



DAMIEN FOUNDATION INDIA TRUST

ACTIVITY REPORT – 2018



“

The biggest disease today is not Leprosy or Tuberculosis,
but rather the feeling of being unwanted

- Mother Teresa

”

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The leprosy of unreality disfigured every human creature
in attendance

- Charles Dickens





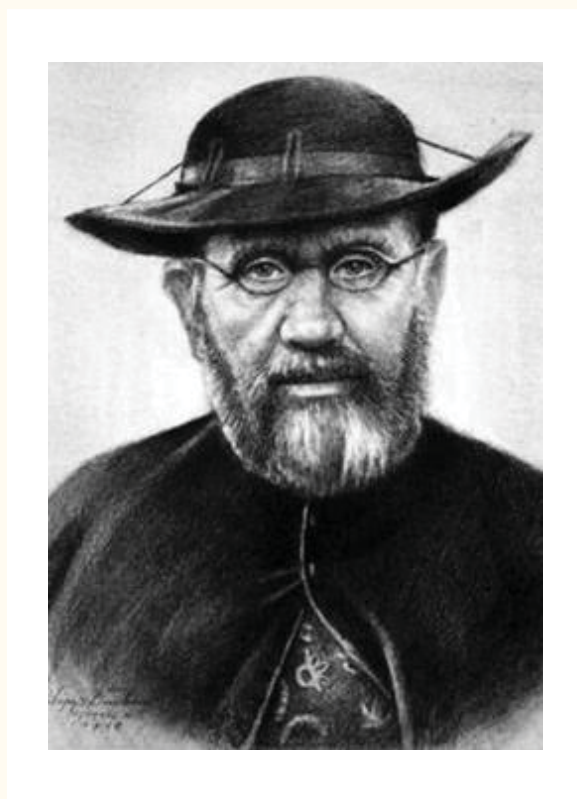
Foreword

I am delighted to present our activity report 2018. It is my hope and expectation that this annual report will provide an effective information for all the donors and partners supporting Damien Foundation India Trust. Overall it was a successful year in terms of both implementation and results. One of the challenges in leprosy control is availability of services for underserved population like Musahar community in Bihar. DFIT developed a strategy of involving local volunteers from the same community during the leprosy detection campaign organised by the Government. This yielded in better case detection. The state of Bihar recognised the importance of involving local members and followed the strategy for leprosy case detection in 38 districts of Bihar in 2019. The initial results of the strategy followed for strengthening the referral system in selected districts in Bihar, Andhra Pradesh and Jharkhand has trusted us about its sustainability of leprosy services and helped us for scaling up in other priority districts.

As a medical humanitarian organisation, our strength lies in our employees and volunteers, be the front-line or back-office staff, and all the other people who support our work. I would like to thank them and acknowledge their commitment for this noble cause. I am pleased to take this opportunity to sincerely thank the Government of India, State Governments and District authorities for their collaboration and support.

Finally, it is important to indicate here that all this was possible to achieve because of the good support and guidance received from our trust members and officials from Damien Foundation Belgium.

Dr. M Shivakumar
Secretary



FR. DAMIEN

Introduction

Damien Foundation India Trust (DFIT) is a charitable Non-Governmental Organization 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 programs in selected regions.

The organization 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 14,23,75,120 across eight states. The main objective of Damien Foundation is to provide quality care for people affected by Leprosy or Tuberculosis in close partnership with the community and the Government.

Project Location

ADHRA PRADESH

- Damien Foundation Urban Leprosy and TB Research Center, Nellore
- New Hope Leprosy Center, Chilakalapalli, Vizianagaram district
- Support to DRTB and DPMR activities in 6 districts
- Support to DPMR activities in 2 districts

BIHAR

- Model Leprosy Control Unit, Dehri On Sone, Rudrapura, Rohtas district
- Damien TB Research Center, Darbhanga
- Support to DPMR activities in 23 districts
- ILEP Coordination

DELHI – Margaret Leprosy and TB Hospital, South West Delhi

JHARKHAND

- Claver Social Welfare Center, Amda
- Nirmala General and Leprosy Hospital, Dhanbad
- DPMR support in 8 districts

