



Together lets make a difference



# ACTIVITY REPORT 2017



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DFIT's journey towards eradicating Leprosy and

Tuberculosis

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# FOREWORD

It is my pleasure to share the Annual Report 2017 which encompasses the activities and achievements of the Damien Foundation India Trust. This report will be a valuable source of information for the donors and the partners which also provides a detailed description of our activities for the calendar year.

The challenges faced by persons affected by leprosy or tuberculosis face various forms of disadvantage in their lives whether it be disabilities, financial difficulties for livelihood or the homelessness. It is for these people that we exist and DFIT has been committed to change the lives of persons affected by these dreaded diseases since 1955. When we look back at any year, a number of key events and themes seem to stand out and define it. During the period our focus was to put efforts on building the good referral system in leprosy control programme to sustain the services. **DFIT received "Humanitarian Award" from Honourable Vice President of India** for its flood relief support to educational institution founded by **Takkur Bapa**, a close associate of **Mahatma Gandhi**.

I take this opportunity to sincerely thank the Government of India, State Governments and District authorities for their excellent cooperation. We could not have accomplished all the activities without the support and guidance of our Trust members especially Chairman Dr. Krishnamurthy and Damien Foundation Belgium.

I truly appreciate the support and contribution of volunteers from Belgium in renovating the Hemarijckx leprosy hospital in Polambakkam and construction of shelter for inmates in Anandapuram leprosy home. Finally I would like to thank and acknowledge the meticulous work of our entire DFIT team.

-Dr. M Shivakumar  
Secretary



# INTRODUCTION:

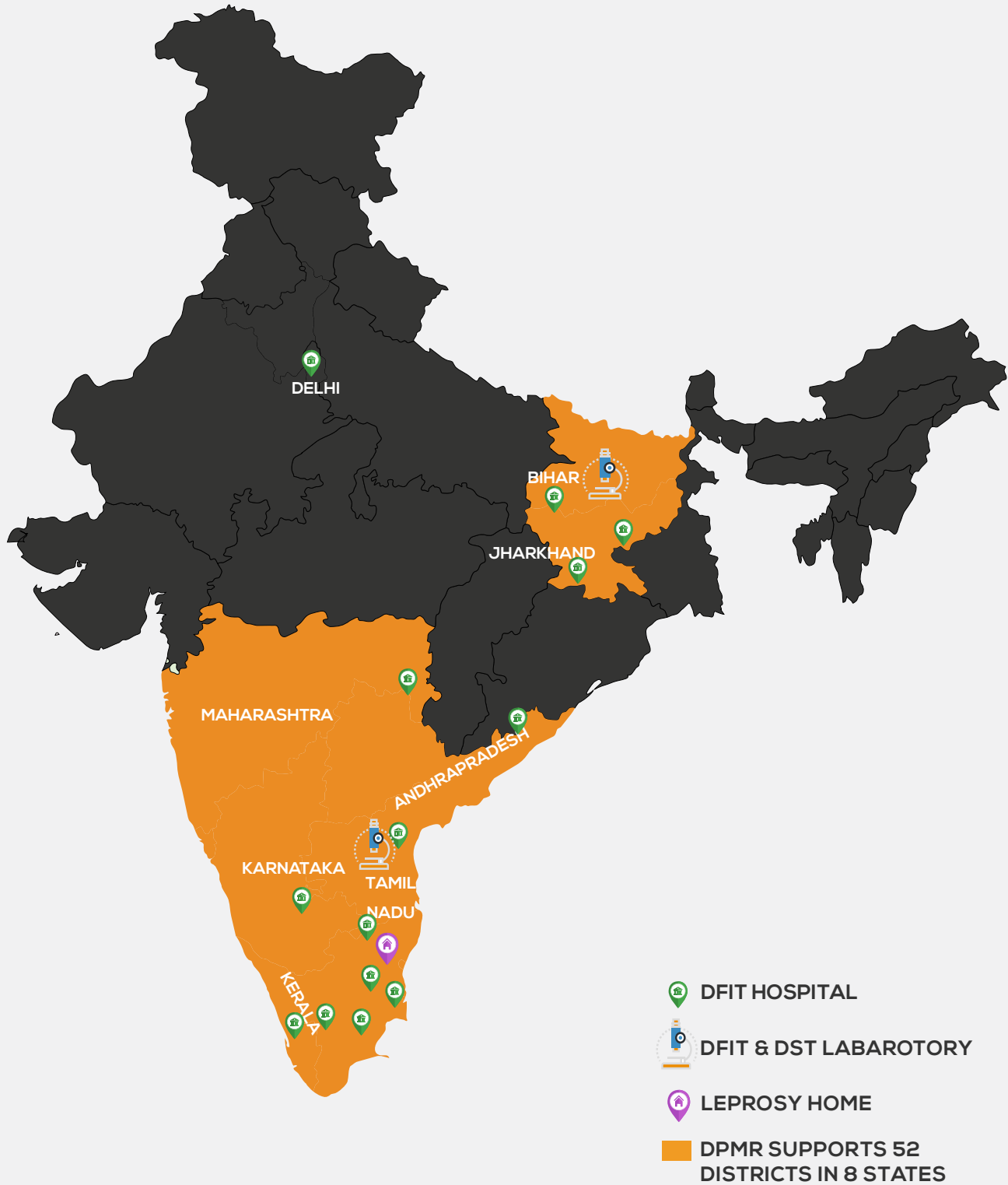
Damien Foundation India Trust (DFIT) is a charitable Non-Governmental Organisation established for Leprosy and TB Control Activities in India supported by Damien Foundation Belgium. It offers Leprosy and TB related services either directly through its own projects or through local NGO projects or through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

The organisation started its chapter of leprosy control activities at a village in South India in 1955, TB control in 1998 and now covers a population of 11,55,56,090 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.

## Project Location

- |                       |  |
|-----------------------|--|
| <b>Andhra Pradesh</b> | <ul style="list-style-type: none"><li>• Damien Foundation Urban Leprosy and TB Research Centre, Nellore</li><li>• Leprosy Referral Hospital, Chilakalapalli, Vizianagaram district</li><li>• Support to DRTB and DPMR activities in 6 districts</li><li>• Support to DPMR activities in 2 districts</li></ul>  |
| <b>Bihar</b>          | <ul style="list-style-type: none"><li>• Model Leprosy Control Unit, Dehri on Sone, Rudrapura, Rohtas district</li><li>• Damien TB Research Centre, Darbhanga</li><li>• Support to DPMR activities in 23 districts</li><li>• ILEP coordination</li></ul>  |
| <b>Delhi</b>          | <ul style="list-style-type: none"><li>• Margaret Leprosy and TB Hospital, South West Delhi</li></ul>   |
| <b>Jharkhand</b>      | <ul style="list-style-type: none"><li>• Claver Social Welfare Centre, Amda</li><li>• Nirmala General and Leprosy Hospital, Dhanbad</li><li>• DPMR support in 8 districts</li></ul>   |
| <b>Karnataka</b>      | <ul style="list-style-type: none"><li>• Swami Vivekananda Integrated Rural Health Centre, Pavagada</li></ul>   |
| <b>Kerala</b>         | <ul style="list-style-type: none"><li>• St. John's Hospital and Leprosy Services, Trivandrum</li></ul>   |
| <b>Maharashtra</b>    | <ul style="list-style-type: none"><li>• Assisi Sevasadan Hospital, Nagepalli</li></ul>   |
| <b>Tamil Nadu</b>     | <ul style="list-style-type: none"><li>• Anandapuram Rehabilitation Centre, Polambakkam</li><li>• The Beatitudes Social Welfare Centre, Pope John Garden</li><li>• Nilgiris-Wynaad Tribal Welfare Society, Ambalamoola</li><li>• Arogya Agam, Aundipatty, Theni District</li><li>• St. Mary's Leprosy Centre, Arisipalayam, Salem</li><li>• Holy Family Hansensorium, Fathimanagar, Trichy</li><li>• DPMR support in 15 districts</li></ul> |

# DFIT IN INDIA:



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**
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 expert teams to facilitate prevention of disability in THIRTY NINE 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.

## 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.**

## OUR BOARD

### Members



**Mr.A.L.Somayaji**  
Member



**Mrs.Radhika Santhanakrishna**  
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**Dr.P.Krishnamurthy**  
Chairman



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**Dr.M.Shivakumar**  
Secretary - Member



**Mr.R.Subramanian**  
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**Dr.S.Raja Samuel**  
Member



# HR REPORT

Damien Foundation India Trust reaches its vision with its team of dedicated staffs who were appointed under three categories. The first category of staff are directly appointed by DFIT, the second category of staff are appointed through sponsored projects and the third category of staff are appointed for the support to Government programmes.

The total numbers of human resources engaged during the year were 251, which had enabled DFIT to fulfil its programme objectives.



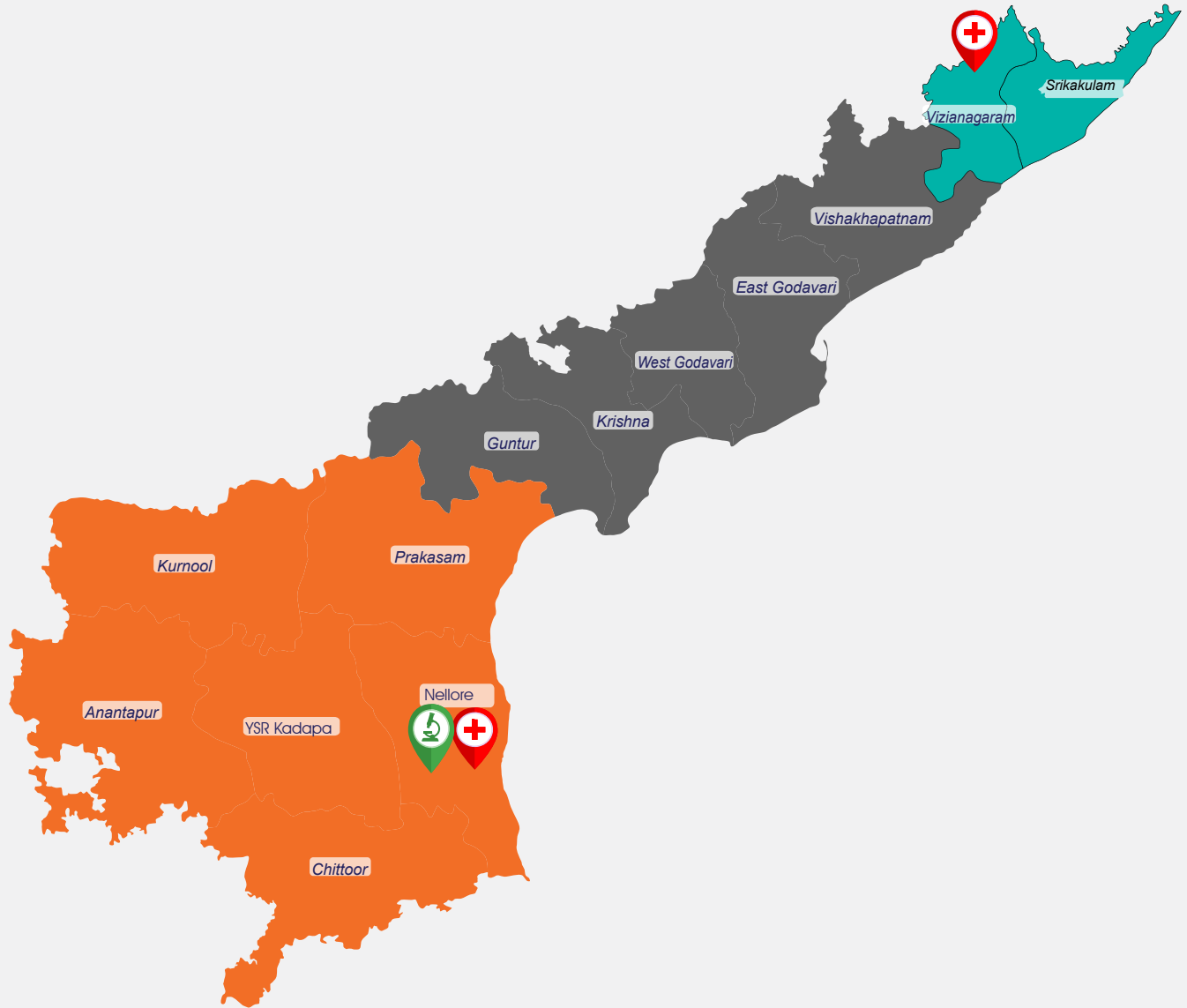
Thirty Staff (29 programme and 1 administrative) were recruited during the year. Seventeen Staff (15 programme and 2 administrative) were relieved from service due to completion of the project or for personal reasons. During the period the number of staff under DFIT direct payroll were 156 and under supported projects were 94. DFIT also provided support to Government TB programme in Andhra Pradesh by engaging 1 Lab Technician as a stop-gap arrangement. Among the total staff, 88 percent of the staff were for programme & technical and the remaining 12 percent were for administration & finance.



The following table provides designation wise staff classification in programme and administration.

Responsibilities of staff classifications		Directly Appointed by DFIT	Appointed Under Supported Projects	Appointed under Support to Government	Total
Programme Technical Staff	Doctors	9	9	0	18
	Paramedical Staff	53	26	0	79
	Lab Technicians / STLS	14	6	1	21
	Staff Nurse	9	8	0	17
	Microbiologist	3	0	0	3
Programme Support Staff	Communication and Resource Mobilisation	1	0	0	1
	Others (Driver / Sweeper / Lab Assistant / Cook / Helper / Security etc.)	49	33	0	82
<b>Total (A)</b>		<b>138</b>	<b>82</b>	<b>1</b>	<b>221</b>
Administration & Finance	Administration & Finance	18	12	0	30
<b>Total (B)</b>		<b>18</b>	<b>12</b>	<b>0</b>	<b>30</b>
<b>Grant Total (A+B)</b>		<b>156</b>	<b>94</b>	<b>1</b>	<b>251</b>

# Andhra Pradesh



-  DFIT Referral Hospital
-  C & DST Laboratory
-  DRTB & DPMR supported Districts
-  DRTB supported Districts

## **Damien Foundation Urban Leprosy and TB Centre, Nellore:**

Damien Foundation Urban Leprosy & TB Centre (DFUL&TC), located in Potti Sri Ramulu Nellore district of Andhra Pradesh. It 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 three districts (Anantapur, Kadapa and Nellore). The centre has a microscopy facility covering a population of 1,22,301 in Nellore urban for TB control services.



## **Damien TB Research Centre (DTRC)**

Damien TB Research Centre (DTRC), a wing of DFUL & TRC in Nellore, established in 2008 has a 11 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, the project provides 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

Specialised footwear unit was established in 2014 to provide footwear made of Micro Cellular Rubber (MCR). Customised footwear for persons affected by leprosy who are with a deformed foot was also made. This footwear unit is recognised by Central Leprosy Division and the districts place orders for footwear purchase from this project.



The following table describes the four year's performance of Nellore project (Leprosy):

Leprosy services	2014	2015	2016	2017
Out patients treated	4914	4990	4495	4727
Among them skin patients treated	927	1446	1552	1690
New leprosy cases diagnosed and referred to PHCs	56	58	70	89
Reaction cases managed	42	41	48	57
Re-constructive surgeries	40	26	33	23
Other surgeries	13	8	12	12
Inpatients managed	234	224	249	182
Bed days	3563	3172	3837	2369
Protective foot wear (MCR) provided	77	68	62	48
MCR footwear supplied to districts	280	1461	830	1415

The following table describes the four year's performance of Nellore project (TB):

Tuberculosis services	2014	2015	2016	2017
Respiratory symptomatic treated	1526	2374	2595	2772
TB suspects examined	389	497	459	596
Total TB cases registered	140	138	85	105
Total new TB cases registered	123	103	64	73
Among them new sputum positive cases	55	46	36	40
Sputum conversion rate for NSP cases	58/60 (97%)	43/47 (91%)	39/42 (93%)	34/37(92%)
The Cure rate for NSP cases	64/70 (91%)	49/55 (89%)	43/46 (93%)	30/40(75%)
Sputum conversion rate for RT cases	8/11 (73%)	16/17 (94%)	16/17 (94%)	12/14(86%)
The Cure rate for RT cases	11/17 (65%)	16/16 (100%)	15/16 (94%)	9/11(82%)
In-patients managed	248	217	217	160
Bed days	1916	1540	1391	779

## Leprosy Referral Hospital, Chilakalapalli:

The Leprosy Referral Hospital was previously run by Gandhi Memorial Leprosy Foundation. It is one of the pioneers in leprosy control in Vizianagaram district since the year 2013. The project provides secondary level referral services for the persons affected by leprosy including diagnosis, ulcer care, reaction management and footwear unit.

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

Leprosy care	2014	2015	2016	2017
Outpatients treated	1357	1157	1100	776
New leprosy cases diagnosed and referred to PHCs	45	50	32	20
Reaction cases managed	21	30	13	13
In-patients managed	169	180	278	258
Bed days	2995	3601	4136	4134
Protective footwear (MCR) provided	52	219	214	328





## Support to DRTB and DPMR activities in Andhra Pradesh:

DRTB support was provided in six districts with the support of two teams who 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 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 provide social rehabilitation for the persons affected by leprosy and TB under the livelihood enhancement programme. Meetings, nutritional supplement and side effect management. The teams besides medical rehabilitation also provide social rehabilitation for the persons affected by leprosy and TB under the livelihood enhancement programme.





