

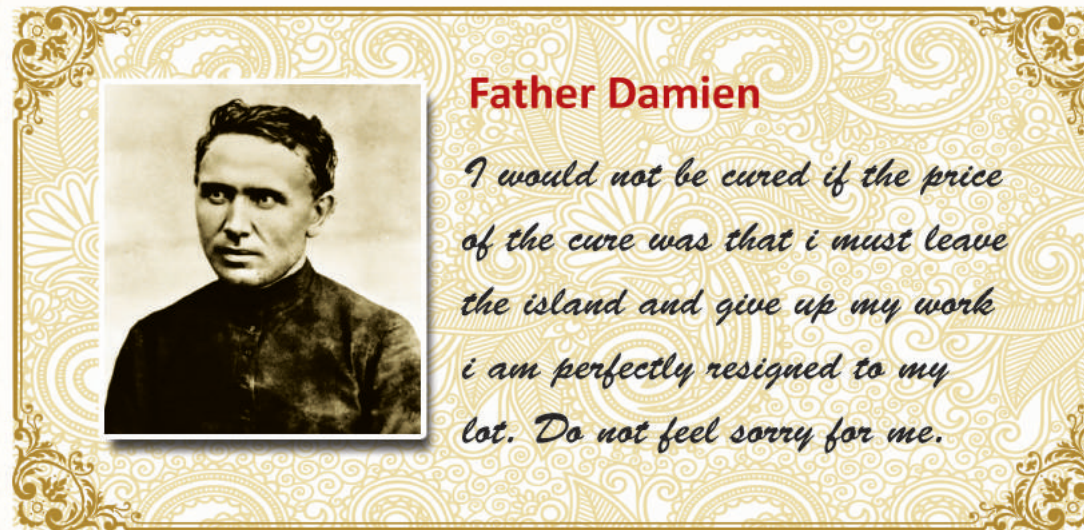


*Activity report 2015*

**DAMIEN FOUNDATION INDIA TRUST**

## Inspiration of Damien Foundation

Damien Foundation mission is derived from the inspiration and dedication of Fr. Damien to the persons affected by leprosy. Father Damien Said " I wish to give myself unconditionally to the poor lepers. The harvest appears to be ripe here. Pray, and ask others to pray both for me and for all".



Saint Damien of Molokai, also called Father Damien, original name was Joseph de Veuster. He was born on 3rd Jan. 3, 1840, in Tremelo, Belgium. He was educated at the College of Braine-le-Comte, and in 1858 he joined the Society of the Sacred Hearts of Jesus and Mary (Picpus Fathers) at Leuven. In place of his brother, Father Pamphile, who had been stricken by illness, he went as a missionary to the Sandwich (Hawaiian) Islands in 1863. He reached Honolulu in 1864 and was ordained a priest the same year. Moved by the miserable condition of the lepers, whom the Hawaiian government deported to Kalaupapa on Molokai Island (1873), he volunteered to take charge of the settlement. He served as pastor and physician, improved water and food supplies and housing, and founded two orphanages in Molokai. In 1884 he contracted leprosy and refused cure because it would have necessitated his leaving the lepers and died in April 15, 1889, in Molokai, Hawaii. His remains were transferred to Leuven in 1936.

In 1965 Hawaii placed a statue of him in the National Statuary Hall of the U.S. Capital in Washington, D.C. Damien was beatified by Pope John Paul II in 1995 and canonized by Pope Benedict XVI in 2009. He was a Belgian priest who devoted his life to missionary work among the Hawaiian lepers and became a saint of the Roman Catholic Church.

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## Foreword



It is my pleasure to present the annual activity report of Damien Foundation India Trust. It aims to provide an overview of key results and achievements of the organisation during the year 2015. It is well noted from the report that our focus for leprosy has increased in terms of both patient care services and field activities. We developed simple software for the documentation of data at various levels; this would enable us to assess the progress and achievements in the coming years.

Damien Foundation developed a new strategy for improving the referral system for leprosy by institutional strengthening and this methodology has been proposed and tested in two districts of Bihar. Involvement of persons affected by leprosy for counselling is a part of the strategy. The experience we gathered that the newer strategies employed for improving TB case detection in Bihar, especially the involvement of rural medical practitioners and sputum collection centres, was confirmed. Its feasibility and impact can be further made sustainable with the support of general health system.

New initiatives for inpatient care of the terminally ill persons affected by leprosy and physiotherapy services in Anandapuram have been successful. These initiatives have been appreciated. The need of referral centres for persons affected by leprosy in Bihar is increasing and Damien Foundation is planning to establish at least one more referral centre in the North East zone of Bihar state by the end of 2016.

Severe floods during the year are never forgettable for the people of Chennai and its adjacent districts. Damien Foundation Belgium extended its helping hand in the flood relief work in leprosy colonies and schools.

In conclusion, I would like to express my sincere thanks to the Govt. of India, State Governments and district authorities for their excellent cooperation; it wouldn't have been possible to accomplish all the activities without the support and guidance of Trust members especially from Dr. Krishnamurthy and officials of Damien Foundation Belgium. On behalf of our Trust members I would like to appreciate and acknowledge the contribution of volunteers from Belgium and India. Last but not the least, I would like to thank and acknowledge the meticulous work of our entire team.

**Dr. M. Shivakumar**  
Secretary

## Introduction

Damien Foundation in India is one among the International Federation of Anti-Leprosy Association (ILEP) which has been involved in leprosy control activities since 1955. Tuberculosis control activities were combined with leprosy from 1998. All the activities are carried out in collaboration with NGOs, self-governed, civil society, private institutions and government.

The involvement of Damien Foundation in Leprosy and TB control in India was based on both perception and felt need in connection with the evolution that has taken place in general health care including leprosy and TB control programmes. The opportunity of leprosy elimination and health sector reforms has made DFIT to revise its objectives and strategies focussing on sustainability of leprosy and TB control, with a more direct patient approach and a more focused support to the Govt. programme.



### Our Board Members



Dr. P. Krishnamurthy President  
Mr. R. Subramanian Treasurer  
Mr. Alex Jaucot Member  
Mr. Luc Comhaire Member  
Mr. A.L. Somayaji Member



Dr. Mannam Ebenezer Member  
Mr. S. Jeyaraman Member  
Dr. S. Raja Samuel Member  
Dr. M. Shivakumar Secretary

### The evolution of strategies adopted in different phases as follows:

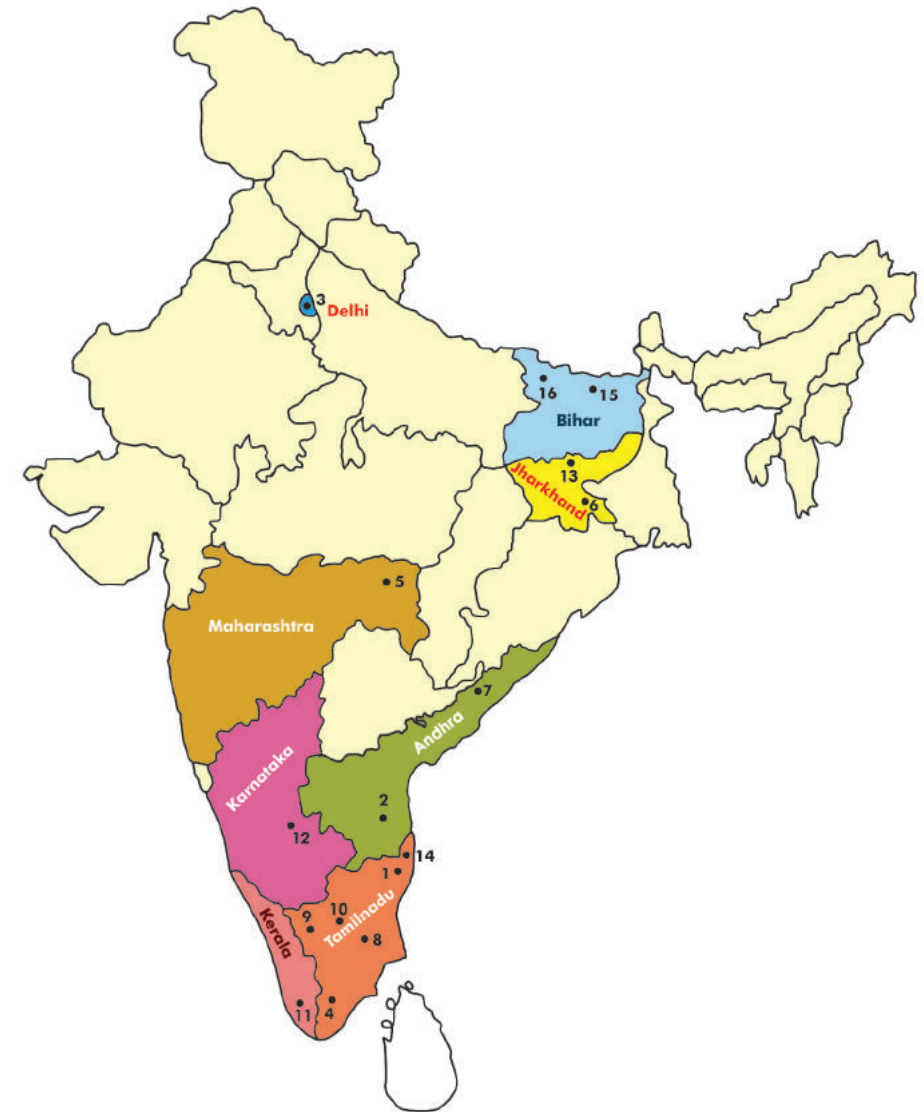
1955 - 1982	<ul style="list-style-type: none"> <li>• Direct leprosy patient care in defined population</li> <li>• Survey, Education and Treatment in defined population</li> </ul>
1983 - 1996	<ul style="list-style-type: none"> <li>• Technical support to leprosy control programme in identified districts</li> <li>• Direct leprosy patient care in defined population</li> <li>• Survey, Education and Treatment in defined population</li> </ul>
1997 - 2003	<ul style="list-style-type: none"> <li>• Direct TB patient care in defined population</li> <li>• Technical support to TB control programme in identified districts</li> <li>• Direct leprosy patient care in defined population</li> <li>• Survey, Education and Treatment in defined population</li> <li>• Technical support to leprosy control programme in identified districts</li> </ul>
2004 - 2007	<ul style="list-style-type: none"> <li>• Socio economic rehabilitation</li> <li>• Direct leprosy and TB patient care in defined population</li> <li>• Technical support to leprosy and TB control programme in identified districts</li> </ul>
2008 - 2011	<ul style="list-style-type: none"> <li>• Direct patient care services for MDR TB in defined population</li> <li>• Direct leprosy and TB patient care in defined population</li> <li>• Technical support to TB control programme in identified districts</li> <li>• Socio economic rehabilitation</li> </ul>
2012 - 2016	<ul style="list-style-type: none"> <li>• Support lab services for managing MDR TB and other forms of DR TB in defined population</li> <li>• Support to TB control programme in identified districts in focused areas</li> <li>• Direct leprosy and TB / MDR patient care in defined population</li> <li>• Socio economic rehabilitation</li> </ul>

2017 onwards	<ul style="list-style-type: none"> <li>• Institutional development to sustain expertise in leprosy in identified districts</li> <li>• Support lab services for managing MDR TB and other forms of DR TB in defined population</li> <li>• Support to TB control programme in identified districts in focused areas</li> <li>• Direct leprosy and TB / MDR patient care in defined population</li> <li>• Socio economic rehabilitation</li> </ul>
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- Important facts about leprosy.
- Many people think that leprosy no longer exists. But it does - and also the stigma and Discrimination against people affected by leprosy is one of the oldest and most pervasive examples of social injustice in the history of the human race.
- Even today, thousands of men, women and children continue to suffer social, economic and legal discrimination, simply because they or a family member have had leprosy.
- Discrimination it causes.
- Leprosy is a curable disease. Yet misguided notions about leprosy persist, with devastating consequences for those thus stigmatized.
- Diagnosed early and treated promptly, leprosy leaves no trace.



# 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, Aundipatty, Theni District - Tamilnadu
5. ASSISI Sevasadan Hospital, Nagepalli, Gadchiroli - Maharashtra
6. Claver Social Welfare Centre, Amda, Saraikela - Jharkhand
7. New Hope Rural Leprosy Trust, Chilakalapalli - Andhra Pradesh

8. Holy Family Hansensorium, Fathima Nagar, Thiruchirapalli - Tamilnadu
9. Nilgiris - Wynaad Tribal Welfare Society, Ambalamoola, Nilgiris - Tamilnadu
10. St. Mary's Leprosy Centre, Arisipalayam, Salem - Tamilnadu
11. St. John's Health Services, Pirappancode, Thiruvananthapuram - Kerala
12. Swamy Vivekananda Integrated Rural Health Centre, Pavagada - Karnataka
13. Damien Social Welfare Centre, Dhanbad - Jharkhand
14. The Beatitudes Social Welfare Centre, Pope John Garden, Madhavaram, Chennai - Tamilnadu

**Support to Government**

15. Demien TB Research Centre, Darbhanga - Bihar
16. Damien Leprosy Referral Centre, Rudrapura - Bihar

ADDRESS PHONE, FAX & E-MAIL	PERSON IN-CHARGE	SERVICES AVAILABLE	
Claver Social Welfare Centre, Claver Bhavan P.O. Amda Saraikela, Kharswan, Jharkhand - 833 101	06583-252714 apanneersj@gmail.com	Fr.Antony Panneerselvam Director	OP & IP (Leprosy) Reconstructive Surgery for leprosy
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 Unit in Salem & POD program
Arogya Agam, Theni District, Aundipatty, Tamil Nadu - 625 512	04546-242306 04546-244311 (Fax) info@arogyagam.org	Dr.Sabu.M.Simon Secretary	OP & IP (Leprosy & TB) Designated Microscopy Centre & POD program
Nilgiris-Wynaad Tribal Welfare Society, Ambalamoola PO, Via Bitherkad Gudalur Taluk, Nilgiris, Tamil Nadu - 643 240	04262-224558 04262-224477 ambalamoolainfo@gmail.com	Mr.Peter Ronald Project Manager	OP & IP (Leprosy & TB) Designated Microscopy Centre & POD program
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 dtrcdarbhanga@gmail.com	Mr.Moses Anandraj, Microbiologist	iLED Fluorescence microscopy, Line Probe Assay (LPA) culture and DST (Solid LJ)
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	Mr.P.Rajendran, Administrative 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

ADDRESS PHONE, FAX & E-MAIL	PERSON IN-CHARGE	SERVICES AVAILABLE	
Assisi Sevasadan Hospital,Nagepalli, Allapalli PO, Gadchiroli District, Maharashtra - 442 703	07133-266461 assisinagepalli@gmail.com	Dr.Sr.Marina Francis Project Holder	OP & IP (Leprosy & TB), Designated Microscopy Centre & POD Programe
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, Designated Microscopy Centre, iLED Fluorescence microscopy, Line Probe Assay (LPA), Culture and DST (Solid LJ)
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 & support to TB programe
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
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) tjohnshealthservices@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

## DFIT Human Resource Report

Damien Foundation executes its projects through dedicated teams comprising of medical, paramedical and administrative staff through direct appointment, NGO partnerships and support to the Government. The proficiency of the staff is maintained through regular trainings and Continuing Medical Education which remains a priority for DFIT. There is a performance appraisal system in place which motivates and guides the staff to render quality services. DFIT is an equal opportunity provider in recruiting its staff without gender or any discrimination. Damien Foundation works in eight states which has staff from various multicultural environments who strive together in achieving the organisations Vision and Mission.