KARNATAKA Swami Vivekananda Integrated Rural Health Center, Pavgada

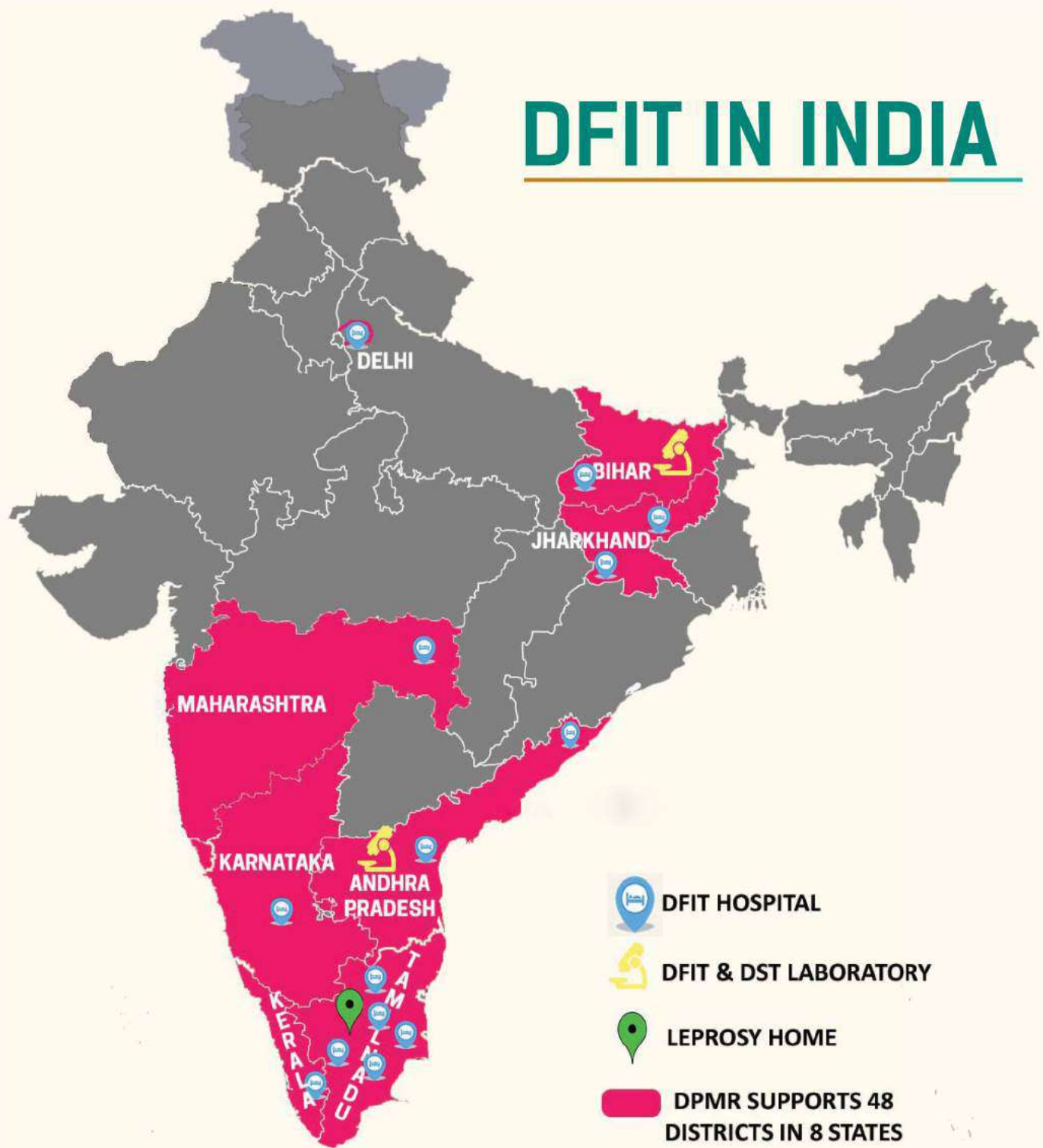
KERALA St. John's Hospital and Leprosy Services, Trivandrum

MAHARASHTRA Assisi Sevasadan Hospital, Nagepalli

TAMIL NADU

- Anandapuram Rehabilitation Center, Polambakkam
- The Beatitudes Social Welfare Center, Pope John Garden
- Nigiris – Wayanad Tribal Welfare Society, Ambalamoola
- Arogya Agam, Aundipatty
- St. Mary's leprosy center, Arisipalayam, Salem
- Holy Family Hansenorium, Fathimanagar, Trichy
- DPMR support in 15 districts

DFIT IN INDIA



DAMIEN FOUNDATION SUPPORTS

Damien Foundation implements Leprosy and TB Control activities by supporting;

- Fourteen referral centers are managing complications related to leprosy out of which eight are managing complications related to TB
- Seventeen microscopy centers manage drug susceptible TB Control
- Two reference laboratories to support drug resistant TB control in AP and Bihar
- Sixteen expert teams to facilitate prevention of disability in 48 districts
- Rehabilitation Home for the persons affected by leprosy in Polambakkam, TN

Damien Foundation has been developing different strategies by implementing medical and social rehabilitation through training the persons affected on home-based self care, facilitating deformity correction surgeries and chronic ulcer care through hospitalisation. DFIT involves 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.

OUR VISION

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



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.

