



Activity report 2016
DAMIEN FOUNDATION INDIA TRUST

C O N T E N T

Sl.No	Content	Page No
1	Foreword	3
2	Introduction	4
3	Human Resource	7
4	Andhra Pradesh	8
5	Bihar	16
6	Delhi	26
7	Jharkhand	30
8	Karnataka	34
9	Kerala	36
10	Maharashtra	37
11	Tamil Nadu	40
12	Socio Economic Rehabilitation	51
13	Chantiers	59
14	Continuing Medical Education	61
15	Resource Mobilisation	64
16	Conferences	66
17	Financial Report	67
18	Meetings, Trainings and Visitors	71
19	Glossary	89

Foreword



It is my pleasure to present our activity report 2016. We have once again had an active and fruitful year.

DFIT increased focus on leprosy from 2011 by revising its strategies to reach out to more persons affected, to address their issues and concerns. The implementation of newer strategy piloted in two districts in Bihar enabled scope to expand it in other districts supported by us in the next five years. This report contains many statistics about issues such as numbers of beneficiaries we have assisted in our various programmes. As you read the report, I would request you to think about the stories behind the statistics – the lives that have been changed through our support. None of our achievements throughout the year would have been possible without the collaboration of Government at State and Central level, our dedicated team of staff, partner projects, volunteers, board members and Damien Foundation Belgium. We trusted each other, provided support and built on the successful implementation of our projects. Finally, I take this opportunity to truly thank all who have contributed their time and resources.

Dr. M. Shivakumar
Secretary

Introduction

Damien Foundation India Trust (DFIT) is a charitable Non-Governmental Organisation established for Leprosy and TB Control Activities in India supported by Damien Foundation Belgium. It offers Leprosy and TB related services either directly through its own projects or through local NGO projects or through supporting elements of TB and leprosy control programme in selected regions.

The organisation started its chapter of leprosy control activities in a village in South India in 1955, TB control in 1998 and now covers a population of 112,159,849 across eight states. The main objective of Damien Foundation is to provide quality care for persons affected by Leprosy or Tuberculosis, which are delivered in close partnership with the community and the Government.

Projects and its location

State	Project name and location
Andhra Pradesh	Damien Foundation Urban Leprosy and TB Research Centre, Nellore, New Hope Leprosy Centre, Chilakalapalli, Vizianagaram district - Support to DRTB and DPMR activities in 6 districts Support to DPMR activities in 2 districts.
Bihar	Model Leprosy Control Unit, Dehri on Sone, Rudrapura, Rohtas district, Damien TB Research Centre, Darbhanga Support to DPMR activities in 23 districts ILEP coordination Support to TB control programme in 15 districts.
Delhi	Margaret Leprosy and TB Hospital, South West Delhi.
Jharkhand	Claver Social Welfare Centre, Amda, Nirmala General and Leprosy Hospital, Dhanbad DPMR support in 8 districts.
Karnataka	Swami Vivekananda Integrated Rural Health Centre, Pavagada.
Kerala	St.John's Hospital and Leprosy Services, Trivandrum.
Maharashtra	Assisi Sevasadan Hospital, Nagepalli.
Tamil Nadu	Anandapuram Rehabilitation Centre, Polambakkam, The Beatitudes Social Welfare Centre, Pope John Garden, Nilgiris-Wynaad Tribal Welfare Society, Ambalamoola, Arogya Agam, Aundipatty, St.Mary's Leprosy Centre, Arisipalayam, Salem, Holy Family Hansenorium, Fathimanagar - DPMR support in 12 districts.

At present Damien Foundation Implements Leprosy and TB Control activities by supporting;

1. Fourteen referral centres for managing complications related to leprosy out of which eight referral centres are managing complications related to TB also.
2. Seventeen microscopy centres to manage drug susceptible TB control.
3. Two reference laboratories to support drug resistant TB control in AP and Bihar.
4. Twenty two expert teams to facilitate prevention of disability in 52 districts.

The most pressing needs of persons affected by leprosy with disabilities are medical and social rehabilitation. Damien Foundation developed different strategies according to the context and implemented medical rehabilitation through training the persons affected on self care and facilitated deformity correction surgeries and chronic ulcer care through hospitalisation. Damien Foundation trained family members, community volunteers and ASHA workers for monitoring self care practice. The Socio Economic Rehabilitation services are facilitated through supporting income generating activities, construction and renovation of houses, educational support and nutritional supplement. External evaluation was carried out in 2016 to study the impact and efficacy of the support carried out for the period of five years from 2011 to 2015.

Vision

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

Mission

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



Dr. P. Krishnamurthy
President



Mr. R. Subramanian
Treasurer



Mr. A. L. Somayaji
Member



Dr. Mannam Ebenezer
Member



Dr. S. Raja Samuel
Member



Dr. M. Shivakumar
Secretary

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 Hansenerium, 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

Human Resource

People are core pillars of an NGO especially the good human resources helps the NGO's to drive towards its vision. Damien Foundation India Trust has a team of dedicated staffs who are appointed directly by Damien Foundation, supported through sponsored projects and support to Government programme.

During the year, 272 staffs were part of Damien Foundation's mission to achieve its set objectives, in the process 11 new staffs joined and 20 staffs were relieved from their services for their personal reasons and after project completion.

There are 147 staff those who were under Damien Foundation direct pay roll and there were 88 project staff supported through sponsored projects. Thirty seven lab technicians were provided to Government TB programme in Bihar and Andhra Pradesh as stop gap arrangement.

The staff responsibility according to the category are as follows, Programme staff 158, Administration and Finance staff 30 and Programme support staff are 84 persons. The table below indicates the classification of staffs.

Responsibility of staff classification		Direct Appointment	Support to NGO Projects	Support to Government	Total
Medical (Programme Staff)	Doctors	9	9	0	18
	Paramedical Staff*	39	24	0	63
	Lab Technicians / STLS	13	6	37	56
	Staff Nurse	10	8	0	18
	Microbiologist	3	0	0	3
	Total (A)	74	47	37	158
Administration & Finance	Administration & Finance	18	11	0	29
	Communication and Resource Mobilisation	1	0	0	1
	Total (B)	19	11	0	30
Programme Support Staff	Others (Driver / Sweeper / Lab Assistant / Cook / Helper / Security etc.)	54	30	0	84
	Total (C)	54	30	0	84
	Grant Total (A+B+C)	147	88	37	272

Andhra Pradesh



Damien Foundation Urban Leprosy and TB Centre, Nellore:

Damien Foundation Urban Leprosy & TB Centre (DFUL&TC) located in Nellore town, Potti Sri Ramulu Nellore district of Andhra Pradesh is directly operated by DFIT. The project started Leprosy services in 1993 and TB in 1998. Soon after integration the project continued to be a referral centre for leprosy care and reconstructive surgery. The State has officially recognised

the centre for RCS for the 3 districts (Anantapur, Kadapa and Nellore). The centre has a microscopy facility covering a population of 115,000 in Nellore urban for TB control services.

Damien TB Research Centre (DTRC), Nellore:

Damien TB Research Centre (DTRC), a wing of DFUL&TRC in Nellore, established in 2008 has a 20 bedded in-patient facility and a laboratory with Culture and Drug Susceptibility Test (DST) with the facilities for both phenotype and Genotype tests for mycobacterium TB. The main objectives of DTRC are diagnosis and management of drug resistant TB and TB research. The lab started functioning in the last quarter of 2009 after the accreditation and currently providing diagnostic services in 5 districts. All the procedures are done as per the National guidelines.



The project has established separate wards to manage DRTB cases. At present patients from Nellore and Prakasam districts are supported for both treatment initiation and management of complications.



MCR footwear unit, Nellore:

Specialised footwear unit was established in 2014 to provide footwear made of micro cellular rubber (MCR) including customised footwear for persons affected by leprosy who are with deformed foot. This footwear unit is recognised by Central Leprosy Division and the districts place orders for footwear purchase from this project.

Important events:

- The project has started research activities in collaboration with Bio-Technology department of Simhapuri University, Nellore.
- In 2016, project facilitated the support of aids, appliances, self-care kits and mobile phones to the needy persons affected by leprosy through the help of ALIMCO (Artificial Limb Manufacturing Corporation of India).



The following table describes the three year's performance of Nellore project:

Leprosy services	2014	2015	2016
Out patients treated	4914	4990	4495
Among them skin patients treated	927	1446	1552
New leprosy cases diagnosed and referred to PHCs	56	58	70
Reaction cases managed	42	41	48
Re-constructive surgeries	40	26	33
Other surgeries	13	8	12
Inpatients managed	234	224	249
Bed days	3563	3172	3837
Protective foot wear (MCR) provided	77	68	62
MCR footwear supplied to districts	280	1461	830

Tuberculosis services - Nellore Project	2014	2015	2016
Respiratory symptomatic treated	1526	2374	2595
TB suspects examined	389	497	459
Total TB cases registered	140	138	85
Total new TB cases registered	123	103	64
Among them new sputum positive cases	55	46	36
Sputum conversion rate for NSP cases	58/60 (97%)	43/47 (91%)	39/42 (93%)
Cure rate for NSP cases	64/70 (91%)	49/55 (89%)	43/46 (93%)
Sputum conversion rate for RT cases	8/11 (73%)	16/17 (94%)	16/17 (94%)
Cure rate for RT cases	11/17 (65%)	16/16 (100%)	15/16 (94%)
In-patients managed	248	217	217
Bed days	1916	1540	1391

New Hope Rural Leprosy Trust, Chilakalapalli:

The New Hope Rural Leprosy Trust has taken over Gandhi Memorial Leprosy Foundation project which was one of the pioneer in leprosy control in Vizianagaram district since the year 2013. The project is providing secondary level referral services for the persons affected by leprosy including diagnosis, ulcer care, reaction management and footwear unit.





Before - Duration of the ulcer - 15 Years



Ulcer after two months

The following table describes the three year's performance of Chilakalapalli project:

Leprosy care	2014	2015	2016
Out patients treated	1357	1157	1100
New leprosy cases diagnosed and referred to PHCs	45	50	32
Reaction cases managed	21	30	13
In-patients managed	169	180	278
Bed days	2995	3601	4136
Protective foot wear (MCR) provided	52	219	214

Support to DRTB and DPMR activities in Andhra Pradesh:

DRTB support was provided in six districts with the support of two teams which also provide DPMR services in those districts besides this a separate team provides only DPMR activities in additional two districts. The objective of DFIT's support was reoriented in 2016 and it was mainly focused strengthening the referral system in the districts for managing leprosy and its complications. In TB, the main strategy of DFIT's support was focused on treatment adherence through patient provider meetings, nutritional supplement and side effect management. The teams besides medical rehabilitation also provides social rehabilitation for the persons affected by leprosy and TB under the livelihood enhancement programme.



The following table describes the performance of DCTs in 2016:

DPMR services 8 districts	2016	DR TB Services 6 districts	2016
Leprosy suspects – under diagnosis	5/223 (2%)	No. of DR TB patients on DOT	612/740 (83%)
Number of leprosy cases monitored	664	No. of DOT Providers functioning correctly	259/303 (85%)
Among them taking regular treatment	632 (95%)	Patients on irregular treatment retrieved	76/97 (78%)
Number of reaction cases taking regular treatment	64/84 (76%)	Defaulter patients retrieved	15/16 (94%)
Number of disability persons practicing self care regularly	513/904 (57%)	No. of Patients - providers interaction meetings conducted	46
Total POD camps conducted	62	No. of DR TB patients attended	246
No. of leprosy affected persons attended	1080	No. of DOT Providers/ GH staff attended	255
Trainings conducted	77	Trainings conducted	11
No. of participants attended	4976	No. of participants attended	275
No. of PHCs meetings attended	61	No. of PHCs meetings attended	10
No. of staff sensitised	6397	No. of staff sensitised	917



Impact of nutritional supplement for DR TB patients:

Particulars	2012	2013
Cure rate in 6 districts	32.4% (93/247)	45.9% (189/411)
Treatment success rate in 6 districts	41.2% (103/247)	49.8% (205/411)
Outcome of patients received nutritional supplement	31	52
Cured rate	74.1%	63.46%
Treatment success rate	77.4%	75%
Death rate	9.6%	13.46%
Failure rate	3.2%	3.2%
Defaulter rate	6.4%	3.8%
Switched Cat IV rate	3.2%	1.9%



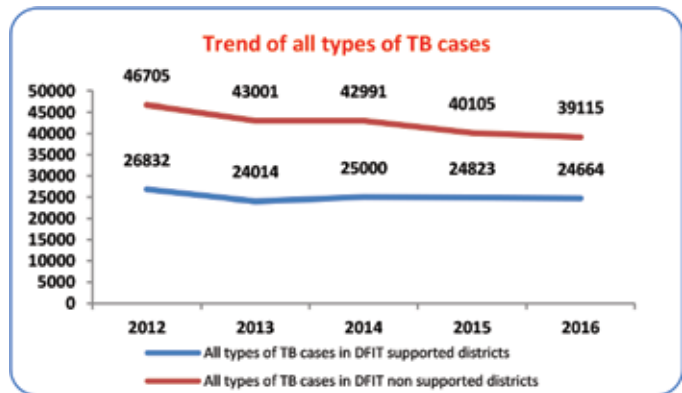
When can I write?



Mr. Ravi aged 14 years lives in a village of Nellore district. When he was 7 years old, he developed leprosy which left him with right wrist drop. He dropped out of the school as he was not able to write. His parents took him to different places for the treatment and finally consulted Government health facility. He was diagnosed and started on treatment for leprosy and he was referred to DFIT hospital in Nellore for his wrist drop correction. He was examined and started on steroids but there was no improvement in his condition. He was trained in self care and exercises to keep his hand mobile and to avoid any stiffness. He was not practicing self care regularly and his condition worsened. In 2016, he was again admitted in DFIT hospital in Nellore for an intensive physio therapy treatment to release the stiffness in the wrist and he was operated for wrist drop correction. Today Ravi practices self care and he exercises regularly. He is eager to go to school since he is able to write.

Bihar

Damien Foundation has been supporting leprosy control programme in Bihar since 1993 in selected districts and TB control programme since 2003. The activities in these districts were supported by DGD (Belgian Government) in different phases. The current phase was between 2014-2016 with a specific objective to facilitate the establishment of effective case notification system for enhancing NSP cases and diagnostic services for managing MDR TB in selected districts of Bihar in India through the collaboration of international NGO.



DFIT has been supporting TB control including MDRTB in selected 15 districts with an objective to improve new TB case notification and establish services for drug resistant TB control through various strategies and provided reference laboratory in Darbhanga to support diagnostic services for Drug Resistant TB control programme in Bihar.

Disability Prevention and Medical Rehabilitation services are provided through district consultancy teams in 23 districts. Tertiary level services were provided in Dehri-On-Sone in Rohtas district for persons affected by leprosy with complications.