The table below gives a human resource status at DFIT for the past five years from 2011 to 2015, which remained healthy in terms of human resource management and staff retention.

	Particulars	2011	2012	2013	2014	2015
A	Number of projects involved only in leprosy control activities	3	5	6	7	7
B	Number of projects involved both TB and leprosy control activities	10	11	9	8	8
C	<b>Total Projects (A+B)</b>	<b>13</b>	<b>16</b>	<b>15</b>	<b>15</b>	<b>15</b>
D	Number of staff involved exclusively in TB (MO,MFWs in Delhi, Nellore lab, Darbhanga lab, STS, STLS)	61	53	49	24	25
E	Number of staff involved only in leprosy (DPMR Supervisors & PTs)	48	56	64	70	75
F	Number of staff involved in TB and leprosy (combined) MOs, LTs, Staff Nurses, remaining staff	87	90	72	85	78
G	Finance, Administration & Others	53	58	66	69	68
H	Staff Supported to Government health system	46	32	24	30	39
I	<b>Total Staff (including Govt. Support) (D+E+F+G+H)</b>	<b>295</b>	<b>289</b>	<b>275</b>	<b>278</b>	<b>285</b>
J	Total Staff (excluding Govt. Support)	249	257	251	248	246



## Leprosy Control Activity



Leprosy is an infectious disease; it is curable with multi drug therapy that kills the bacteria and stops the disease from spreading. Early diagnosis and prompt treatment help in preventing the onset of disabilities and deformities associated with leprosy.

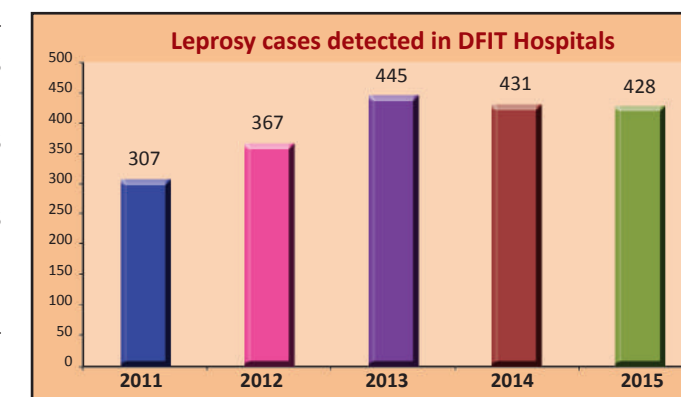
India contributes globally more than 55% of the leprosy cases every year. In 2013, 58% of the new leprosy cases (126913 / 215656)

cases were detected in India. It was observed that highest numbers of Grade II disabilities were reported among newly detected leprosy cases in India, continuously for the last 10 years. Globally 40% (5256/13288) of the new cases with Grade II disabilities were reported by India in 2013.

### Damien Foundation's leprosy services in India

#### Direct patient services:

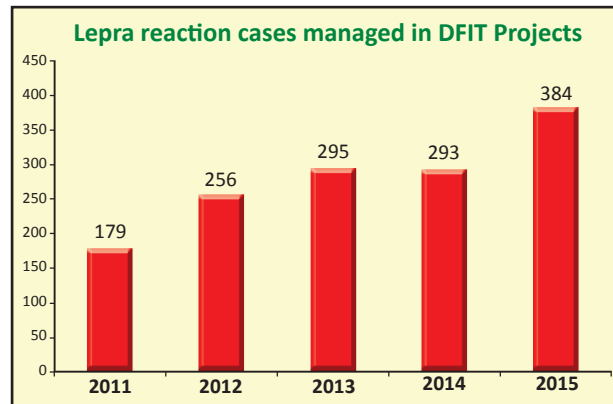
Diagnosis of leprosy and management of its complications like reactions, deformities and chronic or non-healing ulcers are the key services provided by referral centres. DFIT has been providing primary and secondary level care through its 14 referral centres established across eight states. Among them, 9 are also providing tertiary level care referral services like re - constructive surgeries and other related services. DFIT projects in total treated 108432 outdoor patients and detected 428 new leprosy patients. They were referred to concerned health facilities for MDT initiation and around 9% of them were children. Among the patients referred for MDT 95% of them received treatment.



### Reaction management:

Reactions in leprosy are emergency conditions that can occur any time during the manifestation of the disease or after treatment completion. Reaction may lead to nerve damage and disabilities in some cases. Early identification of reaction and its management is very crucial in the prevention of disabilities to avoid reconstructive surgeries. It is very important to counsel the patients

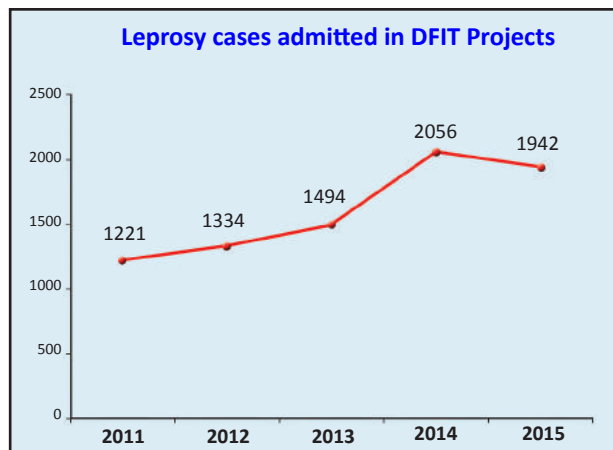
on sign and symptoms of reaction at the time of treatment initiation and treatment completion for reporting to health facilities. Damien Foundation's referral centres managed 384 reaction cases during the year and ensured that they complete the course of treatment according to guidelines.



### Chronic ulcer management:

Chronic and frequently recurring ulcers in the sole of the foot are common complications in people affected by leprosy. Sensory loss secondary to nerve damage and loss of sweating are considered as being the primary causes of ulceration in hands and feet. Early management of ulcers and regular practice of home based self-care can prevent further damage of tissues and development of deformities. It

is one of the main services rendered in all referral centres supported by Damien Foundation. These patients are generally admitted for a period between one to six months and many of them may need minor surgical interventions and a few, major surgical procedures. During the year, 148 septic surgeries and were done including nerve decompressions. A total of 301 beds are allotted for managing leprosy related complications in DFIT supported referral centres. From the reports, it was noted that 51% of the beds were occupied throughout the year. All projects in total, supplied 1848 pairs of customised footwear to needy patients.

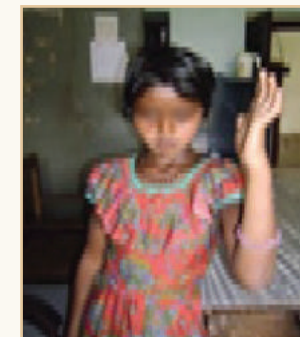


### Story of Kumari Latha



Kumari Latha, female, aged 13 years, is from Kandepalli village, Vizianagarm District A.P. Her mother noticed big lesions on her body and took her to a private practitioner where she had treatment for 2 months, but there was no improvement. She developed acute pain in both hands and feet and was taken to a primary health centre. The medical officer diagnosed her as a case of MB leprosy with acute neuritis and started treatment and referred to DFIT supported hospital in Chilakalapalli for admission and further management. Her pain subsided within a month and improvement was noticed, thus deformity was prevented. Early identification of reaction and its management helps in preventing deformities. Today Latha is happy and continues her education.

### Story of Kavita Kumari



Kavita Kumari, 12 years old female child hails from Shyampur village of Gopalganj district, Bihar. She is affected by leprosy and regularly taking Multi bacillary (MB) treatment from nearby Primary Health Centre since May 2015. DFIT field coordinator during his regular field follow up visited Kavitha and noticed some changes in skin patches and clawing of fingers in her left hand. He diagnosed it as a lepra reaction which normally occurs in a few patients during the course of the disease. The lepra reaction was not noticed at the Primary Health Centre at the time of diagnosis. He referred her to PHC for reaction treatment and closely monitored her progress.

Within two weeks there was tremendous improvement in her fingers which recovered to normalcy. Now she has completed treatment for reaction and recovered from deformity. Now she is continuing MDT. Timely identification and proper reaction management has saved the child from deformity. Kavitha Kumari and her family members expressed their gratitude to DFIT for the timely service provided and preventing her from disability.



## Ulcer Management of Rajan Nair



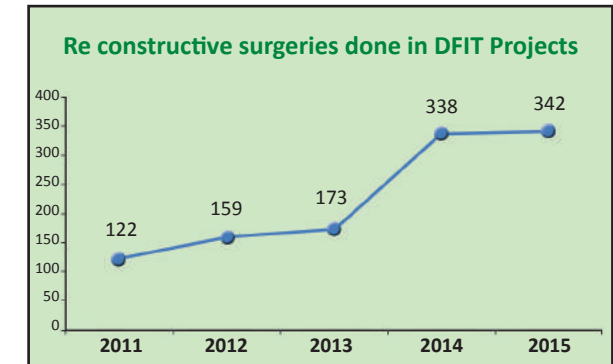
Before-Duration of the ulcer-25 years



Ulcer after three months

Rajan Nair, Male 54, is from Thazhava, Kollam district; completed his leprosy treatment, but was suffering with plantar ulcer on his right foot for last 25 years. He took ulcer treatment from Govt. and Private doctors, but the ulcers did not heal. He was referred to St. John's Hospital, Trivandrum (supported by DFIT). His ulcer finally got healed after six months of intensive treatment and self care at this centre. He also underwent corrective surgery on his left hand. Rajan today leads a normal life.

## Re constructive surgeries:



Surgical correction of deformities in leprosy is one of the important services in medical rehabilitation of persons affected by leprosy. The main objective of re-constructive surgery followed by physiotherapy is to restore functionally and anatomically as far as possible and to prevent further deterioration of disability. It is important to correct deformities at the earliest for better results. Generally these patients require hospital admission for eight to nine weeks which include pre and post-operative physiotherapy. Damien Foundation initially had only 3 tertiary level care referral centres till the year 2011 and at present 9 centres provides re-constructive surgeries with the help of 5 consultant surgeons. In total 342 surgeries were performed during the year among them 250 surgeries for hands, 63 surgeries for feet and 29 for lagophthalmos corrections.



## Story of a young mother



Mrs. Devi's married life went on well for three years with her two year old son. The problem arose one day when she noticed white patches on her body. Her ignorance led to clawing of fingers on her right hand and she also developed an ulcer on her right foot which further led to deformities. When she shared about this to her in-laws and husband, they ignored her complaints.

While the deformity progressed, her family suspected that it could be Leprosy and she was sent to her parent's house, retaining her child with them. Mrs. Devi's parents took her to the nearest Govt health facility where she was diagnosed as a case of leprosy and treatment was initiated. But, it was too late to prevent her disabilities.

She was physically and mentally depressed as she could not be with her child. In this scenario, DFIT field coordinator came across Mrs. Devi while updating the list of persons affected by leprosy

with disabilities. She was happy to meet them and shared her problems. DFIT coordinator counselled her and suggested reconstructive surgery in leprosy referral centre in Dhanbad supported by DFIT. She underwent surgery for her foot drop correction and underwent regular physiotherapy for her claw hand. Now she is able to walk without any difficulty and completely recovered from disabilities and she is happy now and hoping that her family will accept her.

Mrs. Devi's story is an example for leprosy stigma which still prevails in our Indian society. There are many more Devi's in our societies who need attention.

## A note from Dr. Pramod



My experience with DFIT dates back to 1997 when I was a third year medical student in Mysore medical college. There was a CME organized by skin and STD department in which DFIT was actively involved. Then Chennai was still called Madras and like an eager student I was sitting in the front row taking notes and asking questions to the

speakers, trying to learn more about leprosy. I did recollect that we learnt that leprosy is curable like any other disease. Even during my school days in one of the function the guest speaker who himself was a leprosy patient narrated his experience as a patient. How he had to overcome the social stigma associated with leprosy. Even Mahatma Gandhi had to fight the untouchability associated with leprosy patients this I learnt when I visited Wardha ashram, in 1995.

I was actively involved in MLEP –VISION 2000 the national program for eradicating leprosy. As a volunteer we did house to house survey for positive cases of leprosy in July 1998 for an entire week in the city of Mysore. However the ambitious program was downgraded to leprosy elimination program due to slow growing nature of mycobacterium leprae and hence could not be eradicated like small pox in 1976.

Formally I have been associated with DFIT since December 2011. I must admit this has been a journey in itself with lots of positive experience. My first visit to Fathimanagar, Trichy rekindled the compassion which only Mother Theresa could surpass towards the patients and their family. I was very much moved by the dedication of the nuns at Holy Family Leprosy Centre. I had the opportunity to interact with the HIV positive kids and even played cricket with them. One of my colleagues Dr. Yang from China taught them a few steps of karate as well and it was really life changing experience to all of us.

During my medical school days I was taught that "faith heals" but in Fathimanagar I saw the great saying "love heals" which is very true. Patients with leprosy need love and compassion apart from proper medications to rehabilitate them back to their normal self. Modern medical care lacks these two things which are driven by cor-

porate greed and targets. However I did try to implement the safer procedures for anaesthesia by following the current medical practices during surgery by installing the anaesthesia monitors in 3 projects I was initially involved. There by reducing the complications related to anaesthesia and surgery. Each project is unique by itself and has given me new friends in 3 different states. I must appreciate and laud the efforts of swami Japanandaji for his immense enthusiasm in getting the RCS started in Bangalore to which I readily agreed to be part of since its inception.

However due to lack of commitment from the Government side and short of dedicated healthcare workers this project has been abandoned lately. My visit to leprosy hospital at Magadi road, Bangalore reflected the apathy the Government doctors show towards the patients affected by leprosy.

Even though I was trained as orthopaedic surgeon I did not have the opportunity to treat such patients due to city practice and the above reasons quoted below "Either these patients are sent back home or managed poorly by the health care workers" which is in stark contrast to what I have seen in Fathimanagar, Trichy. Which is a role model for leprosy care in southern India , DFIT should be proud to be associated with such organization. The work done by Mother Theresa in kolkata is unparalleled but the vision of Father Damien and his sacrifice has been the source of inspiration for us as healthcare providers involved with leprosy patients.