Human Resources

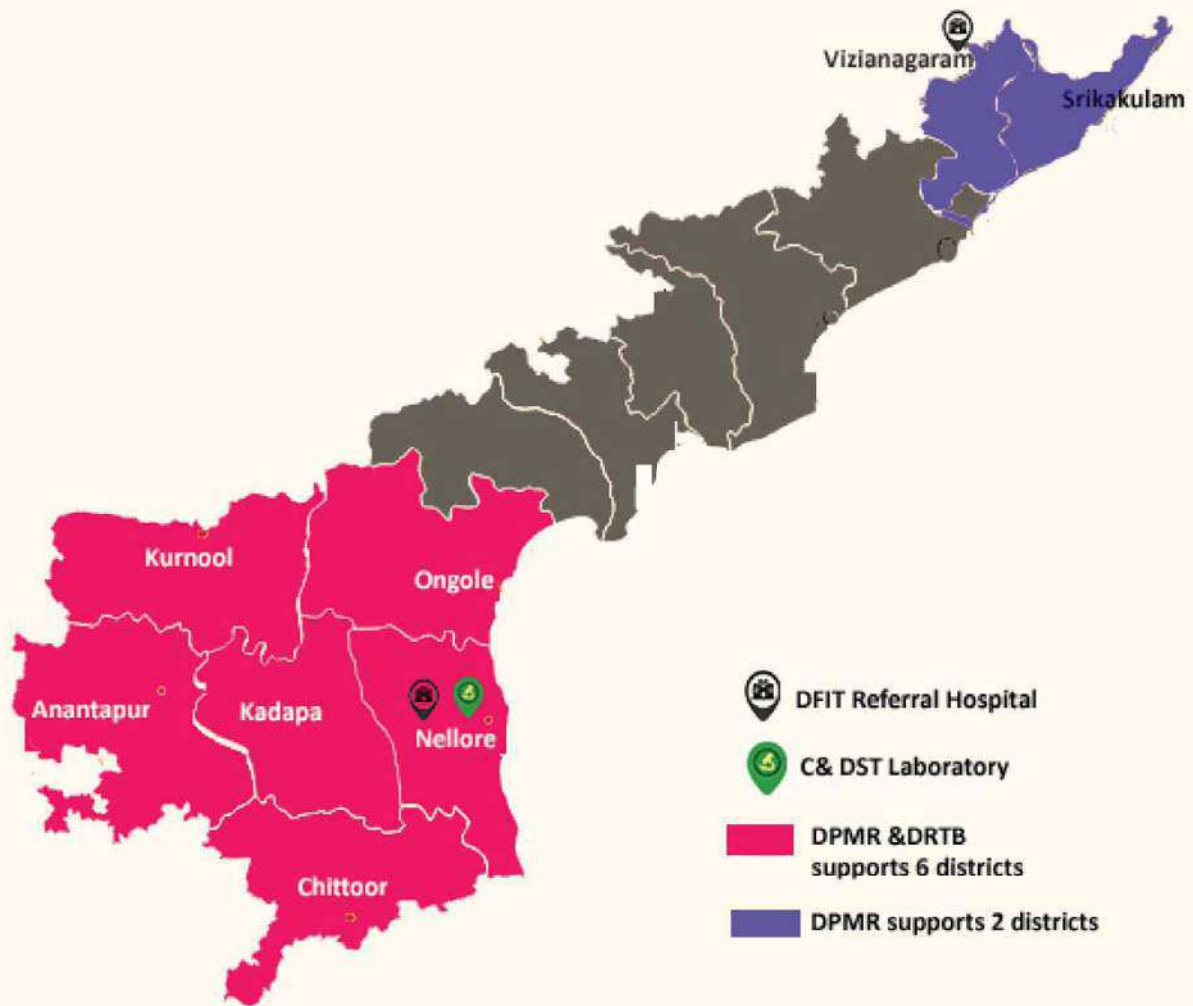
Damien Foundation India Trust has been able to achieve its vision through its dedicated team members. DFIT engaged two hundred and forty staff among which 153 staff was appointed directly by DFIT remaining 87 staff were supported under sponsored project. Nearly 89 per cent of the staff was responsible for technical support and 11 per cent were in the administrative and finance departments.

The following table provides classification of staff:

Responsibility of staff		Directly Appointed by DFIT	Appointed under Supported Projects	Total
Programs Technical Staff	Doctors	9	9	18
	Paramedical Staff	51	24	75
	Lab Technicians / STLS	14	6	20
	Staff Nurse	8	8	16
	Microbiologist	3	0	3
Programs Support Staff	Communication and Resource Mobilization	2	0	2
	Others (Driver / Sweeper / Lab Assistant / Cook / Helper / Security etc.)	49	30	79
	Total (A)	136	77	213
Administration & Finance	Administration & Finance	17	10	27
	Total (B)	17	10	27
	Grand Total (A+B)	153	87	240



Andhra Pradesh



DAMIEN FOUNDATION URBAN LEPROSY AND TB CENTER, NELLORE

Damien Foundation Urban Leprosy & TB Center (DFUL&TC) is located in Potti Sri Ramulu, Nellore district of Andhra Pradesh is directly operated by DFIT. The project began its services in Leprosy in 1993 and TB in 1998. The project continued to be a referral center for leprosy care and reconstructive surgery. The State has officially recognised the center for RCS for the 3 districts (Anantapur, Kadapa and Nellore). The center has a well-established microscopy facility covering a population of 1,25,065 in urban Nellore for TB control services.