Progress made in reaching the DGD phase (2014-2016) specific objective:

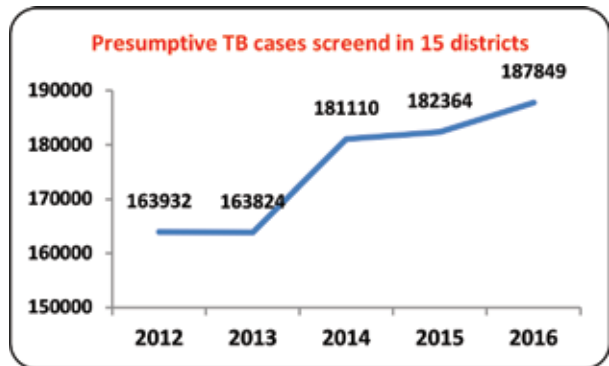
There was a progressive improvement seen in four out of five indicators directed towards expected results aiming at specific objective. It was observed that 60% (9/15) districts showed progressive improvement in detection of NSP TB cases compared to the baseline and there was no progress in remaining districts. It was well recognized from the data that both screening of presumptive TB cases and sputum positive cases was higher in microscopy centers operated by lab technicians supported by DFIT that signify the importance of regular lab services. Strategies for improving case notification, screening of presumptive DRTB cases and treatment adherence shown favorable results in three years period.

Case notification improves

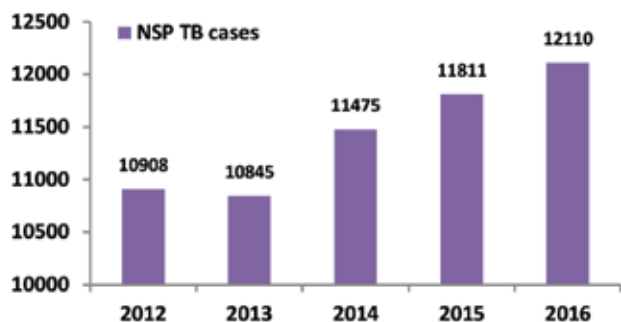
It was observed from the reports that 81% (291/359) of the designated microscopy centres (DMCs) were functioning at the end of 2016. There was an improvement of 3% (78-81%) increase in number of functioning microscopy centres compared to 2012 (baseline). Only 12 DMCs were newly added during three years of

period out of 26 planned. The remaining could not be implemented since many were planned to establish microscopy services in additional health facilities in which there was no regular outpatient services. DFIT utilised the resources to strengthen the DMCs in selected health facilities where there is high turnover of outpatients but lab technicians are not attending regularly. DFIT supported 38 lab technicians to support microscopy services in selected health facilities in 15 districts as a stopgap arrangement. DFIT established sputum collection and transportation centres at additional health facilities with the support of community volunteers.

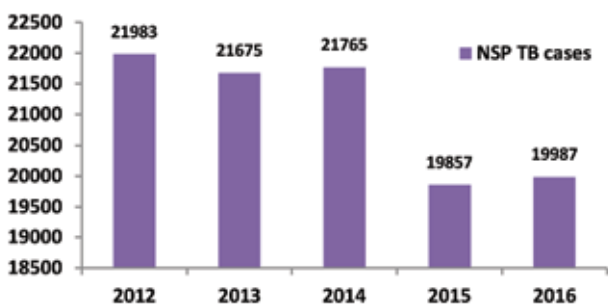
During the year, altogether 15 districts could screen 187367 presumptive TB cases and found 17322 (9%) sputum positive TB was detected. It was observed that the DMCs supported by DFIT lab technicians screened 29777 presumptive TB cases and detected 2986 sputum positive TB cases in 38 DMCs. Supply of logistics for sputum microscopy was not a serious problem during the year but there was a problem in supplying ethyl alcohol in the last quarter due to the strict ban of all types of alcohol in the state as a policy by the Government. This created a problem in preparation of carbolfuchsin (stain used for ZN microscopy). DFIT supplied 348000 sputum cups and civil work in one health facility for conducting sputum microscopy. Minor repairs were carried out in 16 Microscopy Centres. External quality assurance (EQA) was not carried out due to several administrative issues but it was found that quality of sputum microscopy was good as per the on site evaluation of DMCs. Around 17% (50/291) DMCs identified with problems were visited by DFIT Lab Coordinators along with concerned Senior Lab Supervisors and provided on the job training to both LTs and Lab supervisors. Reorientation training was given to 185/191(96%) Lab Technicians and 30/30 Senior Lab Supervisors were done by DFIT Lab Coordinators in 11 districts as per the plan. DFIT assisted TB control programme in External Quality Assurance visits in 4 districts. Re orientation training was given to 533/698 (76%) Medical Officers on suspect identification and management of TB Cases in 11 districts. DFIT also assisted in training of Private Practitioners in 3 districts on Daily Treatment Regimen which is going to be implemented in 1st quarter 2017.



Trend of NSP TB cases in DFIT supported 15 districts



Trend of NSP TB cases in non supported 23 districts



It was observed that there was progressive increase in detection of NSP TB cases in 9/15 districts supported by DFIT. It was noted that additionally 1202 NSP TB cases were detected when compared to 2012 (baseline). It was observed that 4 districts in 2014, 3 districts in 2015 and 1 district in 2016 achieved the targets and progressive improvement in detection of NSP TB cases compared to baseline 8 districts in 2014, 8 districts in 2015 and 9 districts in 2016. It was observed that 5 districts could detect less number of NSP TB cases compared to baseline. The average NSP TB case notification was 25 per 100000 Population in 15 districts during the year 2016.

In total, 24664 TB cases of all types including 12110 NSP TB cases were detected in 2016. There was no change in the detection of all types of TB in 15 districts.

One of the important observations made from the reports states that there was a significant reduction in case detection both NSP TB cases and all types of TB cases in 23 districts not supported by DFIT. The reasons are more or less same in all the districts but there was a continuous reinforcement of key activities (like full time LT, stopgap support of logistics, sputum collection centers, involvement of RMPs, IEC activities through community volunteers) in 15 district by DFIT which helped the programme in small increment of NSP TB cases though they could not achieve the target. DFIT established 51 sputum collection centres according to the plan in 15 districts. It was noted that 6736 presumptive TB cases were identified and sputum samples were collected and transported to nearest DMCs. In total, 376 sputum positive TB cases and 34 sputum negative cases were detected and put on treatment. DFIT involved RMPs (informal medical practitioners) in 2 districts on large scale as an operational research and small numbers in remaining 13 districts. It was observed that only 30% (539/1753) of the trained RMPs referred presumptive TB cases in 2016. Altogether 185 TB cases were detected out of 1426 presumptive TB cases referred by them. Incentive paid played a major role in involvement of RMPs.

During the year, 7650 ASHA workers were sensitized in 108/ 359 PHCs and teams participated in review meetings in 97 PHCs in which 2945 / 3395 ANMs participated. Teams organized 71 DRTB Patients cum DOT Providers interaction meeting to strengthen the treatment compliance in which 322 DRTB Patients and 95 DOT Providers participated.



DFIT engaged community volunteers through the involvement of civil society organisations. 38 such volunteers were involved, their role was to give health education through group talks and inter personal communication in villages allotted to them. Altogether 6661 presumptive TB cases were identified, 5516 sputum samples were collected and transported to nearest DMCs. It was noted that 517 sputum positive cases were detected from the collected samples by volunteers. In total, 1529/3398 Panchayats covered by community volunteers and they organised 37578 group talks in which 493978 persons participated. World TB Day was observed through 115 Rallies by school children and organised 11 School quiz competitions.

MDR TB programme is established:

DRTB programme was launched in Bihar in 2012 in a few districts and expanded to cover whole state in 2013. Damien Foundation established reference laboratory in Darbhanga in 2014 in collaboration with the State Government to support diagnosis and follow up services in six districts and only follow up services in 9 districts. Gene Xpert was introduced in the beginning of



2016 and 13/15 districts established the gene Xpert services including Darbhanga district. DFIT upgraded its lab in Darbhanga to Bio Safety Level 3 to provide liquid culture facilities for diagnosis of other forms of drug resistant tuberculosis.

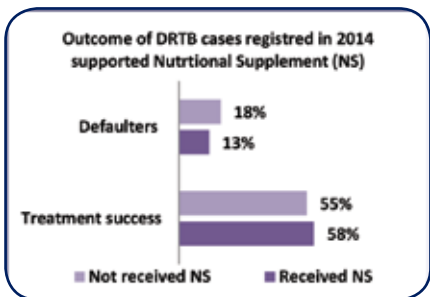
It was observed that 79% (4340/5460) of presumptive DR TB suspects were screened in all the districts supported by DFIT, this achievement was mainly because of the availability of Gen Xpert at district level in 13/15 districts from first quarter 2016. It was noted that 1058 DR TB cases were confirmed from 17748 cases (all criteria + Sputum negative cases + Child cases + EP cases) were screened for TB and DRTB in 15 districts. It was noted that 838 DRTB (791 MDR/47XDR) cases were initiated on treatment. DFIT supported reference lab supported screening of 2447 presumptive DR TB cases and 2805 follow up sample examination in its supported districts. It was noted that DFIT reference lab confirmed 230 DR TB cases in 2016.

DFIT TB Coordinators assisted in line listing of drug resistant TB cases at DMC level. Falcon Tubes and Packing materials were supplied to 6 districts as stop gap arrangement along with financial support to 2 districts for sample transportation from district to reference laboratory. It was observed that 91% (568/626) DR TB cases registered during the year visited by DFIT teams were on regular treatment. All DR TB patients were monitored by DFIT teams and community volunteers at least once in 3 months during intensive phase and frequent visits were made for patients with drug side effects. In total, 2491 DR TB patient visits (cumulative) and could retrieve 65/89 patients not taking regular treatment absentees.

DFIT supported nutritional supplement to DR TB patients registered in 2014/15 in 4 districts as an operational research. It was observed that 89% (71/80) in 2014 and 80% (88/110) in 2015 received nutritional supplement and only needy patients were given nutritional supplement in 11 districts apart from the district under operational research. It was observed that 35% (116/328) in 2014 and 10% (51/505) in 2015 of the needy patients received nutritional supplement during the course of treatment. The nutritional supplement support was stopped to newly registered patients by the end of 2016. Thus only 26/838 (0.03%) of the very needy patients given nutritional supplement. On observation of patients registered in 2014, treatment success rate is slightly higher among patients who received nutritional supplement 58% (156/268) than those who



did not receive it which was 55% (120/217). But the defaulters were 13% when compared to those who did not receive were 18%. Nutritional supplement are provided to the needy DR TB patient who are vulnerable medically and socio economically which has a less probability of success, this could be the reason for not achieving high success rate though there was a support of nutritional supplement.



Disability Prevention and Medical Rehabilitation activities in Bihar:

Damien Foundation initially provided technical support to leprosy control programme at state and district level in selected districts in Bihar through Technical Support Teams. The strategy of technical support was ended in 2007 after the elimination goal achieved at National level. Damien Foundation continued to provide technical support at state level through one technical consultant from 2007 onwards.



In 2012, DFIT had an agreement with Government of Bihar for the establishment of tertiary level referral services for persons affected by leprosy in Dehri-On-Sone in Rohtas district. DFIT engaged 4 teams to implement care after cure services in 23 districts. The teams were responsible to update the list of persons affected by leprosy with disabilities and do need assessment for medical and social rehabilitation. This was carried out in the selected districts with the support of Civil Society Organisations and Community volunteers. It was observed that more than 4000 persons affected by leprosy with disabilities were added to the list and found that nearly 700 were eligible for deformity correction surgery (RCS) and nearly 500 eligible for social rehabilitation.

During the year 2016.....

- Teams visited 1992 persons affected by leprosy with disabilities and identified 414 persons eligible for deformity correction surgeries. Teams mobilised persons eligible for surgery to tertiary care centres in Dehri-On-Sone and Muzaffarpur.
- Teams identified 104 reaction cases and referred them to the concerned health facilities and successful treatment was provided. The team also provides technical guidance to health staff and prednisolone tablets as a stop gap arrangement.
- Teams along with CSOs/Volunteers facilitated the process through which 375 persons affected by leprosy received pensions (Bihar Shatabdi Kustha Kalyan Yojana) from Government.
- Teams trained 425 community volunteers who helped in identification / referral of suspects and provided self care.

- Teams conducted 191 trainings covering Medical Officers, ANMs, ASHAs and Supervisors at health facilities in which 3524 Government health staff were trained in leprosy activities.
- 101 POD Camps were organized at health facilities to facilitate self care practices to health staff.



- DFIT in consultation with the State Programme Officer, Bihar, carried out an exercise to validate the cases detected during the campaign in two blocks each of four districts - Nalanda, Sitamarhi, Gopalganj and Araria. The purpose of this exercise was to assess the accuracy of the diagnosis among new cases of leprosy detected during the Second Leprosy Case Detection Campaign that had been carried out in 29 districts in September. The results were shared with State officials.

Model Leprosy Control Unit Rudrapura, Dehri-On-Sone:

Damien Foundation Model Leprosy Control Unit in Rudrapura Village in Dehri-on-Sone in Rohtas district was established in 1983 to provide training facilities to state and also secondary level care referral services for persons affected by leprosy. This project was handed over to Government in 1999 as per agreement. In 2012, DFIT in consultation with the State decided to start tertiary level services for persons affected by leprosy and signed a MoU to establish referral services to cater to re-constructive surgery, ulcer care and other medical services by upgrading the facilities in the project.

The following table describes the three year's performance of Dehri-On-Sone project:

Leprosy Care	2014	2015	2016
Out patients treated	3499	4382	3538
Among them skin patients treated	3376	4201	3453
New leprosy cases diagnosed and referred to PHCs	115	97	101
Reaction cases managed	75	113	77
Major Surgery done	78	70	57
Minor surgeries (Septic and nerve decompression)	1	5	7
In-patients managed	231	252	223
Bed days	6611	6901	5489
Protective foot wear (MCR) provided	54	118	106

Special activities:

The project facilitated 6 weeks training for 20 physio technicians of Government health system from different districts in Bihar state. The training was conducted in four batches of five persons each with practical classes and patients during each RCS Camp of the year. The training of the PT's would result in identification and referral of patients eligible for RCS from their respective districts.



Documentary for DFB

Damien Foundation Belgium with its communication department produces documentary film annually for its promotional fund raising campaign. As part of that for the year 2016 India was selected and Bihar project was filmed. The promotional documentary for DFB was shot at the centre.



State ILEP Coordination Activities in Bihar



International Federation of Anti Leprosy association (ILEP) was born out of a need to co-ordinate the work of anti-leprosy organizations supporting activities in leprosy endemic countries, to prevent overlap and avoid duplication in funding. An ILEP Member is appointed to ensure coordination, guarantee the flow of information and initiate cooperation

between all partners, especially with the Government. ILEP Members are working together in support of the Triple Zero Campaign: Zero Transmission, Zero Disabilities and Zero Discrimination. In India ILEP supports High Endemic States with one technical consultant at State Level to focus on strengthening the State for functioning of the integrated programme and also to coordinate with other ILEP Partners in the State.