My experience with Dr.Jacob Mathew has been truly rewarding to the patients and myself, who has been the guiding source throughout these fruitful years. I have evolved as better human being and a wise surgeon. I was totally surprised to see myself along another doctor from Chennai were the only 2 candidates who volunteered for the consultant orthopaedic surgeon position sought by DFIT 2011. Even though the metro of Chennai has more than 30 medical colleges in and around Chennai only 2 of us had come to offer our services to the patients of leprosy. The social stigma attached to leprosy still persists I think!

Even some of my own relatives cautioned me against my desire to be associated with leprosy patients. However I find it more fulfilling to be associated with DFIT and give me immense satisfaction as a surgeon and help the fellow human being in need. So at every opportunity I try to be associated with DFIT and try to keep the legacy of Father Damien going for the generations to come.

### A note from Dr. Akbar



I was practicing as an orthopedic surgeon in Nellore, and then I came to know that tendon transfers for leprosy deformities are happening at DFUL & TRC, Nellore. I contacted Mr.Charles and he introduced me to Dr Jacob Mathew during RCS Session. I was very much impressed about the work and though I have scope in getting trained in latest opportunities in orthopedics but still I felt that if I am trained here I can do better job to my society. The same was expressed to Dr Jacob Mathew and he was instrumental in recommending me to you and training me for what I am today.

After starting my work in RCS I developed an interest in Hand surgery. I started going to hand surgery workshops and courses in different places and proudly say about the Damien Foundation and the work going on here to all the faculty and delegates who attended with me. To my surprise none were aware of the work going in DFIT. The practitioners in and around Nellore except few were also not aware of the surgical work going on here. Then I started the idea of conducting the workshop which was well supported by Dr Jacob Mathew and the Secretary. First my intention was to reach to the final year orthopedic postgraduates who are going to practice here. Then we tried to reach all over the country mainly southern states. I should thank the President, Secretary of DFIT and all the Staff of DFIT Chennai and DFUL&TRC, Nellore for giving the support and working out with me for the success of the workshop which wouldn't have been possible without your support.

From these trainings I started doing the RCS surgeries under Local Anesthesia without Tourniquet technique it is a good technique which is easy to all our surgeons. I am preparing for a paper presentation and would recommend this technique in others centers after approval of Dr Jacob Mathew.

I thank Dr Jacob Mathew for training me and being behind me and DFIT for giving me opportunity to learn and practice. I thank Mr. Piet Paul Hemerijckx, Physio Technician for producing the better results for the work I am doing and assisting me and helping me in the lapses where I need to improve. I thank the AO, DFUL & TRC Nellore for always supporting me and all the staff of DFUL & TRC for making me comfortable with my work there.

It's a great honor for me to do service to the people affected with leprosy.

## Prevention of Disability (POD) activities in 51 districts



Prevention of disabilities among new cases and prevention of worsening of disabilities are two different aspects of POD activities. While the first stands for early detection, treatment and proper management of complications that can prevent the occurrence of disabilities, the second stands for care to those already living with disabilities like plantar ulcers, lagophthalmos, claw hand, foot drop and claw toes.

Damien Foundation is facilitating POD services for more than a decade through different strategies and at present 51 districts are being covered and they are located in 4 states. DFIT placed 8 coordinators, experts in POD to facilitate POD activities. Around 28000 persons affected by leprosy with disabilities are living in the supported districts. Involvement of civil society organisations (CSOs) and community volunteers is one of the strategies followed in 28 districts under the supervision of DFIT teams. The teams' main role is to disseminate the message of signs of leprosy, referral of suspects and patient monitoring. They also update the list of persons affected with disabilities and demonstrate to them on home based self-care. Besides this, the team also facilitates the patients to avail disability pension as part of Government entitlements.

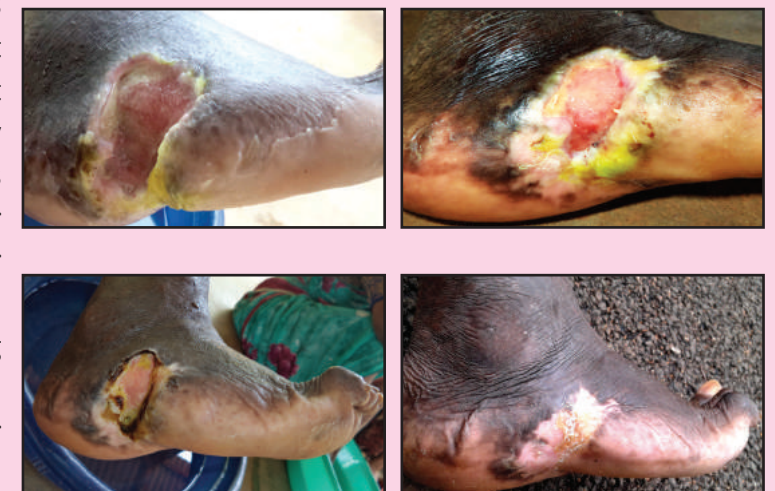
During the year, 64 Civil Society Organisations were involved in 28 districts (Tamilnadu, Andhra Pradesh, Jharkhand and Bihar). DFIT included 3569 persons and deleted (death and migration etc) 1900 persons from the leprosy disability register, among them 63% were practicing self care. Suspect referral was done for 3146 persons to the nearest Govt health facility and 745 new leprosy cases were confirmed and MDT initiated.



DFIT teams visited around 20000 persons affected by leprosy with disabilities and they confirmed that 62% of them were practicing self care, regularly. It was observed that 85% of the patients with grade 1 and grade 2 disabilities had appropriate footwear. The teams provided customised footwear for those in need. In total 1576 new leprosy cases were detected through IEC activities in the villages and suspects were referred to the concerned health facilities for MDT. During the year, teams conducted 641 trainings at various levels and 19252 members participated in the training. DFIT team's facilitated 574 self-care camps for persons affected by leprosy and 4258 persons were trained in self care during these camps.

### Healing of Chronic Ulcer

Mrs. Ranjitham, female, 65 years from Madurai district completed treatment for leprosy many years back and was suffering from an ulcer in her right foot, for more than 10 years. She started practicing simple home based self care and the ulcer completely healed in 5 months.



## Care for terminally ill persons affected by leprosy



Damien Foundation started services for the care of the terminally ill persons, affected by leprosy, in Anandapuram home, in Polambakkam, in 2014. The services are provided by a doctor, a trained nurse and a physio technician. These patients are generally brought from leprosy colonies and streets. The services include symptomatic care, bowel and bladder care and also after death formalities for the inpatients. During the year it was

noted that 10 palliative care patients were admitted and 9 died after a few days of care. At present 20 inmates affected by leprosy are sheltered in Anandapuram home.

Physiotherapy for general ailments was started in 2015 in Anandapuram home. A trained physio-technician has been appointed in the centre. Physiotherapy services are made available to the local community of Polambakkam and its neighbouring villages. During the year 557 new patients were registered for physio care and follow up visits were around 1400.



## Near Death Experience



Mr. Dassappan was taking his last breaths and lying near the Ennore bus stand. The staff from 'Help Age India' was passing by on their way to the bus stand. Having noticed this person they contacted DFIT office and requested for help. The project-in-charge of Polambakkam was requested to attend this patient. Dassappan was brought to Polambakkam in a vehicle, immediately. The staff at Polambakkam project received him and were shocked to see exposed bones of his right leg. He had ulcers in the left foot, hands and multiple bed sores. Though he needed tertiary level services for the management of his condition, he could not be taken to any hospital since such patients would not get admission. His general condition was recorded and he was provided with good diet and symptomatic

care for his ulcers and anaemia. He was closely monitored under the guidance of doctors. His general condition improved and hemoglobin level increased from 5.5 % to 9.5 % over 6 months. He was admitted in CLTRI leprosy hospital for amputation of his right leg. Mr. Dasappan has recovered and doing well. He is now waiting for the prosthesis.

Mr. Dassappan who is 55 years old once lived with his family and children. He was totally deserted by his family due to leprosy and health conditions. Mr. Dasappan is happy now, and today we can see a beautiful smile on his face, with a confidence to live. He will soon be able to walk with the help of artificial limb. There are many Dassappans, who are neglected by their families and on the streets, who need our care and support.

## Transformation.....



Mr. J. Dharmadurai, male, aged about 24 years and living in Sekarimedu village in Krishnagiri district of Tamil Nadu. He hails from a gypsy community. He is an illiterate and worked in a road side restaurant near his home. He was living with his mother, younger brother and sister in a Government allotted home. He was affected by polio which has disabled his left.

One day he noticed multiple patches on his body. An old leprosy cured patient noticed the patches and took him to Krishnagiri hospital for treatment. There he was diagnosed as a case of leprosy (MB) and referred to a nearby PHC. He was put on MDT MB treatment. Patches started fading after three months of treatment. Seeing improvement he discontinued the treatment.

After 2 years, his health started deteriorating and he developed swelling of hands and feet, skin patches were raised. The family mistook the symptoms as insect bite and treated him with traditional medicines, with no effect. He was then taken to Kuppam Medical College where they spent more than Rs. 20,000/- without any better outcome.

Seeing his condition the family and the community were frightened and they isolated him outside in a small hut. During a survey conducted by PHC team he was identified as a leprosy suspect and referred to district hospital. There he was diagnosed as a case of leprosy and treated with MDT and was cured.

DFIT team identified him during the field visit and supported him with counselling and training in self care. Seeing his condition, as part of livelihood support a small dwelling was constructed and provided to him, which has given him a new lease of life. DFIT is proud to be part of this transformation in Dharmadurai's life.

## Livelihood Enhancement Programme



Damien Foundation started livelihood enhancement programme in 2007 exclusively for the needy persons affected by leprosy. The main objective of this programme is to enable them to increase household income through sustainable livelihood enhancements like establishing small grocery shops, tailoring, vegetable and fruits shops, livestock and supporting fee for the education of children affected by leprosy or children of persons affected by leprosy. DFIT is also providing support in building houses or renovation of houses to the extent of providing minimum facilities as a part of this programme. In 2012, the services were extended to needy MDR TB patients. During the year, DFIT was successful in extending its livelihood support to 162 persons according to set criteria.

Type of support	2011	2012	2013	2014	2015
Socio-economic support	221	255	182	167	104
Education	15	6	6	31	27
House construction and Renovation	14	29	20	49	31
<b>Total Livelihood Support Provided</b>	<b>250</b>	<b>290</b>	<b>208</b>	<b>247</b>	<b>162</b>

## Chantiers 2015



In India, around 800 leprosy colonies still exist and nearly 10% of these colonies are in Bihar. Majority of these colonies are not having any legality on the land and mostly encroached on Govt. lands or located in lands provided by philanthropists. It is evident that living conditions in these leprosy colonies are very poor and majority of the houses in the leprosy colonies are in a dilapidated condition. Shelter and water are basic needs for human survival. Damien Foundation collected the inventory of all these leprosy colonies in its supported districts and provided infrastructure support like construction or renovation of houses, toilets and water supply according to their priority and needs. Construction of primary health centres, laboratories and hospital wards for the management of persons affected by leprosy or TB were also taken up.

Every year several groups of volunteers from Belgium visit India to assist construction or renovation of buildings based on the indentified need through its proposals. In 2015, 41 volunteers of different age group in five batches visited India between July and August and participated in the proposed construction activities in leprosy colonies in Bihar and Tamil Nadu. In total, 70 persons affected by leprosy with disabilities and 467 family members benefited from the Chantiers support.

Chantiers Constructions in 2015	Houses
Renovation of houses in Kasturba kust colony– Bihar	13
Renovation of houses in Sundarpur kust colony– Bihar	33
Renovation of houses in Gandhigram little flower colony - Bihar	32
Construction of houses in Benitho Leprosy colony - Tamilnadu	8
Construction of houses for persons affected by leprosy in East Chamaparan district, Bihar	3
<b>Total Houses Constructed / Renovated in 2015</b>	<b>89</b>

## State ILEP coordination activities in Bihar



Group of patients who underwent RCS at MLCU Rudrapura (Dehri On Sone)



Field visit along with CDO, District Nucleus Team

International Federation of Anti-leprosy Association (ILEP) is one of the important partners of National Leprosy Eradication Programme (NLEP). The main objective of the partnership is to assist NLEP at National and State level in planning, supervision and monitoring activities. ILEP supported one technical consultant at State level for 19 States including 16, identified by NLEP as priority States. Damien Foundation is coordinating ILEP activities in Bihar through a technical consultant. The objective of support at State level is to focus on strengthening the State, of District Nuclei and functioning of the integrated programme and also to coordinate with other ILEP organisations in the State.

As a part of Supervision and Monitoring activity about 28 districts were covered by the NLEP consultant during the year 2015. Joint field visits were done along with Communicable Disease Officers (CDOs); District Nucleus Team and the DFIT DPMR Coordinators. After each district



LCDC Workshop at CLTRI Chengalpattu



visit, the consultant shared the detailed feedback with the district Officials like Civil Surgeon, ACMO and the State Programme Officer (SPO). The districts which had higher problems were focused on and visited along with SPO so that the local administrative issues were resolved jointly. During the year, essential drugs for managing leprosy were made available in all health facilities throughout the State.



RCS Camp at Nongpoh Civil Hospital Meghalaya

During the year, 32 CDOs, 64 NMAs and 23 PTs were trained at State level in NLEP. As a master trainer the consultant facilitated these trainings along with the other ILEP Partners in the State. The consultant facilitated Medical Officers training in NLEP in 8 districts along with the DFIT DPMR Coordinators. Zonal review meetings were initiated in the year 2013 and continued in four zones in the State namely Patna, Muzaffarpur, Purnea and Bhagalpur; these review meetings were successful in taking appropriate action in these zones. These meetings proved helpful for SPO to review the NLEP accordingly. ILEP Coordination meetings were organised every month regularly at DFIT office and reviewed the district NLEP progress. The consultant is actively involved in the strategic planning and meetings of NLEP.

The coordinator was invited by AIFO India as a resource person to train the surgeons in North East states like Tripura, Meghalaya and Assam. The coordinator assisted three RCS camps in which 15 PALs were operated. This was an attempt to establish inter-agency cooperation in the field of leprosy. Initiated association with LEPRO Society for provision of customised footwear for the PALs at MLCU Rudrapura.

## Continuing Medical Education



Damien Foundation has been organising leprosy Endowment prize examination for the final year medical graduates of MGR Medical University and Sri Ramachandra Medical University in Tamil Nadu. This activity has been continued since 1993. Any final year medical student belonging to these two universities can participate in the examination. Initially there will be a theory examination with multiple choice questions for 100 marks and amongst the top scorers, thirty students will be invited to participate in the practical examination for a day. The student with the highest score in both the theory and practical examination will be awarded the Leprosy Endowment Gold Medal prize and a Certificate from the respective universities. During the year, 252 final year medical students participated in the theory examination, and a student from Stanley Medical College belonging to MGR Medical University and another from Sri Ramachandra Medical University, won the prize.