Damien TB Research Center (DTRC), Nellore

Damien TB Research Center (DTRC), a wing of DFUL&TRC in Nellore began its function in 2008 and as 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 is as follows,

- a) Diagnosis
- b) Management of drug-resistant TB
- c) TB research.

The lab provides diagnostic services in 2 districts and follow up services in 6 districts. All the procedures are done as per the National guidelines.

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





MCR footwear unit, Nellore

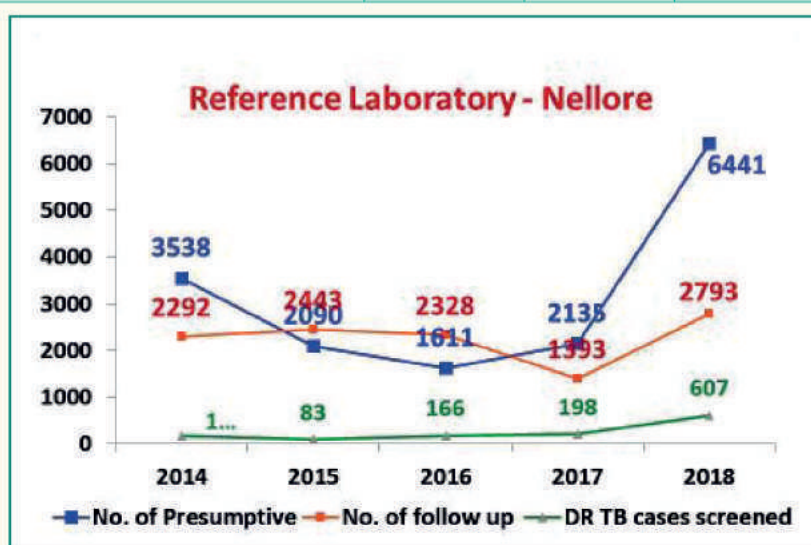
An exclusive footwear unit was established in 2014 to provide footwear made of micro cellular rubber (MCR) including customised footwear for persons affected by leprosy who are with deformed foot. This footwear unit is recognised by Central Leprosy Division and the three districts place orders for footwear purchase from this project. Around 1200 footwear have been supplied to three districts.



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

Leprosy Services	2014	2015	2016	2017	2018
Out patients treated	4914	4990	4495	4727	4757
Among them skin patients treated	927	1446	1552	1690	1593
New leprosy cases diagnosed and referred to PHCs	56	58	70	89	64
Reaction cases managed	42	41	48	57	47
Re-constructive surgeries	40	26	33	23	32
Other surgeries	13	8	12	12	14
Inpatients managed	234	224	249	182	227
Bed days	3563	3172	3837	2369	2975
Protective foot wear (MCR) provided	77	68	62	48	27
MCR footwear supplied to districts	280	1461	830	1415	1177

Tuberculosis Services	2014	2015	2016	2017	2018
Respiratory symptomatics treated	1526	2374	2595	2772	2731
Presumptive TB cases examined	389	497	459	596	426
Total TB cases registered	140	138	85	105	110
Total new TB cases registered	123	103	64	73	85
Among them new sputum positive cases	55	46	36	40	39
Sputum conversion rate for NSP cases	58/60 (97%)	43/47 (91%)	39/42 (93%)	34/37 (92%)	28/38 (82%)
Cure rate for NSP cases	64/70 (91%)	49/55 (89%)	43/46 (93%)	30/40 (75%)	38/41 (93%)
Sputum conversion rate for RT cases	8/11 (73%)	16/17 (94%)	16/17 (94%)	12/14 (86%)	5/9 (56%)
Cure rate for RT cases	11/17 (65%)	16/16 (100%)	15/16 (94%)	9/11 (82%)	11/17 (65%)
In-patients managed	248	217	217	160	352
Bed days	1916	1540	1391	779	670



NEW HOPE RURAL LEPROSY TRUST, CHILAKALAPALLI

The New Hope Rural Leprosy Trust has taken over Gandhi Memorial Leprosy Foundation project which was one of the pioneers in leprosy control in Vizianagaram district since the year 2013. The project is providing secondary level referral services for persons affected by leprosy including diagnosis, ulcer care, reaction management and footwear unit. The support has been withdrawn from July 2018.