DFIT is coordinating ILEP activities in Bihar. As a part of Supervision and Monitoring activities about 21 districts were covered by the NLEP Consultant during the year 2016. Joint field visits were done along with Communicable District Officers (CDOs); District Nucleus teams and DFIT DPMR Coordinators. Feedback of the visits was shared with Civil Surgeon and other officials for them to take corrective measures. Problematic 14 districts were visited by the Consultant along with State Leprosy Officer (SLO) and State Leprosy Consultant (SLC) to resolve local administrative issues.

The consultant also played an important role in facilitating training of CDOs, DNT and PT along with other ILEP Partners in the State. Consultant facilitated Medical Officers training on NLEP in 12 districts along with DFIT DPMR Coordinators. ILEP Coordination meetings were organized almost every month to facilitate coordination between the other ILEP Partners and the State Government officials for betterment of programme. Consultant assisted in evaluation of LCDC programme in Assam.

As an ILEP coordination activity, NLEP consultant assisted AIFO in facilitating re-constructive surgeries in Government Medical College in Gowhati in Assam and facilitated CME on RCS in Shillong.



Wholesome support



Mrs. Saguni Devi, 45 years old is living in a village of Darbhanga district. Her husband died 4 years back due to tuberculosis. She is living with four children and all are going to nearby school. She noticed patches all over her body developing 4 years back, but she did not consult any one due to lack of knowledge and money. She reported to health facility only after she developed deformity in her right hand. She was started on treatment for leprosy after confirmation of the disease. On examination of her four children two were detected with leprosy and put on treatment. One of them had deformity in his hand and foot. Mother and two children completed the treatment. DFIT team visited Mrs. Saguni Devi for the deformity assessment in early 2016, and re-examined the other two children and confirmed leprosy. Both were started on treatment at the same time. Mrs.Saguni Devi was trained to practice self care. The entire family was living in a dilapidated hut, DFIT as part of livelihood support constructed a house for them. The entire family is very thankful to DFIT for its support.

Delhi

Margaret Leprosy and TB Hospital, South West Delhi:

DFIT initiated leprosy control activities in South West Delhi in 1999. It was one of the leprosy endemic districts in the Union Territory of Delhi. When the programme was integrated the centre was given the responsibility for supporting leprosy control activities in the South West district in training, monitoring and supervision of the Government staff through a District Technical Support Team (DTST).



Following withdrawal of DTST, the project restricted its leprosy control activities to diagnosis and referral of leprosy cases to Government health facilities.

Tuberculosis

TB support was taken up in 2002 initially by establishing one TB unit in South West Delhi and later (2004) by one more TB Unit in West Delhi covering a total population of one million. Project has established 10 microscopy centres including one in Head quarter hospital. Each centre is managed by a Microscopist-cum-field worker assisted by TB health visitor in five centres supported by the programme.



The project has achieved a Cure rate of 90% and 92% among NSP cases and 80% and 78% among re treatment cases in TU 1 and TU 2 respectively. The Government had established two HIV testing centres also. About 97% (2385/2469) of the TB patients are screened for HIV and only 52 cases were co-infected with HIV (2%).

Project has provided Nutritional Supplement for 171 needy TB patients including DRTB and also supported two patients for socio economic activity as part of livelihood support.

Leprosy

DFIT upgraded the project as hospital in 2013 to provide leprosy referral services. The project has established wards, operation theatre and physiotherapy unit to cater the referral services like re-constructive surgery, ulcer care and reaction management. The project has established a good referral services as part of the network in Districts in Delhi and in bordering districts of UP and Haryana through its DPMR co-



ordinator. The patients are identified for surgery through screening camps organised by the concerned districts level.

The following table describes the three year's performance of Delhi project:

Leprosy Care	2014	2015	2016
Out patients treated	32053	30657	26621
Among them skin patients treated	1294	1559	1460
New leprosy cases diagnosed and referred to PHCs	11	20	11
Reaction cases managed	6	5	1
Major Surgery done	40	40	45
Minor surgeries (Septic and nerve decompression)	37	8	4
In-patients managed	137	129	123
Bed days	2717	2731	3075
Protective foot wear (MCR) provided	6	32	5



The following table describes the three year's performance of Delhi project:

Tuberculosis Care	2014	2015	2016
Respiratory symptomatics treated	26538	30663	25181
TB suspects examined	4848	7119	7199
Total TB cases registered	2505	2674	2469
Total new TB cases registered	1975	2121	1933
Among them new sputum positive cases	753	835	777
Sputum conversion rate for NSP cases	696/772 (90%)	727/803 (91%)	708/784 (90%)
Cure rate for NSP cases	636/755 (84%)	680/753 (90%)	702/769 (91%)
Sputum conversion rate for RT cases	233/316 (74%)	240/319 (75%)	58/77 (77%)
Cure rate for RT cases	252/348 (72%)	239/295 (81%)	227/287 (79%)
In-patients managed	-	15	6
Bed days	-	15	6

Back to work



I am Bagirath, I live in Shivvihar in Delhi. I am a bachelor besides 45 years of age. Until recently I was having regular income by transporting goods in the rented cycle rickshaw. I was diagnosed with TB in the year 2016. Doctors said I had Category II TB. I was put on TB treatment by Damien Foundation in the same year in September. It was not easy for me to adhere to the regular TB treatment, but I managed to do. As my parents passed away I had to stay in my relative's house by paying monthly rent. Due to TB I was not able to work and to meet my personal needs and also unable to pay my house rent. During this period Damien Foundation came to my rescue by providing food support to take care of my health as well as complete my TB treatment. Besides this after treatment completion DFIT came forward to assist me through small business support, I preferred to have a cycle rickshaw as I had already used it earlier. DFIT helped me by providing Rs.10,000/- for a load cycle rickshaw (tricycle) for my livelihood. Today I earn between Rs.200 to Rs.300 daily. I have good food, pay rent and also save some money for my future. I am grateful to Damien Foundation and its Staff for saving my life from TB and for the humanitarian support provided for my livelihood.

Jharkhand

DFIT has been working in the State for leprosy control activities for more than 20 years. Projects in Amda and Dhanbad have been supported to provide tertiary level care services like re-constructive surgery, chronic ulcer care and other complications related to leprosy. Damien foundation is supporting DPMR activities in 8 districts by providing care after cure services through 4 well trained teams covering 2 districts each. The role of each team is to support general health system in updating the list of persons affected by leprosy with disabilities in the districts, identification and referral for re-constructive surgery, training on self care to prevent deformities and facilitating to get entitlements from the Government. The teams are also identifying and supporting income generating activities, renovation / construction of houses for needy persons.

Claver Social Welfare Centre, Amda, Saraikela district:

The project has been upgraded to tertiary level care services in 2013. The project offers quality leprosy care services which includes in-patient, out-patient, reaction management, re-constructive surgery, ulcer care and nerve decompression. The project has established good referral network in and around districts for patient referral system.

During the year the project was able to conduct re-constructive surgery for 47 patients and minor surgeries for 2 patients. The visiting DFIT Surgeon from Patna conducted the surgeries. The project managed 46 reaction cases during the year.



The following table describes the three year's performance of Amda project:

Leprosy Care	2014	2015	2016
Out patients treated	878	1534	1538
Among them skin patients treated	83	1279	1538
New leprosy cases diagnosed and referred to PHCs	47	36	53
Reaction cases managed	22	42	46
Major Surgery done	39	50	47
Minor surgeries (Septic and nerve decompression)	0	0	2
In-patients managed	91	107	175
Bed days	2334	3279	4890
Protective foot wear (MCR) provided	50	54	41

Nirmala General and Leprosy Hospital, Dhanbad:

The project has been working for leprosy for more than four decades and it has well established campus with all facilities to manage persons affected by leprosy including vocational training centre. Damien Foundation India Trust has been supporting this project since 2015 to carry out re-constructive surgery and other minor surgeries. This is one of the three important referral centres in the state catering leprosy referral services.



The following table describes the three year's performance of Dhanbad project:

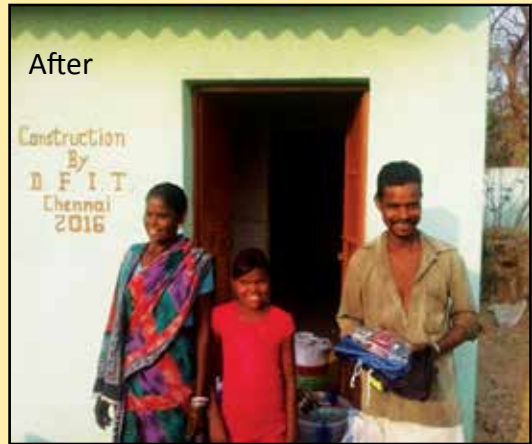
Leprosy Services	2015	2016
Re-constructive surgeries	40	52
Minor surgeries (Septic and nerve decompression)	3	0
In-patients managed	65	56
Bed days	2312	3045

DPMR activities:

DFIT has engaged four teams in Jharkhand to facilitate DPMR activities in 8 districts from 2014. The teams are responsible to update the list of disabled persons and train them in self care. Local community volunteers have been identified and motivated for monitoring self care activities. The teams visited 3403 persons during the year who were affected by leprosy with disabilities. It was observed that 87% of the persons are aware of self care practice and 74% of them are practicing regularly. Teams identified 307 eligible persons for re-constructive surgery and among them 94 persons underwent surgery from two DFIT tertiary care hospitals in Jharkhand. DFIT field team along with the local volunteers sensitised villages on leprosy and its consequences as part of community awareness through group talks and audio visual announcement. 407 new leprosy cases were diagnosed and referred by the teams to the concerned health facilities for treatment initiation. Teams trained 1408 community volunteers to monitor self care and sensitised them about Government entitlements for persons affected by leprosy. DFIT teams identified 98 needy persons for socio economic rehabilitation, among them 41 were supported in 2016. During the year, DFIT teams facilitated 88 trainings for various target groups including ASHA workers and 5380 health staff participated in the training.



Reunification of The Family



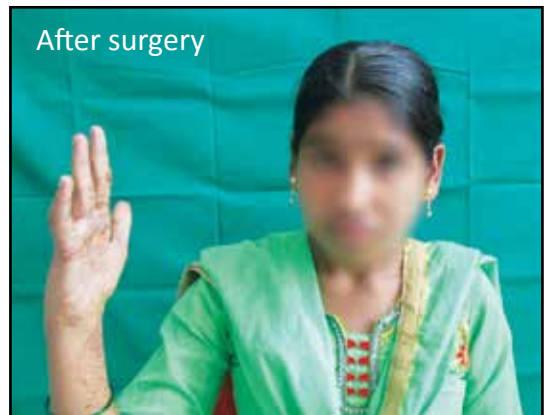
Mr. Giri, aged 45 living in a village near Jheshedpur is a person affected by leprosy. He is married and having three daughters. Fifteen years back he was affected with leprosy and developed severe deformity in his right hand affecting his livelihood. He was living in a small hut made of mud walls. During the rainy season, his house collapsed leaving his entire family homeless. His wife along with daughters left him and went to her parent's house. Mr. Giri was left out with nothing to fend. He started living in a nearby school corridor and worked as a wood cutter to earn his living, this further worsened the deformity in his right hand. DFIT team while updating the list of disabled persons affected by leprosy, identified and self care training was given. DFIT provided him with a small house which he constructed on his own land. DFIT team also visited his wife and counselled her to reunite with him and now his family joined him after 12 years. Damien Foundation livelihood support has made a difference in his life

Karnataka

Swami Vivekananda Integrated Rural Health Centre, Pavagada:

This project is located in Pavagada Taluk, one of the backward regions in Tumkur district, Karnataka, which is involved in Leprosy and TB control programmes with the help of DFIT, Government and other donors for more than two decades.

This project is one of the two centres in the state providing referral services for leprosy including re-constructive surgery, ulcer care and reaction management. The project is facilitating the DPMR activities in two taluks covering a population of around 500000. The project supports TB control activities through Designated Microscopy Centre and other facilities like Gene Xpert and X-ray.



The following table describes the three year's performance of Pavagada project:

Leprosy Care	2014	2015	2016
Out patients treated	5340	6237	7231
Among them skin patients treated	176	339	1026
New leprosy cases diagnosed and referred to PHCs	20	21	23
Reaction cases managed	0	2	10
Major Surgery done	38	34	31
Minor surgeries (Septic and nerve decompression)	3	1	2
In-patients managed	79	60	73
Bed days	2441	2151	2250
Protective foot wear (MCR) provided	43	45	43

Tuberculosis Care	2014	2015	2016
Respiratory symptomatics treated	272697	209988	5615
TB suspects examined	4639	4096	1751
Total TB cases registered	479	388	357
Total new TB cases registered	381	293	275
Among them new sputum positive cases	267	213	171
Sputum conversion rate for NSP cases	230/273 (84%)	216/243 (89%)	139/166 (84%)
Cure rate for NSP cases	232/289 (80%)	222/267 (83%)	181/213 (85%)
Sputum conversion rate for RT cases	50/78 (64%)	46/80 (58%)	38/66 (58%)
Cure rate for RT cases	58/132 (44%)	57/81 (70%)	45/72 63%
In-patients managed	2	0	0
Bed days	16	0	0

Kerala

St.John's Hospital & Leprosy Services, Pirappancode, Trivandrum, Kerala.

The project has been providing leprosy care services since 1955 and TB control activities since 1998. After the integration of leprosy programme with general health system, the project mainly focused on managing complications related to leprosy at the hospital. DFIT established the facilities for re-constructive



surgeries in the year 2013 and upgraded the project as a tertiary care hospital. This is the only leprosy tertiary care services available in the entire State. The project has established good referral network in all the districts of Kerala and it is coordinated by one trained supervisor. A periodical RCS screening camps are organised to identify the eligible persons for deformity correction and other medical needs.

The following table describes the three year's performance of Trivandrum project:

Leprosy Care	2014	2015	2016
Out patients treated	377	440	372
Among them skin patients treated	31	32	53
New leprosy cases diagnosed and referred to PHCs	6	2	3
Reaction cases managed	9	13	7
Major Surgery done	21	31	28
Minor surgeries (Septic and nerve decompression)	0	2	15
In-patients managed	152	123	137
Bed days	6197	4952	4595
Protective foot wear (MCR) provided	154	467	451



Maharashtra

Assisi Sevasadan Hospital, Nagepalli, Gadchirolli district:

The project is located in the tribal district and serves the population among difficult to reach areas with the help of dedicated team. The project has engaged 5 field staff from the tribal population who can speak the tribal dialect and they are supporting TB and leprosy related activities in 5 PHCs covering the population of 100000. The project



has OPD services for leprosy and TB related services. There are 62 leprosy affected persons with deformities living in its jurisdiction and among them 47 are practicing self care regularly and 61 of them were provided MCR foot wear. The project has



a DMC covering a population of 100,000 and achieved 84% cure rate among cases (NSP) registered in the year 2015. One of the main strengths of the project is the involvement of local community leaders in the leprosy and TB control programmes. Besides medical rehabilitation the project provides social rehabilitation to enhance the livelihood of persons affected by leprosy and TB.