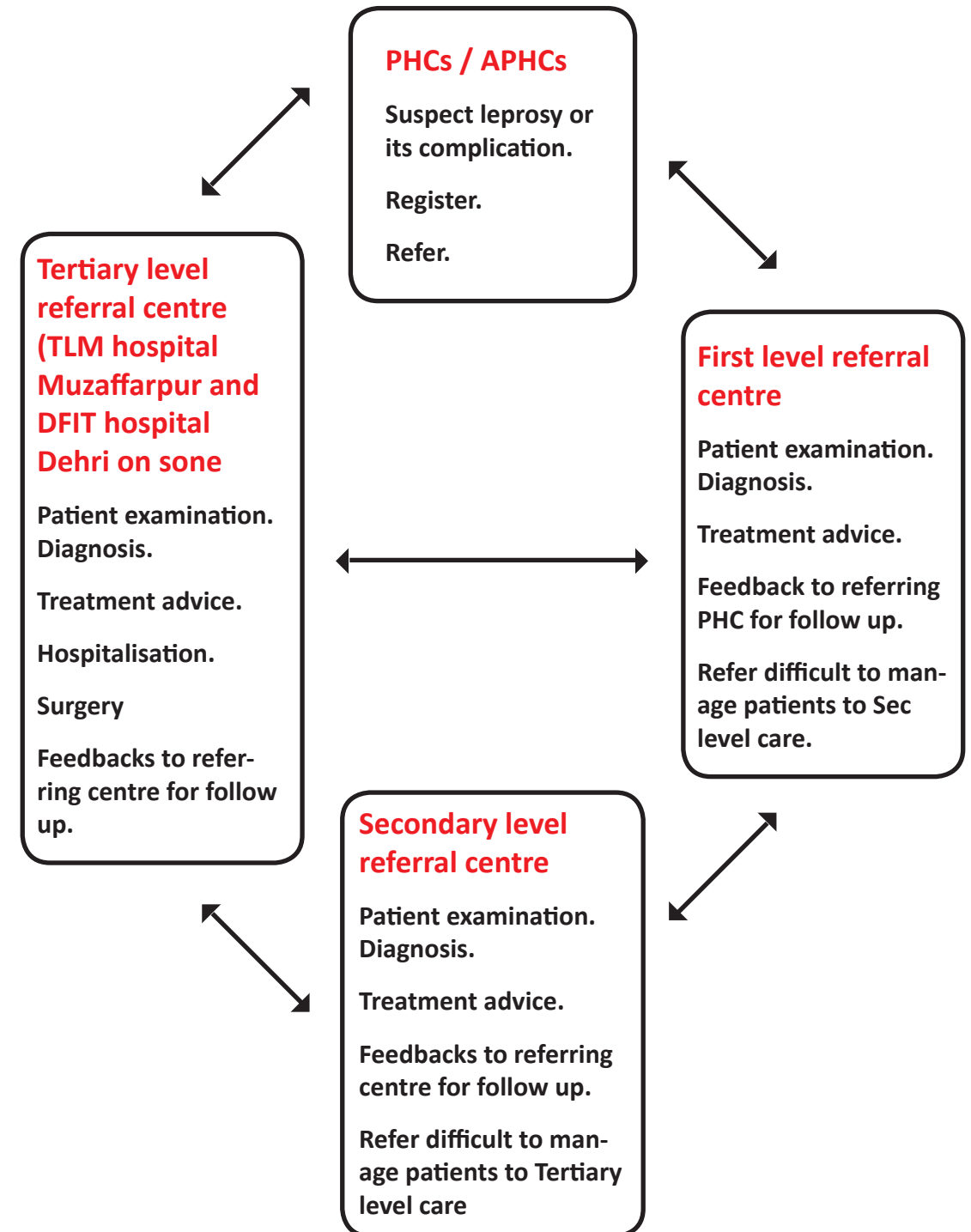
## DFIT's future strategy for leprosy

One of the major challenges in leprosy control at present and expectation in future is the availability of leprosy expertise in the public health system for managing leprosy and its complications. It is also a challenge to retain the skills of trained persons since the number of leprosy cases are declining. One has to practice his skills frequently in order to retain the expertise.

Damien foundation conducted a stakeholders meeting in consultation with SLO, DLOs of Nalanda and Darbanga. A three day workshop with the civil society members, persons affected by leprosy and NLEP supervisors was organised. The main objective of this meeting was to discuss the key issues, challenges and to derive strategies in these two districts. Case detection, patient management and programme management were the three key elements of the programme which was discussed and analysed in detail. Finally it was agreed to focus on patient management since case detection and programme management were good in the districts. Patient management included diagnosis, management of complications like reactions, disabilities and ulcers. There was an agreement to develop a network between the first level to the secondary level and tertiary level leprosy referral centres. The proposed strategy focused on institutional development at all levels from Primary to Tertiary level health care facilities through identification of personnel, training, and follow up by regular assessment, providing hands on training. This strategy could be replicated in the other districts with similar challenges based on the feasibility and results achieved.



## Proposed Strategy in two districts



## Tuberculosis Control Activity

Tuberculosis, or TB, is an infectious disease caused by bacteria, which most commonly affects the lungs. It is transmitted from person to person via droplets from the throat and lung of people with the active TB disease. Tuberculosis is treatable with a six to nine months course of antibiotics. Irregular and incomplete treatment leads to the drug resistant form of TB. India contributes one fourth of all TB cases in the world. Every year around 1.6 million cases of all types of TB cases are notified in India.

### DFIT's Tuberculosis services in India

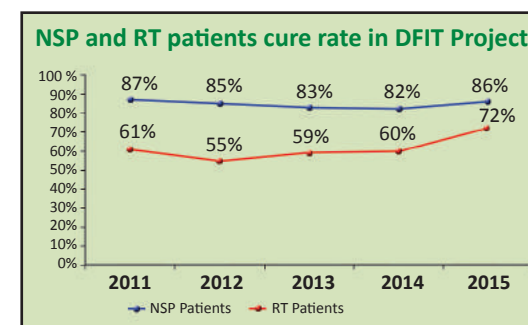
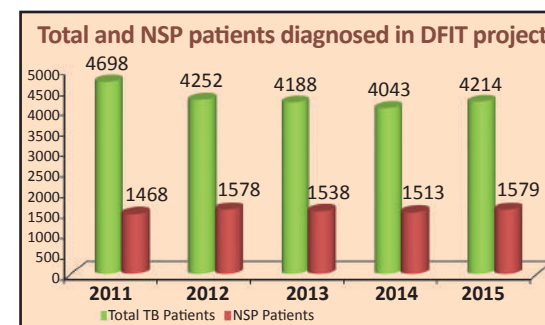
#### Direct TB patient care:



Damien Foundation started direct patient care services for tuberculosis through its partner projects in 1998 to make its programme more cost effective. Projects covering a population which varies from 100000 to 1 million provide sputum microscopy and Direct Observation of Treatment (DOT) services, free of cost. These services were well recognised by TB control programme of the State Governments and they requested DFIT projects to continue services under the collaboration of Revised National TB Control Programme in 2003. DFIT projects are getting free drugs and laboratory logistics from the Government through this partnership. At present eight projects are providing direct care services for managing drug susceptible TB.

In 2015, altogether 25050 TB suspects were examined and 2808 sputum positive cases were detected. In total, 4214 TB cases of all types were registered. Sputum conversion rate was 90% for new sputum positive cases and 71% for re-treatment cases registered. Projects altogether admitted 146 MDR TB patients for treatment initiation and 206 patients for the management of side effects. It was observed that the cure rate

improved among new sputum positive cases and also among the re-treatment cases in 2015 (cohort 2014). In general, treatment adherence improved in all the projects involved in direct care services. The improved outcome is due to timely retrieval of absentees, patient-provider interactions, timely identification of drug side effects and its management and nutritional supplement.



#### ➤ Key facts about Tuberculosis

- Tuberculosis (TB) is a top infectious disease killer worldwide.
- In 2014, 9.6 million people fell ill with TB and 1.5 million died from the disease.
- Over 95% of TB deaths occur in low- and middle-income countries, and it is among the top 5 causes of death for women aged 15 to 44.
- Globally in 2014, an estimated 480 000 people developed multidrug-resistant TB (MDR-TB).nearly one fourth of the patients are estimated from India.

#### Management of Drug Resistant Tuberculosis



Damien Foundation Urban Leprosy & TB Centre in Nellore was upgraded in the year 2008 to facilitate MDR TB services in and around Nellore district. Facilities established include reference laboratory for diagnosis and management of complications. The laboratory services were accredited by Government of India for diagnosis and fol-



low-up of drug resistant TB. This public private partnership initiative became the first of its kind in the entire country. Project followed guidelines framed by the National TB control programme and treatment was provided under supervision with the help of ASHA or Community Volunteers. All patients were followed up fortnightly and nutritional supplement was provided to those

in need during the course of treatment. Damien Foundation expanded its support to 6 districts in the southern part of Andhra Pradesh in collaboration with State Health Society. MDR TB programme was officially launched in six districts by the Government in 2012. DFIT took the responsibility of providing diagnostic and treatment initiation services for 6 districts covering a population of 19 million. Follow up treatment was managed by the health system in the respective districts. Government provided MDR TB drugs and technical support for the programme.

#### Evolution Since 2014.....



Government of Andhra Pradesh decentralised the services in six districts from March 2014, thus the DFIT project support was restricted to follow up services for 6 districts, diagnostic services for one district and treatment initiation for two districts. However, patients with complications were admitted from other districts also. Nutritional supplement was extended to all six districts for needy persons affected by

MDR TB through DFIT teams and with the support of key staff in the programme.

One more reference laboratory was established in Darbhanga in Bihar to support the management of drug resistant tuberculosis. Through this lab 7 districts are being supported for diagnosis and 13 districts supported for the follow up examination.

While both laboratories are conducting research in MDR TB, reference lab in Nellore is also providing opportunities for research scholars from Simhapuri University in conducting TB research. During the year, 146 new MDR patients belonging to Nellore and Prakasham districts were admitted for treatment initiation.

Reference lab	Population Covered for Diagnostic services	Population Covered for follow up services	Samples tested for diagnosis	Samples tested for follow up	MDR TB cases diagnosed
Nellore	31,02,231	2,21,58,899	1307	2443	83
Darbhangha	20711943	46788129	3458	1833	199

#### TB Control Activities in 6 districts of Andhra Pradesh



Damien Foundation has placed 3 Senior Supervisors to support MDR TB activities in six districts. The objective of such a support is to assist the MDR TB Supervisor and Senior TB Supervisors in implementing MDR TB programme in all these districts. In total, the team visited 1088 MDR TB and 57 XDR TB patients to check for treatment regularity and side effects if any. The teams retrieved 95 out of 115 patients on irregular treatment. They facilitated 52 patient and

DOT provider meetings, at the TB unit level. Altogether 300 MDR TB patients, 86 DOT providers and 186 health staff participated. Group counselling was provided by the cured patients. The health staff were made aware of the common side effects.

It was observed that cure rate and treatment success rate were better in Delhi compared to the other projects of DFIT, probably due to direct patient services provided throughout the course of treatment. In Delhi, the treatment success rate was 73.7% (14/19) and 67.7% (21/31) among the patients registered in 2012 and 2013 respectively. In all six districts of Andhra Pradesh supported by DFIT, the treatment success rate was 49% among the patients registered from July 2012 to June 2013 (Treatment success reported by WHO is 48% at global level).

## Story of Manju



Ms. Manju, a widow from a slum of Nellore is filled with grief and suffering. She lost her husband when her daughter was one-year-old; this left her with no other option but to live with her mother. Her mother was living a hand to mouth existence as a house maid. The income being insufficient, Manju had to work in a candle manufacturing unit as a daily labourer, which was not easy. During these troubled times, she was diagnosed with tuberculosis and put on CAT I treatment. She took irregular treatment and soon shifted to CAT II treatment. The heavy toll of long working hours and poor living conditions had a telling effect on her routine. She discontinued the TB treatment again.

This irregularity turned her into a drug resistance TB. Due to poor nutrition her health was deteriorated and was facing imminent death. Information about her condition reached Nellore DFIT hospital and soon one of our Supervisors visited her home. She was found to be emaciated and abandoned. Manju was given counselling and taken to DFIT hospital for admission and treated. During the treatment she was provided with nutritional supplement and closely monitored. She was declared cured. DFIT provided a sewing machine as part of Livelihood support. It gives us immense happiness to see the improvement of Manju and her family due to our timely support.



## Story of MDR TB child



The little girl Baghya has just completed 8 years living with her family along with her two younger sisters in a village in Madhubani district of Bihar.

When she was 5 years old her father took her to Delhi to be with her grandmother. Her grandmother who was suffering from TB, died due to irregular treatment. Baghya developed cough and fever when she was 7 years old. Her father consulted a private practitioner who diagnosed her with pulmonary TB and started treatment. She discontinued treatment after one month and was shifted to her native village in Madhubani. Within no time symptoms recurred and she was taken to a private practitioner in a nearby village. Baghya did not respond to this treatment. Instead, her symptoms worsened and the family lost all hope. By this time, the family had already spent over INR 100000. Fortunately, an Anganawadi worker noticed her during house visit and referred her to the Government hospital where she was started on re-treatment regimen. Baghya did not respond to the treatment again. Her sputum was collected and transported to DFIT laboratory in Darbhanga for bacterial culture and sensitivity. Baghya was finally diagnosed with drug resistant TB and was put on treatment immediately. She is on regular treatment, the symptoms have disappeared, her weight improved from 15 to 19kgs, within three months. She is closely monitored by the DFIT team along with the TB Supervisor and the local volunteer. DFIT is also providing nutritional supplements.

Baghya and her family members are happy today.

## Damien Foundation's support to TB control activities in Bihar

Damien Foundation in India has been supporting TB control programme in Bihar since 2005. The objective of such support is to improve the quality of TB services through the strategies adopted according to the challenges and opportunities in the programme. The strategic orientation in the initial phase was mainly focused on capacity improvement of programme staff. The second phase mainly focused on improving basic infrastructure for TB services. There was a significant improvement in the patient management and change in case notification in some districts; in the later phase focus was mainly on capacity improvement of technical and supervisory staff to augment the sustainability of services in the state along with the preparations for MDR TB management; in the present phase key focus is to improve the case notification and focus on establishing MDR TB services in 15 districts along with developing replicable model strategies for improving case notification through operational research. Support of logistics and essential human resources like LTs as a stopgap arrangement in selected districts has been given in all the phases but the intensity of such support was reduced from phase to phase. The present strategy of DF is to establish effective case notification system through strengthening the microscopy services by appointing lab technicians in selected vacant microscopy centres as a stop gap arrangement; organising trainings for lab technicians and doctors; establishing sputum collection centres at health facilities other than microscopy centres; recruitment of civil society organisations for dissemination of message on TB, suspect referral and monitoring of MDR patients under treatment; engaging Rural Medical Practitioners on experimental basis and support diagnostic services for managing MDR TB through reference laboratory in Darbhanga. The total number of staff working in the present phase (2014-16) in Bihar is 69, which include 1 Medical Doctor, 1 Zonal TB Coordinator, 6 TB Coordinators, 10 Drivers, 2 Microbiologists, 1 Statistician, 39 Lab Technicians



and 9 Administrative staff. 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 the present phase specific measures were taken that aim at gender equity. Equal opportunities provided to woman's participation in the programme like ASHA volunteers, Self Help Group woman from CSOs and female health workers. Specific measures were also taken at ecological environment. Triage was implemented at health facilities to separate cough symptomatic from the Outpatient crowds and screening, health education to coughers regarding cough hygiene and followed National guidelines for waste disposal.