The following table describes the performance of DCTs DPMR services in two years:

<b>DPMR Services – 6 districts</b>	<b>2016</b>	<b>2017</b>
Leprosy suspects – under diagnosis	5/223 (2%)	13/223 (6%)
Number of leprosy cases monitored	664	602
Among them over diagnosis	5/664 (0.7%)	7/602 (1%)
Among them taking regular treatment	632/664 (95%)	576/602 (96%)
Number of reaction cases taking regular treatment	64/84 (76%)	68/75 (91%)
Number of disability persons practising self care regularly	513/904 (57%)	447/842 (53%)
Total POD camps conducted	62	33
No. Of leprosy affected persons attended	1080	362
Trainings conducted	77	89
No. of participants attended	4976	4052
No. Of PHCs meetings attended	61	55
No. Of staff sensitised	6397	2349

The following table describes the performance of DCTs DRTB Services in two years:

<b>DR TB Services – 6 districts</b>	<b>2016</b>	<b>2017</b>
No. Of DR TB patients on DOT	612/740 (83%)	365/426 (86%)
No. Of DOT Providers functioning correctly	259/303 (85%)	139/164 (85%)
Patients on irregular treatment retrieved	76/97 (78%)	34/37 (92%)
Defaulter patients retrieved	15/16 (94%)	2/6 (33%)
No. of Patients – providers interaction meetings conducted	46	45
No. Of DR TB patients attended	246	178
No. Of DOT Providers/GH staff attended	255	195
Trainings conducted	11	15
No. Of participants attended	275	508
No. of PHCs meetings attended	10	26
No. Of staff sensitised	917	765

## Impact of nutritional supplement for DR TB patients in Nellore Zone:

Particulars	2012	2013	2014
Cure rate in 6 districts	32.4% (93/247)	45.9% (189/411)	41.4% (158/381)
Treatment success rate in 6 districts	41.2% (103/247)	49.8% (205/411)	44 % (168/381)
The Outcome of patients received nutritional supplements	31	52	53
Cured rate	74.1%	63.46%	45.2%
Treatment success rate	77.4%	75%	52.8%
Death rate	9.6%	13.46%	26.4%
Failure rate	3.2%	3.2%	0%
Defaulter rate	6.4%	3.8%	11.3%
Switched Cat IV rate	3.2%	1.9%	9.4%

## RNTCP PMDT Report on Result of Treatment of M/XDR TB patients in Nellore Zone

Year	2014		2015		2016		2017	
Register cases	I, II qtr. 2012		III, II 2012 and I, II qtr. 2013		III, IV 2013 and I, II qtr. 2014		III, IV 2014 and I, II qtr. 2015	
Type of cases	MDR TB	XDR TB	MDR TB	XDR TB	MDR TB	XDR TB	MDR TB	XDR TB
Total cases	118		350	5	394	12	317	27
Cured	39		152	2	182	3	145	6
Treatment Completed	15		18	2	7	2	10	2
Died	17		73	1	90	6	65	14
Failure	5		15		6	1	11	1
Default	32		72		79		62	3
Transfer out	1		1		5		4	
T. stopped due to drug reaction	0		0		4		2	
Switched to XDR TB	7		16		16		12	
Still on treatment	2		3		5		6	1
Success rate %	45.7 %		48.5%	80%	48%	41.6%	48.8%	29.6%

## Life Revived

Mrs Giddaluru Vijayalakshimi,(name changed) 64-year-old woman, from Anagunta village, Nellore. got married at a very young age, and hoped to have a happy married life, but she never expected that she will contract leprosy disease which brought her dreams down, her husband left her and one by one close relatives and friends deserted her and she was left to fend for herself.

She had no place to go and was frustrated with her life, she was forced to begging for survival. She got associated with a lot of leprosy patients who were begging along with her. Later she married a leprosy-affected person who was working in a Petrol Bunk. They lived together for a few years but unfortunately, her husband died. She was again left in despair.

She lived alone for many years in a thatched roof house in a low lying land. Whenever there was rain, the gutter would get flooded in her house and had to stay outside with her chair. Her house was infested with slugs, insects and snakes.

The DFIT staff identified her when she had come to get treated for an ulcer at DFIT project. She was given treatment and counselling. The DFIT staff recommended for LEP for a renovation of her house as she lived in a very inhuman condition. DFIT renovated her house. She is grateful to DFIT for being provided with a safe shelter.

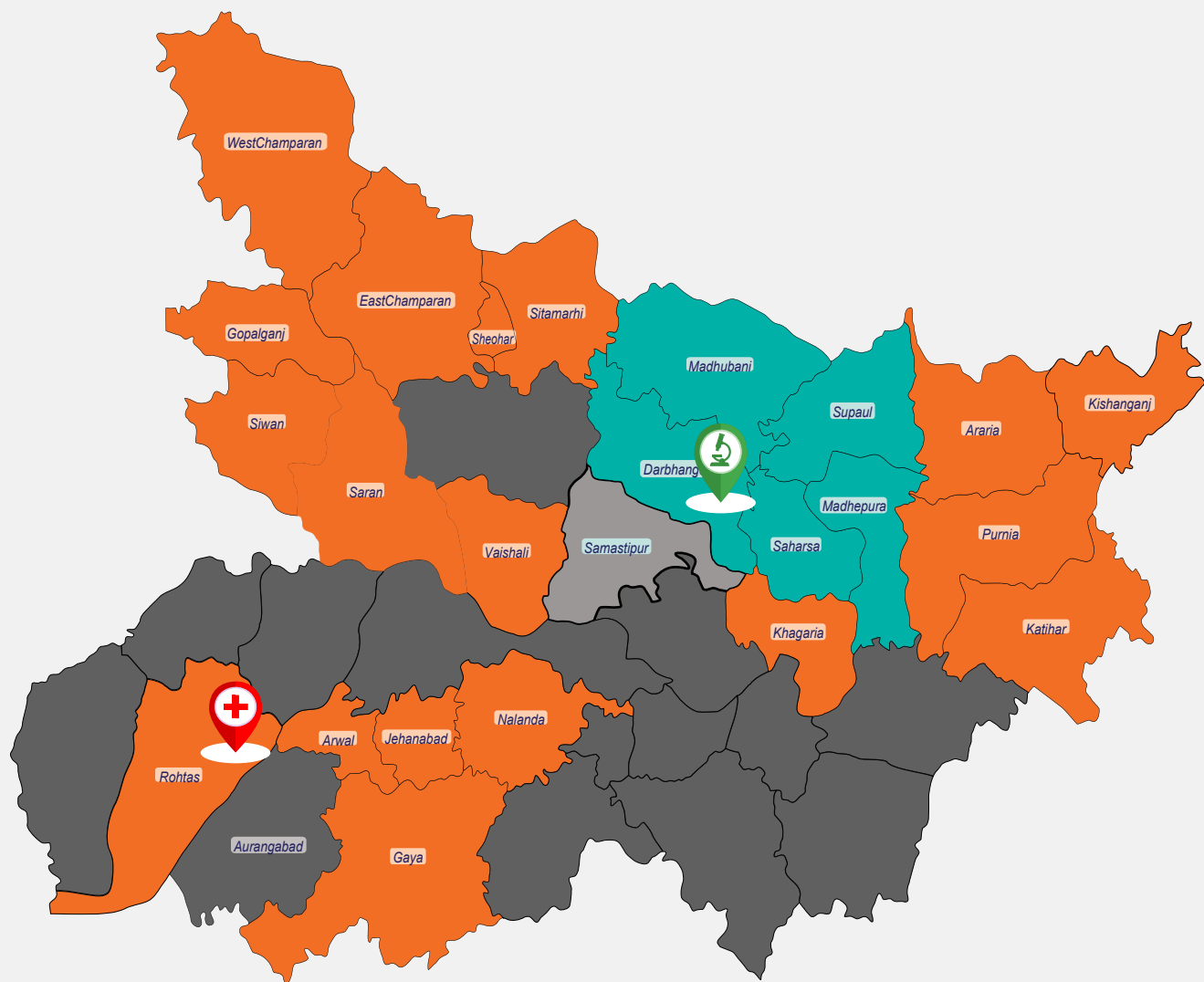



**BEFORE RENOVATION**



**AFTER RENOVATION**

# Bihar



-  DFIT Referral Hospital
-  C & DST Laboratory
-  DPMR supported Districts
-  DRTB / DPMR supported Districts
-  DRTB supported Districts

**Damien Foundation India Trust** has been supporting leprosy control programme in specific areas 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 is between 2017-2021 with a specific objective to improve active screening of contacts, cure rate of DRTB and medical social rehabilitation of DRTB cases and persons affected by leprosy in 6 districts for TB and 23 districts for leprosy in Bihar.

**Target group and partners:**

Our target beneficiaries are people of Bihar, especially persons affected by Drug Resistant Tuberculosis (DRTB) in 6 districts covering a population of 2, 09, 92329 and persons affected by leprosy in 23 districts covering a population of 7, 31, 86818.

Ninety percent of the beneficiaries living in rural areas of Bihar are deprived of services. The specific objectives are framed according to the present context of TB and Leprosy Control in Bihar after the SWOT Analysis. All the activities planned in the present phase for leprosy are to improve the technical capacity and clinical skills to manage leprosy and its complications. Also establishing the good referral mechanism at various levels to sustain the quality services in the selected districts. The activities in related to DRTB in the present phase are mainly focused on the technical capacity of health personnel in managing DRTB cases and increase treatment adherence through counselling and good follow up. The Government, both the National and the State are the owners of the programme; The State TB Officer (STO) is the head of the TB programme and State Leprosy Officer (SLO) is the head of the Leprosy Control Programme in the State. At the district level, a Communicable Disease Officer (CDO) is in-charge for both TB and Leprosy Programmes. The main partners for this programme are State Leprosy Officer and State TB Officer and all remaining mentioned above are operational partners.

The Communicable Disease Officer (CDO) is assisted by Field Supervisors for the supervision of TB /DRTB Programme in the field. The Lab Supervisor is in charge of the supervision of Microscopy Centres. He is assisted by Non-Medical Supervisor for the supervision of Leprosy Programme in the field. The management of the drugs for TB/DRTB and leprosy are provided free of cost to the patient by the Govt. NGOs supporting both TB and Leprosy services varying from primary to tertiary level care within limited areas; WHO as the technical body is supporting the programmes through RNTCP Consultant and ILEP as a technical body is supporting through Technical Consultant. All the Government Medical Colleges are involved in curbing Leprosy and TB.

### Progress made in reaching specific objective:



There was a progressive improvement seen in 6/9 indicators directed towards expected results aiming at specific objective while 3 indicators will be measured in the middle or at the end of project period. It was observed that targets achieved for three out of four indicators set for DRTB programme in six districts i.e., (1) screening of presumptive DRTB cases, (2) Screening of contacts of DRTB cases was and (3) treatment initiation

of confirmed DRTB. And one indicator set to measure the cure rate will be analysed after two years of treatment initiation but interim indicators like treatment adherence were monitored and found satisfactory towards expected target.

It was observed that targets achieved for three out of five indicators set for leprosy programme in 8 districts during 2017 (first year) of the project i.e., (1) Primary health centres able to diagnose leprosy cases (2) medical rehabilitation of persons affected by leprosy (3) Socio economic rehabilitation of persons affected by leprosy. And two indicators set to measure the long term impact on the reduction of child cases with visible deformities and disabilities at the end of leprosy treatment not present at the time of diagnosis or within two years of treatment completion will be analysed only at the end of the project.

### Result 1: Screening of presumptive DRTB improves:

It was observed that overall 86% (2523/2937) presumptive DRTB cases were screened in six districts supported by DFIT. It was noted that 5/6 districts screened more than 85% presumptive DRTB cases. DFIT accomplished all the activities as per the plan except reorientation training of Medical Officers in one district due to administrative issues in the district. Medical officers in 87% (64/73)



health facilities were trained. Overall 103 Medical Officers, 116 lab technicians, 25 senior lab supervisors, and 30 senior treatment supervisors were trained in the management of DRTB. DFIT facilitated the decentralized mechanism for sputum collection and transportation from 19 TB units (each TB unit covering 500000 population) level to districts and reference lab in Darbanga.



It was noted that 122 sputum samples were transported from 19 TB units to districts through Community Social Workers supported by DFIT. During the year DFIT supplied 300 Falcon tubes, Parafilm and one microscope as a stopgap in three districts to avoid any interruption in the service. The DFIT teams attended 35 review meetings at the district level to share its field observations and suggestions to the key staff. It was observed that 81%(5849/7217) contacts of 408 DRTB patients were interviewed by DFIT community social workers and 84 contacts were screened for DRTB and 5 DRTB cases were detected among them and put on treatment. The key staff and districts authorities were informed about the importance of contact screening and also early detection of DRTB cases to prevent transmission of disease.



Overall in six districts, 83% (304/367) of confirmed DRTB patients were initiated on treatment. It was noted that 4/6 districts could achieve more than 80% in initiating treatment for confirmed DRTB cases. The reasons for not initiating treatment for 63 cases were: 21 patients died, 13 cases were referred to their districts/states since they did not belong to the same district, 13 patients were under treatment from private

sector, 7 patients who were re-detected on the records was an error as they were already under treatment, and remaining 8 patients were either not traceable or took treatment. DFIT also provided SMS vouchers to all lab technicians of districts to share the details of confirmed DRTB cases to concerned key staff (senior TB treatment supervisor and senior lab supervisor and DRTB coordinator), this reduced the delay and promoted early treatment initiation. DFIT teams visited 50 initial defaulters who did not visit the DRTB centre for treatment and 34 of them were motivated and initiated for taking up the treatment. Transportation charges were also given to 3 needy patients to reach DRTB centre for treatment initiation.

## Result 2: Cure of DRTB cases improved:

The cure rate for the cohort of patients registered in 2017 will be available by the end of 2019 (for a majority of the patients). The cure rate is mainly depended on treatment adherence. In 2017, it was noted that 304 DRTB patients were detected and registered in six districts and remaining 104 were referred from other districts or neighbouring States were also registered. Thus in total 408 patients were registered in six districts and observed that 85% (349/408) patients were taking regular treatment. It was observed that

treatment adherence was 83% and above in 4/6 districts. It was noted that 8% (33) died, 4% (16) were defaulters and 2% (9) were transferred out. DFIT supported nutritional supplement worth of (5 Euro) per month to 60 needy patients to encourage treatment regularity for the entire course of treatment. DFIT also supported income generating



activity for 7 needy patients as a socio-economic rehabilitation. DFIT accomplished all the activities related to treatment adherence as per the plan except the appointment of counsellor at DRTB centre in Darbhanga. The counsellor appointed by NGO continued in 2017. DFIT appointed new counsellor in 2018. DFIT teams retrieved 2 defaulters and motivated 11 patients for regular treatment during the



patient monitoring visits along with programme key staff. Patients were given spittoons and disinfectants for sputum disposal. DFIT supplied 13600 clofazimine capsules to manage XDRTB patients as a stop gap. During the year, 132 sputum samples were collected from patients under treatment for follow up examination and transported to reference laboratory. DFIT supported breakfast for patients admitted to the ward for treatment initiation since such provision was not made in the DRTB hospital.

### Result 3: Disabilities reduced among all confirmed leprosy cases

Overall 64% (93/147) of health facilities were able to diagnose leprosy cases accurately in selected 8 districts in 2017. DFIT teams visited to follow up the 184 suspects and 516 leprosy cases under treatment to ensure the quality of diagnosis. It was found that 25% (37/147) of the health facilities reported cases were under-diagnosed (false negative) and 11% (17/147) of health



facilities reported as over-diagnosed (false positive). DFIT planned to identify and train one medical officer and one paramedical worker (a pharmacist, nurse or any other staff ) in 147 health facilities including district hospital and community health centres. Overall 90% of the health facilities were covered. It was noted that one Medical Officer and one paramedical staff at 33 health facilities were trained in 2017. It was observed that 54% (684/1297) Medical Officers including RBSK (Rashtriya Bala Swasthya Karyakram – School health programme) Doctors in 147 health facilities were sensitised on signs, symptoms and complications of leprosy. 1124 general health staff who were linked with the Nodal persons in each health facility for referral of leprosy cases were trained and sensitised on leprosy for better examination and management of leprosy cases.



The risk of developing reaction would continue up to two years or more even after completion of MDT in few patients. Hence it was proposed to monitor the samples of patients for at least two years during and after completion of treatment to see the impact of DFIT's interventions in

the project. The outcome of monitoring a sample of patients was registered in 2017 and will be available by the end of 2019. Similarly, this procedure would continue for the coming years. All the planned activities were accomplished to improve this indicator except the training of personnel at secondary level referral centre at the districts.



It was observed from the sample of patients (277 male & 238 female) visited by the team found that 1.4% (7/515 ) patients developed disability at the time of visit. Among them 4 were male and 3 were female patients. Patient counselling is the most crucial part of leprosy treatment, it is expected that every new leprosy patient should be aware of the signs and symptoms of neuritis and also the reaction. They should also know where/whom to report. It was observed that 81% (416/515) patients were aware of whom and where to report when they notice signs and symptoms of the reaction and also had patient information cards. Prednisolone is the key drug for the management of reaction/neuritis, it was observed that 72% (106/147) health facilities maintained the stock of prednisolone and DFIT supplied prednisolone as a stop gap to 38 health facilities to manage 65 cases with reaction. The DFIT team visited 161 patients under treatment for reaction and it was observed that 67% (108 reaction cases) were managed thoroughly as per the guidelines.



#### **Result 4: Persons affected by leprosy with disabilities rehabilitated medically and socially**



Among the 289 eligible patients, 172 patients were benefited from the deformity correction surgery. It was observed that 79% (89) male & 21% (25) female patients and underwent surgery. Transportation charges were given to 77 underprivileged patients to reach the referral centre for deformity correction surgery.

It was observed that 86% (126/147) blocks were covered to assess the deformity status of persons affected by leprosy with visible deformities. In total, 4508 persons were affected by leprosy with disabilities and were assessed. Out of which 289 persons were identified for deformity correction surgery, 82 were eligible for socio-economic rehabilitation,



and 2116 required MCR footwear and 1010 eligible for disability pension scheme from the Government. Persons with deformities were also trained along with one family member or a demonstration on self-care was given by the Community Social Workers from ASHA. It was observed from the internal evaluation that 78% (28/36) of the persons affected were practising self-care and 67% of them had a protective footwear or MCR. Among the 82 persons affected by leprosy with disabilities, 67 (49 men and 18 women)





were provided with socio economic support in 2017. Socio-Economic Support includes education support, income generation for livelihood, skill training and house renovation/ construction. Totally, 17 received education support, 38 received support for income generation through tailoring, small grocery shops

etc, 10 received support for house renovation and 2 received medical assistance for other ailments. A compound wall was also constructed for a leprosy colony as it was situated in a remote area and had to be protected from wild animals.



## Damien TB Research Centre, Darbhanga

DRTB programme was launched in a few districts of Bihar in 2012 and then expanded to the whole state in 2013. Damien Foundation established reference laboratory in Darbhanga in 2014 in collaboration with the State Government to support diagnosis & follow up services



in six districts and only follow up services in 9 districts. The Centre has the diagnostic facility of Line Probe Assay (LPA) for both First Line & Second Line drugs, Rapid Molecular diagnostic facility "Gene Xpert" which detects DR-TB in just 3 hours and Solid Media (LJ) & Liquid Media (LC) facility for Follow-up sputum examination. Diagnosis & Follow-up samples are processed in a negative pressure room, a high containment facility in a BioSafety Level – 3 Laboratory (BSL-3). External Quality Assurance (EQA) was done in 8/10 districts as allotted by STO Bihar. Facilitated EQA training to all STLS/LTs of 6 DFIT DR-TB supported districts. Renewal Certification was given by NRL Delhi with 100% Specificity & Sensitivity in PT for FL-LPA. Also received a certification by NRL Delhi with 100% Specificity & Sensitivity for SL-LPA.





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



Damien Foundation Model Leprosy Control Unit was established in 1983 at Rudrapura Village, Dehri-on-Sone in Rohtas district. The Centre provides training facilities to the medical personnel of the State government and also secondary level care referral services for persons affected by leprosy. As per the agreement the project was handed over to the Government in 1999 . In 2012, DFIT in consultation with the State Govt. decided to start tertiary level services for persons affected by leprosy and signed a MoU to establish referral

services to cater re-constructive surgery, ulcer care and other medical services by upgrading the facilities in the project.