The following table describes the three year's performance of Nagepalli project:

Leprosy Care	2014	2015	2016
Out patients treated	29366	24569	25005
Among them skin patients treated	579	260	552
New leprosy cases diagnosed and referred to PHCs	23	41	37
Reaction cases managed	7	22	17
In-patients managed	22	23	42
Bed days	108	136	310
Protective foot wear (MCR) provided	26	67	66

Tuberculosis Care	2014	2015	2016
Respiratory symptomatics treated	104614	124961	177273
TB suspects examined	3042	2419	2934
Total TB cases registered	280	393	409
Total new TB cases registered	235	330	336
Among them new sputum positive cases	159	219	208
Sputum conversion rate for NSP cases	109/122 (89%)	206/224 (92%)	176/198 (89%)
Cure rate for NSP cases	99/118 (84%)	142/163 (87%)	189/226 (84%)
Sputum conversion rate for RT cases	22/32 (69%)	36/42 (86%)	35/44 (80%)
Cure rate for RT cases	16/28 (57%)	21/38 (55%)	31/49 (63%)
In-patients managed	46	41	75
Bed days	182	174	186

I was left alone



Mr. Sriram (Name Changed), 30 years old, married, living with two sons in a tribal village in Gadchirolli district. He noticed patches all over the body about one year back and consulted local doctors in the village, but did not respond to treatment. His condition worsened, finally he visited nearby primary health centre. The doctor examined him and confirmed it as leprosy and he was put on treatment. In six weeks he developed ulcerated skin lesions on his extremities and chest. His condition was so severe, his wife was terrified with his condition and left him along with the kids to her parent's house. He was referred to DFIT supported hospital in Nagepalli and was diagnosed with ulcerated ENL reaction. He was hospitalised and put on treatment. The field team visited his wife and explained his condition. She agreed to comeback after counselling. Finally, the family joined together. Now Mr.Sriram is recovering and his condition improved. Counselling of patient and family plays an important role in supporting the patient during and after treatment.

Tamil Nadu

Damien Foundation started leprosy control activities in 1955 in Tamil Nadu in a village near Chengalpat. DFIT is supporting five NGO referral centres in the State. The projects at Fathimanagar and Pope John Garden are providing tertiary level referral services for persons affected by leprosy. The projects in Arisipalyam, Ambalamoola and Aundipatty are providing secondary level care services. The project in Anandapuram is providing care for terminally ill persons affected by leprosy. DFIT is facilitating DPMR activities in implementing care after cure services in twelve districts with the collaboration of district leprosy programme. The main objective of DFIT in these districts is updating the list of persons affected by leprosy with disabilities, identification and referral of eligible persons for re-constrictive surgery, facilitating Government entitlements and income generating activity support to needy persons.



Nilgiris Wynaad Tribal Welfare Society, Ambalamoola, Nilgiris District:

This project covers 100000 tribal population in the project area. The project offers primary health care services through its hospital. DFIT has been supporting leprosy control activities since 1986 and TB control through the implementation of DOTs since 1998. It has inpatient facility for managing complications related to TB and leprosy. The project has a recognised Microscopy Centre. Field staff monitors TB patients as well as leprosy patients with disabilities. The project creates health awareness among the tribal community and also conducts intensive house to house survey to detect TB and leprosy cases.



The following table describes the three year's performance of Ambalamoola project:

Leprosy Care	2014	2015	2016
Out patients treated	5684	7310	6713
Among them skin patients treated	211	382	611
New leprosy cases diagnosed and referred to PHCs	0	3	1
Reaction cases managed	0	1	0
In-patients managed	2	1	1
Bed days	9	2	1
Protective foot wear (MCR) provided	17	1	1

Tuberculosis Care - Ambalamoola	2014	2015	2016
Respiratory symptomatics treated	5684	2194	1432
TB suspects examined	789	199	146
Total TB cases registered	12	7	11
Total new TB cases registered	9	6	11
Among them new sputum positive cases	9	5	6
Sputum conversion rate for NSP cases	16/19 (84%)	1/1 (100%)	7/7 (100%)
Cure rate for NSP cases	19/19 (100%)	24/24 (100%)	7/13 (54%)
Sputum conversion rate for RT cases	0	0	2/2 (100%)
Cure rate for RT cases	0	2/3 (67%)	2/5 (40%)
In-patients managed	10	7	11
Bed days	87	26	51

Arogya Agam, Aundipatty, Theni District:

This project is involved in Leprosy and TB control activities since 1982 with the support of DFIT. The project has a hospital with facilities for supporting temporary hospitalization of patients for ulcer care, reactions and TB cases. The patients are being diagnosed and referred to the Government health facilities. The project offers designated microscopy services under RNTCP pro-



gramme covering a population of around 100000. The project is facilitating DPMR services in 8 blocks of Theni district with the support of Civil Society Organisations. At present 314 persons affected by leprosy with disabilities were identified among them 62% are practicing self care. The project is also involved in livelihood support of the persons affected by leprosy, during the year support was extended to two persons.

The following table describes the three year's performance of Aundipatty project:

Leprosy Care	2014	2015	2016
Out patients treated	13557	12046	13449
Among them skin patients treated	6901	5771	7158
New leprosy cases diagnosed and referred to PHCs	21	18	11
Reaction cases managed	0	0	0
In-patients managed	135	132	139
Bed days	1257	1345	1304
Protective foot wear (MCR) provided	15	17	144

Tuberculosis Care	2014	2015	2016
Respiratory symptomatics treated	13557	7348	11549
TB suspects examined	1150	915	950
Total TB cases registered	26	44	47
Total new TB cases registered	19	33	33
Among them new sputum positive cases	17	26	30
Sputum conversion rate for NSP cases	6/13 (46%)	19/21 (90%)	25/31 (81%)
Cure rate for NSP cases	10/13 (77%)	13/17 (76%)	18/26 (69%)
Sputum conversion rate for RT cases	2/3 (69%)	1/9 (11%)	5/10 (50%)
Cure rate for RT cases	4/5 (80%)	1/5 (20%)	3/10 (30%)
In-patients managed	105	54	82
Bed days	627	406	697

Holy Family Hansenorium, Fathimanagar, Trichy District:



This project has been supported by DFIT for more than four decades. This is one of the important leprosy referral centres in the State. The project provides tertiary care for leprosy including RCS and ulcer management. The patients are referred by the Government health facilities and also by the DFIT District Consultancy Teams

from all the neighboring districts. The project is also involved in TB control since 1998 supporting 100000 populations through its Designated Microscopy Centre. Besides DFIT support, the hospital also has counseling facility for HIV and a weaving center for rehabilitating persons affected by leprosy. The following table shows the progressive trend in its bed days for the year 2016 which is due to increase in managing patients with ulcers.

The following table describes the three year's performance of Fathimanagar project:

Leprosy Care	2014	2015	2016
Out patients treated	3378	4221	4494
Among them skin patients treated	2221	2432	3189
New leprosy cases diagnosed and referred to PHCs	23	35	25
Reaction cases managed	94	94	81
Major Surgery done	33	40	39
Minor surgeries (Septic and nerve decompression)	58	62	58
In-patients managed	444	431	455
Bed days	16606	17850	18516
Protective foot wear (MCR) provided	516	350	378

Tuberculosis Care	2014	2015	2016
Respiratory symptomatics treated	3382	4221	4494
TB suspects examined	689	969	725
Total TB cases registered	29	34	31
Total new TB cases registered	21	27	30
Among them new sputum positive cases	11	16	24
Sputum conversion rate for NSP cases	14/14 (100%)	19/21 (90%)	12/14 (86%)
Cure rate for NSP cases	8/8 (100%)	11/14 (79%)	10/16 (63%)
Sputum conversion rate for RT cases	5/5 (100%)	6/8 (75%)	0
Cure rate for RT cases	1/8 (13%)	4/5 (80%)	0
In-patients managed	12	18	8
Bed days	250	206	125

St. Mary's Leprosy and TB Center, Arisipalayam, Salem District:

This project began leprosy control activities with the support of DFIT in the year 1960 and TB control activities in 1998. The project offers secondary level referral services for person affected by leprosy which includes ulcer care, reaction management and provision of customised footwear. Disability Prevention and Medical Rehabilitation services in the project are facilitated by its coordinator for entire Salem district. The main objective of DPMR activities is to follow up of reaction cases, on the job training to health staff, training on self care through organising POD camps to prevent further worsening of deformities and providing socio economic assistance. The project was earlier covered around 500000 populations for TB services in urban area and until 2015 with the support of the Government later in the year 2016 Government has withdrawn its support of TB unit and currently the project has a Designated Microscopic Centre covering urban population of around 100000.



The following table describes the three year's performance of Arisipalyam project:

Leprosy Care	2014	2015	2016
Out patients treated	9527	9630	9102
Among them skin patients treated	921	985	1050
New leprosy cases diagnosed and referred to PHCs	46	44	51
Reaction cases managed	14	19	20
Minor surgeries (Septic and nerve decompression)	3	9	12
In-patients managed	147	141	180
Bed days	3789	4581	5724
Protective foot wear (MCR) provided	171	393	426

Tuberculosis Care	2014	2015	2016
Respiratory symptomatics treated	201427	209372	23640
TB suspects examined	8241	8836	1751
Total TB cases registered	572	537	70
Total new TB cases registered	468	442	55
Among them new sputum positive cases	242	219	28
Sputum conversion rate for NSP cases	181/252 (72%)	190/224 (85%)	30/32 (94%)
Cure rate for NSP cases	193/266 (73%)	173/242 (71%)	134/182 (74%)
Sputum conversion rate for RT cases	37/56 (66%)	40/66 (61%)	8/8 (100%)
Cure rate for RT cases	34/95 (36%)	29/66 (44%)	27/51 (53%)

Pope John Garden Leprosy Referral Centre, Madhavaram, Chennai:

This is one of the oldest leprosy rehabilitation homes in Tamil Nadu supported by Salesian fathers. DFIT as part of project collaboration established tertiary level services from the year 2013 by supporting infrastructure and human resource. The project provides re-constructive surgery and ulcer care management for the patients referred by general health system and DFIT District Consultancy Teams. At present this is the only leprosy centre in and around Chennai providing leprosy referral services.



The following table describes the three year's performance of Madhavaram project:

Leprosy Care	2014	2015	2016
Out patients treated	8238	1259	6747
Among them skin patients treated	8053	1076	6473
New leprosy cases diagnosed and referred to PHCs	9	3	1
Reaction cases managed	3	2	0
Major Surgery done	32	11	23
Minor surgeries (Septic and nerve decompression)	51	50	45
In-patients managed	125	74	82
Bed days	2434	2233	3226
Protective foot wear (MCR) provided	9	17	13

Anandapuram Rehabilitation Centre, Polambakkam, Kanchipuram district:

This project is one of the direct projects run by DFIT. The project provides geriatrics care services for persons affected by leprosy who do not have a place to stay. DFIT provides food, shelter and medical care and also the last rites of the inmates. This home has a capacity to accommodate 30 inmates and during the year there were 27 destitute benefitted by the project. During the year 2015, the project started providing terminal care for persons affected by leprosy, who are referred by Government hospitals, leprosy homes and DFIT field staff. Ambulance facility is available for shifting patients to nearby hospitals during emergencies. General Physiotherapy services were initiated in the project in 2015 to cater physio therapy services for general population including person affected by leprosy. Nearly 1300 patients benefitted from the physiotherapy.



The following table describes the three year's performance of Polambakkam project:

Particulars	End of 2015	End of 2016
Inmates	13Males +7 Females	18 Males + 6 Females
Admissions	4 Males + 1 Female	10 Males + 1 Female
Death /Discharge	4 Males + 1 Female	5 Males + 2 Females

Disability Prevention and Medical Rehabilitation programme:



In leprosy case detection and treatment was the main objective of leprosy control before the elimination of leprosy and integration of leprosy services in to general health system. One of the major challenges in leprosy control is prevention of disabilities and prevention of worsening of disabilities due to the disease. National Leprosy Eradication Programme developed guidelines and strategies with the support of ILEP in 2005 for Disability Prevention and Medical Rehabilitation. At

present DFIT is facilitating DPMR activities through different strategies in 12 districts of Tamil Nadu. The main objective of DPMR programme is to improve the capacity of general health staff in managing complications like reaction, updating the list of disability persons, identification and referral of eligible persons for re-constrictive surgery, providing customised footwear, facilitating Government entitlements and socio economic support. We involve Civil Society Organisations, local community volunteers and family members to monitor self care practices. The duration of DPMR support is extended to the district based on the needs and situation. DPMR programme in 12 districts has resulted in 59% of self care practice and 78% of the persons are regularly using protective footwear. There are 210 persons who were identified and referred for re-constructive surgery among them 43 persons under surgery in DFIT projects.



The following table describes the three year's performance of Tamil Nadu project:

Districts	No. of disability persons Visited	No. of disability persons aware of Self care	No. of persons Practicing self care	No. of persons requiring Foot wear	No. of persons using Foot wear	No. of persons identified for RCS	No. of persons referred for RCS	No. of persons done for RCS
Krishnagiri	229	229	229	229	229	229	229	229
Dharmapuri	202	202	202	202	202	202	202	202
Salem	1602	1602	1602	1602	1602	1602	1602	1602
Trichy	428	428	428	428	428	428	428	428
Karur	208	208	208	208	208	208	208	208
Perambalur	148	148	148	148	148	148	148	148
Thanjavur	242	242	242	242	242	242	242	242
Madurai	210	210	210	210	210	210	210	210
Virudhunagar	171	171	171	171	171	171	171	171
Pudukkottai	163	163	163	163	163	163	163	163
Tiruvallur	404	404	404	404	404	404	404	404
Theni	1645	1645	1645	1645	1645	1645	1645	1645
Total	5722	5722	5722	5722	5722	5722	5722	5722

Socio Economic Rehabilitation

The stigma of leprosy and Tuberculosis is a real phenomenon in many people's lives that affects their physical, psychological, social and economic well-being. There are many causes for this damaging image of leprosy and TB. There is no easy answers to dispelling this image; it is something that has to be done in partnership with communities and patients. The World Health Organization describes health as not merely the absence of disease, but "a state of complete physical, mental and social well-being". Therefore, it is important not to ignore the wider issues involved in leprosy or TB towards a holistic care i.e., patient's psychological and social well-being.



Physical and socio-economic rehabilitation is worthwhile in restoring self-worth and status in the community and helps patients to find employment.