During the year 2015, there was a progressive improvement observed in four out of five set indicators directed towards expected results and the specific objective. There was an improvement in NSP case detection in 46% (7/15) of the supported districts but it remained a challenge in rest of the districts. It was well recognised that the suspect examination and sputum positive case detection was progressively improved in microscopy centres operated by lab technicians supported by DF that indicates the importance of regular services. While two strategies for improving case notification (involvement of Rural Medical Practitioners and sputum collection centres inaccessible areas) showed appreciable results, the other two strategies (involvement civil society organisations and triage for screening cough symptomatic) showed some results in the initial months but not much progress in the later months. The other indicators set for the establishment of MDR TB programme in 15 districts, showed improvement in both screening of MDR TB suspects and treatment adherence.

## Result 1: Case notification improves



It was observed that 81% (291/359) of the health facilities were providing sputum microscopy services in 15 districts. But one of the major problems was non availability of continuous services. This problem was mainly due to delay in payment of salaries. DF planned to support 30 Lab Technicians as a stop gap arrangement as per the plan but later felt that the need was much more and so decided to support only 10 Lab Technicians. It was a

challenge to get Lab Technicians for appointment since selected candidates were not willing to work in rural places. It was noted that implementation of External Quality Assurance in the districts as per the guidelines was weak but it was found that quality of sputum microscopy was satisfactory during the onsite evaluations. Around 12% (36/291), of the microscopy centres were visited by Lab Coordinator along with concerned Senior TB Lab Supervisor for providing hands on training. The selection of these microscopy centres were based on the problems identified by the teams supported by DF. During the year, 229/332 Medical Officers were trained in 4 districts on suspect identification and management of TB. The supply of lab reagents and other logistics was better in 10/15 districts. Only 5 districts received reagents and logistics once or twice as a stopgap arrangement. DF supplied 378,000 standardised sputum cups and did minor civil works in 14 microscopy centres and major civil works in 4 health facilities like construction of platform. Wash basins and staining trolleys were supplied to 3 microscopy centres where designated rooms were not available for sputum microscopy. Drug transportation from the state to the districts was a problem only in 3 districts and DF facilitated this and also from the district to the health facilities.

The average case notification was 25 per 100000 populations in 15 districts. Around 900 more NSP cases were notified in 2015 compared to baseline and around 350 more NSP cases were notified in 2015 compared to 2014 which confirmed that there was progressive improvement. It was observed that 3 out of 15 districts achieved more than 30 NSP cases per 100000 populations as per the target set and 4 out of 15 dis-

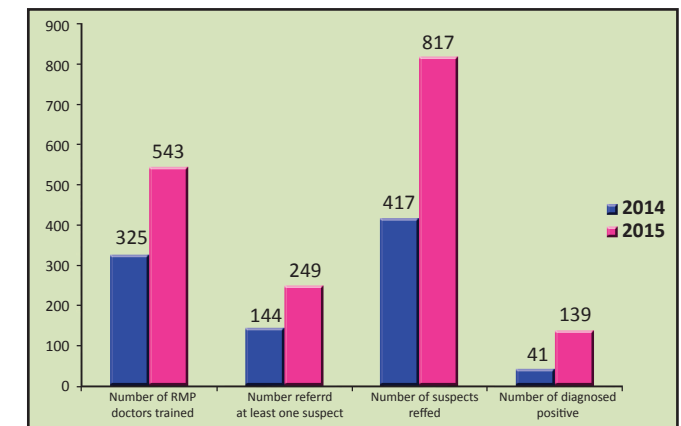


less number of diseased people attending the outpatient facilities. It was noted that almost 30% reduction in number of outpatients during the year and other reasons include non-availability of regular sputum microscopy services which was a continuous problem in 50% of the health facilities. State assembly elections made many activities like financial approvals, trainings and supervision at the gross root levels come to a standstill for two months.

It was observed that a number of suspect examinations and positive cases improved in 37 DMCs supported by Lab Technicians appointed by DF as a stop gap arrangement. It was observed that 9822 more suspects were screened and 767 more sputum positive cases were detected, compared to the Baseline in 2012. During the year, 27402 suspects were screened and 2749 sputum positive cases were detected by Lab Technicians appointed by DF. DF established 51 sputum collection centres in Additional PHCs wherever outpatient services are provided but not easily accessible to microscopy centres. In the end, only 40 centres continued services since outpatient attendance was less. During the year, 5686 suspects were screened and 370 (6.5%) sputum positive cases detected, through Sputum Collection Centres.

tricts could achieve between 26 to 29 NSP cases per 100000 populations. There was no improvement in the remaining districts.

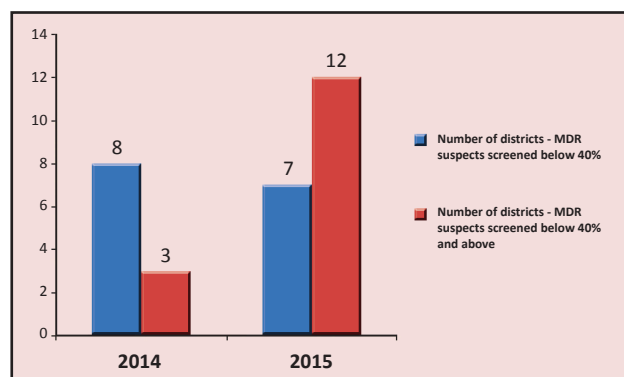
Overall 24656 TB cases of all types were notified in 15 districts and out of them 11811 were NSP TB cases. One of the important reasons for less progress in improving case notification during the year was non-availability of essential drugs in the health facilities which resulted in



DF Teams participated in the ASHA review meetings and trained them on suspect identification and referral. During the year 6993/9416 (74%) ASHAs in 86 health facilities were trained.

During the year, DF teams participated in 86 Health worker review meetings at block level and gave re-orientation training. Involvement of Rural Medical Practitioner (RMP) was one of the strategies adapted for improving case notification and this strategy was piloted in two districts among the 15 selected which were supported by DF. It was observed that 249/543 (46%) of the trained RMPs referred at least one suspect after the training. It was noted that 817 suspects were referred by them to microscopy centres for sputum examination and 139 sputum positive cases were detected among them. A small number of RMPs were involved in other 12 districts in 16 blocks where DF supported Lab Technicians are providing microscopy services. It was found that 92/212 (43%) of RMPs referred at least one suspect after the training given. It was noted that 268 suspects were referred by them to microscopy centres for sputum examination and 42 sputum positive cases detected among them. DF involved Civil Society Organisation members and Volunteers in community education and suspect referral as a part of strategy to improve case notification and MDR TB treatment adherence in 15 districts. All together (8 CSO+ 30 Volunteers) were given 14701 group talks, each group consisting of around 8 to 10 persons of various age groups. They referred 4137 suspects (collected samples and transported to microscopy centre) and found 391 sputum positive cases among them.

World TB Day was celebrated through Civil Society Volunteers and patient groups. DF conducted 38 School quiz competitions in 15 districts and 104 rallies were organised in the districts. It was observed that 2884/3398 panchayats (group of villages) were visited by 38 Volunteers including 8 civil society organisation members. This group organised community education on TB and leprosy, referral of suspects to nearest health facilities and treatment follow up of MDR TB patients. They were also involved in sputum collection and transportation for sputum examination and supply of nutritional supplement to the needy MDR TB patients.



## Result 2: MDR TB programme is established

Drug resistant TB control programme was launched in Bihar in 2012 in a limited number of districts and expanded the services to the whole state in 2013. DF established reference laboratory for the management of drug resistant TB in Darbanga and started its services in 2014, after the accreditation of lab. DF supported 6 districts (3 districts for lab services) for both diagnosis through Line Probe Assay and follow up through LJ media. Support was extended to 7 districts for only follow up sputum culture through LJ media. Critical follow up during intensive phases being done at the State IRL by Liquid culture (MGIT). It was noted that 44% (628/1425) of the suspects screened for MDR TB, 187 were cases. Twelve districts could achieve 58.7% (2667/4539) when 315 cases were diagnosed as MDR TB cases. It was observed that 3221 follow up samples were tested from 13 districts.

Consultant Microbiologist cum Scientist visited Darbhanga in 2015 for the lab appraisal. Overall performance of the laboratory was good. It was noted that DF supplied 960 Falcon Tubes as a stop gap arrangement to the districts for the collection of sputum samples and financial support was provided to 5 districts for the transportation of sputum samples from the districts to the laboratory. Totally 564 MDR TB cases were diagnosed from 15 districts were put on treatment (some cases were diagnosed in other that State Government lab and DF lab). Thirty four patients were diagnosed with XDR TB and were put on treatment during the year. It was observed that overall 87% of (517/592) MDR TB patients (registered in 2014/15) were regular in taking treatment. All MDR TB patients were monitored by the team along with the concerned Supervisor at least once in three months during intensive phase and he visited patients with side effects whenever needed. DF teams made 2102 patient visits (cumulative) and found 55 patients were actually not taking treatment regularly; the team could retrieve 38 patients, after counselling. The team facilitated 44 patients with provider interaction meetings with 147 patients and 38 DOT Providers participated. It was noted that 80% (88/110) MDR TB patients registered in 4 districts during the year given nutritional supplement in 2015 to study the treatment adherence as an operational research and found 92% (81/88) were regularly taking treatment. In the remaining 11 districts only 10% (51/454) needy patients received nutritional supplement and found that 92% (47/51) were regular in treatment. Final treatment outcomes are awaited to measure the impact of nutritional supplement.

The list of constraints and challenges are always extensive in Bihar compared to any other state in the country, there is a severe lack of health infrastructure at the primary, secondary and tertiary level care. Each primary health facility covers a population ranging from 150000 to 200000. Majority of the districts do not have regular Programme Officers. There is lack of important human resources like Lab Technicians and programme Supervisors due to non-recruitment. Recruitment of LTs by DF was difficult; reason was unwillingness of qualified Lab Technicians to work in rural areas of Bihar and staff attrition was not uncommon. Primary health facilities are generally overcrowded with outpatients due to limited number of health facilities and this may be one of the reasons for the missing of TB suspects for screening. DF tried to introduce triage for screening of TB suspects in health facilities wherever there was high turnover of outpatients. It worked to some extent in 2014. It was observed that 48% (79/164) Microscopy Centres showed improvement in both suspect identification and positive case detection but in 2015, such impact was seen only in 25% (47/191) Microscopy Centres. The reason was reduced outpatient numbers due to not availability of general drugs. It was noted that 30% reduction in outpatient compared to previous year was due to lack of availability of general drugs. Civil Societies are not strong in Bihar compared to other states. Involvement of Civil Society Organisations in TB control was another important challenge for DF. It was observed that at least 75% of the CSOs engaged by DF were either terminated or withdrawn on their own, due to frequent turnover of staff or sudden stopping of resources for their programmes.

DF had to recruit local volunteers in place of each CSO. The responsibility of the volunteer was dissemination of message on TB, collection and transportation of sputum samples. There was an assembly election in April and May which hampered many activities in the State for almost 6 weeks due to restricted movement during that period; majority of health centres could not provide regular services during the elections due to non-attendance of staff in the health facilities or deputation of health staff for election duties.

Challenges in establishment of MDR TB programme was not different and it was observed that six districts could achieve less than 50% of DR TB suspect screening, due to lack of logistics for sputum collection and transportation. DF supported the supply of falcon tubes and transportation charges in these districts on a stopgap arrangement.

## Observations and recommendations from External Evaluation:



Mid Term Evaluation was conducted during the year by the expertise in TB control programme.

The implementation of the programme in the state like Bihar is a major challenge per se. The general health system in the state is plagued with sub-optimal infrastructure and human resources. The political and administrative

will to implement national health programme is not overtly seen. Poor accessibility and connectivity to the health facilities further reduces the chances of seeking appropriate health care by the patients. Majority of the people belong to lower socio-economic status and have lower literacy rate. The project is performing the activities well in its ambit in an excellent fashion and needs to work on the currently adopted strategies till the targets are achieved at the cost of extending the project period by a year or two, if needed. Some of the strategies shall result in a yield in a shorter interval of time while others require some more years; the duration of both the strategies are extremely important and should be equally balanced. A few of the indicators like TB case detection rate may have to be replaced by presumptive TB cases examined and some of the targets may have to be reset pragmatically to suit the field conditions. Increased frequency of interaction with the programme staff through regular meetings, increasing number of private practitioners' involvement and conducting operational research will yield rich dividends to the project. It is always challenging to test and demonstrate innovative sustainable mechanisms in the field. The strategy adopted under this project has the potential to provide newer directions for TB control in the country.

Majority of the components adopted by the programme helps in strengthening and building a bond between the programme and other stake holders like private sector and community. The activities conducted have a good impact on the programme which is evident by the increased number of functional Microscopy Centres and presumptive TB cases examined. However, some of the strategies which involve financial incentives may be difficult to sustain in the long run. The activities like having sputum



collection centres, incentives to RMPs on detection of sputum smear positive case and nutritional supplement are at risk if financial support is not provided. The programme should ensure complete takeover of major components of the project through National Health Mission of Bihar state.

### Participation in world TB conference

Dr. Shivakumar and Dr. Loreen Gujral from DFIT participated in the 46th World Conference on Lung Health of the International Union against Tuberculosis and Lung Diseases held at Cape Town in South Africa from 2nd to 6th December 2015. Participants presented the results of Operational Research studies conducted in Delhi, Salem, Nellore and Bihar. The following posters were presented: (Abstracts available in [www.theunion.org](http://www.theunion.org))



- ❖ Impact of Triage on both screening of TB symptomatic and sputum positive case detection – experience from 164 Microscopy Centres in Bihar
- ❖ Screening of tuberculosis patients for diabetes mellitus in public private partnership projects in India
- ❖ Role of nutritional supplement in improving treatment outcomes among MDR TB patients – Damien Foundation’s experience in India
- ❖ Can vitamin C augment sputum conversion in TB patients while on anti-tuberculosis treatment? – DFIT project in South West Delhi

## Flood Relief Activities

South Indian floods resulted from heavy rainfall of the annual northeast monsoon in November–December 2015, which was abnormal. It affected the Coromandel Coastal region of the South Indian states of Tamil Nadu and Andhra Pradesh, and the union territory of Puducherry. The city of Chennai was particularly hit hard along with its adjacent districts of Kanchipuram and Thiruvallur. The continuous rain during the period led to floods resulting in loss of life of 470 people and over 18 lakh (1.8 million) people were displaced in Tamil Nadu. There was loss of property especially house and household articles, loss of wages among daily wage earners, damage to individual and public infrastructures. The estimated damage range from INR50000 Crore (US\$7 billion) to INR 100000 Crore (US\$15 billion). This heavy rain and flooding has been attributed to the El Niño phenomenon.