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

Leprosy Care	2014	2015	2016	2017
Out patients treated	3499	4382	3538	3597
Among them skin patients treated	3376	4201	3453	3520
New leprosy cases diagnosed and referred to PHCs	115	97	101	58
Reaction cases managed	75	113	77	50
Major Surgery done	78	70	57	63
Minor surgeries (Septic and nerve decompression)	1	5	7	10
In-patients managed	231	252	223	168
Bed days	6611	6901	5489	5974
Protective foot wear (MCR) provided	54	118	106	54



BEFORE RCS



AFTER RCS

## State ILEP Coordination Activities in Bihar



International Federation of Anti Leprosy association (ILEP) was born out of a need to coordinate the work of anti-leprosy organisations, 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 the High Endemic States with a technical consultant appointed at State Level to focus on strengthening the State medical personnel for the functioning of the integrated programme and also to coordinate with other ILEP Partners in the State.

DFIT coordinates ILEP activities in Bihar. NLEP Consultant with the support of DFIT administered the Supervision and Monitoring activities for 24 districts during the year 2017. Joint field visits were done along with Communicable District Officers (CDOs); District Nucleus teams and DFIT DPMR Coordinators. Details/Feedback of the visits was shared with the Civil



Surgeons and other officials to take appropriate corrective measures. The Consultant along with State Leprosy Officer (SLO) and State Leprosy Consultant (SLC) visited 9 districts to resolve local administrative issues. NLEP Consultant also facilitated CME on Leprosy in Darbhanga Medical College, Darbhanga along with state officials.





The consultant also played an important role in facilitating training of CDOs, DNT and PT along with other ILEP Partners in the State. Training for the Medical officers on NLEP was also facilitated with DFIT DPMR Coordinators. Meetings were organized every month to facilitate coordination between the other ILEP Partners and the State Government officials for the

betterment of programme. The consultant was bestowed upon the responsibility by CLD to complete Post LCDC evaluation in the State of Uttar Pradesh.



## Tailored to happiness

Anil Ram (name changed), a 43-year-old daily wage worker lived with his wife and three children at a village in Bihar. He had two daughters of marriageable age and a twelve-year-old son. One day at work, he was struggling to lift weights, felt sick and unwell. He went to a nearby DFIT supported hospital and was shocked to hear that he had leprosy. His hands got clawed and he couldn't move his fingers. He received treatment but was disappointed, as he could not earn for his family's basic needs. His family was left stranded without him. His eldest daughter could not clear her board examination papers and discontinued schooling. She started going to work at a nearby tailoring shop and started earning for the family. Her daughter dreamed of starting her own tailoring shop as she could earn better for the family. Anil was dejected that he could not fulfil her dreams and support the family.



During the regular visits from the Damien team, they found Anil's condition improving.





However, found him to be depressed as his family lived in a miserable condition. The DFIT team members provided a sewing machine as part of LEP programme to support his daughter's creative sewing aspiration and for economic improvement in his family.

Anil Said, "I used to feel guilty that I was not able to take care of my children. Now I am happy to know that my daughters will be

able to manage the family expenses. I will get cured soon and will give my daughters in marriage happily, thanks to the ray of hope by Damien Foundation."

# Delhi



-  DFIT Referral Hospital
-  DFIT DMC



## 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. The programme was integrated and the centre was given the responsibility of supporting leprosy control activities in the South West district. Training, monitoring and supervision of the Government staff through a District Technical Support Team (DTST) was also initiated. Following the withdrawal of DTST, the project restricted its leprosy control activities to diagnosis and referral of leprosy cases to Government health facilities.



### Tuberculosis



Initially, a TB unit was established in 2002 at South West Delhi and another TB unit in 2004 in West Delhi covering a population of a million. The Project has established 10 microscopy centres including one in the Headquarter hospital. Each centre is managed by a Microscopist-cum-field worker assisted by a TB health visitor in six centres supported by the programme. The project has achieved a Cure rate of 90%

(700/777) among NSP cases and 78%(256/327) among retreatment cases in South West Delhi and West Delhi respectively. The Government has also established two HIV testing Centres. About 98% (2192/2236) of the TB patients are screened for HIV and only 1.2%(27) of the cases were co-infected with HIV. The project provided Nutritional Supplements for 178 underprivileged TB/DRTB patients and supported four patients for socio-economic support.





## Leprosy

DFIT upgraded the project hospital in 2013 to provide leprosy referral services. The project has established wards, operation theatre and physiotherapy unit to cater the referral services like reconstructive surgery, ulcer care and reaction management. The project established a good referral service as part of the network in districts of Delhi and the bordering districts of UP and Haryana through its DPMR coordinator. The patients were identified for surgery through screening camps organised by the concerned districts level.



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

<b>Leprosy Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Out patients treated	32053	30657	26621	24772
Among them skin patients treated	1294	1559	1460	2162
New leprosy cases diagnosed and referred to PHCs	11	20	11	14
Reaction cases managed	6	5	1	6
Major Surgery done	40	40	45	38
Minor surgeries (Septic and nerve decompression)	37	8	4	6
In-patients managed	137	129	123	123
Bed days	2717	2731	3075	2696
Protective foot wear (MCR) provided	6	32	5	0

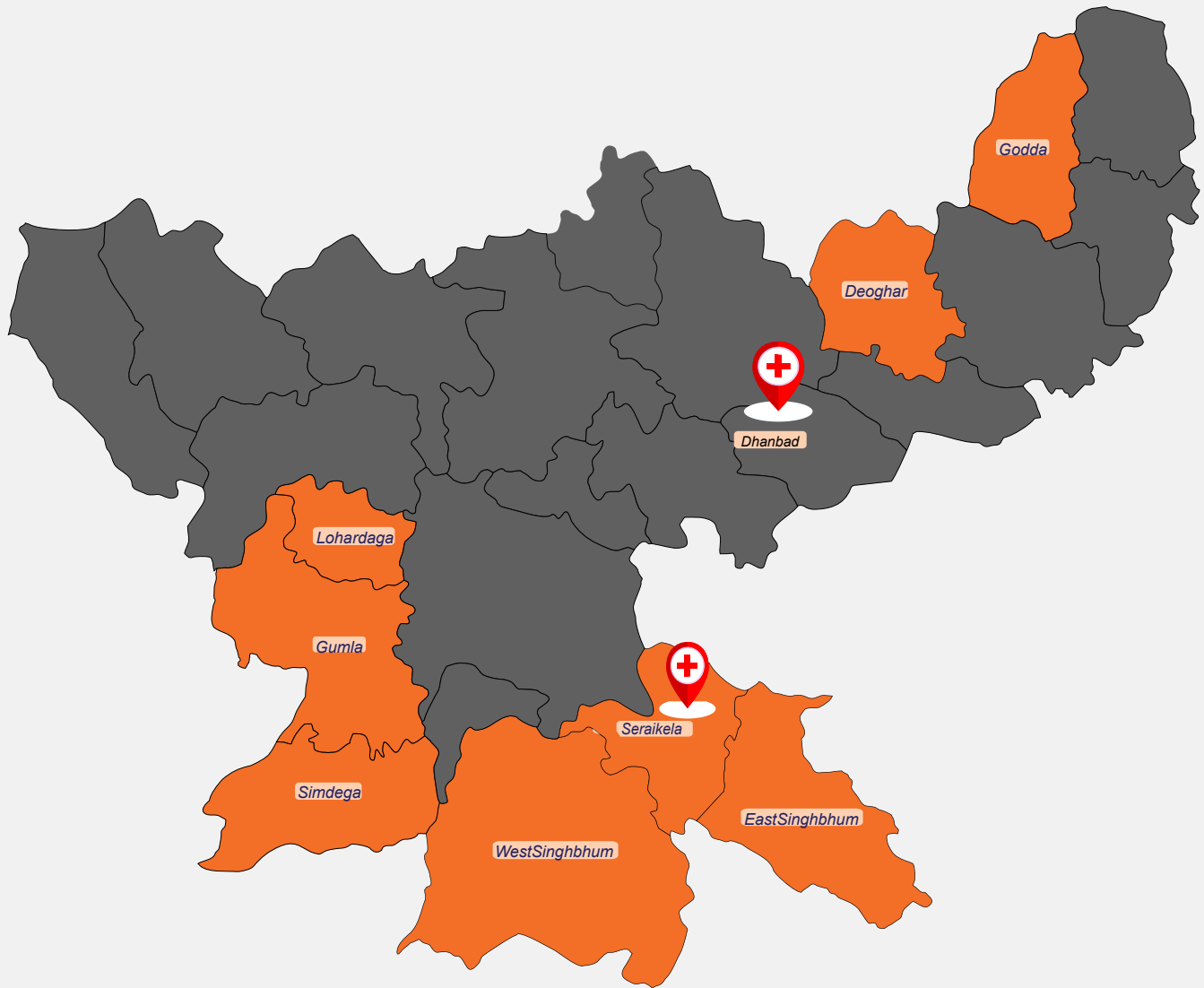
<b>Tuberculosis Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Respiratory symptomatic treated	26538	30663	25181	7481
TB suspects examined	4848	7119	7199	7481
Total TB cases registered	2505	2674	2469	2236
Total new TB cases registered	1975	2121	1933	1781
Among them new sputum positive cases	753	835	777	741
Sputum conversion rate for NSP cases	696/772 (90%)	727/803 (91%)	708/784 (90%)	653/734 (89%)
Cure rate for NSP cases	636/755 (84%)	680/753 (90%)	702/769 (91%)	700/777 (90%)
Sputum conversion rate for RT cases	233/316 (74%)	240/319 (75%)	58/77 (77%)	230/301 (76%)
Cure rate for RT cases	252/348 (72%)	239/295 (81%)	227/287 (79%)	256/327 (78%)
In-patients managed		15	6	0
Bed days		15	6	0

## I am cured and happy

Rahul (name changed) a teenage boy visited the DFIT hospital. The staffs were shocked to see his condition. He was so thin that his bones were visible through the skin. He was in a pathetic condition and also very poor. The staff diagnosed him to have Cat-1, abdomen TB. He was put on treatment and nutritional support was given for six months. He was constantly monitored by the staff and Doctors who kept track of his progress. The staff motivated him and his family, assuring that he would get cured. Gradually he gained weight and was very happy to see the difference. He said, " I am cured and very happy to see myself changed, I have gained 11kgs, I am thankful to DFIT for the support given to me".



# Jharkhand



DFIT Referral Hospital



DPMR supported Districts

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 reconstructive surgery, chronic ulcer care and other complications related to leprosy. Damien foundation supports DPMR activities in 8 districts by providing care after cure services through 3 well-trained teams covering 2 to 3 districts each. The role of each team is to support general health system in updating the list of persons affected by leprosy with disabilities, Identification and referral for reconstructive surgery, training on self-care to prevent deformities and facilitating to get entitlements from the Government. The teams also identify underprivileged leprosy affected persons who require an income generating support, renovation/ construction of houses or any other assistance to uplift their condition

### **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 include in-patient, out-patient, reaction management, reconstructive 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 reconstructive 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.



BEFORE RCS



AFTER RCS



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

Leprosy Care	2014	2015	2016	2017
Out patients treated	878	1534	1538	1586
Among them skin patients treated	83	1279	1538	1586
New leprosy cases diagnosed and referred to PHCs	47	36	53	37
Reaction cases managed	22	42	46	53
Major Surgery done	39	50	47	48
Minor surgeries (Septic and nerve decompression)	0	0	2	0
In-patients managed	91	107	175	138
Bed days	2334	3279	4890	4564
Protective foot wear (MCR) provided	50	54	41	53



BEFORE RCS



AFTER RCS



## Nirmala General and Leprosy Hospital, Dhanbad:



The project has been working for leprosy for more than four decades and it has a well-established campus with all the 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 reconstructive surgery and other minor surgeries. This is one of the three important referral centre in the state catering leprosy referral services.

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

Leprosy Services	2015	2016	2017
Re-constructive surgeries	40	52	58
Minor surgeries (Septic and nerve decompression)	3	0	2
In-patients managed	65	56	76
Bed days	2312	3045	3305



BEFORE RCS



AFTER RCS

## 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 2740 persons during the year who were affected by leprosy with disabilities.



It was observed that 90% of the persons are aware of self-care practice and 64% of them are practising regularly. Teams identified 175 eligible persons for reconstructive surgery and among them, 96 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. Treatment was initiated for 271 new leprosy cases which were diagnosed and referred by the teams to the concerned health facilities. Teams trained 1027 community volunteers to monitor self-care and sensitised them about Government entitlements for persons affected by leprosy. DFIT teams identified 101 underprivileged persons for socio-economic rehabilitation among them, 47 were supported in 2017. During the year, DFIT teams facilitated 70 trainings for various target groups including ASHA workers and 2939 health staff participated in the training.



BEFORE TREATMENT



AFTER TREATMENT

## I can carry my child now

Sumitra Hembrom (name changed) a 32-year-old homemaker, lived in a small village with her husband in Jharkhand. She was pregnant and was very excited about giving birth to her little one. During her pregnancy, few patches occurred on her body and her fingers were getting weak. She thought it was a normal skin rash and neglected it. After her maternity, the patches spread all over her body. She was not able to do her daily chores and struggled to carry her child.

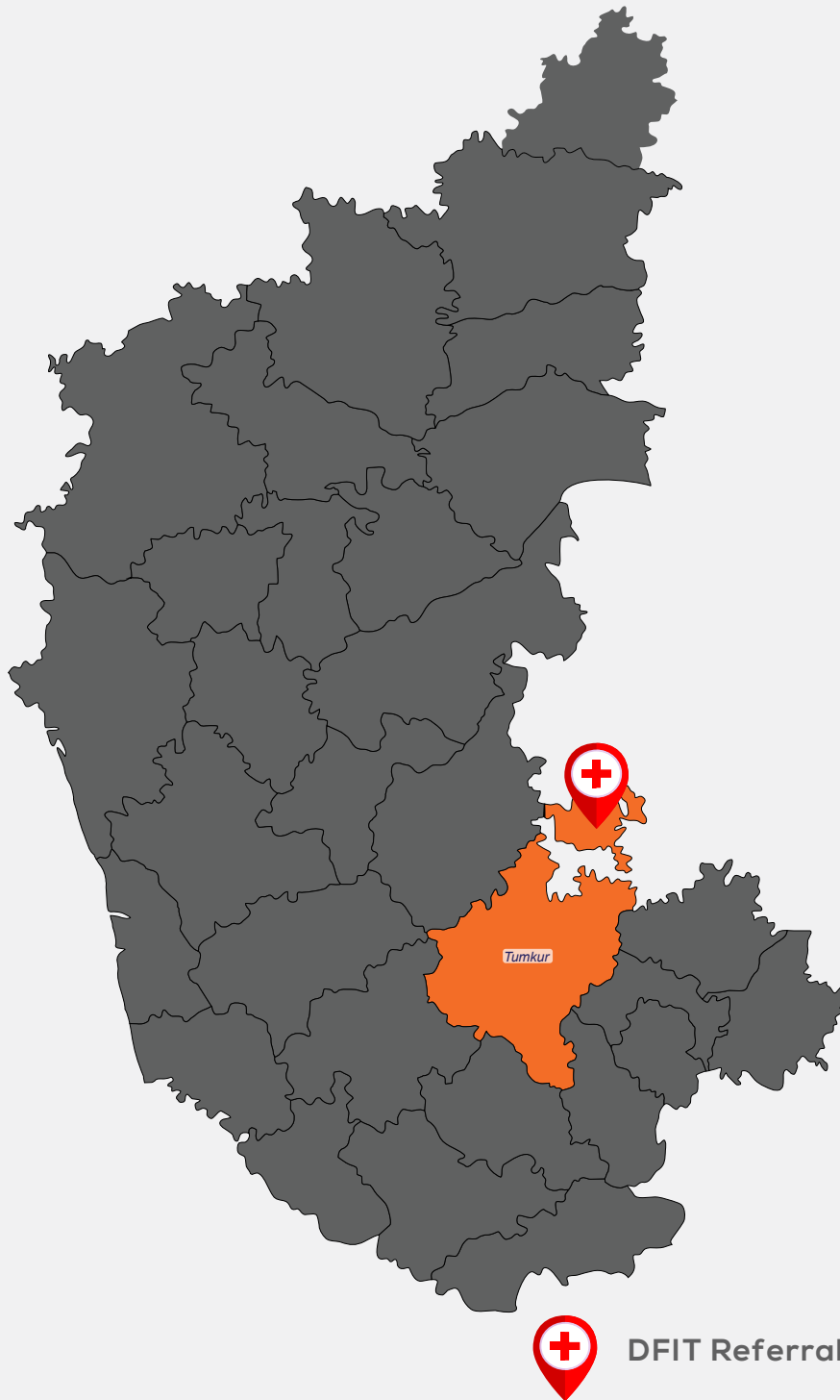
After a few years when she took her child for polio vaccination. A nurse noticed Sumitra's patches and conducted a sensory test. She suspected it to be leprosy and referred to a DFIT supported Hospital. The nurse's suspicions were true and the doctors diagnosed her with MB Leprosy. She was heartbroken and thought it was incurable and thought this was the end of her life. She took Multi-Drug Therapy for Leprosy and she was advised to undergo surgery as it was the second stage of disability. Sumitra was hesitant and scared of the surgery, DFIT staff counselled her and her family. Soon she agreed to the surgery which was conducted by a DFIT surgeon. She received regular physiotherapy and the doctors monitored closely. Her fingers became normal and she went back home happy "I never thought I could carry my child again".



BEFORE RCS



AFTER RCS



## Swami Vivekananda Integrated Rural Health Centre, Pavagada



This project is located in Pavagada Taluk, one of the underdeveloped region 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 reconstructive

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.



BEFORE RCS



AFTER RCS



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

Leprosy Care	2014	2015	2016	2017
Out patients treated	5340	6237	7231	9501
Among them skin patients treated	176	339	1026	1241
New leprosy cases diagnosed and referred to PHCs	20	21	23	17
Reaction cases managed	0	2	10	5
Major Surgery done	38	34	31	26
Minor surgeries (Septic and nerve decompression)	3	1	2	0
In-patients managed	79	60	73	117
Bed days	2441	2151	2250	1754
Protective foot wear (MCR) provided	43	45	43	120

Tuberculosis Care	2014	2015	2016	2017
Respiratory symptomatics treated	272697	209988	5615	2555
TB suspects examined	4639	4096	1751	2104
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	0
Bed days	16	0	0	0

Note : Pavagada TB Unit was withdrawn from January 2016





## I thought it was just a common rash

Vasantha (name changed) a teenage girl from Karnataka discontinued her studies, as she had patches all over her body, she thought it was just a common rash.

A village health supervisor identified her and referred to Kudlagi Government health facility. She was diagnosed with MB Leprosy. She was on 12 months Multi-Drug Therapy treatment course. Yet her hands were clawed and she was unable to carry anything in her hand.