Damien Foundation believes that socio economic rehabilitation (Livelihood Enhancement Programme – LEP) is one of the essential components for a holistic rehabilitation for persons affected by leprosy and TB. DFIT has so far extended LEP support to more than 1000 needy persons in 8 states since 2007 through its projects. The LEP support of DFIT has evolved over years, creating impacts on the individuals, families and the communities at large. The LEP support has not only boosted the self-esteem of the individual, self-worth and dignity, but has created ripple effects of taking these benefits to the family and community members at large. The LEP provides support like house renovation and reconstruction, livestock, small business support for income generation, educational assistance to the children or people affected with leprosy and providing scope for self-employment opportunities. The beneficiaries for the programme are identified by the field workers who are in direct contact with them and prepare the application which is sent to the committee for approval. After implementing the LEP support the field teams and volunteers monitor and provide guidance for a period of 1 year.

During the year of 2016, LEP support was extended to 124 beneficiaries and majority of them was for socio economic support (48 %) and remaining was for education (37%) and house construction/renovation (11%).

The table below provides the details of project / field team wise various support rendered under LEP for the year 2016.

The following table describes project wise LEP support in 2016:

Projects	Socio-economic support	livestock	House construction and renovation	Education	Total
Bihar State	24	0	1	10	35
Jharkhand State	25	0	5	15	45
Madurai Zone	2	0	1	7	10
Trichy Zone	2	0	1	5	8
Krishnagiri Zone	1	0	2	0	3
Srikakulam Zone	3	0	1	0	4
Nellore Zone	0	0	2	0	2
Kadapa Zone	0	0	0	1	1
Aundipatty	0	0	0	2	2
Delhi	1	0	0	1	2
Nagepalli	1	0	1	1	3
Pavagada	0	5	0	2	7
Polambakkam	0	0	0	1	1
Thiruvannamalai	0	0	0	1	1
TOTAL	59	5	14	46	124

My life transformed



Kanakkaiah had dropped out of school in 6th standard and had to take-up work at his young age. He worked in Shrimp Processing Factory to support his parents financially. He had noticed a pale coloured patch at left upper arm presumed that it could have been caused by exchange of wearing shirts of his cousin brother and stopped wearing other persons shirts. As time went on, he had numbness in the left hand. He presumed it is be-

cause he is working ice storage room in the factory. He moved out of this job and took up as a labour in sweet stall in his village, which left him with blisters in his left hand where he could not perceive hot utensils, he stopped going to work. His family was driven to crisis. Noticing the blisters an elderly distant relative had brought him to DFIT Hospital, Nellore. He was diagnosed of MB leprosy and referred to Kodavaluru primary health centre, where he completed treatment and subsequently he was operated for left hand ulnar claw correction. But his crisis of poverty continued. His parents too could not come in aid as they themselves were coolies and also aged. His wife's meagre income was not sufficient to feed the family. DFIT extended its LEP support to Kanakkaiah in March 2012, by providing him Buffalos, which he requested would be useful to meet his family needs. Initially he found some income from selling the milk of the buffalo. Later which yielded a calf from the animal; he also saved some money and added up one more buffalo. Kanakkaiah receives Rs. 150/- per day from selling the milk, he is also working as a daily wage labourer and earns around Rs. 3000/- per month. Kanakkaiah is also taking care of his aged parents. His two boys are in the local Government school one in 6th and another in 4th standard. Kannakkaiah is grateful and content for the support provided by DFIT that made a great difference in his life.

I am in right path



My name is Md. Zahid born in a small village of Hajipur- Dahibhat in Kishanganj District of Bihar. I would like to share my past history with you all. I was 12 years old when I was studying in Madarsa in my village. I was not a brilliant student and was not much interested in studies but however I studied. One day I felt pain in my joints and weakness in my hands & feet.

My parents took me to one local religious healer in nearby village where he gave me some oil for application for three months, soon our parents were poorer by Rs. 10,000 (Rupees ten thousand). The same treatment was given again and again for next few months without any improvement in my condition. Then one of my distant relatives suggested my parents to take me to local qualified doctor. Even this doctor advised me all kinds of tests and X-rays etc. This continued for next few months for which my parents spent another Rs. 15,000 (Rupees fifteen thousand).

One day local ASHA came to my house as she heard about me. On examination she said, this could be leprosy and advised my parents to take me to the PHC. Along with my parents I went to PHC where I was examined and confirmed as a case of leprosy. They gave me the treatment which I had to take for one year. By the time I had developed claw hands and I had difficulty in walking with my left foot. They advised me to do some exercises and to take care of my hands and feet.

Though, I had completed the treatment I still had clawing of my fingers in both the hands and the left foot problem. I was very ashamed to go anywhere in the village even my friends avoided me. One day I met DFIT Coordinator who happened to come to my village. He advised me to undergo reconstruction surgery for my disabilities. The hospital that he advised was MLCU Rudrapura in Rohtas district, about 500 Kms from my village. I discussed this with my parents and decided to go to hospital for surgery. DFIT Coordinator took me to the hospital in his jeep along with five other persons like me. I was operated for my left foot drop. After few months I was able to walk properly and I went back to my village where everyone was happy.

Though, I was able to walk properly I wanted to do something for living. I asked for help to the DFIT coordinator. I was supported with a financial help of Rs. 10,000 for opening a chicken shop. Now I am earning about Rs.300 (Rupees three hundred) per day. After that I went back to the same hospital for correction of right hand and also planning to go again for correction of my left hand soon. I am very thankful to DFIT and their staff who helped me in my difficult days.

Impact Evaluation of the Socio-Economic Support Programme by DFIT

The Socio- Economic Support Programme (Livelihood Enhancement Programme – LEP) of Damien Foundation India Trust (DFIT) is a pivotal strategy for Livelihood Promotion among the leprosy affected persons in eight states across India, it aims to improve choices for the target group in terms of better life, life skills, securing livelihoods, enabling holistic development, empowerment of people and their families. The programme was started in the year 2007 and has evolved diverse intervention strategies like house renovation & reconstruction, livestock assets, educational support to the children or people affected with leprosy and providing scope for self-employment opportunities. DFIT wanted to study the impact of socio economic rehabilitation support rendered for last five years, in this process DFIT engaged Madras School of Social Work to conduct an impact evaluation from the year 2011 to 2015.

Objective and Methodology:

The objective of the study was to ascertain the impact of the interventions in terms of the various benefits gained by the individuals and understanding the perception of the family and community in the project areas. An Ex-post facto design with a multi-stage sampling procedure was adopted with 285 respondents, covering four states of Jharkhand, Bihar, Andhra Pradesh and Tamil Nadu covering 12 districts or projects during November and December 2016. A both quantitative and qualitative approach was adopted for the study and data was triangulated.

Socio-Economic Support Programme Impacts on Livelihood:

The DFIT programme has instilled hope, confidence, dignity, livelihood security, economically productive, ability to make improved choices and a decent life for the target group and their families through self-employment opportunities. It was interesting to note that people who received livestock (46%) could achieve changes in their lives as it does not need additional skills to learn and management of livestock is part and parcel of most of these agrarian communities.

The project has delivered the results and this is obvious in terms of the change that has happened in families wherein the target group has increased social acceptance with family circles (30.8%) and are treated with dignity and respect (26.6%). Families are happy about the changes that have taken place in the individuals and the target group can live with the family which is the best thing for any person with such conditions. The programme has impacted the family members by way of providing livelihood security (26.5%), assured income (21.3%), the ability to meet the family needs (20.7%) and the choice to lead a decent life (19.4%). Further, these families have gone a step further in terms of taking care of the livestock or supporting the individual in his / her livelihood activity and especially in case of old age and disabled persons. This programme has ensured the better choice of living with either family or relatives,

who otherwise would have not been cared for. In the families, the target groups have become the pride of their homes and the relationship between life and livelihood are interdependent and strongly related as the latter determines the quality of one's life.

At the community level, though initially the persons affected with leprosy were discriminated it is interesting to note that after interventions, tremendous impact has taken place in the attitude of the community wherein there is increasing social acceptance (52%) and people are being treated with dignity and respect (41%). This has made them to actively participate in all community activities and making them feels part of the community.

A majority, 86 percent of the target group either agrees or strongly agree that the DFIT programme has impacted positive changes in their quality of life. The programme has gone through an intensive process of planning, implementation, monitoring and evaluation. The commitment of the field staff is commendable in reaching out to people even in the remote areas of the districts. The collaboration with the government departments / programme has provided lots of support in terms of treatment and ongoing medical care for the target population. The one major limitation in the project is old age and disability among the target group but even in such situations we see families are pitching in to lend a supporting hand.

Recommendations of LEP Impact Evaluation:

- **Revisit the One Time One Support Policy:** The policy must be revisited and people must be given a second chance especially considering the factors that led to the failure of a support. Based on a case to case basis this second time support could also be given as a loan of which at least 50 percent must be recovered with a flexible time period.
- **Family Centered Approach:** Family plays a vital role in the care and treatment of the target population. Even in the socio-economic support, the family support is found to be very crucial considering the person's specific health condition and limitations caused to the disease. Careful consideration must be made in this regard as this might prove as a success factor in terms of self-employment programmes and could reduce cases of neglect and abandonment due to disability or old age. A family centered approach must be the thrust of all intervention strategies to ensure better results and to provide support mechanism in any economic venture.
- **Insurance Coverage for Livestock:** Every livestock provided to the target group must be covered by insurance, the risks like loss due to disease, disasters and accidents can be faced by the individual from the insurance coverage provided by the agents.
- **Entrepreneurial Skill Training:** Entrepreneurial skill trainings could be introduced to the target group and for one family member; this will help in the effective

management of the economic activity. DFIT could develop its own module and implement or even collaborate with Government skill development programmes or corporates in building the capacities of people.

- **Exposure Visit:** These visits could be organised within the project area or among the SHG groups to give an exposure to the successful models to new or budding entrepreneurs. Through such exposure, the target group might be inspired to take up diverse range of self-employment activities but keeping in mind their personal and physical limitations.
- **Financial Literacy Training:** DFIT can organize short term financial literacy training for target clients that would help them to manage their finances effectively. Project staff (Project Coordinator & Community Mobilizer) on Project Management aspects.
- **Promotion of Savings:** Savings (RD / Saving) through banks or post offices must be made mandatory for people who are part of the socio-economic support programme, the decision about the amount could be left to the patient and his family. Thrift habits need to be promoted and this would help them in facing several financial risks for the family.
- **Community Involvement:** More time for planning could be allocated to community, especially leaders, teachers, village heads and SHG women could be involved from the planning process to ensure support and better participation of these stakeholders in the project. This indirectly also addresses the lack of awareness about leprosy which might decrease stigma.
- **Project Management:** The programme had data that was most quantitative and related to the medical and social interventions but it will also be appreciated if a project management also focuses on necessary documentary evidence right from baseline survey, monthly or quarterly or annual narrative reports that would focus on the both quantitative and qualitative outcomes of the programme. In each district / block one Community Mobiliser (one male or one female) could be appointed to effectively carry out regular follow up and to provide necessary support for the effective management of such small business activities, monitor savings and provide counselling. Even local women SHG leaders could be roped in for this task.

Conclusion:

The Socio-Economic Support Programme of DFIT is very successful livelihood programme that has promoted self-employment opportunities through multiple approaches. This approach has impacted the individual's quality of life, acceptance with families and communities reducing stigma. DFIT must continue this programme by incorporating few changes based on the insights gained through this study. The target groups have gained confidence and are finding meaning and purpose of their existence by way of economically contributing and supporting their family needs. Families are becoming self-sustained and individuals are proud to be economically independent.

Chantiers

Chantiers group from Belgium provide infrastructure needs to treat patients with leprosy and tuberculosis. Damien Foundation projects regularly seek support from the volunteers for construction and renovation of their medical infrastructure and the houses for the person affected by leprosy and TB. It is part of the volunteer activities from Action Damien Belgium. These volunteers not only provide the money for building infrastructures, but actively participate in the construction of medical infrastructure, renovation and construction of houses for persons affected by leprosy and TB.

The volunteer group consists of students, teachers, professionals and retired persons from various walks of life and experiences, who are committed and motivated towards the cause of supporting persons affected by leprosy and TB. There is a board of constituted panel members who evaluate the proposals received and organize volunteers for the proposed work.

During the year DFIT received four groups of 32 volunteers, one group visited Bihar, two groups visited Jharkhand and one group visited Tamil Nadu for renovating house in leprosy colonies and building leprosy ward in hospital.



Particulars		End of 2015
1.	Gandhi Gram Little Flower Leprosy Colony, Ramgarhwa, East Champaran Dist. Bihar.	32 houses were renovated which was a continuation of second phase of chantiers (repairing of walls, plastering inside the room, flooring work, replacement/repair of doors and windows, electrical wiring & white washing) and construction of 4 additional toilets .
2.	Ambedkhar Leprosy Colony, Mousabani, East Sighbhum District, Jharkhand.	7 twin units (14) house renovation, minor repair of 18 twin house units(36 houses) and construction of 10 Toilets with septic tanks and water supplies by providing a bore-well with a depth of 205 ft.
3.	Holy Family Hansenorium Hospital, Fathimanagar, Trichy.	<ul style="list-style-type: none"> • Male Ulcer Ward Renovation which supports 30 ulcer patients. • Construction of pathway in Benitho Leprosy Colony Fathimanagar.



Continuing Medical Education

Endowment Prize Examination:

Damien Foundation India Trust has been organising Leprosy Endowment Prize Exam for the final year medical students in collaboration with Tamil Nadu MGR Medical University and Sri Ramachandra Medical University since 1993. This exam is open for all the final year medical students and the exam consists of two parts i.e., theory and practical. The theory part covers 100 marks questions



which consist mostly multi choice questions (MCQ) and in the practical part there are 20 spots for 100 marks which cover clinical identification of cases and management of complication related to leprosy. As per the MoU with the Tamil Nadu MGR Medical University, during the year the university had deputed two senior dermatology professors from Chennai Medical College for preparing the questions and selecting the medal winner along with DFIT team. Altogether 516 students registered for the endowment exam among them 382 appeared for the theory examination which was held on 20th July, 2016. The answer sheets were evaluated by the panel and the top scored 30 students were called to participate in practical examination.

The practical part of endowment prize examination along with continuous medical education (CME) was held on 27th August, 2016 at Holy Family Hansensorium Hospital, Fathimanagar, Trichy. All the 30 selected students appeared for the practical examination. The answer sheets were evaluated and the panel members selected the top scored student based on the marks obtained in theory as well as practical examination. Dr. U.R.



Dr. U.R. Dhanalakshmi, Professor & Head of Dermatology department from Madras Medical College was nominated by the university for evaluation and selecting the endowment gold medal winner.

Mr. S. Preveen medical student from Adhiparasakthi Institute of Medical Sciences and Research, Melmaruvathur had scored the highest mark and selected and awarded “Damien Foundation Endowment Prize Gold Medal-2016”, and was presented appreciation certificate issued by the Tamil Nadu Dr. MGR Medical University.