Thousands of individuals, philanthropists, volunteers and NGOs came to the rescue and relief operations during the floods. Damien Foundation reacted immediately to the crisis. A quick survey and assessment of flood affected leprosy colonies and schools was done in Chennai, Kanchipuram and Tiruvallur districts.

For the relief work DFIT joined hands with other NGOs and focused on supporting persons affected by leprosy especially those who were living in leprosy colonies for whom the livelihood was affected during the rains and flood. As part of the relief work among the persons affected by leprosy, DFIT supported them with food grains for the entire family for 7 days, which included groceries (5 kg Rice, 1 kg Lentil, 1 kg Edible oil, 1 kg Sugar and 1 kg Salt) besides this, Mats and bedspreads were also distributed to them. This support was rendered to 16 leprosy colonies in three districts

## Flood Relief Photos



covering 857 families. We also extended similar support to 230 families among the general public in the flood affected areas.

DFIT identified the needs of school going children among those affected schools. As part of the education support DFIT provided note books, text books, school kits (bags, lunch box, geometry box, pencils, scales, etc) directly to school children in 3 Government schools in Red hills, Tiru-

vallur district, which benefitted 251 children. One Government School for boys in Tiru-vallur District was identified for supply of instruments for the physics laboratory. With the re-establishment of the lab, 500 students benefitted. DFIT extended similar support in Chennai district for one Government-aided private industrial training school by providing technical books to its Book bank, a lathe machine to the carpentry section, a computer and pillows for the hostel students, benefitting around 100 students. One of the Govt. schools in Madampakkam panchayat of Kanchipuram district was provided with electrical wire replacement for classes 6th to 8th. Around 100 children benefitted with this support. Damien Foundation Belgium was kind enough to extend an immediate grant of 15000 Euro for this effort in reaching out to the flood affected persons. Volunteers of DFB donated 550 Euro and the staff of DFIT contributed one day's salary to support the cause.

Special thanks to DFB and its Volunteers, DFIT staff and its Volunteers, Government staff who helped us to carry out flood relief activities.



## Fund Raising Initiatives

Damien Foundation works for relief of two stigmatised diseases like Leprosy & Tuberculosis. It aroused varied emotional responses, differing from person to person. Nevertheless, there are empathetic people who think about the seriousness of the disease Leprosy & TB to invoke a positive response to lend a helping hand. The responses vary from ordinary people to the well-to-do who come forward to support DFIT's humanitarian work. We feel grateful when people come forward to provide support either in kind or monetary support. We are thankful and honoured to such generosity.

### Establishment of Public Relations and Resource Mobilisation Coordination Unit

DFIT appointed a resource mobilisation coordinator in 2014 to initiate public relations and resource mobilisation in and around Nellore project.

### Rewarding Experiences on Efforts

Considerable amount of time was spent on collecting data for fundraising. Initially the coordinator targeted individuals and companies and the effort was successful in gaining the goodwill of many individuals. Public personalities started visiting our project in Nellore and witnessed the activities being carried out. Fundraising from companies was a problem, since they had their own policies and priorities. Hence time and energy spent seeking intended donations from Companies were found to be futile. We have installed Donation Boxes in 10 places. Though the collections are small, it does

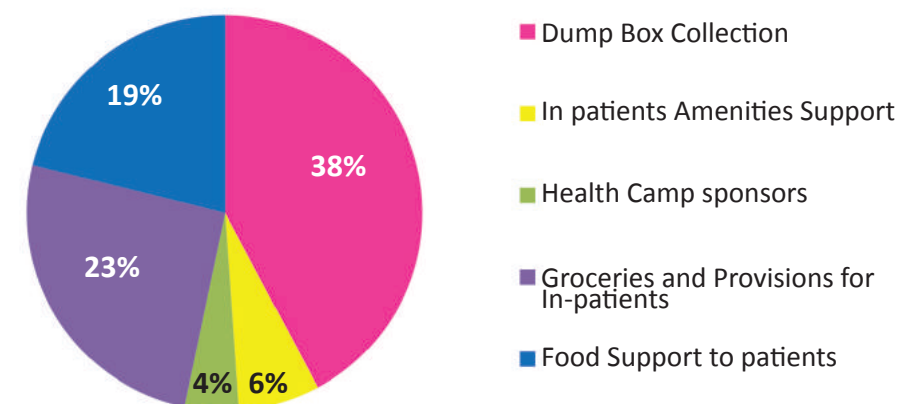


create an awareness of our presence in the area and promotes information about Leprosy, TB and DFIT. Focus is now being shifted to schools for fund raising.

In 2015 we have successfully raised funds worth Rs.3, 88,848/- both in Cash and kind. The following table illustrates the kind of benefits received;

Sl.No	Kind of Support Received	Amount in INR
1	Collection from Donation Boxes	1,49,153
2	Inpatients Amenities Support	19,750
3	Health Camp Sponsors	15,000
4	Hospital Equipments	91,250
5	Groceries and Provisions for Inpatients	75,495
6	Food Support to Patients	38,200
<b>Total INR</b>		<b>3,88,848</b>

### FUND RAISED DURING 2015



## Financial Report

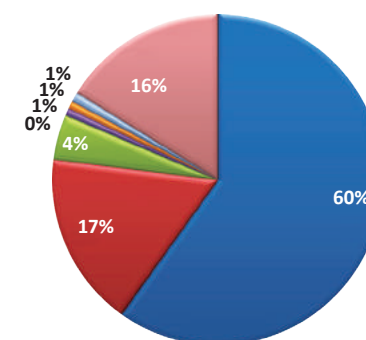
In 2015, DFIT received major portion of funds from Damien Foundation Belgium (DFB), Directorate General for Development (DGD) and Chantiers Damien. While DFB contributed 60% of the funds for its project activities including leprosy and TB control activities in eight states, DGD contributed 17% of the funds exclusively for TB programme in 15 districts in Bihar. Chantiers Damien contributed 4% of the total funds for building construction and renovation activities in leprosy colonies. The projects were able to meet all the set targets for the year.

The expenditure for direct patient care by sponsored and own projects with In-patient facilities for leprosy and TB was INR 35.14 Million and INR 19.12 Million respectively. Program support activities through team, volunteers, and civil society participation in 8 districts of South India and 15 districts of Bihar was INR 15.87 Million for Leprosy and 35.15 Million for TB control activities. Social rehabilitation to persons affected by leprosy and TB was INR 3.07 Million. Construction activities of Chantier Damien were INR 10.64 Million. Fund raising expenditure was INR 0.27 Million, DFIT Secretariat and Miscellaneous expenditure was INR 19.05 Million. DFIT appointed Internal Auditors for review and advice on finance management. Statutory compliance of Income tax return, FCRA report to Home Ministry, Auditor report, 35 AC report, and financial report to DFB was submitted.

Finance Report: Foreign Contribution		
Source of funds	Income (INR)	%
Contribution - Damien Foundation Belgium (DFB)	99,452,720	60
Contribution - DGD (Govt. of Belgium)	28,335,389	17
Chantier Damien Constructions (DFB)	7,350,000	4
Interest received on Fixed Deposits & Savings A/c	1,179,277	1
Donations	29,354	0
Sale of Inventories	1,232,500	1
Misc. (Recoveries/ Others)	1,563,493	1
Opening Balance (2015)	26,897,132	16
<b>Total</b>	<b>166,039,866</b>	<b>100</b>

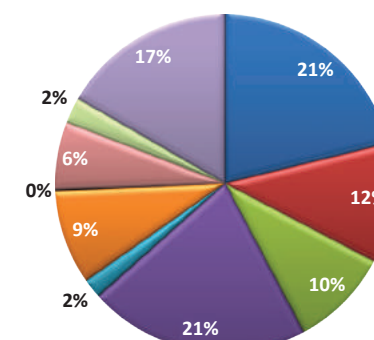
Application of funds	Expenses (INR)	%
Direct Patient Care (Leprosy)	35,147,280	21
Direct Patient Care (TB)	19,128,983	12
Programme Support (Leprosy)	15,871,180	10
Programme Support (TB)	35,154,977	21
Socio Economic Rehabilitation	3,075,366	2
DFIT Secretariat	14,947,525	9
Fund Raising Initiatives	274,386	0.16
Chantier Activities	10,645,419	6
Miscellaneous	4,104,469	2
Closing Balance 2015	27,690,280	17
<b>Total</b>	<b>166,039,866</b>	<b>100</b>

### FCRA A/c : Source of Funds



- Contribution - Damien Foundation Belgium (DFB)
- Contribution - DGD (Govt. of Belgium) Belgium (DFB)
- Chantier Damien Constructions (DFB)
- Interest received on Fixed Deposits & Savings A/c
- Donations
- Sales of Inventories
- Misc. (Recoveries / Others)
- Opening Balance (2015)

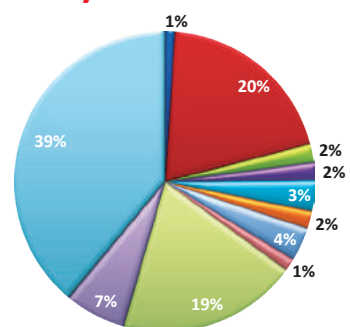
### FCRA A/c - Expenditure



- Direct Patient Care (Leprosy)
- Direct Patient Care (TB)
- Programme Support (Leprosy)
- Programme Support (TB)
- Socio Economic Rehabilitation
- DFIT Secretariat
- Fund Raising Initiatives
- Chantier Activities
- Miscellaneous
- Closing Balance 2015

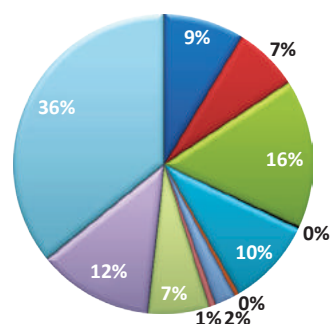
Finance Report: Indian Account					
Source of Funds	Income (INR)	%	Application of Funds	Expenditure (INR)	%
Donations Received - Sale of coupons, Others etc	241,837	1	Inventories	1,939,617	9
Grants received from Central / State Govts.	4,426,400	20	Maintenance Cost	1,562,520	7
Grants received for MCR Chappels	439,181	2	Personnel Cost	3,599,626	16
Sale of Sputum cups	434,054	2	Endowment Prize Exam Deposit - Dr. MGR Uni	50,000	0
Interest Received - Fixed Deposits A/c & Savings A/c	733,778	3	Gratuity Settlement to Staff	2,135,874	10
Gratuity from LIC	416,235	2	Purchase of MCR Chappels	99,621	0
Sale of Assets	812,272	4	Fund transfer to projects Vehicle Amount	504,000	2
Rent / Rent advance Received	297,400	1	Public Relations	165,844	1
Miscellaneous Receipts	4,325,472	19	TDS on Salaries / Others	1,469,288	7
TDS on Salaries & Others	1,469,288	7	Travel, Bank and Misc expenses	2,768,837	12
Opening Balance - 2015	8,676,291	39	Closing Balance - 2015	7,976,981	36
<b>Total</b>	<b>22,272,208</b>	<b>100</b>	<b>Total</b>	<b>22,272,208</b>	<b>100</b>

**INDIAN A/c : Source of Funds**



- Donations Received (Sale of coupons, Others etc.)
- Grants received from Central/State Govts.
- Grants received for MCR Chappels
- Sale of Sputum cups
- Interest Received (Fixed Deposits A/c & Savings A/c)
- Gratuity from LIC
- Sale of Assets
- Rent / Rent advance Received
- Miscellaneous Receipts
- TDS on Salaries & Others
- Opening Balance - 2015

**INDIAN A/c: Expenditure**



- Inventories
- Maintenance Cost
- Personnel Cost
- Endowment Prize Exam Deposit - Dr.MGR Uni
- Gratuity Settlement to Staff
- Purchase of MCR Chappels
- Fund transfer to projects - vehicle amount
- Public Relations
- TDS on Salaries / Others
- Travel, Bank and Misc expenses
- Closing Balance - 2015

## Meetings

Month	Date	Particulars	Organized by	Participant (s)
Jan	29 <sup>th</sup>	Project Holders meeting at Chennai	DFIT	All Project Holders DFB Special Invitees: Mr. Luc Comhaire, Dr. Tine Demeulenaere & Mr. Alex Jaucot
Feb	3 <sup>rd</sup>	ILEP meeting at Delhi	ILEP	Dr. Shivakumar
	5 <sup>th</sup> to 7 <sup>th</sup>	69 <sup>th</sup> National Conference on Tuberculosis and Chest Disease (NATCON 2014) at Mumbai	Tuberculosis Association of India	Dr. Loreen Gujral, MO, Delhi
March	1 <sup>st</sup>	Research Methodology Workshop at Delhi	India International Centre	Dr. Loreen Gujral, MO, Delhi
	10 <sup>th</sup> & 11 <sup>th</sup>	Annual Conference of SLOs at Delhi	Govt. of India	Dr. Shivakumar
	12 <sup>th</sup>	National Stakeholders Meeting for Leprosy-free India at Delhi	Govt. of India, WHO & Nippon Foundation	Dr. Shivakumar
	13 <sup>th</sup> & 14 <sup>th</sup>	Annual Review meeting along with CME for project technical staff at Chennai	DFIT	All technical staff from projects
	23 <sup>rd</sup> to 26 <sup>th</sup>	Workshop on Operations Research in Public Health at Delhi	Indian Institute of Public Health	Dr. Loreen Gujral, MO, Delhi
April	17 <sup>th</sup>	National Leprosy Conference at Delhi	Central Leprosy Division	Dr. Loreen Gujral & Mr. Franklin
	18 <sup>th</sup>	Trust meeting at Chennai	DFIT	All Trust Members & Mr.Koen Van Den Abeele, Director, DFB
	22 <sup>nd</sup>	1 <sup>st</sup> Quarter review meeting of south teams at Chennai	DFIT	Mr. Satheesh, Mr. Naresh Kumar, Mr. Charles, Mr. Ilango Yesu, Mr. Francis Durairaj & Mr. Paul Xavier