One day she met one of the patients who had his hands corrected at a DFIT supported project hospital. Motivated to see the success of the surgery, she too wanted to get the surgery done and went to the DFIT hospital. She was admitted to the hospital. DFIT surgeon conducted reconstructive surgery for her. She was given adequate physiotherapy before and after the surgery at the hospital.

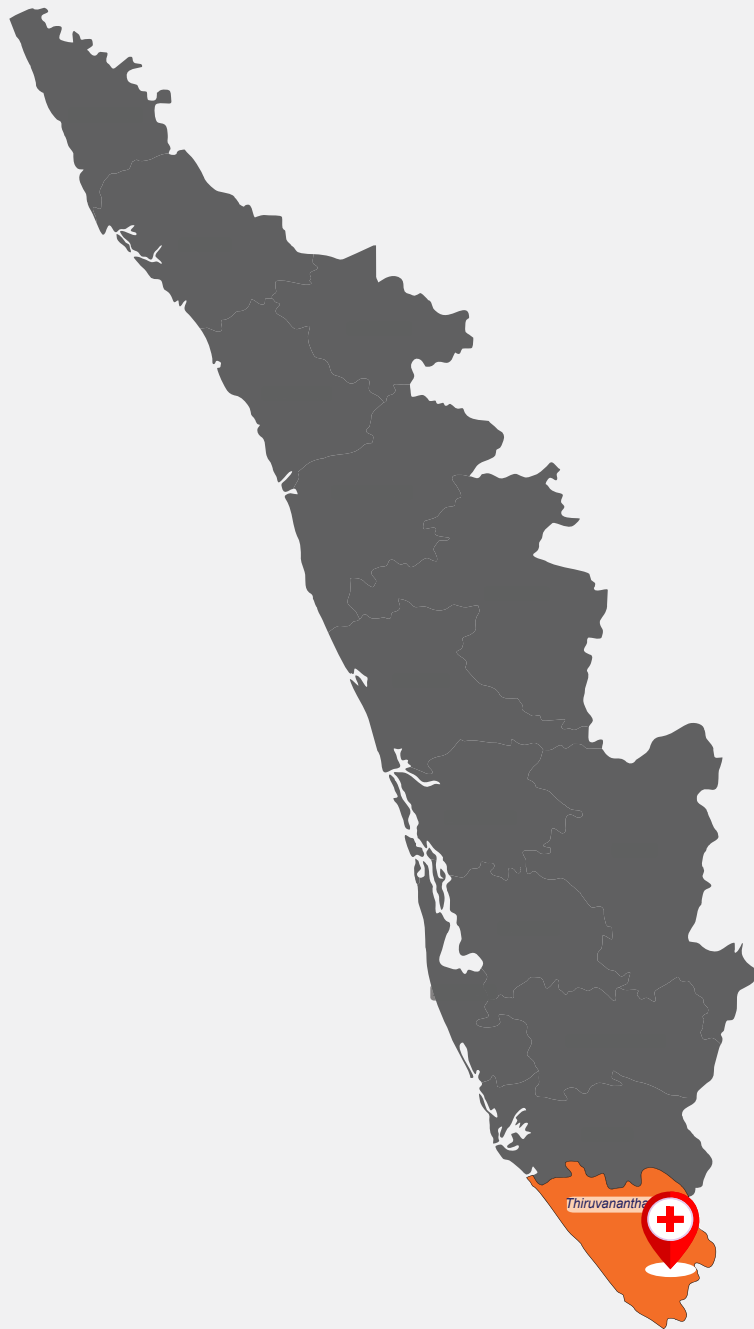
After the surgery, her claw in her hands were corrected. She is happy that her decision to undergo surgery was right. She wants to go back to school and with a promise to study hard in the coming days.



BEFORE RCS



AFTER RCS



DFIT Referral Hospital

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



The project has been providing leprosy care services since 1955 and TB control activities since 1998. After the integration of leprosy programme with the general health system, the project mainly focused on managing complications related to leprosy at the hospital. DFIT established the facilities for reconstructive 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 camp is organised to identify the eligible persons for deformity correction and other medical needs.



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

<b>Leprosy Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Out patients treated	377	440	372	357
Among them skin patients treated	31	32	53	147
New leprosy cases diagnosed and referred to PHCs	6	2	3	2
Reaction cases managed	9	13	7	3
Major Surgery done	21	31	28	23
Minor surgeries (Septic and nerve decompression)	0	2	15	8
In-patients managed	152	123	137	141
Bed days	6197	4952	4595	4345
Protective foot wear (MCR) provided	154	467	451	469





## Story of Chinnasamy

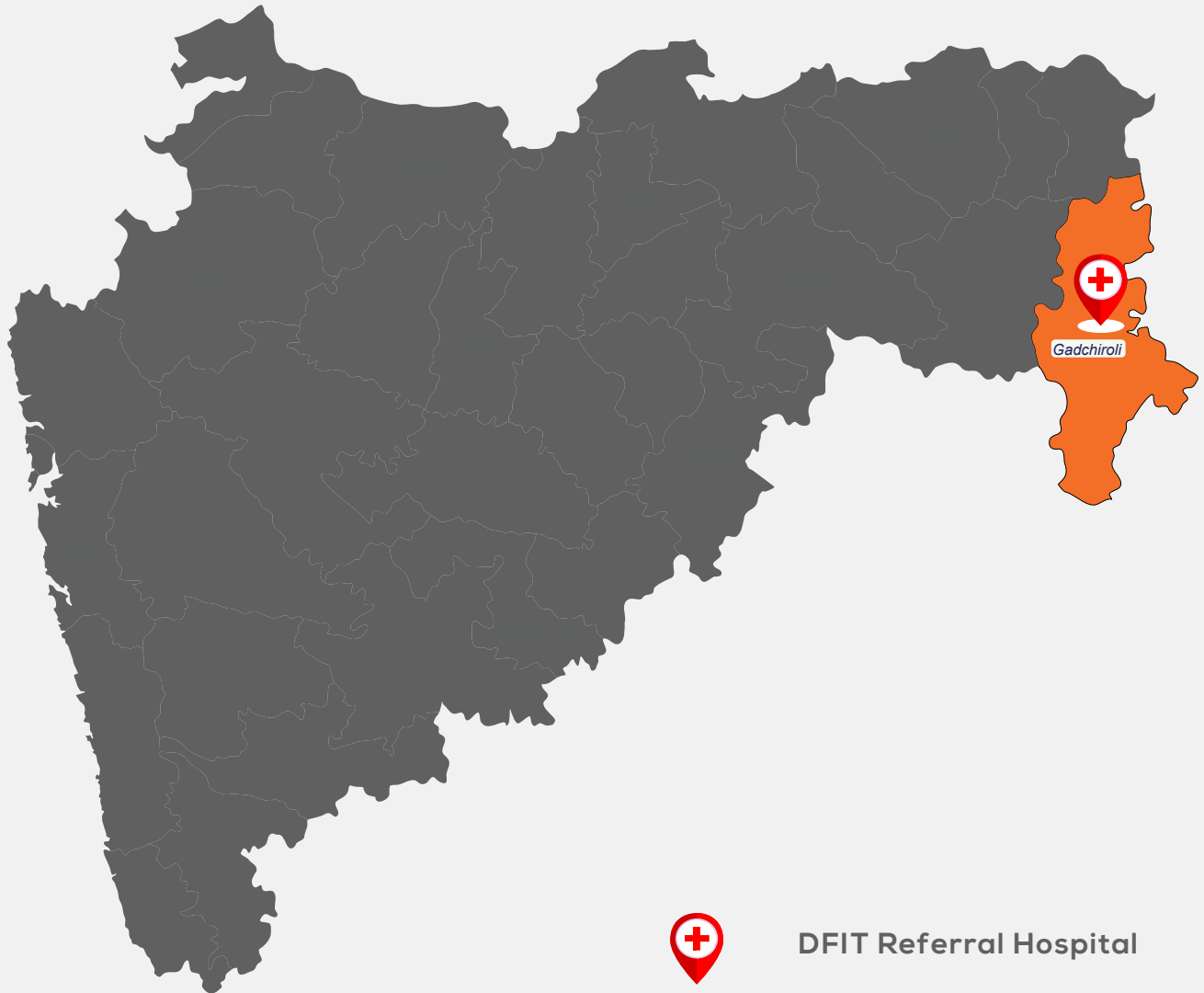
“Thirty-five years back I had leprosy and went to a Govt. Leprosy Hospital. My hands were clawed and I had chronic ulcers in both my soles. My left foot was partially amputated. I somehow managed to walk but was not able not to use my hands as they were still clawed. My eyes were also deteriorating and my life was miserable. I yearned for someone to take care of me, but I was alone.

A couple of health workers from a DFIT supported hospital met me. They gave me treatment and also suggested for a reconstructive surgery. I immediately agreed to the surgery. I got admitted to DFIT supported-hospital and got the surgery done. Post-surgery I was also given continuous physiotherapy. I am now able to hold a glass of water, I am now able to use my hand to eat, what else would I want. My only wish was to do my daily activities without depending on anybody. My hand became better. I was very happy and requested the correction on the other hand too.

I always required someone else to sign for my pension as I could not even sign. Now I am also able to write very well with my operated hand. I am grateful to everybody who took care of me at DFIT supported Hospital”.



# Maharashtra



## Assisi Sevasadan Hospital, Nagepalli, Gadchirolli district:



The project is located in a tribal district and serves the population who are difficult to reach with the help of a dedicated team. The project has engaged 5 field staff from the tribal population who can speak the tribal dialect and support TB and leprosy-related activities in 5 PHCs covering a population of 285734. The

project has OPD services for leprosy and TB related services. There are 118 leprosy affected persons with deformities living in its jurisdiction and among them, 98 (82%) are practising self-care regularly and 77 of them were provided MCR footwear. The project has a DMC covering a population of 100,000 and has achieved 87% cure rate among cases (NSP) registered in the year 2016. One of the main strengths of the project is the involvement of local community leaders in Control programmes of leprosy and TB. Besides medical rehabilitation, the project also provides social rehabilitation to enhance the livelihood of persons affected by leprosy and TB.



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

<b>Leprosy Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Out patients treated	29366	24569	25005	26945
Among them skin patients treated	579	260	552	888
New leprosy cases diagnosed and referred to PHCs	23	41	37	68
Reaction cases managed	7	22	17	29
In-patients managed	22	23	42	57
Bed days	108	136	310	431
Protective foot wear (MCR) provided	26	67	66	77

<b>Tuberculosis Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Respiratory symptomatics treated	104614	124961	177273	128241
TB suspects examined	3042	2419	2934	3053
Total TB cases registered	280	393	409	498
Total new TB cases registered	235	330	336	424
Among them new sputum positive cases	159	219	208	301
Sputum conversion rate for NSP cases	109/122 (89%)	206/224 (92%)	176/198 (89%)	246/284 (87%)
Cure rate for NSP cases	99/118 (84%)	142/163 (87%)	189/226 (84%)	180/208 (87%)
Sputum conversion rate for RT cases	22/32 (69%)	36/42 (86%)	35/44 (80%)	49/52 (94%)
Cure rate for RT cases	16/28 (57%)	21/38 (55%)	31/49 (63%)	38/51 (75%)
In-patients managed	46	41	75	74
Bed days	182	174	186	229





## Back to school

Sahel Lekhawar was only 7 years old when he got leprosy. He did not have a father and was living with his mother, younger brother and his grandparents. He developed rashes on his hands and he showed it to his mother. His mother ignored it thinking of it as a common skin disease. After a few days, the rashes spread all over, his hands had swelling. He discontinued his schooling as he could not write or carry his school bag. His mother got scared looking at his patches and swelling. She immediately took him to a nearby DFIT supported hospital.

The hospital staff diagnosed it has leprosy and gave him MDT. The rashes were getting itchy and painful for him and stopped taking the medicines. DFIT Staff visited his house to check his condition and found out his condition to be worse. He had to undergo further treatment at the hospital. After few months of treatment, he went back home. Counselling was also given about leprosy and how important it is to take his medicines.

"It was devastating looking at my Son but now I am happy to see him fine. I want to thank the DFIT team for taking care of him making us realise the importance of the medicines," said his mother. Sahel is now back at school happy to see his teachers and his friends.

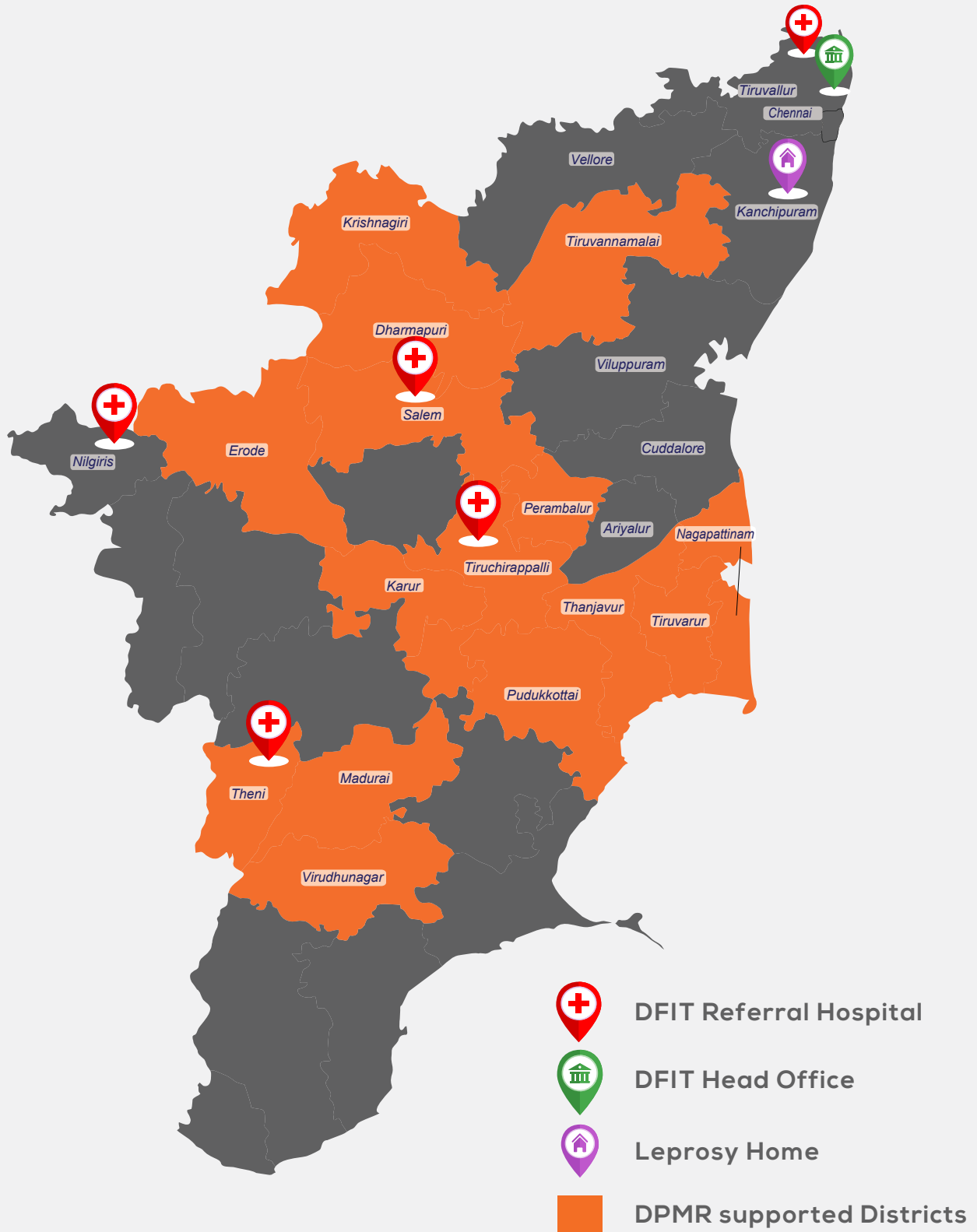


BEFORE TREATMENT



AFTER TREATMENT

# Tamilnadu



Damien Foundation in Tamil Nadu started leprosy control activities in a village near Chengalpat in 1955. DFIT supports five NGO referral centres in the State. The projects at Fathimanagar and Pope John Garden provide tertiary level referral services for persons affected by leprosy. The projects in Arisipalyam, Ambalamoola and Aundipatty provide secondary level care services. The project in Anandapuram provides care for terminally ill persons affected by leprosy. DFIT facilitates DPMR activities in implementing care after cure services with the collaboration of district leprosy programme in twelve districts. 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 reconstructive surgery, facilitating Government entitlements and income generating activity support for the underprivileged.

### **Nilgiris-Wynaad Tribal Welfare Society, Ambalamoola, Nilgiris District:**

This project covers a tribal population of 92034 in the project area. The project offers primary health care services through its Referral hospital. DFIT has been supporting leprosy control activities since 1986 and TB control through the implementation of DOTs since 1998. The project has inpatient facility for managing complications related to TB and leprosy. The project has a recognised Microscopy Centre. Field staff monitor TB patients as well as leprosy patients with disabilities. The project creates health awareness among the tribal community and also conduct intensive house to house survey to detect TB and leprosy cases.



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

<b>Leprosy Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Out patients treated	5684	7310	6713	5415
Among them skin patients treated	211	382	611	645
New leprosy cases diagnosed and referred to PHCs	0	3	1	0
Reaction cases managed	0	1	0	1
In-patients managed	2	1	1	0
Bed days	9	2	1	0
Protective foot wear (MCR) provided	17	1	1	0

<b>Tuberculosis Care- Ambalamoola</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Respiratory symptomatic treated	5684	2194	1432	1083
TB suspects examined	789	199	146	106
Total TB cases registered	12	7	11	13
Total new TB cases registered	9	6	11	10
Among them new sputum positive cases	9	5	6	9
Sputum conversion rate for NSP cases	16/19 (84%)	1/1 (100%)	7/7 (100%)	7/7 (100%)
Cure rate for NSP cases	19/19 (100%)	24/24 (100%)	7/13 (54%)	7/13 (54%)
Sputum conversion rate for RT cases	0	0	2/2 (100%)	2/2 (100%)
Cure rate for RT cases	0	2/3 (67%)	2/5 (40%)	2/5 (40%)
In-patients managed	10	7	11	11
Bed days	87	26	51	78



## 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 hospitalisation 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 programme covering a population of around 128939. The project facilitates DPMR services in 8 blocks of Theni district with the support of Civil Society Organisations. At present 347 persons affected by leprosy with disabilities were identified among them 67% are practising self-care. The project is also involved in livelihood support of the persons affected by leprosy, during the year support was extended to one person.