Damien Foundation India Trust facilitates endowment prize exam also for Sri Ramachandra Medical College where Ramachandra University awards its own gold medal for its students. **Mr. P. Muralidhar** was nominated for Gold Medal from Sri Ramachandra Medical University for the year 2016.



Reconstructive Surgery Workshop:

Damien Foundation India Trust in collaboration with Department of ACSR Government Medical College Nellore, conducted one-day workshop on Leprosy Nerve Palsies in the Upper Limb on 31st January 2016 at ACSR Medical College auditorium. The main objective of the workshop was to provide understanding of testing of each muscle and its application in identifying the nerve palsy. This workshop was the second of its kind in the name of the founder Late. Dr. Claire Vellut Memorial Workshop. The workshop was recognized by the Medical Council of India and certified this workshop and provided 2 credits for the participants as part Continuous Medical Education programme.

About 111 doctors especially the orthopedician enrolled for the workshop among them 90 of them participated in the workshop. The senior faculties Dr. Krishnamurthy, Chairman DFIT, Dr. Jacob Mathew, DFIT Surgeon, Dr. Mannam Ebenezer, Orthopedician and Trustee DFIT, Dr. Shivakumar, Secretary DFIT, and Dr. Akbar Khan, Orthopedician, ACSR Medical College facilitated the workshop.



Resource Mobilisation

Fund Raising Initiatives:

Damien Foundation India Trust has the credibility of its prolonged relentless services for the cause of Leprosy and TB more specially MDR TB in India. On one hand concerted efforts of NGOs and Government has yielded success in reduction of leprosy, but on the other hand TB is still remains a challenge. It warrants our efforts to continue for a long period of time. We have been continuously supported by Damien Foundation Belgium for the past five decades for leprosy and TB control activities. The shrinking resources necessitated DFIT to look inwards for fundraising and we have started raising local funds since 2010.

In Nellore DFIT initiated project based fundraising linking project activities since 2014 as a pilot initiative. This initiative has yielded a good public engagement for DFIT in Nellore, thereby involving public to contribute for the cause. In a similar way DFIT wanted to use this public engagement strategy in a professional way by engaging an external fund raising agency at a pilot level, for which an external agency was identified, which is called "Creating High Impact Concept" (CHIC) who has good hands on experience in NGO fund raising. During the year DFIT signed a MoU with CHIC in November for resource mobilisation initiative through public engagement model. The progress on public engagement model with the external agency will be visible in the year 2017. The external agency initiated the basic work like developing communication materials, in-house staff training, donor database collection, identification of grant writer and telecallers.

Nellore Fund Raising Initiatives:

The resource mobilisation and public relations coordination unit was established as a pilot in this project since 2014. Seeing the progress of resource mobilisation and public engagement, the fundraising activities continued in the project. The project was able to raise Rs. 3,88,848/- in the year 2015 to Rs. 9,46,491/- in 2016. The engagement of local public in our project activities as paid immense dividends. We are now getting both

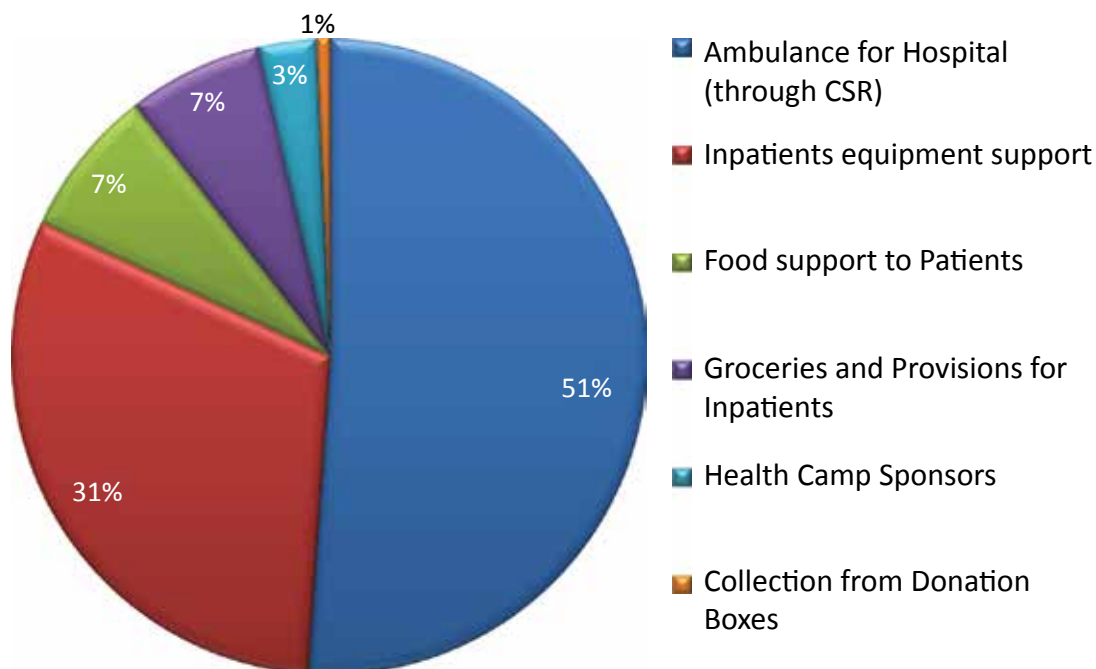


small and big donations either in cash and or kind, making our resolve to engage the public in our core mission.

The public engagement besides monetary benefits has played an important role to propagate the facts on leprosy, TB and services of DFIT among the community. The efforts on public engagement has resulted in people visiting the Nellore project and referring presumptive leprosy and TB patients.

SL.No	Kind of Support Received during 2016	Amount
1	Ambulance for Hospital (through CSR)	4,83,753
2	Inpatients equipment support	2,91,847
3	Food Support to Patients	71,480
4	Groceries and Provisions for Inpatients	64,991
5	Health Camp Sponsors	28,000
6	Collection from Donation Boxes	6,420
	Total Indian Rupees	9,46,491

Fund Raising Initiatives at Nellore



Conferences

Participation in International Leprosy Congress:

Dr. P. Krishnamurthy, Dr. M. Shivakumar and Dr. Ashish Wagh, from DFIT participated in 19th International Leprosy Congress held in Beijing from 18th to 21st September 2016. Dr. Ashish Wagh presented papers on “To assess the importance of inclusion of Grade 2 disability among children in routine reporting system” and “Partnership with NGOs, Govt leprosy Hospitals and private orthopaedic surgeons to scale up to sustain re-constructive surgery services in India”.



Participation in World Lung Conference at Liverpool, United Kingdom:



Dr P.H. Vishnu, Medical Consultant and Mr Moses Anandraj, Microbiologist from DFIT participated in the 47th Union World Conference on Lung Health Organised by The International Union against Tuberculosis and Lung Diseases (The Union) held at Liverpool from 26th to 29th October 2016 and participated actively in discussions during scientific sessions. During the conference

Dr P.H.Vishnu attended P.G. course in “ECHO” (Extension for Community Health Outcomes) and Mr Moses Anandraj attended a course on “Making sense of TB DATA for Management”.

Financial Report

DFIT received major portion of funds from its principle donor Damien Foundation Belgium (DFB) and additional funds provided by Directorate General for Development (DGD) through DFB. DFB contributed 51% of the funds to project activities in eight states for leprosy and TB control activities, which was executed through NGO partnered projects and DFIT own projects. DGD contributed 27% of the funds exclusively for TB control program in 15 districts of Bihar directly executed by DFIT. Interest on Fixed Deposits and Savings bank account, and Sale of Inventories were 2% and the remaining funds carried over from last year as opening balance. The projects were able to meet all the set targets for the year within the approved budget. The Patna Hospital project could not be executed due to delay in land allocation and hence shelved and the funds were adjusted in the subsequent fund transfers by DFB.

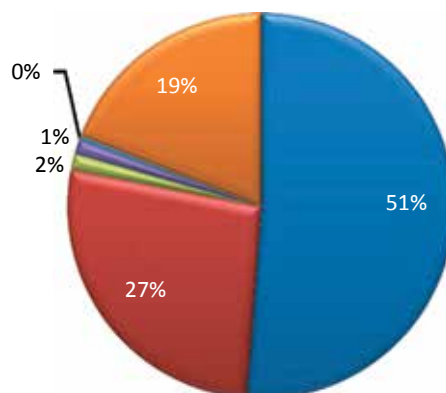
The total expenditure for the year was 126.67 Million rupees. The state wise expenditures are given below for ready reference. The expenditure for Leprosy supported activities covering In-patient, Out-patient, Reconstructive Surgery for deformities, Livelihood support, MCR footwear, office administration was 64.17 Million rupees, and Tuberculosis support expenditure covering Drug resistant TB, In-Patient and Out-patient, Food support during treatment, Livelihood support, Integrated Research Laboratory running cost at Dharbanga and Nellore, office administration was 62.50 Million rupees.

DFIT FCRA account was renewed for a further period of 5 years. Income Tax assessment for the Financial year 2013-14 has been completed Statutory audit and Internal Audit has been completed in time. Statutory compliance of Income tax return, FCRA Financial report to Home Ministry, Auditor report, 35 AC report have been completed.

Finance Report 2016: Foreign Contribution (FCRA)

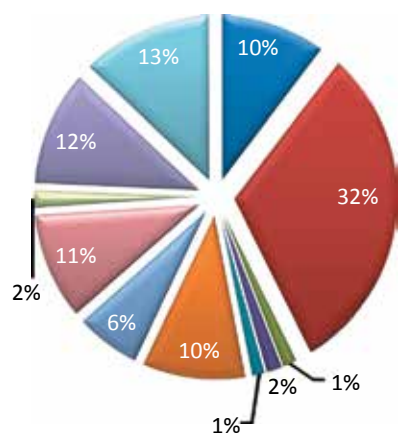
Application	Income (IRS)	%
Contribution -Damien Foundation Belgium (DFB)	74,492,415	51.21
Contribution - DGD (Govt. of Belgium)	39,074,827	26.86
Interest received on Fixed Deposits & Savings A/c	1,967,323	1.35
Sale of Inventories	1,830,851	1.26
Misc.(Recoveries/ Others)	416,109	0.29
Opening Balance (2016)	27,690,280	19.03
Total	145,471,805	100

FINANCIAL REPORT 2016 (FCRA) : SOURCE



- Contribution - Damien Foundation Belgium (DFB)
- Contribution - DGD (Govt. of Belgium)
- Interest received on Fixed Deposits & Savings A/c
- Sale of Inventories
- Misc. (Recoveries / Others)
- Opening Balance (2016)

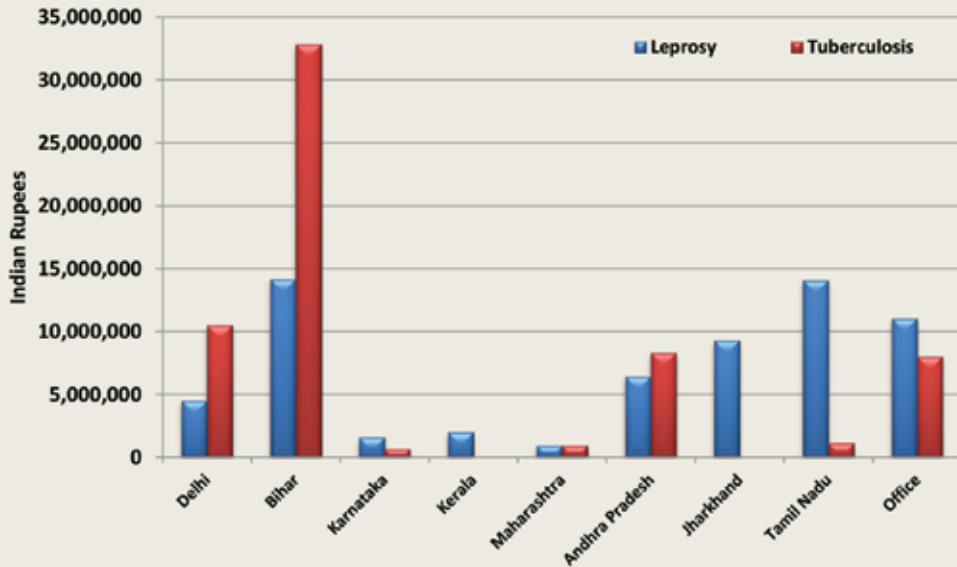
FINANCIAL REPORT 2016 (FCRA) : APPLICATION



- Delhi
- Bihar
- Kerala
- Karnataka
- Maharashtra
- Andhra Pradesh
- Jharkhand
- Tamil Nadu
- DFB Visitors
- DFIIT/Misc
- Closing Balance 2016

Application	Expenses (IRS)	%
Andhra Pradesh	14,775,005	10.16
Bihar	47,048,468	32.34
Delhi	15,026,135	10.33
Jharkhand	9,311,067	6.40
Karnataka	2,294,444	1.58
Kerala	2,000,705	1.38
Maharashtra	1,879,589	1.29
Tamil Nadu	15,251,757	10.48
DFB Visitors	2,470,020	1.70
DFIT/ Misc	16,613,989	11.42
Closing Balance 2016	18,800,627	12.92
Total	145,471,805	100

Financial Report 2016 : Application of Funds



Financial Report 2016: State Wise Distribution of funds

State	Leprosy	TB	Total
Delhi	4,507,840	10,518,294	15,026,135
Bihar	14,183,668	32,864,801	47,048,468
Karnataka	1,606,111	688,333	2,294,444
Kerala	2,000,705		2,000,705
Maharashtra	939,795	939,795	1,879,589
Andhra Pradesh	6,450,629	8,324,376	14,775,005
Jharkhand	9,311,067		9,311,067
Tamil Nadu	14,104,438	1,147,319	15,251,757
Office	11,062,930	8,021,079	19,084,009
Total	64,167,182	62,503,996	126,671,178
Percentage	50.66 %	49.34 %	100 %

Financial Report 2016: Indian Account

Source	Income (RS)	%
Donations Received	1,422,367	7.53
Grants received from Central/State Government	5,184,000	27.43
Received for MCR Chappels	289,550	1.53
Sale of Sputum cups	662,243	3.50
Interest Received (Fixed Deposits A/c & Savings A/c)	677,337	3.58
Gratuity from LIC	1,613,052	8.54
Rent / Rent advance Received	266,470	1.41
Miscellaneous Receipts	804,825	4.26
Opening Balance (2016)	7,976,981	42.21
Total	18,896,825	100

Application	Expenses (RS)	%
Lab Equipment purchased for Darbhanga and Nellore	3,639,287	19.26
Purchase of jeep & Ambulance	1,207,722	6.39
Rent advance Returned	30,000	0.16
RCS Incentives for Leprosy Patients	264,000	1.40
Gratuity Premium paid for staff	1,176,306	6.22
Gratuity Settlement to Staff	1,907,977	10.10
Purchase of MCR Chappels	72,792	0.39
Sale of Assets	280,000	1.48
Bank, Misc , running costs	459,530	2.43
Closing Balance (2016)	9,859,212	52.17
Total	18,896,825	100