May	2 <sup>nd</sup> & 3 <sup>rd</sup>	Strategic Planning Workshop for ILEP in India at Delhi	ILEP	Dr. Shivakumar & Dr. Vishnu
	3 <sup>rd</sup>	Lab. Review meeting at Vijayawada	STDC, Hyderabad	Mr. Giri Prasad & Ms. Siva Durga
July	9 <sup>th</sup> to 11 <sup>th</sup>	Workshop on Data Analysis for Research at Chennai	Anna University	Mr. Jaishankar
Aug	4 <sup>th</sup>	Budget Meeting with projects at Chennai	DFIT	Project Holders of Amda, Arisipalayam, Aundipatty, Chilakalapalli, Fathimangar, Nagepalli
	5 <sup>th</sup>	Budget Meeting with projects at Chennai	DFIT	Project Holders of Nellore, Pavagada, Polambakkam, Pope John Garden, Trivandrum, Delhi & Dhanbad
Sept	1 <sup>st</sup>	Strategy Planning Workshop at Chennai	GLRA	Dr. Shivakumar
Oct	14 <sup>th</sup> & 15 <sup>th</sup>	National Workshop on integration and inclusion in NLEP challenges and opportunities at Mumbai	ALERT India	Dr. Krishnamurthy Dr. Ashish Wagh
	28 <sup>th</sup> & 29 <sup>th</sup>	Workshop on IEC strategy for NLEP at Delhi	DDG (Leprosy)	Dr. Shivakumar
Nov	4 <sup>th</sup>	ILEP meeting at Delhi	ILEP	Dr. Shivakumar
	14 <sup>th</sup> to 16 <sup>th</sup>	Stakeholders Meeting at Patna	DFIT	SLO, Bihar, DLOs of Nalanda and Darbhanga, MO from PHC block, Dr. Krishnamurthy, Dr. Shivakumar, Dr. Vishnu, Dr. A.K. Pandey & Dr. Ashish Wagh
Dec	1 <sup>st</sup>	Review meeting of NLEP Consultants at Delhi	Central Leprosy Division	Dr. Ashish Wagh
	2 <sup>nd</sup> to 6 <sup>th</sup>	46 <sup>th</sup> Union World Conference on Lung Health at Cape Town	IUATLD	Dr. Shivakumar Dr. Loreen Gujral

## Schedule of Trainings

Month	Date	Particulars	Organized by	Facilitator(s)/Participants
Jan	3 <sup>rd</sup> to 5 <sup>th</sup>	Programme Monitoring and Evaluation at Hyderabad	Administrative Staff College of India	Mr. R. Ramanujan
Feb	26 <sup>th</sup> to 27 <sup>th</sup>	Orientation in Physiotherapy in Leprosy at Naini	The Leprosy Mission Hospital	Mr. Sakkarayas
	22 <sup>nd</sup> to 27 <sup>th</sup>	Certificate course in Leprosy at Naini	The Leprosy Mission Hospital	Dr. Shiv Charan Hasda, MO, Amda
March	23 <sup>rd</sup> to 27 <sup>th</sup>	First Line DST (FL-DST) liquid culture training at Chennai	NIRT, Chennai	Mr. Giri Prasad
May	18 <sup>th</sup> to 22 <sup>nd</sup>	Certificate Course in Leprosy for Supervisors at Naini	The Leprosy Mission Hospital	Mr. Gautam Kumar, Mr. James Nag, Mr. Balram Mahto, Mr. Loknath Mahato & Mr. Nanhe Kumar
June	1 <sup>st</sup> to 13 <sup>th</sup>	Comprehensive training on solid/liquid culture, LPA & CBNAAT at Bangalore	NTI	Mr. Moses Anandraj
Oct	3 <sup>rd</sup>	RNTCP Training for 70 LTs Kurnool District	DTO, Kurnool	Mr. Jaishankar – Facilitator
	4 <sup>th</sup>	RNTCP Lab. Supervision Training for 9 STLS Kurnool District	DTO, Kurnool	Mr. Jaishankar – Facilitator
	5 <sup>th</sup> to 9 <sup>th</sup>	RNTCP Training for newly appointed 16 LTs of Kurnool District	DTO, Kurnool	Mr. Jaishankar – Facilitator

## Visitors

### INTERNATIONAL

Particulars	No. of persons	PERIOD	PLACE OF VISIT & PURPOSE
Mr. Luc Comhaire, Dr. Tine Demeulenaere, Mr. Alex Jaucot	03	20.01.15 – 29.01.15	Delhi, Bihar, Jharkhand & Tamil Nadu – review visit
Mrs Anne Dye Chantier volunteer	1	28-02-15	Margaret Leprosy & TB Hospital, Delhi
Teachers & nursing students from Saint Augustinus Institute, Belgium	12	01.03.15 – 20.03.15	Fathimanagar - Internship training
Volunteers from Belgium under the leadership of Mr. Jean-Marie Wellens	07	13.04.15 – 18.04.15	Pope John Garden, Nellore & Anandapuram Rehabilitation Centre
Mr. Koen Van Den Abeele, Director, DFB	01	18.04.15 – 21.04.15	Chennai & Trivandrum – Trust meeting and review visit
Dr. NDAYISHIMIYE JESUS-MARIE JOSEPH, Burundi	01	01.05.15 – 08.06.15	Pope John Garden & Nellore – RCS training
Volunteers from Belgium under the leadership of Mr. Jean-Marie Wellens	06	03.06.15 – 16.06.15	Trivandrum, Aundipatty, Fathimanagar & Anandapuram Rehabilitation Centre
Mrs. Ann Morez, Psychologist, Belgium	01	15.06.15 – 17.06.15	Delhi – Hospital and DMCs visit
Dr. Bharat Jayram Venkat, Postdoctoral Researcher, Princeton University	01	23.06.15	Delhi – Hospital and DMCs visit
Chantier volunteers from Belgium	07	06.07.15 – 31.07.15	To assist construction activities in Benitho Leprosy Colony, Trichy Dist.
Chantier volunteers from Belgium (Bihar 1st group)	08	04.07.15 – 01.08.15	To assist construction activities in Gandhi Gram Little Flower Leprosy Colony, Ramgarhwa, East Champaran Dist.
Chantier volunteers from Belgium (Bihar 2nd group)	08	06.07.15 – 31.07.15	To assist construction activities of 3 houses in East Champaran Dist.

Chantier volunteers from Belgium (Bihar 3rd group)	09	11.07.15 – 29.07.15	To assist construction activities in Kasthurba Kusht Colony, Majholia, West Champaran Dist.
Chantier volunteers from Belgium (Bihar 4th group)	09	11.07.15 – 04.08.15	To assist construction activities in Sunderpur Kushth Colony, Gaunaha, West Champaran Dist.
Triangle 1st group from Belgium	09	02.09.15 – 12.09.15	Filming the activities in Nellore, Pope John Garden, Polambakkam
Triangle 2nd group from Belgium	10	13.09.15 – 19.09.15	Filming the activities in Nellore, Pope John Garden, Polambakkam
Triangle 3rd group from Belgium	09	01.11.15 – 07.11.15	Filming the activities in Nellore, Pope John Garden, Polambakkam

### NATIONAL

Particulars	No. of persons	PERIOD	PLACE OF VISIT & PURPOSE
Dr. Sonia and team, Lepra Society.	5	25-02-15	Delhi – Distribution of MCR chapels, shoes and food for all inpatients.
Mr. Sanjeev Saxena ( Local donar)	1	16-03-15	Delhi - Donation of old cloths to RCS patients.
Mr. B.K. Jain, NMS.	1	20-03-15	Delhi - Distribution of incentive cheques to all RCS patients.
Dr. Vimal Khusal, DLO,	2	20-04-15	Delhi – Interviewd all RCS patients
Dr (Brig). K. C. Nagpal.	1	12-05-15	Delhi – courtesy visit
Dr. Rajeev Prasad, DLO, Noida.	3	01-07-15 – 02-07-2015	Delhi - Visited Hospital
Mr. Bharat.	1	23-06-2015	Delhi - Visited DMCs & Hospital.
Dr. Vimal Khusal, DLO, CDMO, NMS,	3	16-07-2015	Delhi – Interview of all RCS cases

# Annexure

## 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 reaction cases managed	
		Adult			Children (0 - 14 years)			Adult Grade II		Child Grade II	Total	Type I	Type II	
		PB	MB	Total	PB	MB	Total							
Nellore	4990	10	45	55	0	3	3	58	18	0	18	33	8	
Delhi	30657	1	18	20	0	0	0	20	5	0	5	5	0	
Delhi-On-Sone	4382	37	45	82	11	4	15	97	20	5	25	102	11	
Amda	1534	18	14	32	1	3	4	36	0	0	0	40	2	
Ambalamoola	7310	1	2	3	0	0	0	3	0	0	0	0	1	
Arisipalayam	9630	9	33	42	2	0	2	44	11	0	11	11	8	
Aundipatty	12046	11	6	17	1	0	1	18	2	0	2	0	0	
Chillakalapalli	1157	26	22	48	1	1	2	50	12	0	12	29	1	
Dhanbad														
Fathima Nagar	4221	8	24	32	3	0	3	35	6	0	6	62	32	
Nagepalli	24569	14	24	38	3	0	3	41	11	0	11	8	14	
Pavagada	6237	9	12	21	0	0	0	21	0	0	0	0	2	
Pope John Garden	1259	1	2	3	0	0	0	3	0	0	0	2	0	
Trivandrum	440	0	0	0	2	0	2	2	0	0	0	3	10	
<b>Total</b>	<b>108432</b>	<b>146</b>	<b>247</b>	<b>393</b>	<b>24</b>	<b>11</b>	<b>35</b>	<b>428</b>	<b>85</b>	<b>5</b>	<b>90</b>	<b>295</b>	<b>89</b>	

## Annual Leprosy Report - 2015

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 patients	Total number of leprosy patients admitted	Total number of bed days occupied by leprosy patients	Bed occupancy for leprosy patients
Male	Female	Total	Male	Female	Total					
23	3	26	5	3	8	68	13	224	3172	68
29	11	40	5	3	8	32	14	129	2731	54
53	17	70	5	0	5	118	30	252	6901	64
40	10	50	0	0	0	54	22	107	3279	41
0	0	0	0	0	0	1	2	1	2	0.2
0	0	0	7	2	9	393	15	141	4581	85
0	0	0	0	0	0	17	3	132	1345	124
0	0	0	0	0	0	219	21	180	3601	48
28	12	40	2	1	3		18	65	2312	36
35	5	40	50	12	62	350	80	431	17850	62
0	0	0	0	0	0	67	5	23	136	8
27	7	34	0	1	1	45	10	60	2151	60
11	0	11	39	11	50	17	38	74	2233	16
25	6	31	1	1	2	467	30	123	4952	46
<b>271</b>	<b>71</b>	<b>342</b>	<b>114</b>	<b>34</b>	<b>148</b>	<b>1848</b>	<b>301</b>	<b>1942</b>	<b>55246</b>	<b>51</b>



## Annexure - 2

## POD Programme Annual Report - 2015

Name of the State	Name of the project/ districts covered	Total disability persons living in the area.	Total disability persons covered in the area.	No. of disability persons visited. (Cumulative)	No. of persons practicing self care regularly.	No. of persons having Foot problem	No. of persons using appropriate footwear.	No. of persons identified for RCS.	No. of persons referred for RCS.	No. of persons getting disability pension.	No. of Leprosy cases diagnosed and referred to Hospitals.
Bihar	23 districts	8716	8716	1667	973	1120	966	336	179	387	290
Jharkhand	Gumla	509	509	510	298	386	305	29	18	155	109
	Lohardaga	169	169	296	187	223	173	18	12	104	46
	Simdega	268	268	278	127	234	171	10	3	65	20
	Godda	321	321	326	199	200	110	22	15	57	61
	Deoghar	442	442	573	367	355	238	30	13	70	191
	E.Singhbhum	1278	1275	377	223	230	213	35	21	92	32
	W.Singhbhum	335	301	527	264	366	263	29	29	63	28
	Saraikela	693	692	411	278	259	251	48	21	63	86
Maharashtra	Nagepalli	93	93	873	634	773	752	15	1	180	144
Andra Pradesh	Anantapur	757	531	197	75	60	55	29	29	81	9
	Kurnool	980	164	150	58	34	32	20	20	48	7
	Nellore	1405	556	150	93	78	77	50	48	88	8
	Prakasam	939	89	107	55	44	43	62	60	42	5
	Chittoor	1182	279	148	87	125	115	8	8	92	3
	Kadapa	807	279	130	94	94	89	20	16	54	0
	Vizianagaram	2067	2067	6538	4457	4221	3716	83	17	3052	68
	DFULTC Nellore	86	86	272	232	190	173	9	2	179	0
Tamil Nadu	Krishnagiri	463	463	340	170	301	255	42	40	74	170
	Dharmapuri	254	254	230	114	201	175	28	25	50	116
	Thiruvallur	567	342	413	152	344	252	12	18	310	7
	Salem	1267	1267	1096	600	653	567	3	0	294	46
	Trichy	414	414	483	395	463	443	8	7	349	8
	Karur	224	224	357	279	342	315	11	12	249	30
	Perampalur	101	101	202	166	194	175	7	7	142	21
	Thanjavur	322	322	367	154	353	327	21	17	262	30
	Madurai	823	823	342	202	290	199	32	19	226	11
	Virudhunagar	273	273	287	155	240	181	27	14	178	0
	Pudukottai	494	494	288	180	211	179	16	7	102	8
Theni	337	337	2089	1346	1601	1421	2	0	1816	22	
<b>Total</b>	<b>51 districts</b>	<b>26586</b>	<b>22151</b>	<b>20024</b>	<b>12614</b>	<b>14185</b>	<b>12231</b>	<b>1062</b>	<b>678</b>	<b>8924</b>	<b>1576</b>

No. of under treatment cases visited and counselled.	No. of reaction cases first time motivated.	No. of follow up reaction cases monitored.	No. of Community Volunteers interviewed.	No. of CVs monitoring DPMR cases once in a month.	No. of CVs Identified and referring Leprosy suspects.	No. of Leprosy cases confirmed among the suspects.	No. of trainings conducted	No. of participants attended	No. of meetings conducted	No. of participants attended	No. of POD camps conducted	No. of disability persons attended	No. of CSOs / govt staff / others are attended
478	137	171	319	256	159	95	93	3166	63	1824	45	248	1022
113	24	39	267	159	98	62	19	1451	11	284	19	171	157
62	24	33	146	86	50	24	11	727	9	255	11	96	88
39	3	13	132	54	8	8	8	301	11	232	10	25	213
52	19	34	120	83	71	38	5	189	6	82	6	22	67
224	38	98	230	172	159	174	10	284	10	157	7	40	19
38	5	11	132	116	92	26	9	370	5	70	7	19	254
88	9	37	129	69	17	20	5	138	9	173	11	47	175
44	13	9	129	99	89	54	13	1049	3	63	7	20	161
728	49	94	309	79	71	74	211	4791	426	4079	247	169	41
36	1	6	26	20	18	2	7	201	7	218	8	49	65
14	0	6	11	11	9	1	1	21	8	349	6	99	48
39	1	5	18	14	9	0	3	345	8	769	3	10	99
38	4	3	5	5	4	1	2	183	4	327	7	100	69
39	7	7	15	2	5	1	8	455	3	57	14	367	104
24	3	11	8	4	3	3	9	361	11	302	8	71	108
398	16	58	688	401	51	30	7	172	32	1091	40	660	547
7	0	5	0	0	0	0	3	262	20	1314	2	30	25
13	82	5	24	88	88	60	62	205	7	187	9	77	7
11	35	5	17	47	47	30	29	69	9	291	9	31	8
9	2	2	29	38	12	2	13	998	10	189	18	138	141
195	18	112	20	0	0	0	0	0	0	0	16	666	0
61	33	33	215	52	4	0	4	151	8	70	9	137	40
50	32	34	184	31	0	0	4	129	12	95	13	150	44
44	27	28	130	32	7	0	5	63	9	127	8	86	25
54	29	31	176	26	3	451	14	766	5	103	16	268	66
21	5	7	64	43	4	1	5	235	5	446	6	198	47
27	9	16	41	29	1	0	6	293	8	445	6	115	28
24	6	15	77	53	3	0	10	448	5	297	9	127	33
117	0	4	165	199	3	1	65	1429	10	97	2	22	0
<b>3087</b>	<b>631</b>	<b>932</b>	<b>3826</b>	<b>2268</b>	<b>1085</b>	<b>1158</b>	<b>641</b>	<b>19252</b>	<b>734</b>	<b>13993</b>	<b>579</b>	<b>4258</b>	<b>3701</b>