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

<b>Leprosy Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Out patients treated	13557	12046	13449	14211
Among them skin patients treated	6901	5771	7158	7852
New leprosy cases diagnosed and referred to PHCs	21	18	11	13
Reaction cases managed	0	0	0	1
In-patients managed	135	132	139	127
Bed days	1257	1345	1304	1287
Protective foot wear (MCR) provided	15	17	144	157

<b>Tuberculosis Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Respiratory symptomatics treated	13557	7348	11549	1754
TB suspects examined	1150	915	950	1230
Total TB cases registered	26	44	47	45
Total new TB cases registered	19	33	33	34
Among them new sputum positive cases	17	26	30	30
Sputum conversion rate for NSP cases	6/13 (46%)	19/21 (90%)	25/31 (81%)	24/31 (77%)
Cure rate for NSP cases	10/13 (77%)	13/17 (76%)	18/26 (69%)	24/30 (80%)
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%)	7/13 (54%)
In-patients managed	105	54	82	106
Bed days	627	406	697	789

## Holy Family Hansensorium, 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 neighbouring districts. The project is also involved in TB control since 1998 supporting 118291 populations through its Designated Microscopy Centre. Besides DFIT support, the hospital also has a counselling facility for HIV patients and a weaving centre for rehabilitating persons affected by leprosy.

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

<b>Leprosy Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Out patients treated	3378	4221	4494	4116
Among them skin patients treated	2221	2432	3189	2229
New leprosy cases diagnosed and referred to PHCs	23	35	25	28
Reaction cases managed	94	94	81	75
Major Surgery done	33	40	39	34
Minor surgeries (Septic and nerve decompression)	58	62	58	47
In-patients managed	444	431	455	404
Bed days	16606	17850	18516	17615
Protective foot wear (MCR) provided	516	350	378	325

<b>Tuberculosis Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Respiratory symptomatics treated	3382	4221	4494	1378
TB suspects examined	689	969	725	915
Total TB cases registered	29	34	31	16
Total new TB cases registered	21	27	30	11
Among them new sputum positive cases	11	16	24	10
Sputum conversion rate for NSP cases	14/14 (100%)	19/21 (90%)	12/14 (86%)	12/14 (86%)
Cure rate for NSP cases	8/8 (100%)	11/14 (79%)	10/16 (63%)	12/12 (100%)
Sputum conversion rate for RT cases	5/5 (100%)	6/8 (75%)		
Cure rate for RT cases	1/8 (13%)	4/5 (80%)		
In-patients managed	12	18	8	0
Bed days	250	206	125	0





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



This project commenced its 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 persons 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 a population of 500000 for TB services in the urban area with the support of the Government until the year 2015. Later in the year 2016, Government withdrew its support of TB unit and currently, the project has a Designated Microscopic Centre covering an urban population of around 122712.



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

<b>Leprosy Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Out patients treated	9527	9630	9102	8892
Among them skin patients treated	921	985	1050	1059
New leprosy cases diagnosed and referred to PHCs	46	44	51	36
Reaction cases managed	14	19	20	29
Minor surgeries (Septic and nerve decompression)	3	9	12	5
In-patients managed	147	141	180	153
Bed days	3789	4581	5724	5910
Protective foot wear (MCR) provided	171	393	426	434

<b>Tuberculosis Care</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>
Respiratory symptomatics treated	201427	209372	23640	2529
TB suspects examined	8241	8836	1751	893
Total TB cases registered	572	537	70	71
Total new TB cases registered	468	442	55	55
Among them new sputum positive cases	242	219	28	26
Sputum conversion rate for NSP cases	181/252 (72%)	190/224 (85%)	30/32 (94%)	24/24 (100%)
Cure rate for NSP cases	193/266 (73%)	173/242 (71%)	134/182 (74%)	24/28 (86%)
Sputum conversion rate for RT cases	37/56 (66%)	40/66 (61%)	8/8 (100%)	12/15 (80%)
Cure rate for RT cases	34/95 (36%)	29/66 (44%)	27/51 (53%)	7/8 (88%)

Note : Salem TB Unit was withdrawn in April 2016





## Pope John Garden Leprosy Referral Centre, Madhavaram, Chennai:

This is one of the oldest leprosy rehabilitation homes in Tamil Nadu supported by the Salesians of Don Bosco. DFIT as part of project collaboration established tertiary level services from the year 2013 by supporting infrastructure and human resource. The project provides reconstructive surgery and ulcer care management for the patients referred by the 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 four year's performance of Madhavaram project:

Leprosy Care	2014	2015	2016	2017
Out patients treated	8238	1259	6747	10601
Among them skin patients treated	8053	1076	6473	10405
New leprosy cases diagnosed and referred to PHCs	9	3	1	3
Reaction cases managed	3	2	0	5
Major Surgeries done	32	11	23	21
Minor surgeries (Septic and nerve decompression)	51	50	45	1
In-patients managed	125	74	82	34
Bed days	2434	2233	3226	1151
Protective foot wear (MCR) provided	9	17	13	6

## Anandapuram Rehabilitation Centre, Polambakkam, Kanchipuram

This project offers medical and social services directly by DFIT. The project provides geriatric care services for persons affected by leprosy who are homeless. To ensure dignified existence DFIT provides food, shelter, medical care and also facilitates the last rites of the residents. The project has a capacity to accommodate 30 residents 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 were referred by Government hospitals, leprosy homes and DFIT field staff. Ambulance facility is available for shifting patients to nearby hospitals during an emergency. General Physiotherapy services were initiated in the project in 2015 to cater physiotherapy services for general population including persons affected by leprosy. About 535 patients have benefitted from the physiotherapy in 2017.



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

Particulars	2015	2016	2017
Inmates	13Males + 7 Females	18 Males+6Females	16 Males + 6 Females
Admissions	4 Males + 1Female	10 Males + 1Female	0 Males + 1 Female
Death /Discharge	4 Males + 1 Female	5Males + 2Females	2 Males + 1 Females



## Disability Prevention and Medical Rehabilitation programme:



After the elimination of Leprosy, the focus on detection and treatment was not prevalent, as it had integrated into the general health system. The challenge in leprosy control is the prevention of disability and prevention of worsening the disability to those affected by 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 various strategies in 15 districts of Tamil Nadu. The main objective of DPMR programme is to improve the capacity of general health staff in managing complications like the reactions, updating the list of disabled persons, identification and referral of eligible persons for reconstructive surgery, providing customised footwear, facilitating Government entitlements and socioeconomic support. Civil Society Organisations, local community volunteers and family members are encouraged to involve and monitor self-care practices. The duration of DPMR support is extended to the district based on the needs and situation. DPMR programme in 15 districts has resulted in 62% of self-care practice and 82% of the persons are regularly using protective footwear. There are 193 persons who were referred for re-constructive surgery among them 40 persons under surgery in DFIT projects.



The following table describes the performance of DCTs in 2017:

Districts	No. 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 footwear	No. of persons identified for RCS	No. of persons referred for RCS	No. of persons underwent RCS
Krishnagiri	206	206	123	132	118	26	26	2
Dharmapuri	190	189	105	131	112	13	13	0
Erode	183	61	28	133	103	20	18	0
Thiruvannamalai	128	74	31	84	70	12	12	3
Thiruvarur	207	108	103	70	78	28	28	4
Nagapattanam	213	105	100	70	81	21	21	3
Trichy	100	71	69	41	37	9	9	2
Karur	102	69	67	44	40	10	10	3
Perambalur	61	43	39	23	27	9	9	5
Thanjavur	177	115	112	71	63	12	12	4
Madurai	303	303	217	258	215	38	23	5
Virudhunagar	187	187	119	168	118	16	5	3
Pudukkottai	182	180	109	163	109	4	2	1
Salem	1893	1809	1275	1857	1434	2	2	2
Theni	1215	1102	819	1020	895	4	3	3



## **Karthik : I never expected a change**

Mr. KARTHIC ( name changed) 23-year-old leprosy patient was working as a tollbooth operator. One day he noticed lumps all over his body and decided to get treatment from a private clinic. He took the medication advised for more than a month but of no use. The lumps spread all over his body and his fingers swollen. He could not move his fingers, which forced him to drop out from his job. He then visited other hospitals, but the treatment was very expensive for him. He had no other choice but to undergo the expensive treatment. Soon he had no money left.

Later he went to a Govt. Hospital and was referred to a DFIT supported hospital. He knew only then that he had leprosy. He received treatment with the utmost care at the hospital. He was further given physiotherapy exercises. His reactions subsided and his hand was getting better. Regular counselling was also given by the DFIT team to motivate him.

Now Karthik is happy to get back to work. "I almost gave up my life; I never expected a change, until I came to the right place to get the right treatment".



DURING REACTION



AFTER REACTION



# 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 reasons for this damaging image of leprosy and TB. There is no one easy answers to dispel 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 curing 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 which also helps patients to find local 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 through its projects to more than 1000 underprivileged persons across 8 states since 2007. 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 but also has reduced stigma and paved way for inclusion in the society. The LEP support is provided for house construction/renovation, livestock development, small business support for income generation, educational assistance to the children or people affected by leprosy and providing scope for self-employment opportunities.



The beneficiaries for the programme are identified by field workers who are in direct contact with them and prepare the request application which is sent to the committee for approval. After implementing the LEP support the field teams and volunteers, monitor, provide guidance and do follow-up for a period of 1 year to support the beneficiaries.

<b>Table No: 1</b>						
<b>Type of support provided Project wise to the beneficiaries during the year 2017</b>						
Projects	Socio-economic support	Medical Treatment support	live stock	House construction and renovation	Education	Total
Bihar State	45	2	1	11	17	76
Jharkhand State	15			7	25	47
Madurai Zone	4			1	2	7
Trichy Zone	4			1	4	9
Krishnagiri Zone				3	3	6
Srikakulam Zone	3		1		2	6
Nellore Zone	4			1	1	6
Kadapa Zone	2		1			3
Aundipatty					1	1
Arisipalayam				6		6
Delhi	3				1	4
Nagepalli	5					5
Nellore				2		2
Pavagada	3				2	5
<b>TOTAL</b>	<b>88</b>	<b>2</b>	<b>3</b>	<b>32</b>	<b>58</b>	<b>183</b>

The above table describes the type of support provided to the beneficiaries during the year 2017 with project wise details. During the year, LEP support was extended to 183 beneficiaries among them majority (48%) of them received socio economic support, nearly one third (32%) of them received educational support, 17 percent housing/renovation support , 2 percent of the beneficiaries received benefits for livestock and remaining one percent received medical aid support.

# Chantiers



Chantiers are voluntary action by a group of persons from Belgium who support leprosy and Tuberculosis services globally through their involvement in the project activity for developing infrastructures especially the construction and renovation of houses in the Leprosy Colony, Primary Health Centers, hospitals, Laboratories etc. The volunteers are from various walks of life; they are students, teachers, retired persons, young professionals etc., who spend money for their travel & stay and also contribute for the construction activities in the project operational areas to provide care and services for the persons affected by leprosy and TB. These volunteers not only provide the money for building infrastructures,

but actively participate in the construction. 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.

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 also participate in the construction of medical infrastructure, renovation and construction of houses for 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 five volunteer groups of 39 persons, one group supported Nellore project construction for the "Patients Attendees Room", The other two groups participated and supported Anandhapuram Rehabilitation Centre project at Polambakkam, Tamilnadu for construction of Male inmates ward and another two groups participated in the

renovation of Hemerijckx Govt. Leprosy Hospital Centre, at Pollambakkam Tamil Nadu by supporting renovation of Male and Female leprosy ward, renovation of new kitchen for patients in Government hospital.





S.No	Location	Details of work
1	Damien Foundation Urban Leprosy & TB Centre, Nellore, Andhrapradesh	Construction of two Patient Attendees Room for male and female.
2	Anandhapuram Rehabilitation Centre, C/O. Damien Foundation India Trust, Polambakkam, Tamilnadu	Construction of Ward for Male inmates with Toilets and water sump to accommodate 18 inmates.
3	Hemerijckx Govt. Leprosy Centre , Polambakkam , Tamilnadu	Renovation of Male and Female Wards with toilets to accommodate 50 ulcer patients . Renovation of Kitchen facility for serving food for in patients.





# 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 since 1993 and thereafter with Sri Ramachandra Medical University. This exam is generally open to all the final year

medical students. The CME 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. The question papers, evaluation and selection of medal winner are carried out by the two deputed medical faculty from Tamil Nadu MGR Medical University and DFIT team as a panel. The theory exam was held on 25th July 2017 where 302 students registered for the endowment exam among them 229 appeared for the theory examination. The answer sheets were evaluated by the panel and the top 37 students were invited to participate in the practical examination which was held on 16th September 2017 at Holy Family Hansenium Hospital, Fathimanagar, Trichy.



The practical exam results were evaluated by Dr. V. Sampath, Professor of Dermatology department from Madras Medical College who was nominated by the University along with DFIT team for selecting the Endowment Prize gold medal winner.

**Ms. K. Subhashini**, medical student from Chengalpattu Medical College who had scored the highest mark and was selected by panel members for award of “Damien Foundation Endowment Prize Gold Medal” for the year 2017 and issued appreciation certificate by the Tamil Nadu Dr. MGR Medical University.

Damien Foundation India Trust also facilitates endowment prize exam for Sri Ramachandra Medical College where Sri Ramachandra University awards its own gold medal for its students. During the year 2017 Mr. R. Anukiran was nominated for Gold Medal from Sri Ramachandra Medical University.



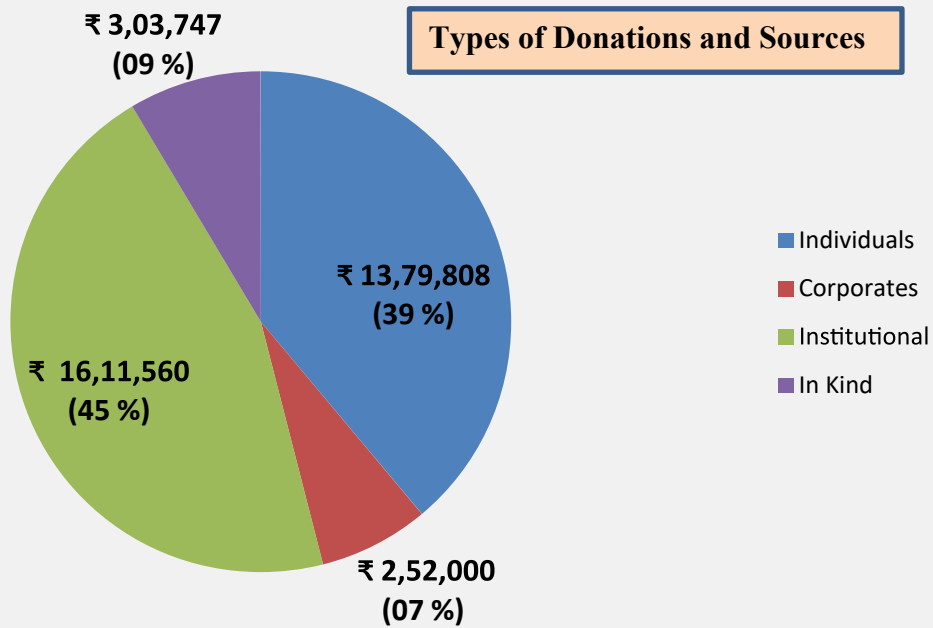
# Resource Mobilisation

Damien Foundation India has initiated public engagement and fundraising initiative from the year 2010 with an in-house model, through school fundraising and later shifted its focus from the year 2012 towards the corporate, associations and individual fundraising as per the new fundraising strategy in the year 2012. The fund raising initiatives were carried out by DFIT in Chennai with two in-house fund raising team members. Later from the review and feedback it was learned that in-house fundraising will have more impact if carried out at the project locations instead of only operating from Head office. In this regard, a pilot project for public engagement and resource mobilisation was initiated in the year 2014 at Nellore project, which was quite successful in public engagement and initiated donor support focusing on individual fundraising and local association's involvement with the project.

DFIT piloted a one-year public engagement model and fundraising through an external agency called Creating High Impact Concept (CHIC) in Chennai from November 2016. CHIC engagement focused on fundraising for DFIT through telecalling, face to face, proposals to CSR. CHIC also helped in bringing out fundraising collaterals and newsletters for donor servicing. DFIT with the help of CHIC brought out two promotional video films to harness more support from individual and corporate donors. The piloting project with CHIC did not yield the results as per the agreed plan, therefore after the review, DFIT board decided not to continue this piloting beyond Oct 2017 with CHIC. With the outsourcing fundraising pilot experience, DFIT decided to have an in-house fundraising team and a plan to continue public engagement by servicing the existing donor, to provide regular donor updates, strengthening of social media support, develop donor communication collaterals and to mainly focus on CSR fundraising and from foundations. DFIT will focus on the upcoming years on the strengthening of social media platforms, to strengthen website for public interaction, have an interactive website in place, involve more corporate in DFIT's mission, to have more creative communication collaterals for donors and have a good donor servicing in place.

During the year DFIT was successful in mobilising resources worth ₹35,47,115/- for its projects.

The Following Chart illustrates the types and sources of donations received during the year.



### Few of our donors and staff team members



Few of our  
Corporate &  
Institutional  
Donors





# Financial Report

Damien Foundation Belgium continued to be the major donor for DFIT. DFB was supported by Directorate General for Development (DGD) and Chantier Damien as co-sponsors of the program in India.



DFIT received funds from DFB under two major heads, Non co-finance and Co-finance. The funds under Non Cofinance supported 11 projects run by local NGOs, 3 projects run by DFIT, DFIT Secretariat, field activities in the States of Tamil Nadu, Andhra Pradesh, Jharkhand and Delhi. The projects under Non Cofinance were mainly providing referral services for leprosy including surgeries for deformity correction, lab services for Drug Resistant Tuberculosis, socio economic rehabilitation, nutritional supplement.

The projects under Non Cofinance were mainly providing referral services for leprosy including surgeries for deformity correction, lab services for Drug Resistant Tuberculosis, socio economic rehabilitation, nutritional supplement.

The funding under Co-finance received from DGD was used for supporting field activities in Bihar. The major support was provided for Drug Resistant TB in 6 districts and Disability Prevention and Medical Rehabilitation in 23 districts. The activities were carried out in close collaboration with Leprosy and TB control Program of the Government through Six field coordinators and Twenty Community Social Workers.