Meetings

Month	Date	Particulars	Organized by	Participant (s)
Jan	11 th	ILEP Meeting at Bangalore	ILEP	Dr. M. Shivakumar
	13 th & 14 th	Brain storming meeting to finalise guidelines for Leprosy Case Detection Campaign at CLTRI, Chengalpattu	Central Leprosy Division	Dr. M. Shivakumar
	23 rd	Trust Meeting at DFIT, Chennai	DFIT	Mr. Alex Jaucot, DFB and Trust members Dr. AashishWagh
	31 st	Dr. Claire Vellut 2 nd Memorial Orthopedic Workshop on Nerve Palsies in the upper limb in Leprosy at Nellore	DFIT & Orthopedic Department, ACSR Govt. Medical College, Nellore	<u>Facilitators:</u> Dr. P. Krishnamurthy Dr. M. Shivakumar Dr. P.H.Vishnu Dr. Jacob Mathew Dr. Akbar Khan Dr. Mannem Ebenezer, Dr. Sujay Suda, Dr. Biju Ravindran, Dr. Satheesh Paul. 110 Doctors (Ortho & Neuro) from Andhra Pradesh & Tamil Nadu
Feb	18 th & 19 th	Workshop on Finance & Administration at Chennai	DFIT	<u>Participant:</u> All Accountants from DFIT Projects <u>Facilitators:</u> Mr. Camillus Rajkumar Mr. D. Premkumar Velu

March	16 th to 19 th	Internal Evaluation of Kurnool District	STO-AP	<u>Evaluators:</u> Dr. P.H. Vishnu & Mr. U. Charles
	28 th & 29 th	4 th NGOs Health Consortium (NHC)	GLRA India and World Vision India	Dr. M. Shivakumar
April	12 th	ILEP Meeting @ Green Park Hotel, New Delhi	NLR	Dr. M. Shivakumar
	12 th	South West Distrit Society Meeting, Delhi	SDM Office, Delhi	<u>Participant:</u> Dr. Brij Pal Singh Deo, Mr. Franklin
	20 th	'Fund Mobilization Programs (FMP)' - 'Opportunities @online - session on fundraising in virtual world'.@ DFIT conference Hall	CIOSA	<u>Participant:</u> Mr. P. Nabi Thiagarajan
	22 nd	Documentary Film " The Unwanted" screened by TLM	TLM	<u>Participant:</u> Dr. Brij Pal Singh Deo, Mr. P. Rajendran
	20 th to 22 nd	Africa Fund raising symposium	Capacity Africa Training Institute, Nairobi, Kenya	Mr. Camillus Rajkumar
	22 nd	South DFIT Team Quarterly Review Meeting	DFIT	All District Coordinator from DFIT south Projects
	29 th	Trust Meeting at DFIT, Chennai	DFIT	Trust members
May	4 th to 5 th	SLO Meeting at Manesar	WHO	Dr. M. Shivakumar
	10 th & 13 th	Extended core group meeting at DFB Brussels	DFB	Dr. M. Shivakumar, Mr. D.V. Premkumar Velu
	23-5 to 3 rd June	Nepal – Review of Leprosy/ TB Program at National Level		Dr. M. Shivakumar Mr. Luc Comhaire Dr. Tine Demeulenaere
	30 th	NGO-Review meeting, Thenali, AP	STO, AP	Dr. P.H. Vishnu

June	7 th & 8 th	DGDC Action Plan preparation meeting, Chennai	DFIT	Dr. P. Krishnamurthy Dr. M. Shivakumar Mr. Camillus Rajkumar Mr. D.V. Premkumar Velu Dr. P.H. Vishnu Dr. A.K. Pandey Dr. Ashish Wagh Mr. L.V. Ramana Rao Mr. Nanhe Kumar Singh Mr. Y. Somasekara Reddy
	9 th	Management Meeting	DFIT	Dr. M. Shivakumar Mr. Camillus Rajkumar Mr. D.V. Premkumar Velu Dr. P.H. Vishnu Dr. A.K. Pandey Dr. Ashish Wagh
	22 nd to 24 th	Workshop on Leprosy Case Detection Campaign at CLTRI, Chengalpattu	Central Leprosy Division	Dr. M. Shivakumar Dr. P.H. Vishnu Dr. Ashish Wagh
	21 st to 23 rd	Workshop on finance management in Non Profit Organisation at Coimbatore	KKID	Mr. D.V. Premkumar Velu
July	18 th to 21 st	Action Plan meeting	DFIT	All Projects MO/PH & PT
	21 st	ILEP Organised fund raising meeting	ILEP	Mr. Camillus Rajkumar
	26 th & 27 th	ILEP Meeting @ Western Park Hotel, Chennai	DFIT	Dr. M. Shivakumar
August	8 th & 10 th	MIP Protocol Workshop at ICMR along with SLO & SLC	ICMR Delhi	Dr. Ashish Wagh
	10 th	ILEP Meeting @ Nirman Bhavan, New Delhi	NLR	Dr. M. Shivakumar

August	23 rd	Workshop on NPO Laws & Compliances	CPA Service	Mr. D.V. Premkumar Velu
	27 th	Endowment Prize {Practical} at HFH Fathimanagar	DFIT	30 students from TN Medical colleges Dr. M. Shivakumar Dr. U.R. Dhanalakshmi, MMC Dr.P.H. Vishnu Mr.R. Jaishankar Mr. Y. Somasekhara Reddy Mr. J. Francis Paul Durai Raj Mr.S.Paul Xavier
Sep	10 th & 11 th	Hand therapy course/ Workshop	Ganga Hospital, Coimbatore	Mr. P. Pietpaul Hemerijckx Mr. N. Venkatesan Mr. Amarnath Prasad Mr. Ravikant Mr. Ras Bihari Das
	23 rd & 24 th	South Zone ACBI conference at CMC Vellore	CMC Vellore	Mr. Sarat Babu, Nellore
Oct	2 nd to 5 th	Post LCDC Evaluation of Assam State at Gauhati	Assam Government	Dr. Ashish Wagh
	16 th to 21 st	International Leprosy Conference - China	International Conference Centre for Science and Technology, China	Dr. Ashish Wagh Dr.M. Shivakumar Dr. P. Krishnamurthy
	17 th to 19 th	Workshop for PEP Implementation in the State at Lucknow	CLD	Dr. Ashish Wagh
	26 th to 30 th	Union Conference on Lung Health at Liverpool, U.K	Union	Dr. P.H. Vishnu & Mr. Moses Anandraj
Nov	17 th to 19 th	6 th NGO Health Consortium (NHC) Meeting- Kolkata	SHIS	Dr. M. Shivakumar
	3 rd & 4 th	ILEP Meeting	NLR	Dr. M. Shivakumar
	24 th & 25 th	Workshop on Mobilising Public Support and Engagement at Nellore Project	DFIT	<u>Facilitators:</u> Mr. Andrews Thanuj Kumar Mrs. Alice Prema Mr. Camillus Rajkumar <u>Participants:</u> All DFULTC Project / DCT staff
Dec	15 th & 18 th	NATCON -7 th National Conference of Tuberculosis and Chest Diseases, Chandigarh	IUATLD	Dr. Loreen Gujral
	28 th & 31 st	AIFO Meeting at Ranchi	AIFO	Dr. Ashish Wagh

Schedule of Trainings

Month	Date	Particulars	Organized by	Facilitator(s)/Participants
Jan	12 th to 18 th	NMS training on Leprosy at Nellore Project	DFIT	<u>Facilitator:</u> Mr.P.Piet Paul Hemerijck <u>Participant:</u> Sr. Mary & Sr. Reeta from Nagepalli
	18 th to 23 rd	RNTCP training for newly recruited STS in Kadapa district	DTO, Kadapa	<u>Facilitators:</u> Mr. Satheesh & Mr.U. Charles as Facilitators
	13 th	Workshop on Brainstorming Session on Leprosy Case Detection Campaign (LCDC)	CLTRI, Tirumani	Dr. Aashish Wagh
Feb	1 st	Medical Officers Training	DLO South West District	<u>Facilitator:</u> Dr. Brij Pal Singh Deo Mr. Ravikant <u>Participant:</u> 50 Medical Officers
May	16 th to 21 st	Certificate course in Leprosy at Naini, Allahabad	The Leprosy Mission Hospital, Naini	<u>Participant:</u> Mr. P.Antony Dr.P.H.Vishnu Mr,U, Charles Mr.L.V. Ramana Rao Dr. Sr. Lilly Francis Mr.G. Prasanna Kumar Dr. Amit Kr. Misra Dr. Suresh Kr. Mishra
June	4 th	Advance Training on Excel for NGO's at Chennai	CIOSA	<u>Participant:</u> Mr. Parameshwari Mrs. Susheela
Aug	19 th	Leprosy sensitization for Anganwadi worker in Nellore	DLO /DNT	<u>Facilitator:</u> Mr. S. Satheesh <u>Participants:</u> 64 Anganwadi worker
	9, 23 rd & 31 st	Sensitization Training at STDC, Delhi	STDC Delhi	<u>Participant:</u> Dr. Loreen Gujral Mr. Johinder Singh Mr. Chandan Bhant Mr. Naveen
Nov	14 th to 18 th	Certificate course in Leprosy for M.O at Naini, Allahabad	The Leprosy Mission Hospital	<u>Participant:</u> Dr.T. Sukruthi Dr.Chandrakala Dr. Nimer Nimer Ortuno Gutierrez Dr.Sushil Koirala
Dec	24 th & 25 th	Resource mobilizin workshop at Nellore	DFIT/CHIC	<u>Facilitators:</u> Mr. Camillus Rajkumar Mr.Andrew Thanuj Kumar Mrs. Alice Prema <u>Participants:</u> DFULC Staff and AP Team

Visitors

INTERNATIONAL

Particulars	No. of persons	PERIOD	PLACE OF VISIT & PURPOSE
Volunteers from Belgium	12	16.01.16 to 29.01.16	Salem, Fathimanagar, Polambakkam – Campaign visit
Mr. Alex Jaucot	01	22.01.16 to 26.01.16	Chennai – Trust Meeting Trichy & Madurai – Review
Mr. Luc Comhaire, Dr. Tine Demeulenaere, Dr. Nimer Ortuno Gutierrez, DFB	03	02.02.16 to 12.02.16	Delhi, Bihar – Review Chennai & Polambakkam – Mr. Luc only
Nursing students from St. Augustinus Institute, Belgium	12	27.02.16 to 18.03.16	Fathimanagar – Exposure visit
Mr. Frakignoul Mr. Stuzik	2	05.03.16 to 22.3.16	Dehri on sone – Bihar (Film Shooting)
Mr. Xavier Lefe'vre & Mrs. Catherine De Backer	2	03.04.16	Dehri on sone – Bihar Project visit
Mrs. Roose Pauwels	1	08.03.16 to 14.03.16	Dehri on sone – Bihar (Film Shooting)
Volunteers from Belgium	12	04.04.16 to 10.04.16	Nellore, Pope John Garden-Madhavaram, Polambakkam (Project visit)
Teachers From Nursing School Aalast(Belgium)	08	11.07.16 to 25.07.16.	Nellore, Pope John Garden-Madhavaram, Fathimanagar, Salem, Polambakkam (Project visit)
Chantier Group - I	09	26.06.16 to 24.07.16	Chantier work at Ambedkar Colony (Jharkhand)
Chantier Group - II	10	01.07.16 to 30.07.16	Chantier work at Gandhi Gram Little Flower Leprosy Colony, Ramgarhwa, East Champaran (Bihar)
Chantier Group - III	07	01.08.16 to 28.08.16	Chantier work at Ambedkar Colony (Jharkhand)
Chantier Group - IV	06	01.08.16 to 22.08.16	Chantier work at Bethel Colony, Fathimanagar

Dr. Sushil , Nepal	1	01.08.16 to 10.08.16	Project Exposure Visit, Salem, Dharmapuri, Krishnagiri, Nellore, Prakasam and DFIT Head Office
Mr. Luc comhaire	01	05.09.16 to 11.09.16	DFIT Chennai Trust Meeting, Madurai, Nellore and Kadapa Dist visit
First Triangle group	08	16.10.16 to 22.10.16	Nellore, Pope John Garden- Madhavaram, Polambakkam (Project visit)
Second Triangle group	08	23.10.16 to 29.10.16	Nellore, Pope John Garden- Madhavaram, Polambakkam (Project visit)
Third Triangle group	09	06.11.16 to 11.11.16	Nellore, Pope John Garden- Madhavaram, Polambakkam (Project visit)
French speaking ambassador Mrs. Sophie, Mr. Stephene-DFB & Mr. Oliver Video & Photographer	03	12.12.16 to 15.12.16	Nellore Project & DFIT

NATIONAL

Particulars	No. of persons	PERIOD	PLACE OF VISIT & PURPOSE
Dr. Joseph, WHO AP Consultant	1	05.01.16	Nellore Project visit
Dr. Joseph, WHO AP Consultant	1	24.05.16	Nellore Project visit
Dr. S.N. Pati, NLEP Consultant, Odisha	1	02.10.16	LCDC Evaluation – Briefing
Prof. Jesuin, Mr. Narendran, Ms. Kausalya, Ms. Rinki, Mr. Gopinath	05	21.11.16 to 24.11.16	Bihar State – LEP Evaluation
Prof. Ms. Damen, Mr. Sikta Satpathy, Mr. Manimaran, Ms. Manasi, Ms. Mathangi Krishnan	05	21.11.16 to 24.11.16	Jharkhand State LEP Evaluation

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	4495	9	55	64	0	6	6	70	24	1	25	29	19	
Chillakalapalli	1100	16	14	30	2	0	2	32	1	0	1	12	1	
Delhi	26621	4	7	11	0	0	0	11	1	0	1	0	1	
Dehri-On-sone	3538	42	45	87	6	8	14	101	12	2	14	64	13	
Amda	1538	20	27	47	4	2	6	53	0	0	0	37	9	
Dhanbad														
Arasipayam	9102	9	32	41	8	2	10	51	12	0	12	19	1	
Aundipatty	13449	2	9	11	0	0	0	11	3	0	3	0	0	
Ambalamoola	6713	0	1	1	0	0	0	1	0	0	0	0	0	
Fathimanagar	4494	4	20	24	1	0	1	25	5	0	5	54	27	
Pope John Garden	6747	0	1	1	0	0	0	1	0	0	0	0	0	
Pavagada	7231	8	15	23	0	0	0	23	4	0	4	8	2	
Nagepalli	25005	9	21	30	5	2	7	37	2	0	2	9	8	
Trivendrum	372	2	1	3	0	0	0	3	0	0	0	1	6	
Total	110405	125	248	373	26	20	46	419	64	3	67	233	87	