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

Leprosy care	2014	2015	2016	2017	2018 (Jan – June)
Out patients treated	1357	1157	1100	776	633
New leprosy cases diagnosed and referred to PHCs	45	50	32	20	12
Reaction cases managed	21	30	13	13	4
In-patients managed	169	180	278	258	124
Bed days	2995	3601	4136	4134	2020
Protective foot wear (MCR) provided	52	219	214	328	249

SUPPORT TO DRTB AND DPMR ACTIVITIES IN ANDHRA PRADESH

DPMR and DRTB services was provided in six districts with two teams and only DPMR services in two districts with the help of one team. The strategy of DFIT's support was mainly focused on reviving the referral system in the districts for managing leprosy and its complications. In TB, the strategy of DFIT's support was to focus on treatment adherence through training of health personnel, patient provider meetings, nutritional supplement and side effect management. The teams besides medical rehabilitation also provide social rehabilitation for persons affected by leprosy and TB under the livelihood enhancement programs.



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

DPMR Services – 8 districts AP	2016	2017	2018
Leprosy suspects – under diagnosis	5/223 (2%)	13/223 (6%)	23/484 (4.7%)
Number of leprosy cases monitored	664	602	683
Among them over diagnosis	5/664 (0.7%)	7/602 (1%)	1/683 (0.1%)
Among them taking regular treatment	632/664 (95%)	576/602 (96%)	674/683 (98.7%)
Number of reaction cases taking regular treatment	64/84 (76%)	68/75 (91%)	69/73 (94%)
Number of disability people practicing self- care regularly	513/904 (57%)	447/842 (53%)	423/668 (63%)
Total POD camps conducted	62	33	38
No. of leprosy affected people attended during POD camps	1080	362	440
Trainings conducted	77	89	177
No. of participants attended	4976	4052	3527
No. of PHCs meetings attended	61	55	94
No. of staff sensitized	6397	2349	4216

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

DR TB Services – 6 districts AP	2016	2017	2018
No. of DR TB patients on DOT	612/740 (83%)	365/426 (86%)	349/370 (94%)
No. of DOT Providers functioning correctly	259/303 (85%)	139/164 (85%)	147/158 (93%)
Patients on irregular treatment retrieved	76/97 (78%)	34/37 (92%)	27/28 (96%)
Defaulter patients retrieved	15/16 (94%)	2/6 (33%)	3 / 4 (75%)

No. of Patients – providers interaction meetings conducted	46	45	42
No. of DR TB patients attended	246	178	149
No. of DOT Providers/GH staff attended	255	195	65
Trainings conducted	11	15	39
No. of participants attended	275	508	963
No. of PHCs meetings attended	10	26	28
No. of staff sensitised	917	765	645

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

Year	2014		2015		2016		2017		2018	
Registered 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		III, IV 2015 and I, II qtr 2016	
Type of cases	MDR TB	XDR TB	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	422	20
Cured	39		152	2	182	3	145	6	180	2
Treatment Completed	15		18	2	7	2	10	2	28	1
Died	17		73	1	90	6	65	14	107	12
Failure	5		15		6	1	11	1	7	1
Default	32		72		79		62	3	81	3
Transfer out	1		1		5		4		3	
T. stopped due to drug reaction	0		0		4		2		2	
Switched to XDR TB	7		16		16		12		11	
Still on treatment	2		3		5		6	1	0	1
Success rate %	45.7 %		48.5%	80%	48%	41.6%	48.8%	29.6%	49.2%	15%

TRANSFORMATION...

Mr. Gopal (name changed) aged 55, hailes from Kalava Konda village, Nellore district. His foot and hand was deformed due to leprosy, homeless and desperate, he was living at the mercy of the local community members in his village staying on the streets. The villagers were moved by his plight and supported him by providing food and clothing.

During the routine visit of DFIT team to the village, they witnessed the condition of Gopal and intervned to provide self-care training. He began to practice self-care regularly and got relieved from ulcers in his hands and feet.