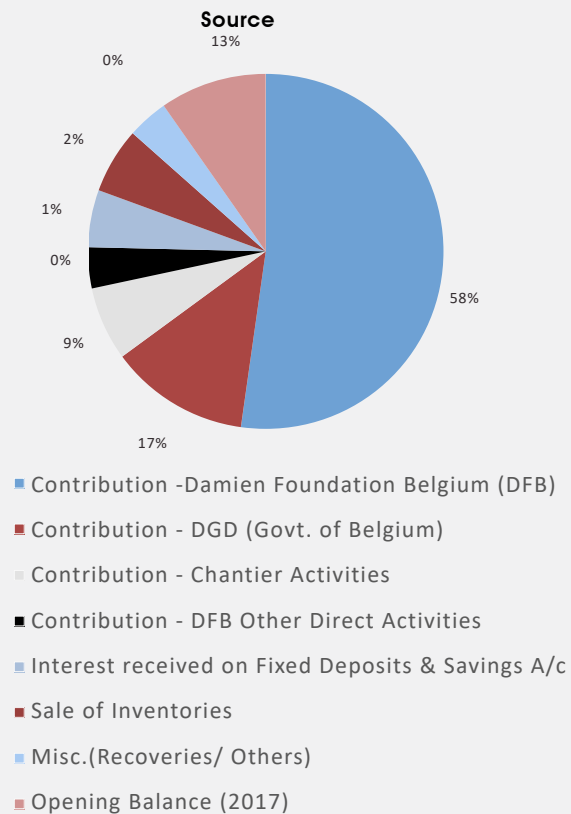
The total expenditure for the year was 126.94 Million rupees (Non Co-finance: 90.97 Million rupees and Co Finance: 36.87 Million rupees). The expenditure for Leprosy support activities covering In-patient, Out-patient, reconstructive surgery for deformities, livelihood support, MCR footwear, office administration cost was 52.36%. The TB control activities supported to in-patient, outpatient, nutritional supplement during treatment, livelihood support, Reference laboratories for Drug Resistant TB at Darbanga and Nellore, office administration cost was 47.64% of the expenditure.

Chantier Damien through their assistance constructed a ward in Polambakkam for the inmates of the Anandapuram home and a building for stay of attenders of MDR patients admitted in Nellore. They also funded the restoration of wards, toilets and kitchen in Hemerijck Government hospital at Polambakkam.

In the beginning of the year exchange rates dropped leading to less inflow of funds, but it improved later on offsetting the difference in the inflow of funds. DFIT Finance department completed Internal Audit and Statutory Audit in time and presented to the trust. FCRA returns for the year was filed in time. Income tax deduction and payment was made in time. TDS certificates were issued for Salaried staff, professionals, and contractors. Income tax assessment for the year 2014-15 Financial year was completed with Nil tax due.

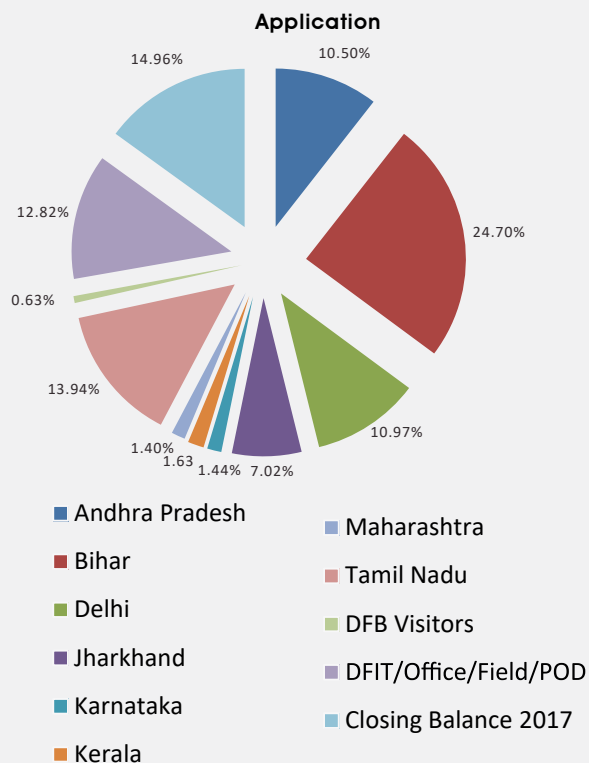
Financial Report 2017 : Foreign Contribution (FCRA) : Source		
Source	Income (IRS)	%
Contribution -Damien Foundation Belgium (DFB)	86,909,740	58.22
Contribution - DGD (Govt. of Belgium)	25,538,846	17.11
Contribution - Chantier Activities	13,026,151	8.73
Contribution - DFB Other Direct Activities	634,470.99	0.43
Interest received on Fixed Deposits & Savings A/c	925,484	0.62
Sale of Inventories	2,788,500	1.87
Misc.(Recoveries/ Others)	660,101	0.44
Opening Balance (2017)	18,800,627	12.59
Total	149,283,919	100

Financial Report 2017 : Foreign Contribution (FCRA)



Financial Report 2017 : Foreign Contribution (FCRA) : Application		
Application	Expenses	%
Andhra Pradesh	15,669,526	10.50
Bihar	36,872,824	24.70
Delhi	16,372,703	10.97
Jharkhand	10,479,754	7.02
Karnataka	2,153,688	1.44
Kerala	2,433,459	1.63
Maharashtra	2,083,735	1.40
Tamil Nadu	20,810,893	13.94
DFB Visitors	938,554	0.63
DFIT/Office/Field/POD	19,131,507	12.82
Closing Balance 2017	22,337,276	14.96
Total	149,283,919	100

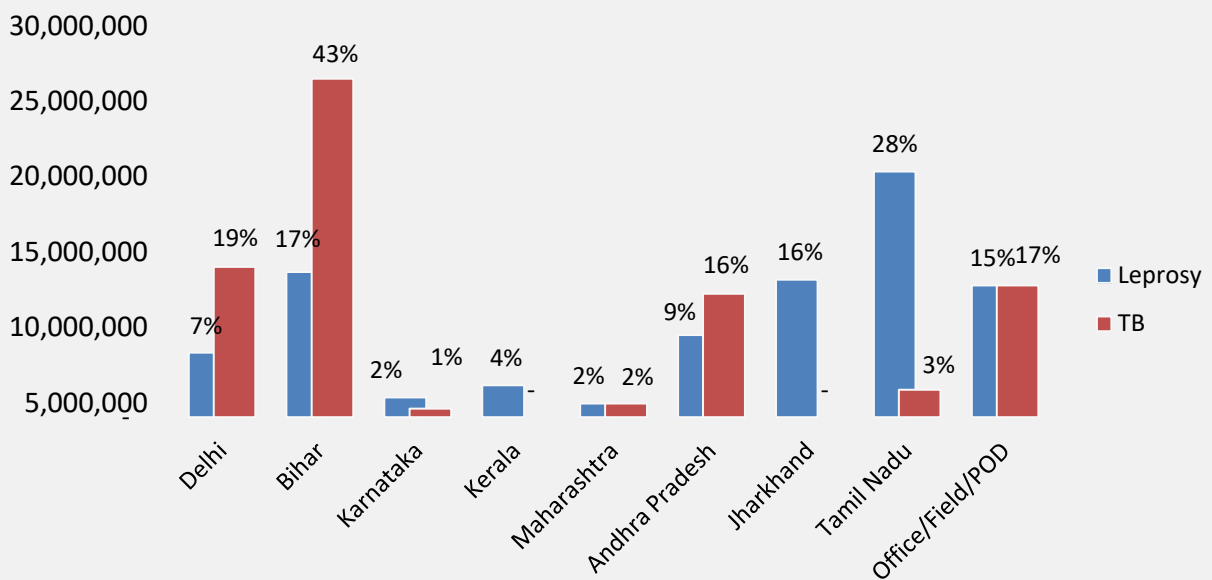
Financial Report 2017 : Foreign Contribution (FCRA)



## Financial Report 2017 : FCRA : State-wise Distribution of Funds

State	Leprosy	TB	Total
Delhi	4,911,811	11,460,892	16,372,703
Bihar	11,061,847	25,810,977	36,872,824
Karnataka	1,507,582	646,106	2,153,688
Kerala	2,433,459		2,433,459
Maharashtra	1,041,868	1,041,868	2,083,735
Andhra Pradesh	6,267,810	9,401,716	15,669,526
Jharkhand	10,479,754		10,479,754
Tamil Nadu	18,729,804	2,081,089	20,810,893
Office/Field/POD	10,035,031	10,035,031	20,070,061
Total	66,468,965	60,477,678	126,946,643
Percentage	52.36	47.64	100.00

## Financial Report 2017 : FCRA : State-wise Distribution of Funds



**FINANCE REPORT 2017: INDIAN ACCOUNT**

<b>S.No</b>	<b>Source</b>	<b>Income (IRS)</b>	<b>%</b>
1	Donations Received	3,182,390	16
2	Grants received from Central/State Govts.	1,391,250	7
3	Received fro MCR Chappels	439,200	2
4	Sale of Sputum cups	599,403	3
5	Interest Received (Fixed Deposits & Savings A/c)	252,529	1
6	Rent /EB & advance Received	1,416,580	7
7	Miscellaneous Receipts	3,135,745	15
8	Opening Balance (2017)	9,859,212	49
	<b>TOTAL</b>	<b>20,276,309</b>	<b>100</b>

<b>S.No</b>	<b>Application</b>	<b>Expenses (IRS)</b>	<b>%</b>
1	Purchase of Jeeps/AC/Mobile	2,865,392	14
2	Purchase of Medicines & Stationery	128,246	1
3	Maintenance Cost	600,473	3
4	IRL Darbhanga Lab equipment	4,072,570	20
5	Gratuity Premium paid for staff	311,813	2
6	Provident Fund payment of Staff	2,728,571	13
7	Purchase of MCR Chappals	258,313	1
8	Travel, Bank and Misc expenses	143,740	1
9	TDS on Salaries / Others	1,878,377	9
10	Fund transfer to projects	140,217	1
11	Closing Balance (2017)	7,148,597	35
	<b>TOTAL</b>	<b>20,276,309</b>	<b>100</b>



# Meetings, Trainings & Visitors

Month	Dates	Particulars	Organised by	Participant(s)
Jan	8 <sup>th</sup> to 28 <sup>th</sup>	Annual Fundraising campaign at DFB, Brussels	DFB	Mr. Nabi Thiagarajan
Jan	21 <sup>st</sup> & 22 <sup>nd</sup>	Fund raising workshop, Delhi	CHIC/DFIT	Facilitators: Mr. Andrew Thanuj Kumar, Mrs. Alice Prema Mr. L. Camillus Rajkumar Participants: DFIT Delhi Project staff
Jan	23 <sup>rd</sup> & 24 <sup>th</sup>	ILEP Meeting at Bangalore	ILEP	Dr. M. Shivakumar
Feb	2 <sup>nd</sup>	ILEP Meeting at Delhi	ILEP	Dr. M. Shivakumar
Feb	4 <sup>th</sup>	UWC Grants meet , Chennai	United Way	Mr.P. Nabi Thiagarajan Mr. Camillus Rajkumar
Feb	6 <sup>th</sup> to 13 <sup>th</sup>	National workshop on Laboratory quality, Delhi	FIND / GOI	Mr.P.V. Giriprasad
Feb	10 <sup>th</sup>	Fund raising workshop, Nellore (Touch and TAG campaign)	DFIT	<u>Facilitators:</u> Mrs. Alice Prema Mr. L. Camillus Rajkumar <u>Participants:</u> DFIT Nellore Project staff
Feb	8 <sup>th</sup> to 10 <sup>th</sup>	National Workshop on Laboratory Quality Management System in Diagnostics.	National Institute of Biology	Mr. Giri Prasad, Nellore

Feb	15 <sup>th</sup>	Project Holders Meeting, Chennai	DFIT	All DFIT Project Holders
Feb	22 <sup>nd</sup> & 23 <sup>rd</sup>	Building staff capacities for public engagement and Fundraising Skill building workshop at DFIT, H.O Chennai	DFIT	<u>Facilitators :</u> Mr. Andrew Thanuj Kumar, Mrs. Alice Prema <u>Participants:</u> DFIT H.O Staff and TN DPMR Team.
Mar	7 <sup>th</sup>	7 <sup>th</sup> NGOs Health Consortium (NHC)	CHAI	Dr.P.H.Vishnu
Mar	10 <sup>th</sup>	NGO'S meeting at STO Office, Government of AP, Vijayawada	STO, AP	Dr.P.H.Vishnu
Mar	24 <sup>th</sup>	67 <sup>th</sup> Trust Meeting, at Chennai	DFIT	R. Subramanian, Dr. Mannam Ebenezer Dr. Raja Samuel Dr.M. Shivakumar Mr. Alex Jaucot – Special Invitee
April	6 <sup>th</sup> to 8 <sup>th</sup>	Workshop on Experimental Counseling at Bangalore	Banjara Academy, Bangalore	Dr. Loreen, Dr.T. Sukruthi, Mr. Ravikanth, Sr. Reeba, Mr. Venkateshan, Mr.Francis Mrs. Sriya Pushpam, Mr. Nanhekumar, Mr. Goutham, Mr. Rasbihari das, Mr. Gopalakrishna.
April	12 <sup>th</sup>	Field Team Review Meeting for South Zone at Nellore	DFIT	<u>Conducted By:</u> Dr. M. Shivakumar, Dr.P.H. Vishnu, Mr. Somasekara Reddy <u>Participants:</u> South Teams coordinators

April	17 <sup>th</sup>	Bihar Field Team Review Meeting, at Patna.	DFIT	Dr.P.H. Vishnu, Mr. Y. Somasekhara Reddy DFIT Bihar Staff
May	8 <sup>th</sup> to 9 <sup>th</sup>	Second Line LPA training at NTI Bangalore	NTI/FIND	Mr.P.V. Giriprasad
May	24 <sup>th</sup>	Sensitisation programme for Care of Grade-II cases and RCS patient	DFIT Delhi	<u>Facilitators:</u> SLO, Dr. Brijpal Singh, M.O., Mr. Ravikant <u>Participants:</u> NMS,PT & other health staff
	30 <sup>th</sup>	ILEP review meeting, Patna	ILEP partners	All ILEP partners, Dr. Bijoy Kumar Pandey, SLO, Bihar, Dr. Rajesh Pandey, WHO State Coordinator.
July	18 <sup>th</sup>	ILEP Coordination meeting	DFIT/ ILEP State Office, Patna	Dr Shilpi Sinha (SLC Bihar, Dr Aashish Wagh (Consultant NLEP) , Dr U. Hembrom (Director TLMI), Dr Chandramani (NLRI), Mr S N Tiwari (NLRI), Mr Amar Singh (LEPRA Society)
July	19 <sup>th</sup>	Workshop on GST and FCRA compliance	FMSF, Delhi	Mr.D.V. Premkumar Velu
July	21 <sup>th</sup> & 22 <sup>th</sup>	Bihar District support Review Meeting at Patna	DFIT	Dr.P.H. Vishnu, Dr.A.K.Pandey, Dr. Ashish Wagh, Mr. Y. Somasekhara Reddy DFIT Bihar Staff
July	23 <sup>th</sup> to 25 <sup>th</sup>	ILEP State level (AP) review meeting at Annavaram, AP	ILEP	Attended by Mr. Satheesh

July	26 <sup>th</sup> & 27 <sup>th</sup>	NGOs Health Consortium (NHC), Delhi	Care India	Dr. M. Shivakumar
July	2 <sup>th</sup> to 4 <sup>th</sup>	DFIT supported project Review meeting and CME at KKID Coimbatore	DFIT	50 persons from DFIT Participated
Aug	21 <sup>st</sup> to 24 <sup>th</sup>	Workshop on Project Management of Health Programmes at Delhi	Indian Institute of Public Health	Mr.D.V.Premkumar Velu Dr. Ashish Wagh
Aug	16 <sup>th</sup>	Endowment Prize Practical Examination at HFH Fathimanagar, Trichy	DFIT and MGR Medical University	<u>Facilitators:</u> Dr.M.Shivakumar, Dr.V. Sampath , MMC Dr.P.H. Vishnu Mr.R.Jaishankar ,Mr.S. Satheesh Mr.J. Francis Mr.S.Paul Xavier <u>Participants:</u> 36 Final year MBBS students from TN Medical colleges & Sri Ramachandra Medical University
Sep	2 <sup>nd</sup>	68 <sup>th</sup> Trust Meeting	DFIT	<u>Trustees:</u> R. Subramanian, Dr. Mannam Ebenezer Dr. Raja Samuel Dr. M. Shivakumar Special Invitee: Mrs. Radhika Santhanakirshnan
Sep	4 <sup>th</sup>	Bihar District support Review Meeting at Patna	DFIT	Dr.M. Shivakumar, Dr.A.K.Pandey, Dr. Ashish DFIT Bihar Staff
Sep	13 <sup>th</sup>	ILEP review meeting	ILEP partners	All ILEP partners Dr. Bijoy Kumar Pandey, SLO, Bihar, Dr. Rajesh Pandey & WHO State Coordinator.



