)	Total no. of trainings conducted	Total no. of participants attended	Total no. of meetings conducted		
Anantapur	26	13	65	32	37	206	6	212	173	4	177	83	24	17	118	103	87	7	376	9		
Kurnool	0	8	37	20	23	192	2	194	158	1	159	82	17	9	110	94	86	4	169	8		
Chittoor	17	11	71	15	55	194	17	211	176	16	192	91	15	15	95	82	86	21	855	10		
Kadapa	6	7	26	11	18	170	1	171	150	1	151	88	17	15	84	75	90	11	525	2		
Nellore	61	6	26	14	17	196	7	203	165	6	171	84	27	21	125	107	86	4	190	1		
Prakasam	0	2	5	4	6	52	3	55	39	3	42	76	9	8	30	20	67	0	0	0		
Total	110	47	230	96	156	1010	36	1046	861	31	892	86	109	85	562	481	86	47	2115	30		

Annexure - 7

Diagnostic and follow up samples processed at DTRC Nellore - Andhra Pradesh

District	Population covered (in lakhs)	Diagnosis samples			Follow up samples received and inoculated in L.J media				Diagnostic samples inoculated in L.J media				LPA Done					
		Total	Smear Positive	Smear Negative	Total	Smear Positive	Smear Negative	Culture Positive	Total	Smear Positive	Smear Negative & Ref	Culture Positive	Total	In conclusive	Both sensitive RIF & INH	Resistant		
Anantapur	41.4	287	437	250	425	68	357	60	243	19	224	44	263	10	190	9	42	12
Kadappa	29.3	298	130	168	297	53	244	49	169	7	162	21	80	4	54	3	8	11
Chittoor	42.3	396	155	241	302	37	265	27	229	2	227	38	107	0	90	2	7	8
Kurnool	41.0	582	163	419	429	56	373	39	419	8	411	24	98	4	61	4	17	12
Nellore	30.1	1583	854	729	340	63	277	75	704	33	671	78	501	14	328	19	76	64
Prakasam	34.4	813	243	570	499	109	390	108	548	8	540	68	177	3	125	9	18	22
Total	218.5	4359	1982	2377	2292	386	1906	358	2312	77	2235	273	1226	35	848	46	168	129





Annexure - 8 Diagnostic and follow up samples processed at DTRC Darbhanga, Bihar

District	Population covered (in lakhs)		Diagnostic samples			Follow up samples received and inoculated in L.J media				Diagnostic samples inoculated in L.J media				LPA Done				
	Total	Smear Positive	Smear Negative	Total	Smear Positive	Smear Negative	Culture Positive	Total	Smear Positive	Smear Negative & Ref	Culture Positive	Total	In conclusive	Both sensitive RIF & INH	RIF	INH	RIF & INH	
Darbhanga	42.04	268	226	542	84	199	45	283	129	255	54	165	14	82	9	16	44	
Madhubani	48.22	282	98	184	40	163	14	203	85	85	13	63	3	25	4	4	27	
Saharsa	20.47	80	32	48	5	26	2	31	17	23	2	16	1	9	1	1	4	
Supaul	24.25	124	30	94	5	16	2	21	16	46	2	17	1	15	0	0	1	
Madhepura	21.38	240	43	197	3	13	1	16	24	96	8	28	3	20	0	3	2	
Samastipur	45.61	210	93	117	39	143	13	182	56	49	17	66	1	37	4	5	19	
Sitamarhi	36.65				29	195	18	224										
Sheohar	7.12				1	25	4	26										
Muzaffarpur	51.22				14	95	11	109										
Siwan	35.44				0	0	0	0										
Gopalganj	27.52				7	54	6	61										
E.Cham paran	54.48				9	32	0	41										
W.Cham paran	42.05				0	2	0	2										
Total	456.45	1704	522	1182	236	963	116	1199	327	554	96	355	23	188	18	29	97	

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
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 Short course. A package with five elements constituting the fundamental strategy of TB control adopted by all the countries including India
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
HIV	Human Immunodeficiency Virus
HF	Health Facilities
IEC	Information, Education and Communication
ILEP	International Federation of Anti-leprosy associations with ten members active in India
INH	Isoniazid



INR	Indian Rupees
IP	In patient
LEP	Livelihood Enhancement Programme (a socio economic rehabilitation programme implemented by DFIT assisted projects)
LJ	Lowenstein-Jensen
LPA	Line Probe Assay
LT	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
MTB	Mycobacterium Tuberculosis
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 200000 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
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
TU	Tuberculosis Unit
WHO	World Health Organisation





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