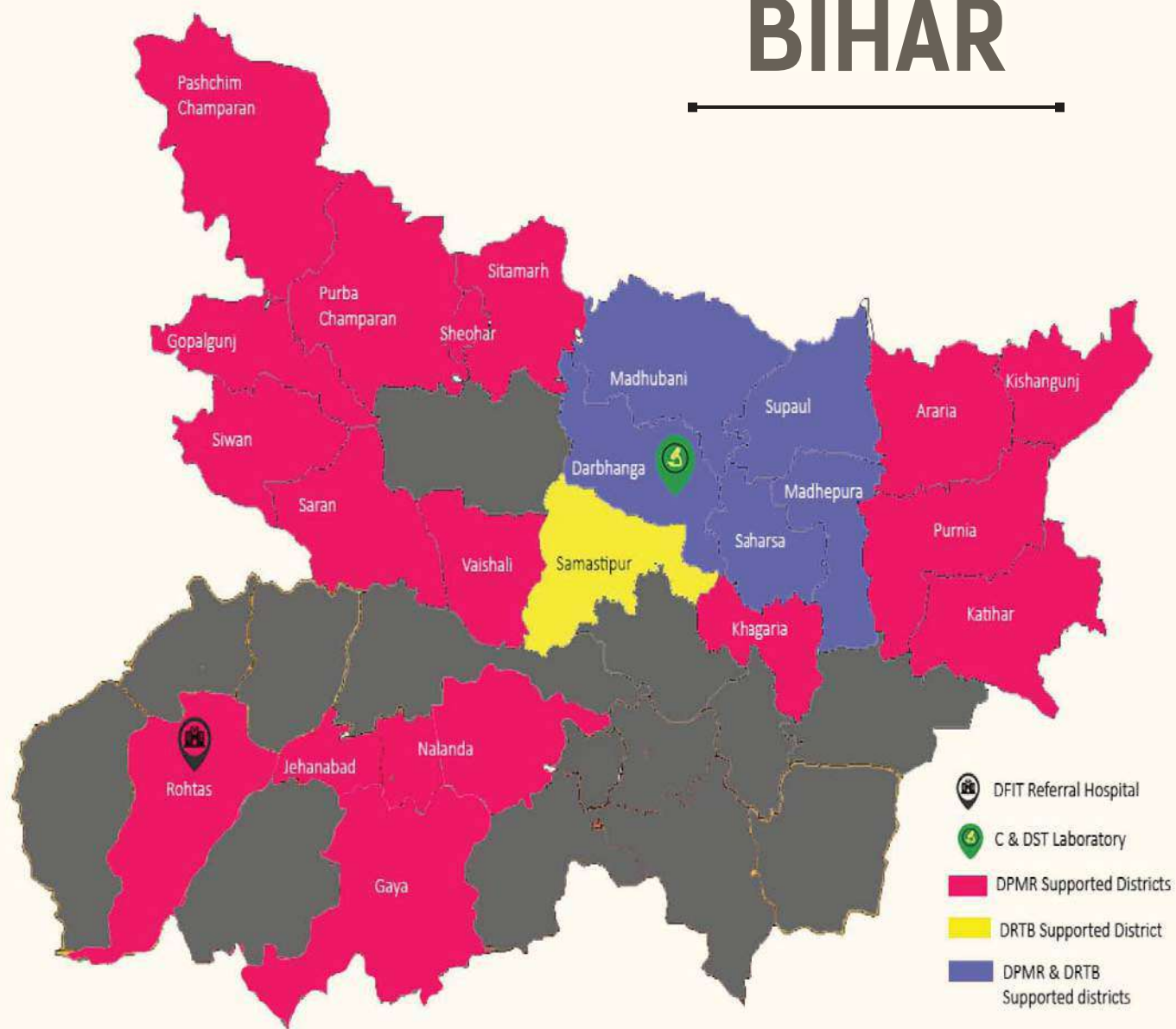
The villagers came forward to support by constructing a small house for him, but could not complete it due to financial constraints. Identifying this, DFIT team recommended socio-economic support to complete the remaining construction work.

As a contribution from the community, his neighbors offered him household articles like fan, cot, mattress, pillow, kitchen utensils, rice and groceries etc to encourage him to sustain his livelihood. Local community volunteers and health staff made regular visits to ensure that Gopal followed the self-care practices regularly. DFIT facilitated him to avail disability pension and monthly ration from the Government.

The local community with the support of Damien Foundation was able to transform the life of Mr.Gopal.



BIHAR



DAMIEN FOUNDATION has been supporting leprosy control programs in specific areas in Bihar since 1993 in selected districts and TB control programs 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 people affected by leprosy in 6 districts for TB and 23 districts for leprosy in Bihar.

Target group and partners:

Our target beneficiaries are people affected by Drug Resistant Tuberculosis (DRTB) in 6 districts covering a population around 7.3 million and DPMR activities in 23 districts covering a population of 21 million.

All the activities planned in the present phase for leprosy are focussed to improve the technical capacity and clinical skills to manage leprosy and its complications. Also establishing the good referral mechanism to sustain the quality services in the selected districts. DRTB activities in the present phase are mainly focusing on 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 facilitators of the programs; the State TB Officer (STO) is the head of the TB programs and the State Leprosy Officer (SLO) is the head of the Leprosy Control Programs in the State. At district level, one district TB Officer and one Chief Medical Officer are responsible for both TB and Leprosy Programs. All the drugs for the management of TB/DRTB and leprosy are provided free of cost by the Govt. NGOs are supporting both TB and Leprosy services varying from primary to tertiary level care within limited areas; WHO as technical body is supporting the programs through RNTCP Consultant and ILEP as a technical body is supporting through Technical Consultant.

Progress made in reaching specific objective:

There was a progressive improvement seen in 7/9 indicators directed towards expected results aiming at specific objective while 2 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 programs in six districts are (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. Interim indicators like treatment adherence was monitored and found satisfactory.

It was observed that targets achieved for four out of five indicators set for leprosy programs in 8 districts during 2017 (first year) of the project are (1) Primary Health Centers ability to diagnose leprosy cases (2) Medical rehabilitation of persons affected by leprosy (3) Socio-Economic rehabilitation of people affected by leprosy. And two indicators set to measure the long term impact on reduction of child cases with visible deformities and disabilities at the end of leprosy treatment not present at time of diagnosis or within two years of treatment completion will be analysed at the end of the project.