Sep	18 <sup>th</sup>	ILEP Coordination Meeting, Bihar	DFIT Patna/ State Office, ILEP Patna	Dr Shilpi Sinha (SLC Bihar) Dr Aashish Wagh (Consultant NLEP), Dr U. Hembrom (Director TLMI), Dr Chandramani (NLRI), Mr. S N Tiwari (NLRI), Mr Amar Singh (LEPRA Society)
Oct	25 <sup>th</sup>	LCDC State Level Meeting at Tenali	Govt of AP	Attended by Mr. Satheesh
Nov	6 <sup>th</sup> to 13 <sup>th</sup>	Internal evaluation of DGD project, in Bihar	DFIT	Dr. P. Krsihnamurthy, Dr. Shivakumar, Dr. P.H. Vishnu Dr. A.K.Pandey, Dr. Ashish Wagh, Dr. Loreen Gujral Mr. Somasekhar Reddy, Mr. K.S. sudhakar, Mr. Francis, Mr. Naresh Kumar, Mr. Shiva Rama Krishna & Mr. S.Satheesh
Nov - Dec	30 <sup>th</sup> to 2 <sup>nd</sup> Dec	District support Review Meeting for South Zone at Nellore	DFIT	<u>Reviewed By:</u> Dr. M. Shivakumar, Dr.P.H. Vishnu, Mr. Somasekara Reddy <u>Participants :</u> South Field Coordinators
Dec	5 <sup>th</sup> to 7 <sup>th</sup>	National Leprosy Conference at Delhi	Novartis/ ILEP/ WHO & CLD	<u>Participants:</u> Dr. M. Shivakumar, Dr.P.H. Vishnu, Dr.Ashish Wagh, Dr. A.K.Pandey, Mr. Nanhe kumar
	18 <sup>th</sup> & 19 <sup>th</sup>	Action plan preparation meeting for 2018 at Patna.	DFIT	Dr. A.K.Pandey, Dr.Ashish Wagh Mr. K.V.R. Murthy, Mr. Nanhe Kumar Singh, Mr. C.P. Dwivedi Mr. Loknath Mahato, Mr. James Nag & Mr. Umesh Kharkar

## TRAININGS ATTENDED AND CONDUCTED

Month	Dates	Particulars	Organised by	Facilitator(s)/ Participants
Jan	21 <sup>st</sup> to 23 <sup>rd</sup>	Laboratory Training for Senior TB Lab Supervisors of Nellore District	DTCO Nellore	<u>Facilitator:</u> R. Jaishankar  <u>Participants:</u> 8 STLS from Nellore District
Jan	6 <sup>th</sup> to 7 <sup>th</sup>	LED Microscope training to Chirala TU STLS, Prakasam District	DTO Prakasam/ DFIT	<u>Facilitator:</u> Mr. Gririprasad  <u>Participant:</u> Mr.T. Narendra Babu
March	5 <sup>th</sup> to 16 <sup>th</sup>	RCS –Preoperative and Postoperative training at Nellore for DFIT trainees from Burundi, Africa	DFIT Nellore	<u>Facilitators:</u> Dr. Jacob Mathew Dr.T Sukruthi Mr.Piet paul Hemerijckx  <u>Participants:</u> Dr. Jesus Marie Joseph Mr. Apollinaire
March	14 <sup>th</sup> to 20 <sup>th</sup>	Training for MPHS, MO's of Nellore District at DLO Office	DLO Nellore	<u>Facilitators:</u> Mr. Piet paul Hemerijckx Mr. Satheesh  <u>Participants:</u> Nellore District Leprosy Health Workers

March	23 <sup>rd</sup>	CME programme at SRM University, Dept. of Dermatology at Kattankolathur, Chennai.	SRM University / DFIT / Lions Club International	<u>Facilitators:</u> Dr. P. Krishnamurthy Dr. M. Shivakumar Mr. L. Camillus Rajkumar <u>Participants</u> 150 students and Professors.
April	3 <sup>rd</sup> to 6 <sup>th</sup>	RCS – training at Nellore for DFIT trainees from Burundi, Africa	DFIT Nellore	<u>Facilitators:</u> Dr. Jacob Mathew Mr. Piet Paul Hemerijckx <u>Participants:</u> Dr. Jesus Marie Joseph
May	3 <sup>rd</sup> & 5 <sup>th</sup>	RNTCP Lab Training for LT & STLS in Supal & Madhepura	DFIT	<u>Facilitator:</u> Mr. Moses Anandharaj <u>Participants:</u> 36 LT/ STLS
May	19 <sup>th</sup>	Sensitisation training on Leprosy for Health worker	DLO Srikakulam/DFIT	<u>Facilitator:</u> Mr. Siva Rama Krishna <u>Participants</u> 85 Nos

June	29 <sup>th</sup> & 30 <sup>th</sup>	Medical Officer Training at S.V. University, Tripathi	NLEP / DFIT	<u>Facilitators :</u> Dr. M. Shivakumar Mr. Y. Somasekhara Reddy Mr. S. Satheesh <u>Participants:</u> 26 Medical Officers
July	4-6	Training on recording geographical coordinates with open Data Kit collect and introduction on Geographic information System	RACE/DFIT	<u>Facilitators:</u> Dr. Epcó Hasker, ITM, Antwerp, Belgium Dr. Nimer Ortuno Gutierrez, DFB, Belgium, Dr. M. Shivakumar, DFIT, Dr. Ashish Wagh <u>Participants:</u> Mr. Umesh Kharkar, Mr. James Nag, Mr Loknath Mahto, Mr. K.V.R. Murthy, Mr. Nanhe Kumar Singh, Mr. Narendra Kr. Mishra, Mr. Santhosh Kumar Mandal ( Community Social Volunteer)
July	6 <sup>th</sup> to 7 <sup>th</sup>	Medical Officer Training at S.V. University, Tripathi	NLEP / DFIT	<u>Facilitators:</u> Dr. M. Shivakumar Mr. Y. Somasekhara Reddy & Mr. S. Satheesh <u>Participants:</u> 32 Medical Officers



July	26 <sup>th</sup>	Skin Smear on Leprosy	FONTILLES	<u>Facilitators:</u> Mr. Siva Rama Krishna <u>Participants :</u> 3 LT
Sep	04 <sup>th</sup> to 16 <sup>th</sup>	The Union SORT IT OR Course 2017-18 at Chennai	The Union	Dr. Ashish Wagh
Sep	6 <sup>th</sup> to 8 <sup>th</sup>	RNTCP Lab Training for Kurnool Dist. LT's	DTCO, Kurnool	<u>Facilitator:</u> Mr. R. Jaishankar <u>Participants:</u> 7 LTS from RNTCP
Sep	6 <sup>th</sup>	Reorientation training on Leprosy & DPMR	FONTILLES	<u>Facilitators :</u> Dr. Kameshwara Prasad, Mr.V. Prabhakara Rao & Mr. Sivaramakrishna <u>Participants:</u> NLEP Staff 20 Nos
Sep	18 <sup>th</sup> & 19 <sup>th</sup>	RNTCP Lab Training for LT & STLS in Madhepura	DFIT	<u>Facilitator:</u> Mr. Moses Anandharaj <u>Participants:</u> 26 LT/ STLS

Oct	28 & 30 <sup>th</sup>	Training for community Volunteer & Asha for LCDC in PHC Sadar & Piprakothi	DFIT	<u>Facilitator:</u> Dr. Shравan Kumar Paswan, Dr.R.S. Gupta, Dr.A.K. Pandey, Mr. C.P. Dwivedi, Mrs. Sandhya Kumari, Mr. Deepak Kumar & Mr. Vijaykumar <u>Participants</u> : 77 persons
Nov	6 <sup>th</sup> to 10 <sup>th</sup>	Certificate course in Leprosy for M.O at Naini, Allahabad	TLM Naini	Dr. Ramanuje Singh & Sr.Dr. Sahaya Pousiya Mary
Nov	22 <sup>nd</sup>	Exposure training in Management of Leprosy at Dehri on Sone Project to Dr. Ravi Ranjan , M.O of AMDA	DFIT	<u>Facilitator:</u> Dr. Ramanuje Singh
Nov	10 <sup>th</sup>	GST for NGO's	Kotak Mahindra Bank	Mr.L. Camillus Rajkumar Mr.D.V. Premkumar Velu Mrs.R. Parameshwari & Mr. Narayana Reddy

### INTERNATIONAL VISITORS

Particulars	No. of persons	PERIOD	PLACE OF VISIT & PURPOSE
A group of Teachers & Students from St. Augustine Nursing School, Belgium for Nursing internship training	11	19 <sup>th</sup> February to 10 <sup>th</sup> March	Holy Family Hansenorium, Fathimanagar
Mr. Luc Comhaire, Dr. Nimer Ortuno Gutierrez, DFB	02	6 <sup>th</sup> to 16 <sup>th</sup> February	Delhi, Bihar, Madurai, Salem, Krishnagiri, Fathimanagar & DFIT Chennai – Review project activities

Mrs. Roseline , DFB Volunteer and her friend	02	27 <sup>th</sup> February	DFIT Chennai and Anandhapuram Rehabilitation Centre, Polambakkam
Mr. Alex Jaucot, Director General of Damien Foundation, Belgium	01	20 <sup>th</sup> -26 <sup>th</sup> March	Delhi Project , Nagepalli Project visit and attending DFIT Trust Meeting
Mr. Xavier , Mrs. Judy and Students from Belgium	40	03 <sup>rd</sup> April	Dehri-on-Sone – Bihar project visit.
Mrs. Helena Schalenbourg, Corporate fund raising manager, DFB and Mr. Joost Chris Jacques(Potential Donar)	02	26 <sup>th</sup> to 28 <sup>th</sup> June	Visited Pope John Garden, Chennai and Nellore Project
Dr. Nimer & Dr. Epco	02	04 <sup>th</sup> July to 6 <sup>th</sup> July	Patna – ODK/GIS programme
Chantier Group – I	05	8 <sup>th</sup> July to 31 <sup>st</sup> July	Construction of Patient Attendees Building
Chantier Group – II	08	10 <sup>th</sup> July to 30 <sup>th</sup> July	Construction of New Male ward at Anandhapuram Rehabilitation Centre, Polambakkam
Chantier Group –III	08	30 <sup>th</sup> July to 19 <sup>th</sup> August	Renovation workof Male and Female ward, kitchen at Hemerjickx Govt. Leprosy Centre, Polambakkam
Chantier Group – IV	11	6 <sup>th</sup> to 25 <sup>th</sup> August	Construction of New Male ward at Anandhapuram Rehabilitation Centre, Polambakkam
Chantier Group – V	07	10 <sup>th</sup> to 23 <sup>rd</sup> September	Renovation workof Male and Female ward, kitchen at Hemerjickx Govt. Leprosy Centre, Polambakkam
Dr. Nimer & Dr. Epco	02	8 <sup>th</sup> to 12 <sup>th</sup> December	Patna & Madhubani – ODK/GIS programme

## INDIAN VISITORS

Particulars	No. of persons	PERIOD	PLACE OF VISIT & PURPOSE
Dr.T.Rama Rao, State TB Officer	01	9 <sup>th</sup> & 10 <sup>th</sup> March	DFIT Project visit & Akshaya Project Visit by STO
Dr. Chopra , Director, NDTB Centre, N. Delhi	01	25 <sup>th</sup> March	Exposure visit and CME Programme on TB at DFIT Delhi
Dr. K. Lalitha, Professor	01	20 <sup>th</sup> to 24 <sup>th</sup> March	Nalanda & Darbhanga for evaluation of Damien Kiran project.
Dr. Bijoy Kumar Pandey, SLO Bihar	01	25 <sup>th</sup> April	Visited MLCU Rudrapura, Dehri on Sone
Mr. Andrew Thanuj Kumar, Mrs. Alice Prema & Shooting Team	04	1 & 2 <sup>nd</sup> May	Nellore Project & DFIT Activities film shooting
Dr. Susheela, Professor of Biotechnology, University of Nellore	01	20 <sup>th</sup> September	Exposure visit of DTRC Lab Activities in Nellore
Dr. Naga Muneendradu, HOD, Orthopedic, SVMC, Thirupathi	01	07 <sup>th</sup> October	Exposure into RCS in DFIT Nellore



Dr.T.Rama Rao, State TB Officer, AP , Dr. Shantha, WHO Consultant AP, Dr. P. Corl Joseph, WHO Consultant, AP  Mr.Krishna Reddy,  Helping Hands, Nellore	04	24 <sup>th</sup> October	Preliminary visit before the 3 <sup>rd</sup> party evaluation & Inauguration of Attenders' Building at DFIT Nellore
Superintendent, Psychiatrist and a researcher from DSR Nellore Medical College, Nellore	03	26 <sup>th</sup> October	To assess the feasibility of research on psychosocial aspects
Mr. Bijoy, NLEP consultant	01	10 <sup>th</sup> , 18 <sup>th</sup> to 21 <sup>st</sup> November	Monitoring LCDC Programme
Dr.C. Ramadevi, DLO, Nellore & Team	06	20 <sup>th</sup> November	Interim Evaluation of LCDC
Mr. K.Siva Sandeep,  Mr. D. Aditya Reddy  Ms.K. Sushmitha – IInd year MBBS students from Narayana Medical College, Nellore	03	22 <sup>nd</sup> November	Study on Estimation of Oxidative Stress Markers in MDR Tuberculosis and Pulmonary Tuberculosis Patients reported in DTRC Nellore.
Dr. Vimal Kaushal, DLO, South West, Delhi & team	02	5 <sup>th</sup> December	Visited RCS patient operated at DFIT Delhi.
Swami Satya Swaruppanand, Secretary, R.K. Mission & Dr. Rama Bhatt, DTO, R.K. Mission Hospital	02	12 <sup>th</sup> December	DFIT Delhi project and DMC exposure visit
Dr. A. Pramanandha Prasad Babu, NLEP consultant Telangana State, Dr.C. Rama Devi, DLO and DNT Team	06	15 <sup>th</sup> December	Post evaluation of LCDC programme and exposure visit of DFIT Nellore activities

# Annexures

Annexure -1		Hospital Services - Annual Leprosy Report - 2017												
Name of the state	Name of the project	Outpatients services												
		Total number of outpatients treated	No. of new leprosy cases detected							Total no.of new grade II disability			Total number of new reaction cases managed	
			TOTAL			Children (0-14 years)			Grand Total	Adult Grade II	Child Grade II	Total	Type I	Type II
			PB	MB	Total	PB	MB	Total						
Andhra Pradesh	Nellore	4727	9	73	82	2	5	7	89	21	1	22	32	25
	Chilakalapalli	776	11	6	17	3	0	3	20	2	0	2	10	3
Delhi	Delhi	24772	3	11	14	0	0	0	14	4	0	4	5	1
Bihar	Dehri-On-sona	3597	18	29	47	5	6	11	58	14	2	16	38	12
	Muzaffarpur													
Jharkhand	Amda	1586	8	22	30	6	1	7	37	2	0	2	40	13
	Dhanbad													
Tamil Nadu	Arasipalayam	8892	10	23	33	2	1	3	36	12	0	12	15	14
	Aundipatty	14211	1	11	12	1	0	1	13	2	0	2	1	0
	Ambalamoola	5415	0	0	0	0	0	0	0	0	0	0	0	1
	Fathimanagar	4116	5	23	28	0	0	0	28	6	0	6	49	26
	Pope John Garden	10601	1	2	3	0	0	0	3	0	0	0	5	0
Karnataka	Pavagada	9501	11	5	16	1	0	1	17	0	0	0	2	3
Maharashtra	Nagepalli	26945	34	29	63	3	2	5	68	10	0	10	15	14
Kerala	Trivendrum	357	1	1	2	0	0	0	2	0	0	0	2	1
Total		115496	112	235	347	23	15	38	385	73	3	76	214	113

## Annexure -1 Hospital Services - Annual Leprosy Report - 2017

Outpatients services						Inpatients 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					
20	3	23	10	2	12	48	13	182	2369	51.0
						328	21	258	4134	55.0
33	5	38	5	1	6	0	14	123	2696	53.5
44	19	63	10	0	10	54	30	168	5974	55.0
83	32	115	1	1	2					
37	11	48	0	0	0	53	22	138	4564	58.0
47	11	58	2	0	2		18	76	3305	51.0
			2	3	5	434	19	153	5910	86.0
						157	3	127	1287	119.0
						0	2	0	0	0.0
30	4	34	39	8	47	325	80	404	17615	61.0
16	5	21	1	0	1	6	38	34	1151	8.0
23	3	26	0	0	0	120	10	117	1754	48.7
						77	5	57	431	24.0
21	2	23	5	3	8	469	30	141	4345	40.0
354	95	449	75	18	93	2071	305	1978	55535	50.6

## Annexure -2

## POD Programme Annual Report - 2017

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.
Jharkhand	Gumla	347	347	409	264	309	260	17	19	10	116	36
	Lohardaga	197	197	229	155	157	136	13	14	6	54	21
	Simdega	260	260	283	178	232	191	6	6	2	73	13
	Godda	547	547	237	145	107	91	20	20	14	26	31
	Deoghar	543	543	419	295	179	158	29	22	15	57	68
	E. Singhbhum	1329	1329	403	256	283	251	61	46	29	134	61
	W.Singhbhum	514	514	455	272	277	214	13	34	14	52	26
	Saraikela	733	733	305	197	191	154	15	17	6	51	15
Maharashtra	Nagepalli	118	118	772	638	525	317	40	0	0	49	212
Tamil Nadu	Krishnagiri	508	508	206	123	132	118	26	26	2	149	5
	Dharmapuri	289	289	190	105	131	112	13	13	0	138	1
	Erode	749	206	183	28	133	103	20	18	0	125	6
	Thiruvanna malai	467	139	128	31	84	70	12	12	3	91	3
	Thiruvapur	86	86	207	103	70	78	28	28	4	96	0
	Naga pattinam	82	82	213	100	70	81	21	21	3	99	2
	Trichy	469	469	100	69	41	37	9	9	2	57	0
	Karur	248	248	102	67	44	40	10	10	3	57	0
	Perambalur	135	135	61	39	23	27	9	9	5	32	0
	Thanjavur	396	396	177	112	71	63	12	12	4	92	0
	Madurai	947	947	303	217	258	215	38	23	5	227	5
	Virudhu nagar	269	269	187	119	168	118	16	5	3	123	2
	Pudukottai	463	463	182	109	163	109	4	2	1	146	2
	Salem	1336	1336	1893	1275	1857	1434	2	2	2	1446	22
Theni	347	347	1215	819	1020	895	4	3	3	849	13	
Andhra Pradesh	Nellore Urban	97	97	52	43	50	50	7	6	12	47	38
24 districts	Total	11476	10605	8911	5759	6575	5322	445	377	148	4386	582



## Annexure -2

## POD Programme Annual Report - 2017

No. of under treatment cases visited and counselled.	No. of reaction cases first time motivated.	No. of follow up reaction cases monitored.	No. of Community Volunteers interviewed.	No. of CVs monitoring DPMR cases once in a month.	No. of CVs Identifying 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.
52	14	30	182	122	91	53	12	788	5	190	7	37	122
31	8	20	110	73	42	21	7	317	5	153	4	18	116
64	5	20	105	88	14	11	8	207	5	117	5	12	78
30	13	15	80	69	33	20	7	157	5	72	4	9	58
153	13	27	133	116	181	89	13	417	7	76	7	14	199
52	19	39	156	107	92	63	9	651	4	141	7	29	200
108	14	36	152	123	26	26	10	308	8	282	9	32	248
28	8	21	109	70	24	21	4	94	7	134	6	13	121
1079	54	81	213	46	23	20	111	2945	189	2957	37	107	6
12	0	9	27	28	28	0	0	0	2	13	0	0	0
21	0	8	23	23	23	0	1	0	2	18	1	19	16
27	1	1	6	6	6	0	0	0	2	14	11	193	99
36	1	10	9	9	9	0	7	152	0	0	14	242	109
34	12	12	169	74	0	0	2	70	5	53	6	68	19
36	15	18	175	92	0	0	0	0	7	93	11	94	24
25	4	6	80	70	0	0	0	0	3	45	5	94	10
23	3	4	84	72	0	0	1	86	1	9	5	41	17
9	4	5	52	42	0	0	0	0	0	0	1	16	4
18	2	6	147	119	0	0	2	82	1	18	10	109	29
19	8	18	117	95	0	0	4	131	21	1663	11	397	168
24	12	5	68	50	0	0	1	22	12	770	12	341	108
17	7	20	62	43	0	0	6	215	9	708	6	115	29
471	16	103	144	172	98	0	4	62	5	991	11	496	56
87	1	4	132	165	0	0	97	1706	12	121	5	133	0
36	25	113	0	0	0	0	4	265	3	53	2	9	0
2492	259	631	2535	1874	690	324	310	8675	320	8691	197	2638	1836