Annual Leprosy Report - 2016

In patient services										
Total number of persons underwent RCS			Others (Septic surgeries & nerve decompression)			Total number of persons provided with MCR footwear	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 [(S.No. 11/ (S.no.9X90days))*100
Male	Female	Total	Male	Female	Total					
28	5	33	10	2	12	62	13	249	3837	82.0
						214	21	278	4136	54.7
35	10	45	3	1	4	5	14	123	3075	61.0
43	14	57	6	1	7	106	30	223	5489	51.0
40	7	47	2	0	2	41	22	175	4890	62.0
40	12	52	0	0	0		18	56	3045	47.0
			9	3	12	426	18	180	5724	88.0
						144	3	139	1304	120.0
						1	2	1	1	0.1
35	4	39	42	16	58	378	80	455	18516	64.0
19	4	23	35	10	45	13	38	82	3226	23.6
25	6	31	2	0	2	43	10	73	2250	62.5
						66	5	42	310	17.2
24	4	28	13	2	15	451	30	137	4595	42.5
289	66	355	122	35	157	1950	304	2213	60398	54.4

Annexure - 2

POD Programme Annual Report - 2016

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 done for RCS.	No. of persons getting disability pension.	No. of Leprosy cases diagnosed and referred to Hospitals.
Bihar	23 districts	8867	8867	1983	1102	1103	1050	409	239	113	371	278
Jharkhand	Gumla	543	543	631	449	426	368	30	28	13	179	81
	Lohardaga	179	179	335	236	223	200	17	16	8	105	34
	Simdega	264	264	251	137	208	154	11	9	2	91	18
	Godda	362	362	391	248	246	194	49	16	9	63	58
	Deoghar	453	453	551	347	342	266	63	23	16	87	99
	E. Singhbhum	1397	1397	423	279	224	193	62	66	20	119	46
	W. Singhbhum	369	369	510	281	348	262	46	52	18	78	53
	Saraikeela	709	709	311	250	187	167	29	29	8	66	18
Maharashtra	Nagepalli	97	97	949	758	717	539	32	1	0	34	169
Tamil Nadu	Krishnagiri	499	499	299	140	231	193	37	37	0	207	7
	Dharmapuri	263	263	202	100	161	138	16	16	2	145	9
	Salem	1289	1289	1602	1007	1516	1138	4	4	4	1146	51
	Trichy	465	465	428	293	189	131	13	13	6	248	0
	Karur	243	243	208	148	101	64	7	10	3	122	2
	Perambalur	123	123	148	107	69	44	6	6	0	87	0
	Thanjavur	375	341	242	152	97	70	5	7	3	130	0
	Madurai	921	721	210	100	161	116	48	22	11	139	1
	Virudhunagar	254	254	171	115	132	100	28	22	5	117	2
	Pudukottai	452	263	163	89	142	111	16	12	7	107	5
	Thiruvallur	586	342	404	167	285	275	26	23	2	385	0
Theni	339	339	1645	919	1281	1033	4	0	0	952	14	
Andra Pradesh	Nellore Urban	92	92	133	94	131	132	2	20	34	45	65
Total	43 districts	19141	18474	12190	7518	8520	6938	960	671	284	5023	1010

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 DPMIR 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
492	103	106	424	288	245	100	193	3464	509	2374	268	503	1358
85	25	44	338	246	179	113	19	1651	15	507	16	140	165
60	15	27	171	104	85	48	13	916	9	259	10	78	139
50	6	17	112	77	18	17	8	449	8	224	9	25	144
42	17	40	202	182	70	50	10	564	7	144	5	27	46
133	46	67	287	254	159	125	10	252	6	106	9	46	85
55	6	10	166	120	170	54	14	681	5	95	7	19	165
91	8	38	190	128	35	33	8	340	11	242	10	24	228
21	3	8	107	86	36	12	6	527	4	79	6	13	62
757	36	76	297	86	79	60	187	3610	151	3163	58	139	66
101	4	33	49	47	46	2	9	368	12	82	8	101	21
75	8	24	31	31	29	5	11	325	12	42	3	35	29
189	17	92	10	34	8	1	3	28	7	1226	15	931	6
7	7	1	233	152	0	0	8	446	6	69	6	109	76
1	8	10	115	83	0	0	3	86	7	171	9	93	76
0	2	2	77	59	0	0	4	159	3	61	4	87	61
0	1	1	110	74	0	0	4	108	7	92	7	119	73
34	11	22	70	46	8	0	6	218	10	836	14	405	67
17	8	13	76	58	5	0	5	161	8	542	6	148	33
24	4	20	51	37	2	0	9	337	7	632	8	141	43
0	1	0	0	0	0	0	2	89	1	31	1	9	5
150	2	6	131	171	0	0	82	1255	12	142	3	132	33
32	37	223	0	0	0	2	3	103	6	270	2	21	0
2416	375	880	3247	2363	1174	622	617	16137	823	11389	484	3345	2981

Annexure - 3

Involvement of Civil Society Organisations (CSO/Vol) in POD Programme - 2016

Parameters	Tamil Nadu	Jharkhand	Bihar	Total
Total No. of districts covered	3 dists	2 dists	15 dists	20
Total No. of CSO/Vols involved	6	2	55	63
Number of Persons affected by leprosy with disabilities at the beginning of the quarter/annual	1065	678	8720	10463
Number of Persons affected by leprosy with disabilities deleted from the list	65	43	946	1054
Number of Persons affected by leprosy with disabilities added to the list	99	99	4144	4342
Number of Persons affected by leprosy with disabilities at the end of the quarter/annual	1099	734	11918	13751
Number of persons with plantar ulcers (among Patients visited)	169	133	373	675
Number of Persons affected by leprosy with disabilities visited during the quarter/annual	6124	2470	7293	15887
Number practising self care	3930	1688	3681	9299
Number of them required foot wear	4876	1574	3590	10040
Number of them wearing appropriate foot wear	4121	759	3064	7944
Number referred to hospital/PHC for any problems	616	32	300	948
Total number of persons received LEP support during quarter/annual	662	15	36	713
Number of LEP beneficiaries monitored during quarter/annual	1004	110	81	1195
Number of suspects referred to PHC for diagnosis during quarter/annual	151	385	1797	2333
Number of leprosy cases confirmed during quarter/annual	28	118	624	770

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
Nellore	459	97	85	64	36	21	93%	94%	93%	94%	24	217	1391	16.1
Delhi	7199	1076	2469	1933	777	536	90%	77%	91%	79%	3	6	6	0.5
Pavagada	1751	240	357	275	171	82	84%	58%	85%	63%	5	0	0	0
Salem	558	82	70	55	28	15	94%	100%	74%	53%				
Aundipatty	950	75	47	33	30	14	81%	50%	69%	30%	2	82	697	97
Fathimanagar	725	30	31	30	24	1	86%		63%	100%	5	8	125	7
Ambalamoola	146	6	11	11	6	0	100%	100%	54%	40%	2	11	51	7
Nagepalli	2934	319	409	336	208	73	89%	80%	84%	63%	5	75	186	10.3
Total	14722	1925	3479	2737	1280	742	89%	75%	86%	72%	46	399	2456	14.6

Annexure - 5 Andhra pradesh District Consultancy Team DR TB Annual Report - 2016

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 2013 and I, II quarter - 2014)									
				MDR TB	XDR TB	Total		Total patients	Cured	Treatment completed	Died	Failure	Difafter	Switched to XDR TB treatment	Transfer out	Still on treatment	Treatment success rate
Nellore	1067	1024	84	74	5	79	42/66 (64%)	65	21	3	16	1	19	4	0	1	37%
Prakasam	1625	1573	109	99	5	104	26/52 (50%)	93	31	1	25	3	26	4	1	2	34%
Anantapur	2262	2021	57	53	1	54	33/56 (59%)	68	43	0	10	0	14	1	0	0	63%
Kurnool	1952	1812	83	80	0	80	41/68 (60%)	73	41	1	13	2	14	0	2	0	57%
Chittoor	1646	1389	36	29	0	29	20/34 (59%)	43	19	2	12	0	7	2	1	0	49%
Kadapa	990	791	54	49	2	51	25/39 (64%)	52	27	0	14	0	3	5	1	2	52%
Total	9542	8610	423	384	13	397	185/310 (60%)	394	182	7	90	6	83	16	5	5	48%

Annexure - 6

Andhra pradesh DR TB programme Annual report - 2016

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	3	15	72	23	51	94	0	94	72	0	72	77	16	10	1	0	47	37	79	0	0	2	56
Kurnool	6	10	89	44	55	107	1	108	82	1	83	77	17	10	1	1	65	55	85	0	0	1	54
Kadapa	0	4	25	12	26	130	7	137	94	5	99	72	28	21	1	1	77	60	78	2	123	2	464
Nellore	79	4	10	4	4	181	20	201	160	15	174	87	16	15	11	10	61	57	93	4	91	1	326
Chittoor	10	8	24	6	12	93	2	95	84	2	86	91	10	10	1	2	27	26	96	5	61	4	17
Prakasam	0	5	26	1	17	101	4	105	94	4	98	93	10	10	1	1	26	24	92	0	0	0	0
Total	98	46	246	90	165	706	34	740	586	27	612	83	97	76	16	15	303	259	87	11	275	10	917

Annexure - 7 **Delhi MDR TB cases registered and out comes**

Particulars	2009	2010	2011	2012	2013	2014	2015	2016
MDR TB Cases registered	18	19	31	88	43	58	59	46
12 months Culture Conversion	14	14	13	64	38	32	20	20
Cured			13	14	19	40	21	24
Completed			1	0	2	5	8	6
Defaulter			1	0	2	20	8	5
Died			1	3	3	17	4	11
Failure			2	1	5	3	1	11
Transfer Out			0	1	0	3	1	1
Total outcome cases			18	19	31	88	43	58
Treatment success rate			78%	74%	68%	51%	67%	52%

Annual report - 2016

Annexure - 8 Diagnostic and follow up samples processed at DTRC Nellore - Andhra Pradesh

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				
												RIF	INH	(RIF & INH)				
Nellore	3154968	3154968	539	106	433	98	749	542	206	76		13	545	10	390	10	83	52
Kurnool	4190352	4190352	444	70	374	46	266	143	123				143	6	109	6	12	10
Chittoor	4318619		194	20	173	10	200	104	96				104	3	77	3	11	10
Anantapur	4228370		257	62	195	40	344	263	81				263	10	209	4	27	13
Kadapa	2986993		242	63	179	48	63	36	27				36	0	25	4	5	2
Prakasam		3513288	569	139	430	119	239	172	67				172	3	134	2	18	15
Krishna		4529009	60	15	45	9	325	211	114				211	7	156	5	30	13
Guntur		4887813	23	3	21	4	151	61	90				61	0	32	4	12	13
Total	18879302	20275430	2328	478	1850	374	2337	1532	804	76	0	13	1535	39	1132	38	198	128

Annexure -9 Diagnostic and follow up samples processed at DTRC Darbhanga - Bihar - 2016

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	733	95	638	138	4308	785	3458	534	0	267	31	202	32	104	8	15	43
Madhubani	4944379	4944379	377	61	316	76	152	49	92	68	0	34	8	56	11	24	4	2	15
Saharsa	2100509	2100509	94	20	74	18	18	0	18	18	0	9	1	2	2	0	0	0	0
Supaul	2494666	2494666	78	3	75	6	50	12	35	36	0	19	4	14	2	11	0	0	1
Madhepura	2181137	2181137	58	3	55	7	152	48	100	64	0	32	8	46	10	29	4	1	2
Samastipur	4702534	4702534	330	48	282	47	240	95	134	72	0	36	5	64	4	41	6	2	11
Sitamarhi		3739395	392	57	335	49													
Sheohar		731700	172	31	141	29													
Muzaffarpur		5377600	558	53	505	58													
Gopalganj		2756219	13	1	12	0													
Total	20711943	33316857	2805	372	2433	428	4920	989	3837	792	0	397	57	384	61	209	22	20	72

Glossary

AFB	Acid Fast Bacilli
ASHA	Accredited Social Health Activist lady volunteer from the community selected and involved in public health programmes as a link between the community and General health system under National Rural Health Mission
ANM	Auxiliary Nurse Midwife
C & DST	Culture & Drug Susceptibility Testing
CME	Continuing Medical Education
CSO	Civil Society Organisation
CSWC	Claver Social Welfare Centre
DCT	District Consultancy Team
DFB	Damien Foundation Belgium
DFIT	Damien Foundation India Trust. (One of the ILEP members in India supporting leprosy and TB control)
DFUL&TC	Damien Foundation Urban Leprosy & TB Centre, Nellore: NGO Project directly run by DFIT, Chennai.
DGD	Directorate General for Development
DOTS Plus	The strategy for management of Multi Drug Resistant TB is called DOTS Plus.
DMC	Designated Microscopy Centre one for every 100000 population for diagnosis of TB cases through sputum microscopy
DOT	Directly Observed Treatment. Treatment of a TB case under direct supervision by a person other than a family member
DOTS	Directly Observed Treatment Shortcourse. A package with five elements constituting the fundamental strategy of TB control adopted by all the countries including India
DPMR	Disability Prevention and Medical Rehabilitation. New name given to POD
DR TB	Drug Resistant Tuberculosis
DTO	District Tuberculosis Officer
DTRC	Damien TB Research Centre (a facility in Nellore and Dharbanga 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. Has ten members
INR	Indian Rupees
INH	Isoniazid
IP	In patient

LEP	Livelihood Enhancement Programme (a socio economic rehabilitation programme implemented by DFIT assisted projects)
LJ	Lowenstein-Jensen
LP A	Line Probe Assay
LT	Laboratory Technician
MB	Multi Bacillary leprosy
MCR	Micro Cellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected person with anaesthesia or deformity in the foot
MDR TB	Multi Drug Resistant Tuberculosis
MDT	Multi Drug Therapy
MTB	Mycobacterium Tuberculosis
NGO	Non Governmental Organisation
NLEP	National Leprosy Eradication Programme
NSP	New Sputum Positive case (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
OPD	Out Patient Department
PA	Public Announcement system
PAL	Persons Affected by Leprosy
PB	Pauci Bacillary leprosy
PHC	Primary Health Centre. The main health facility in rural area covering a population of 25000 to 200000 and responsible for implementing curative and preventive services in the designated population
PMDT	Programmatic Management of Drug Resistant TB
POD	Prevention Of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability
RMP	Rural Medical Practitioner
RIF	Rifampicin
RNTCP	Revised National TB Control Programme
RCS	Re-Constructive Surgery
STLS	Senior TB Laboratory Supervisor- Laboratory supervisor in TB unit for guiding laboratory work in the 5 Designated microscopy centres
STO	State TB Officer . Programme officer in a state in charge of TB control
STS	Senior TB Supervisor. One in every TB unit at sub district level for 500 000 population and responsible for field supervision in TB control
TB	Tuberculosis
TBS	Tuberculosis Supervisor
TU	Tuberculosis Unit
WHO	World Health Organisation
XDR TB	Extensively Drug Resistant Tuberculosis



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