Result 1: Screening of presumptive DRTB improves:

It was observed that overall 89% (2257/2543) presumptive DRTB cases were screened in six districts supported by DF. It was noted that 5/6 districts screened 85% and above presumptive DRTB cases. It was observed that altogether 88% (1584/1790) of the male and 89% (673/753) of the female patients were screened in six districts. It was noted that the screening of presumptive DRTB cases was improved from 86% in 2017 to 89% in 2018 and improved in screening of females with presumptive DRTB from 86% in 2017 to 89% in 2018. DF worked through all the activities as per the plan, re-orientation training was given to 38 medical officers, 56 Village health nurses and 15 ASHA workers.



DF facilitates the decentralized mechanism for sputum collection and transportation from TB units (each TB unit covering 500000 population) level to districts and reference lab in Darbanga. 316 sputum samples were transported from 22 TB units to districts through community social workers and volunteers supported by DF. Significantly, total 48 TB cases (15% of 316) were detected and among them 16 were DRTB cases.

It was observed that 76% (3070/4021) contacts of 545 out of 612 DRTB patients were interviewed by community social workers appointed by DF and 46 contacts identified with presumptive TB (27 males and 19 females) were screened for DRTB. It was noted that 8 TB cases were detected and among them 6 DR TB (4 male and 2 female) cases were detected among them and put on treatment. The key staff and districts authorities were informed about the importance of contact screening and early detection of DRTB cases to prevent further spread of disease. This has become part of the DRTB programs in 2018 and is reviewed periodically.

Result 2: Cure of DRTB cases improves:

Overall in six districts, 84% (489/585) of confirmed DRTB patients were initiated on treatment and observed that 84% (340/405) of male patients and 84% (149/180) of female patients were put on DRTB therapy. 4/6 districts could achieve 80% and more in initiating treatment for confirmed DRTB cases. Initiated treatment for 96 (585-489) cases in 06 districts. Among 96 cases - 32 patients died, 42 patients were under treatment from private practitioners, 05 migrated to dif-



ferent cities and 08 could not be traced, 5 refused to take treatment, remaining 2 are waiting for extended DST and 2 are prepared for undertaking treatment. 12 cases referred to other districts only 7 cases started treatment, and status for remaining 05 cases is not known. DF teams visited 88 initial defaulters who failed to visit DRTB center for treatment and 57 of them were counselled for treatment. Travel expenses were provided for 26 (needy) patients to reach DRTB center for treatment initiation.

It is analysed that there was no progress in treatment initiation of confirmed DRTB cases though the target was achieved as per the plan, this was mainly due to change in the guidelines from shifting of conventional regimen to Short course regimen for eligible DRTB cases. Due to delay in SL DST results of confirmed DRTB cases there was a slight delay in initiating treatment and as a result, nearly 42 patients had to seek private hospitals. This problem was observed in the third quarter of 2018 and continued for a period of four months. DF team tried to visit patients under the care of private hospitals to convince the standards of treatment and availability of free medicine but succeeded in convincing only 2 patients. This problem was solved after the modification of guidelines in the mid of 4th quarter and DRTB cases were immediately initiated on short course treatment without waiting for SL DST results.

Interim treatment outcome of patients registered in 2017:

It was observed that 70% (284/408) of the patients registered in 2017 adhered to regular treatment. 3 out of 6 districts maintained more than 70% treatment adherence. It was observed that the death rate was 16% (65/408), lost to follow up 10% (42/408) and transfer out rate 3.5% (14/408). It was observed that treatment failure was less than 1% (3/408). It was noted that 70% (220/312) of male and 67% (64/96) of female patients were on regular treatment; 15% (47/312) among male and 19% (18/96) among female patients died and 11% (33/312) among male and 9% (9/96) among female patients were lost to follow up. DF continued the support of Nutritional supplement to 79 patients registered in 2017. DF provided income generating activity support to 8 patients and analyzed that whoever undertook the treatment have successfully enhanced their livelihood by generating income locally after one year of follow up visit.

Interim treatment outcome of patients registered in 2018:

It is observed that 88% (541/612) of the patients registered in 2018 adhered to regular treatment. 5 out of 6 districts indicates 80% treatment adherence. It is observed that the death rate was 7% (43/612), lost to follow up 3% (18/612) and transfer out rate 1.3% (8/612). It is observed that treatment failure was less than 1% (2/612). It is noted that 89% (391/439) of male and 87% (150/173) of female patients were on regular treatment; DF provided Nutritional supplement to 48 needy patients registered in 2018 worth of (5 Euro) per month to 33 male and 15 female needy patients to encourage treatment regularity during entire course of treatment. DF also supported income generating activity for 13 needy patients (Male: 11 and Female: 2) as a socio-economic rehabilitation. DF teams retrieved 29/52 Treatment absentees (Male: 21/40 and Female: 08/12) and motivated patients for regular treatment. DF supported counsellor at DRTB center in Darbhanga, played an important role

in facilitating management of adverse reactions and counselling patients and families at the time of treatment initiation. During the year, 496 patients received patient information charter and 31 patients were helped to get treatment for adverse reactions in Medical Colleges. DF also supported transportation and medicinal cost to 19 needy patients. 443 Patients were given spittoons and disinfectant for sputum disposal. DF supplied 1800 clofazimine capsules to manage XDRTB patients as a stop gap arrangement. During the year, 364 sputum samples were collected from patients under treatment for follow up examination (who were not willing to go on their own) and transported to reference laboratory.