Andhra Pradesh and Bihar DPMP activities annual report at PHC level -2017													Annexure -3			page 1				
States	Districts	NO, of PHCs visited	PHC Visit Record verification Maintained																	
			Number of Suspects registerd	Total Number of G II Disability Patients In the register	Number of trained person	Suspects Register	Treatment Register	Reaction Register	Disability Register	Monthly Progress reports	MDT Stock Register	Referral Slips	Feedback Slips	Treatment Cards	Prednisolone Card	Patient ID Card	Adequate stock of MDT available	Number of under treatment Reaction Cases	Availability of Tab. Pred-nisolone	
Andhra Pradesh	Anantapur	58	204	457	87	28	53	5	41	24	52	1	0	38	1	1	46	4	28	
	Kurnool	49	138	548	66	18	42	2	41	32	45	1	0	27	0	0	39	2	24	
	Kadapa	49	136	647	78	28	43	2	37	34	42	5	0	37	1	0	41	3	26	
	Nellore	41	188	468	42	25	38	0	35	31	38	33	32	34	1	0	38	5	35	
	Chittoor	44	169	548	37	20	38	4	25	22	40	31	30	35	2	1	33	7	25	
	Prakasham	36	91	331	36	12	34	1	31	27	35	16	16	28	0	0	29	5	29	
	Srikakulam	91	1012	1480	91	65	90	9	86	90	90	6	0	90	0	0	4	7	80	
	Vizianagaram	57	1250	1657	55	68	56	3	50	56	56	3	3	56	16	3	3	5	50	
	<b>Total</b>		<b>425</b>	<b>3188</b>	<b>6136</b>	<b>492</b>	<b>264</b>	<b>394</b>	<b>26</b>	<b>346</b>	<b>316</b>	<b>398</b>	<b>96</b>	<b>81</b>	<b>345</b>	<b>21</b>	<b>5</b>	<b>233</b>	<b>38</b>	<b>297</b>
	Bihar	E. Chaparan	64	696	2377	307	34	64	52	54	57	55	36	0	39	40	64	49	61	34
W. Champaran		43	679	1213	169	34	42	28	30	26	24	29	1	20	21	22	21	46	24	
Madhubani		70	1153	1529	91	53	61	20	49	56	40	30	7	52	40	57	55	38	21	
Sitamarhi		28	311	820	33	21	28	8	21	25	20	15	14	22	17	18	17	9	9	
Purnia		19	109	440	307	13	15	4	7	13	12	13	0	10	2	14	11	23	14	
Katihar		48	178	888	118	25	57	3	30	47	46	15	1	16	6	38	25	13	43	
Gaya		67	1759	2154	113	48	57	48	52	54	56	38	12	49	14	58	57	29	21	
Jehanabad		18	205	491	32	13	17	6	9	15	10	15	8	15	6	16	17	10	0	
<b>Total</b>			<b>357</b>	<b>5090</b>	<b>9912</b>	<b>1170</b>	<b>241</b>	<b>341</b>	<b>169</b>	<b>252</b>	<b>293</b>	<b>263</b>	<b>191</b>	<b>43</b>	<b>223</b>	<b>146</b>	<b>287</b>	<b>252</b>	<b>229</b>	<b>166</b>
<b>Grand Total</b>			<b>375</b>	<b>5295</b>	<b>10403</b>	<b>1202</b>	<b>254</b>	<b>358</b>	<b>175</b>	<b>261</b>	<b>308</b>	<b>273</b>	<b>206</b>	<b>51</b>	<b>238</b>	<b>152</b>	<b>303</b>	<b>269</b>	<b>239</b>	<b>166</b>

Andhra Pradesh and Bihar DPMR activities cases visited annual report -2017											Annexure -3				page 2		
States	Districts	NO. of PHCs visited	Suspects				Under treatment patients visit						Reaction patients visit				
			Number of suspects in the register (Other than leprosy cases)	Number of Suspects Verified	Number suspects diagnosis as a Leprosy	Number UT Patients visit	Number of cases diagnosed correctly	Number of patients tested VMT/ST	Number of patients on regular treatment	Any Health Staff visited last one month	Contact examination Done	Number reaction patients visit	Number of regular treatment	Assessment done for	Patient Condition		
													VMT	ST	Improved	Not Improved	
Andhra Pradesh	Anantapur	55	204	32	3	78	78	78	38	77	69	59	6	5	6	3	1
	Kurnool	49	140	30	2	55	55	55	25	53	44	39	6	5	5	3	0
	Kadapa	45	154	37	5	34	34	34	20	34	34	28	4	4	4	0	0
	Nellore	64	25	24	0	100	94	86	87	95	94	13	12	12	12	13	1
	Chittoor	47	109	33	1	75	74	74	74	70	75	74	17	15	15	15	1
	Prakasam	27	16	10	2	37	37	37	30	35	35	34	6	5	2	2	3
	Srikakulam	91	177	36	0	131	131	131	76	129	119	93	16	14	16	16	7
	Vizianagaram	57	122	21	0	92	92	92	60	91	81	67	7	7	7	4	3
	<b>Total</b>	<b>435</b>	<b>947</b>	<b>223</b>	<b>13</b>	<b>602</b>	<b>595</b>	<b>409</b>	<b>576</b>	<b>552</b>	<b>488</b>	<b>81</b>	<b>68</b>	<b>67</b>	<b>67</b>	<b>47</b>	<b>18</b>
	Bihar	East Champaran	66	430	105	38	218	206	122	197	46	16	118	108	75	75	74
West Champaran		44	55	25	15	53	52	30	47	8	0	33	29	25	25	17	16
Madhubani		70	285	19	7	96	91	68	78	36	20	39	36	35	34	37	0
Sitamarhi		31	66	8	0	50	49	22	41	11	3	11	11	12	12	12	0
Purnia		20	20	13	7	32	31	6	31	6	2	9	9	6	6	9	0
Katihar		43	32	22	17	47	42	2	39	5	18	17	16	2	2	11	0
Gaya		76	986	50	10	104	102	58	90	49	57	35	32	27	27	21	0
Jehanabad		18	65	6	0	31	30	15	30	10	18	11	11	10	10	11	0
<b>Total</b>	<b>368</b>	<b>1939</b>	<b>248</b>	<b>94</b>	<b>631</b>	<b>603</b>	<b>323</b>	<b>553</b>	<b>171</b>	<b>134</b>	<b>273</b>	<b>252</b>	<b>192</b>	<b>191</b>	<b>192</b>	<b>53</b>	
<b>Grand Total</b>		<b>386</b>	<b>2004</b>	<b>254</b>	<b>94</b>	<b>662</b>	<b>633</b>	<b>338</b>	<b>583</b>	<b>181</b>	<b>152</b>	<b>284</b>	<b>263</b>	<b>202</b>	<b>201</b>	<b>203</b>	<b>53</b>



## Annexure -4

### Involvement of Civil Society Organisations (CSO/Vol) in DPMR Programme

Parameters	Tamil Nadu	Jharkhand	Bihar	Total
Total No. of districts covered	1 dist.	2 dists	8 dists	11
Total No. of CSO/Vols involved	3	2	15	20
Number of Persons affected by leprosy with disabilities at the beginning of the quarter/annual	371	1326	4855	6552
Number of Persons affected by leprosy with disabilities deleted from the list	15	108	1461	1584
Number of Persons affected by leprosy with disabilities added to the list	43	153	2777	2973
Number of Persons affected by leprosy with disabilities at the end of the quarter/annual	399	1371	6171	7941
Number of Persons affected by leprosy with disabilities visited during the quarter/annual	725	1328	6557	8610
Number of persons with plantar ulcers (among Patients visited)	307	333	2012	2652
Number practising self care	1889	776	3559	6224
Number of them required foot wear	2094	872	3816	6782
Number of them wearing appropriate foot wear	1944	680	2781	5405
No. of patients having Disability Certificate.	1757	330	2510	4597
No. of patients receiving Pension.	1606	294	1481	3381
No. of patients identified for RCS.	0	225	448	673
No. of patients RCS done	0	61	248	309
Number referred to hospital/PHC for any problems	633	30	223	886
Total number of persons identified for LEP support during quarter/ annual	0	98	236	334
Total number of persons received LEP support during quarter/annual	1	15	102	118
Number of LEP beneficiaries monitored during quarter/annual	360	30	145	535
Number of suspects referred to PHC for diagnosis during quarter/annual	44	291	752	1087
Number of leprosy cases confirmed during quarter/annual	5	50	502	557



Annexure-5		Projects annual TB report- 2017													
Name of the State.	Name of the Project.	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.
Andhra Pradesh	Nellore	596	121	105	73	40	32	92%	86%	75%	82%	11	160	779	20
Delhi	Delhi	7481	1086	2236	1781	741	455	89%	76%	90%	78%	3	0	0	0
Karnataka	Pavagada	2104	257									5	0	0	0
	Salem	893	73	71	55	26	16	100%	80%	86%	88%				
Tamil Nadu	Aundipatty	1230	77	45	34	30	11	77%	70%	80%	54%	2	105	789	110
	Fathimanagar	915	23	16	11	10	5	100%		77%		5	0	0	0
	Ambalamoola	106	10	13	10	9	3	100%	50%	80%		2	11	78	11
Maharashtra	Nagepalli	3053	324	498	424	301	74	87%	94%	87%	75%	5	74	229	13
Total		16378	1971	2984	2388	1157	596	89%	79%	88%	77%	33	350	1875	15.8

## Annexure - 6

### Andhra Pradesh District Consultancy Team DR TB Annual Report - 2017

Name of the Districts	DR TB suspect sputum samples to IRL	Conformed DR TB patients	No. of Patients initiated treatment			12 months MDR TB culture conversion (IV -2015 and I,II,III qtr. 2016)	Treatment out come of MDR TB patients (III, IV qtr. 2014 and I, II quarter - 2015)									
			MDR TB	XDR TB	Total		Total patients	Cured	Treatment completed	Died	Failure	Difaunter	Switched to XDR TB treatment	Transfer out	Still on treatment	Treatment success rate
Nellore	1120	67	64	5	69	42/72 (58.3%)	70	33	1	10	1	20	2	0	3	49%
Prakasam	1483	93	67	5	72	47/105 (44.7%)	54	16	2	14	5	9	3	2	3	33%
Anantapur	1742	58	63	4	67	28/56 (50%)	63	31	0	14	1	12	3	1	1	49%
Kurnool	2810	77	63	2	65	51/78 (65.3%)	62	31	0	17	2	11	1	0	0	50%
Chittoor	1589	55	51	2	53	21/35 (60%)	35	16	6	5	1	6	0	1	0	63%
Kadapa	2041	46	37	1	38	31/52 (59.6%)	33	18	1	5	1	4	3	0	1	58%
<b>Total</b>	<b>10785</b>	<b>396</b>	<b>345</b>	<b>19</b>	<b>364</b>	<b>220/398 (55.2%)</b>	<b>317</b>	<b>145</b>	<b>10</b>	<b>65</b>	<b>11</b>	<b>62</b>	<b>12</b>	<b>4</b>	<b>8</b>	<b>49%</b>



Annexure-8 Delhi MDR TB cases registered and out comes from 2009 to 2017									
Particulars	2009	2010	2011	2012	2013	2014	2015	2016	2017
MDR TB Cases registered	18	19	31	88	43	58	59	46	70
12 months Culture Conversion	14	14	13	64	38	32	20	38	
Cured	13	14	19	40	28	28	24		
Completed	1	0	2	5	1	2	6		
Defaulter	1	0	2	20	8	5	8		
Died	1	3	3	17	4	11	8		
Failure	2	1	5	3	1	11	9		
Transfer Out	0	1	0	3	1	1	4		
<b>Total outcome cases</b>	<b>18</b>	<b>19</b>	<b>31</b>	<b>88</b>	<b>43</b>	<b>58</b>	<b>59</b>		
<b>Treatment success rate</b>	<b>78%</b>	<b>74%</b>	<b>68%</b>	<b>51%</b>	<b>67%</b>	<b>52%</b>	<b>51%</b>		

## Annexure - 9

## Annual report 2017

## 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 L, J media				Diagnosis samples			No of Diagnosis samples inoculated in Lj media				LPA Done					
			Total	Smear Positive	Smear Negative	Culture positive	Total	Smear Positive	Smear Negative	Total	Smear Positive	Smear Negative	Culture Positive	Total	Inconclusive	Both Sensitive RIF & INH	RIF	INH	RIF & INH
Anantapuram	4323931		3	1	2	1	679	526	153	20	20	0	8	526	19	413	7	65	22
Chittoor	4416220		1	1	0	1	248	155	93	5	0	0	2	155	5	123	4	13	10
Kadapa	3054499	3054499	226	34	192	27	489	294	195	18	18	0	9	294	14	215	6	37	22
Kurnool	4285054		84	16	67	10	879	525	354	27	25	2	9	525	20	371	17	74	43
Prakasam		3592688	498	126	372	111	4	4	0	0	0	0	0	4	0	1	0	0	3
Nellore	3226270	3226270	440	66	374	60	623	504	119	20	20	0	15	503	14	345	13	81	50
Krishna		4631364	133	10	123	10	54	37	17	1	1	0	0	37	1	31	0	4	1
Guntur		4998277	8	3	5	2	11	0	11	0	0	0	0	0	0	0	0	0	0
Total	19305974	19503098	1393	257	1135	222	2987	2045	942	91	89	2	43	2044	73	1499	47	274	151



## Annexure -10

## Annual report 2017

## Diagnostic and follow up samples processed at DTRC Darbhanga - Bihar.

District	Population covered for diagnosis (in lakhs)	Population covered for follow ups	Follow up samples received and inoculated in LJ media				Diagnosis samples			LPA Done				CBNAAT DONE						
			Total	Smear Positive	Smear Negative	Culture positive	Total	Smear Positive	Smear Negative	Total	Inconclusive	Both Sensitive RIF & INH	Resistant	RIF	INH	RIF & INH	Total	Rif Resistant	Rif Sensitive	MTB detected
Darbhanga	4484759	4484759	1020	128	863	168	5066	744	4002	485	27	441	0	17	0	2705	167	597	1941	
Madhubani	5196613	5196613	615	105	503	82	415	48	230	36	5	29	0	2	0	152	11	51	90	
Saharsa	2207510	2207510	118	13	105	13	29	2	4	2	0	2	0	0	0	3	1	0	2	
Supaul	2624856	2624856	120	12	108	10	42	0	12	1	0	1	0	0	0	8	0	1	7	
Madhepura	2280839	2280839	76	12	63	2	12	0	2	1	0	1	0	0	0	1	0	1	0	
Samastipur	3910325	3910325	560	97	477	67	236	10	49	7	0	7	0	0	0	39	5	10	24	
Muzaffarpur		5460546	782	124	564	52	225	6	10	1	0	1	0	0	0	14	3	3	8	
Sitamarhi		3910325	701	111	587	123	20	0	20	2	0	2	0	1	0	15	0	3	12	
Sheohar		767893	233	50	180	32	22	0	2	0	0	0	0	0	0	1	0	1	0	
<b>Total</b>	<b>20704902</b>	<b>30843666</b>	<b>4225</b>	<b>652</b>	<b>3450</b>	<b>549</b>	<b>6067</b>	<b>810</b>	<b>4331</b>	<b>535</b>	<b>32</b>	<b>484</b>	<b>0</b>	<b>20</b>	<b>0</b>	<b>2938</b>	<b>187</b>	<b>667</b>	<b>2084</b>	

# Glossary

<b>AFB</b>	Acid Fast Bacilli
<b>ASHA</b>	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
<b>ANM</b>	Auxiliary Nurse Midwife
<b>C &amp; DST</b>	Culture & Drug Susceptibility Testing
<b>CME</b>	Continuing Medical Education
<b>CSO</b>	Civil Society Organisation
<b>CSWC</b>	Claver Social Welfare Centre
<b>DCT</b>	District Consultancy Team
<b>DFB</b>	Damien Foundation Belgium
<b>DFIT</b>	Damien Foundation India Trust. (One of the ILEP members in India supporting leprosy and TB control)
<b>DFUL&amp;TC</b>	Damien Foundation Urban Leprosy & TB Centre, Nellore: NGO Project directly run by DFIT, Chennai.
<b>DGD</b>	Directorate General for Development
<b>DOTS Plus</b>	The strategy for management of Multi Drug Resistant TB is called DOTS Plus.
<b>DMC</b>	Designated Microscopy Centre one for every 100000 population for diagnosis of TB cases through sputum microscopy
<b>DOT</b>	Directly Observed Treatment. Treatment of a TB case under direct supervision by a person other than a family member
<b>DOTS</b>	Directly Observed Treatment Short course. A package with five elements constituting the fundamental strategy of TB control adopted by all the countries including India
<b>DPMR</b>	Disability Prevention and Medical Rehabilitation. New name given to POD

<b>DR TB</b>	Drug Resistant Tuberculosis
<b>DTO</b>	District Tuberculosis Officer
<b>DTRC</b>	Damien TB Research Centre (a facility in Nellore and Dharbanga for diagnosis, management and research in MDR TB)
<b>FCRA</b>	Foreign Contribution Regulation Act
<b>GHS</b>	General Health Staff
<b>HIV</b>	Human Immunodeficiency Virus
<b>HF</b>	Health Facilities
<b>IEC</b>	Information, Education and Communication
<b>ILEP</b>	International Federation of Anti-leprosy associations. Has ten members
<b>INR</b>	Indian Rupees
<b>INH</b>	Isoniazid
<b>IP</b>	In patient
<b>LEP</b>	Livelihood Enhancement Programme (a socio economic rehabilitation programme implemented by DFIT assisted projects)
<b>LJ</b>	Löwenstein–Jensen
<b>LP A</b>	Line Probe Assay
<b>L T</b>	Laboratory Technician
<b>MB</b>	Multi Bacillary leprosy
<b>MCR</b>	Micro Cellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected person with anaesthesia or deformity in the foot
<b>MDR TB</b>	Multi Drug Resistant Tuberculosis
<b>MDT</b>	Multi Drug Therapy
<b>MTB</b>	Mycobacterium Tuberculosis
<b>NGO</b>	Non-Governmental Organisation
<b>NLEP</b>	National Leprosy Eradication Programme

<b>NSP</b>	New Sputum Positive case (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
<b>OPD</b>	Out Patient Department
<b>PA</b>	Public Announcement system
<b>PAL</b>	Persons Affected by Leprosy
<b>PB</b>	Paucibacillary leprosy
<b>PHC</b>	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
<b>PMDT</b>	Programmatic Management of Drug Resistant TB
<b>POD</b>	Prevention of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability
<b>RMP</b>	Rural Medical Practitioner
<b>RIF</b>	Rifampicin
<b>RNTCP</b>	Revised National TB Control Programme
<b>RCS</b>	Re-Constructive Surgery
<b>STLS</b>	Senior TB Laboratory Supervisor- Laboratory supervisor in TB unit for guiding laboratory work in the 5 designated microscopy centres
<b>STO</b>	State TB Officer. Programme officer in a state in charge of TB control
<b>STS</b>	Senior TB Supervisor. One in every TB unit at sub district level for 500 000 population and responsible for field supervision in TB control
<b>TB</b>	Tuberculosis
<b>TBS</b>	Tuberculosis Supervisor
<b>TU</b>	Tuberculosis Unit
<b>WHO</b>	World Health Organisation
<b>XDR TB</b>	Extensively Drug Resistant Tuberculosis

—— “ ——

Never doubt that a small group of thoughtful, committed, citizens  
can change the world. Indeed, it is the only thing that ever has.

- *Margaret Mead*

—— ” ——





**DFIT received "Humanitarian Award" from Honourable Vice President of India**

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