Annexure - 3

**Involvement of Civil Society Organisations (CSO) in  
POD Programme - 2015**

Parameters	Bihar	Jharkhand	Tamil Nadu	Andhra Pradesh	Total
Total No.of districts covered	15	2	4	7	28
Total No.of CSOs involved	39	3	12	10	64
Number of Persons affected by leprosy with disabilities at the beginning of the year	6869	622	1191	3182	11864
Number of Persons affected by leprosy with disabilities deleted from the list	879	48	142	831	1900
Number of Persons affected by leprosy with disabilities added to the list	2726	104	226	513	3569
Number of Persons affected by leprosy with disabilities at the end of the year	8716	678	1275	2864	13533
Number of persons with plantar ulcers (among Patients visited)	522	127	178	331	1158
Number of Persons affected by leprosy with disabilities visited during the year (cumulative)	8672	2280	7875	10258	29085
Number of Persons practising self care regularly	4556	1376	5594	7028	18554
Number of complicated persons referred to hospital	326	33	668	723	1750
Number of LEP beneficiaries monitored regularly	175	66	1102	239	1582
Number of leprosy suspects identified and referred to hospitals for diagnosis	1912	370	249	615	3146
Among them number of leprosy cases confirmed	531	103	67	44	745

Annexure - 4

**Projects annual TB report - 2015**

Name of the Projects	Total no. of TB suspects examined	Total No. of sputum positive	Total No. of TB patients registered	Total No. of new TB patients registered	Among them NSP TB patients registered	Total No. of all Re-treatment TB patients registered	Sputum conversion rate for NSP patients	Sputum conversion rate for RT patients	Cure rate for NSP patients	Cure rate for RT patients	Total number of beds for TB/ DR TB Patients	Total number of TB patients admitted	Total number of bed days occupied by TB/DR TB patients	Bed occupancy for TB patients
Neelore	497	118	138	103	46	35	91%	94%	89%	100%	24	217	1540	18
Delhi	7119	1086	2674	2121	835	553	91%	75%	90%	81%	3	15	15	1.4
Salem	8836	822	537	442	219	95	85%	61%	71%	44%				
Pavagada	4096	363	388	293	213	95	89%	58%	83%	70%	5	0	0	0
Aundipatty	915	74	44	33	26	11	90%	11%	76%	20%	2	54	406	56
Ambalamoola	199	7	7	6	5	1	75%		100%	67%	2	7	26	3.6
Nagepalli	2419	297	393	330	219	63	92%	86%	87%	55%	5	41	174	10
Fathimanagar	969	33	34	27	16	7	90%	75%	79%	80%	5	18	206	11.5
<b>Total</b>	<b>25050</b>	<b>2800</b>	<b>4215</b>	<b>3355</b>	<b>1579</b>	<b>860</b>	<b>90%</b>	<b>71%</b>	<b>86%</b>	<b>72%</b>	<b>46</b>	<b>352</b>	<b>2367</b>	<b>14</b>

## Annexure - 5

## Andhra pradesh District Consultancy Team DR TB Annual Report - 2015

Name of the Districts	DR TB suspects identified	DR TB suspect sputum samples to IRL	Conformed DR TB patients	No. of Patients initiated treatment			12 months MDR TB culture conversion (IV -2013 and I,II,III qtr 2014)	Treatment out come of MDR TB patients (III, IV qtr 2012 and I, II quarter - 2013)									
				MDR TB	XDR TB	Total		Total patients	Cured	Treatment completed	Died	Failure	Defaulter	Switched to XDR TB treatment	Transfer out	Still on treatment	Treatment success rate
Nellore	923	766	85	61	2	63	36/74 (49%)	69	10	14	16	4	21	1	2	1	35%
Prakasam	1549	1338	67	71	11	82	32/89 (36%)	68	30	0	10	6	19	0	2	1	44%
Anantapur	1774	1423	73	72	5	77	42/85 (49%)	60	31	1	14	0	7	0	7	0	53%
Kurnool	2144	1971	95	72	3	75	38/69 (55%)	73	37	3	17	4	11	0	1	0	55%
Chittoor	1553	997	43	36	4	40	26/44 (59%)	38	22	0	6	1	8	0	1	0	58%
Kadapa	914	764	44	47	1	48	28/45 (62%)	42	22	0	10	0	6	0	3	1	52%
<b>Total</b>	<b>8857</b>	<b>7259</b>	<b>407</b>	<b>359</b>	<b>26</b>	<b>385</b>	<b>202/406 (50%)</b>	<b>350</b>	<b>152</b>	<b>18</b>	<b>73</b>	<b>15</b>	<b>72</b>	<b>1</b>	<b>16</b>	<b>3</b>	<b>49%</b>

## Annexure - 6

## Andhra pradesh DR TB programme Annual report - 2015

Name of the district	No. of patients counselled in admission time in DOTs plus site	Patients interaction meetings			Patient visited			Patients on DOT				Irregular DR TB patients motivated	Irregular DR TB patients retrieved	Defaulter DR TB patients motivated	Defaulter DR TB patients retrieved	No. of DOT Providers visited	No. of DOT Ps functioning correctly (%)	Total No. of trainings conducted	Total no. of participants attended	Total No. of meetings conducted	Total no. of participants attended	
		No. of meeting conducted	No. of patients attended	No. of DOT provider attended	No. of GH staffs attended	MDR TB	XDR TB	Total	MDR TB	XDR TB	Total (%)											
Anantapur	15	15	94	23	34	212	8	220	180	7	187	85	9	7	0	0	95	81	5	212	8	347
Kurnool	11	8	61	20	31	195	7	202	162	5	167	83	17	8	0	0	108	89	0	0	7	418
Chittoor	29	8	47	9	26	166	7	173	154	7	161	93	23	22	1	1	71	61	21	1048	12	1072
Kadapa	12	13	59	15	66	140	8	148	122	6	128	86	17	15	0	0	44	39	5	165	5	105
Nellore	100	2	5	2	6	192	13	205	155	10	165	80	23	20	0	0	122	98	0	0	3	241
Prakasam	0	6	34	17	23	183	14	197	155	8	163	83	26	23	1	1	113	84	0	0	2	616
<b>Total</b>	<b>167</b>	<b>52</b>	<b>300</b>	<b>86</b>	<b>186</b>	<b>1088</b>	<b>57</b>	<b>1145</b>	<b>928</b>	<b>43</b>	<b>971</b>	<b>89</b>	<b>115</b>	<b>95</b>	<b>2</b>	<b>2</b>	<b>553</b>	<b>452</b>	<b>31</b>	<b>1425</b>	<b>37</b>	<b>2799</b>

Particulars	2009	2010	2011	2012	2013	2014	2015
MDR TB Cases registered	18	19	31	88	43	58	59
12 months Culture Conversion	14	14	13	64	38	32	20
Cured			13	14	19	40	21
Completed			1	0	2	5	8
Defaulter			1	0	2	20	8
Died			1	3	3	17	4
Failure			2	1	5	3	1
Transfer Out			0	1	0	3	1
Total outcome cases			18	19	31	88	43
Treatment success rate			78%	74%	68%	51%	67%

District	Population covered for diagnosis (in lakhs)	Population covered for follow ups (in lakhs)	Follow up samples received and inoculated in LJ media				Diagnostic samples			No. of Diagnosis samples inoculated in LJ media				LPA Done					
			Total	Smear Positive	Smear Negative	Culture Positive	Total	Smear Positive	Smear Negative	Culture Positive	Total	Inconclusive	Both sensitive RIF & INH	Resistant					
Nellore	3102231	3102231	423	53	370	68	1303	835	428	315	13	302	26	466	6	312	16	66	66
Kurnool		4138986	514	78	428	56	4	4	0				2	0	1	0	0	0	1
Chittoor		4288989	295	35	258	23													
Anantapur		4199359	440	80	358	61													
Kadapa		2966499	317	63	254	66													
Prakasam		3462835	454	94	356	91													
<b>Total</b>	<b>3102231</b>	<b>22158899</b>	<b>2443</b>	<b>403</b>	<b>2024</b>	<b>365</b>	<b>1307</b>	<b>839</b>	<b>428</b>	<b>315</b>	<b>13</b>	<b>302</b>	<b>20</b>	<b>468</b>	<b>6</b>	<b>313</b>	<b>16</b>	<b>66</b>	<b>67</b>

District	Population covered for diagnosis (in lakhs)	Population covered for follow ups (in lakhs)	Follow up samples received and inoculated in LJ media				Diagnostic samples			No. of Diagnosis samples inoculated in LJ media				LPA Done				
			Total	Smear Positive	Smear Negative	Culture Positive	Total	Smear Positive	Smear Negative	Culture Positive	Total	Inconclusive	Both sensitive RIF & INH	RIF	INH	(RIF & INH)		
Darbhanga	4288718	4288718	385	79	306	112	480	1044	1073	186	887	255	260	29	137	56	14	24
Madhubani	4944379	4944379	230	30	200	60	210	244	255	88	167	118	120	11	61	32	10	6
Saharsa	2100509	2100509	78	17	61	18	45	137	138	23	115	29	29	1	20	2	5	1
Supaul	2494666	2494666	33	4	29	7	104	172	181	50	131	59	55	9	34	8	4	0
Madhepura	2181137	2181137	33	0	33	8	170	228	240	71	169	88	89	12	70	3	2	2
Samastipur	4702534	4702534	265	46	219	62	400	224	235	195	40	208	213	11	125	54	12	11
Sitamarhi		3739395	307	31	276	59												
Sheohar		731700	79	9	70	9												
Muzaffarpur		5377600	208	32	176	32												
Gopalganj		2756219	151	35	116	45												
EChampan		5558173	64	11	53	14												
Siwan		3623497																
WChampan		4289602																
<b>Total</b>	<b>20711943</b>	<b>46788129</b>	<b>1833</b>	<b>294</b>	<b>1539</b>	<b>426</b>	<b>1409</b>	<b>2049</b>	<b>2122</b>	<b>613</b>	<b>1509</b>	<b>757</b>	<b>766</b>	<b>73</b>	<b>447</b>	<b>155</b>	<b>47</b>	<b>44</b>

## Glossary

AFB	Acid Fast Bacilli
ASHA	Accredited Social Health Activist lady volunteer from the community selected and involved in public health programmes as a link between the community and General health system under National Rural Health Mission
ANM	Auxiliary Nurse Midwife
C & DST	Culture & Drug Susceptibility Testing
CME	Continuing Medical Education
CSO	Civil Society Organisation
CSWC	Claver Social Welfare Centre
DCT	District Consultancy Team
DFB	Damien Foundation Belgium
DFIT	Damien Foundation India Trust. (One of the ILEP members in India supporting leprosy and TB control)
DFUL&TC	Damien Foundation Urban Leprosy & TB Centre, Nellore
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
L T	Laboratory Technician
MB	Multi Bacillary leprosy
MCR	Micro Cellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected person with anaesthesia or deformity in the foot
MDR TB	Multi Drug Resistant Tuberculosis
MDT	Multi Drug Therapy
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
XDR TB	Extensively Drug - resistant Tuberculosis

## About Our Founder



Claire Marie Jeanne Vellut (1926 - 2013) was a Belgian born naturalised Indian leprologist, humanist and the founder of the Damien Foundation India Trust, a non profit and non-governmental organisation which is engaged in providing treatment and rehabilitation services to people afflicted with leprosy and tuberculosis in India. She spent 55 years in India treating leprosy and tuberculosis patients, associating with the state and central governments or independently under the aegis of the trust which she founded in 1955.

Claire Marie was born on 29 October 1926 in Antwerp, Belgium to Lucie Roebroek and Fernand Evariste Marc Alfred Vellut, an insurance inspector, as the youngest of their six children. She completed her schooling at Institute Saint-André, Ixelles and secured her graduate degree in medicine in 1952 from the Catholic University of Leuven during which period she was involved with the activities of the International Fraternal Association, an organization founded by Vincent Lebbe, a Lazarist priest. She also did an advanced course, Diploma in Tropical Medicine and Hygiene, from the London School of Hygiene and Tropical Medicine and did English language training in 1953.[9] In 1954, she received the offer to work at the Vallabhbhai Patel Chest Institute and Hospital, New Delhi but chose to accept the invitation from Frans Hemerijckx, a Belgian leprologist, to join him in India to open an ambulatory leprosy control project at Polambakkam, a leprosy endemic small village near Kanchipuram in the south Indian state of Tamil Nadu.



Dr.Claire, along with Dr.Frans Hemerijckx, established a Leprosy Centre based at Polambakkam in 1955. The centre, with Vellut and Hemerijckx in the lead, started mobile clinical service called, Clinic under the Trees, a set up where patients were treated in makeshift open clinics set up under the trees. The system carried on for five years till the local government took over the operations with Vellut continuing as its medical officer. She also did a short training course in leprosy at the Calcutta School of Tropical Medicine during this time. Vellut continued with the activities of the trust for 55 years till 2009 and continued her association till her final departure from India in 2012. During her time in Polambakkam, she is reported to have treated over 31000 patients. She was a

member of the Damien Foundation in Belgium and in 1992, founded the Indian chapter of the organization under the name, Damien Foundation Trust India.

The Government of India awarded her the civilian honour of Padma Shri in 1981. The Catholic University of Louvain conferred a doctorate (honoris causa) on her in 1989. When the Government of India celebrated the 50th anniversary of Indian independence in 1997, Claire Vellut was one among the 50 women awarded with Stree Ratna honour. Amici di Raoul Follereau (AIFO), an Italian non government organisation engaged in community-based rehabilitation (CBR) programmes for leprosy and mental disorders, awarded her the Raoul Follereau Award in 1999. She was awarded the Grand Cross of the Order of the Crown by the Royal Court of Belgium in 2009 and she received the International Gandhi Award 2011.



## Damien Foundation India Trust

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