Result 3: Disabilities among all confirmed leprosy cases reduces

Status of districts supported in 2017:

DF identified the need of training for nodal people in 62 health facilities among the districts supported in 2017 and provided 3 days training including 38 medical officers and 76 para medical workers (nurses, pharmacist, dresser etc). The selection of nodal people was done after one to one discussion and based on the willingness, interest and availability. DF monitored 147 health facilities during the year 2018 to ensure the availability of leprosy services including the quality of diagnosis and treatment of complications.



DF teams visited sample of patients to follow up which includes 153 suspects and 284 leprosy cases under treatment to ensure the quality of diagnosis. It is found that 9.6% (13/135) of the health facilities reported cases under diagnosed (false negative) and 2.9% (4/135) of health facilities reported over diagnosis (false positive). It is observed that around 2.2% (3/135) of the health facilities did not diagnose any leprosy cases at the time of visit. Overall 85% (115/135) of health facilities were able to diagnose leprosy cases correctly in 8 districts supported in 2017.

After observation, it is analyzed that 282 of the reaction cases were reported in intervention districts in 2017 after the trainings (142 reaction cases reported in 2016). This clearly indicates the improvement of knowledge among health staff in identification of reaction cases and improvement in counselling of patients at the beginning so that they have reported immediately after the onset of reaction symptoms. It is proposed to follow a sample of patients for at least two years during and after completion of treatment to see the impact of DF's interventions in the project. Thus, the outcome of follow up sample of patients registered in 2017 will be available by the end of 2019

and similarly in the forthcoming years. It is observed that no one (0/124, 63 male and 61 females) developed disabilities for a year. Patient counselling is most important part of leprosy treatment, it is expected, that every new leprosy patient should be aware about signs and symptoms of neuritis and reaction and should know where/whom to report. It was observed that 86% (244/284) patients became aware of the things to be done when they notice signs and symptoms of reaction and 95% (269/284) had patient information cards with them. All the health facilities (135/135) had a stock of patient information cards at the time of visit.

Prednisolone is the key drug for the management of reaction/neuritis, it is observed that 89% (120/135) of health facilities maintained the stock of prednisolone and DF supplied prednisolone as a stop gap support to manage 10 cases with reaction. DF team visited 108 patients under treatment for reaction and it was observed that 96% (104 reaction cases) were managed properly as per the guidelines.



One of the highlighted activities were including School Health Programs and strengthening the network with leprosy control programs. Training of school health staff was accomplished in all the districts. 108 medical officers from school health programs were trained in diagnosis and management of leprosy. From the district reports, it was observed that there was a reduction in grade 2 disabilities among new child cases detected in 2018. It was < 1% (1/654) in 2018 compared to 2.2% (22/987) in 2015. It was noted that none was reported with disabilities in 7/8 districts. DF team visited sample of 145 child cases with high risk and found eight child cases with disabilities were under reported in 4/8 districts. This was due to improper assessment of nerve function at the time of diagnosis. DF teams shared the information with concerned health facilities and provided on the job training on disability assessment.

Districts supported in 2018:

DF identified the necessity of training nodal people in 93/96. (97%) health facilities among the districts were selected in 2018 and given 3 days training including 90 medical officers and 109 para medical workers (nurses, pharmacist, dresser etc). The selection of nodal people was done after one to one discussion and was based on the willingness, interest and availability. The one-on-one

discussion and on-the-job training was given to 4/97 health facilities. DF monitored 96/96 health facilities during the year 2018 to ensure the availability of leprosy services including the quality of diagnosis and treatment of complications after the training. DF teams visited few patients to make follow-ups, which includes 163 suspects and 405 leprosy cases under treatment to ensure the quality of diagnosis. It was found that 15% (14/96) of the health facilities reported cases under diagnosed (false negative) and 3% (3/96) of health facilities reported over diagnosed (false positive). It was observed that around 4% of the health facilities did not diagnose any leprosy cases at the



time of visit. Overall 78% (75/96) of health facilities were able to diagnose leprosy cases correctly in 8 districts supported in 2018.

It was observed that 241 reaction cases were reported in intervention districts in 2018 after the trainings whereas only 185 reaction cases were reported in 2017. It was observed that 85% (344/405) patients were aware about where and whom to report when they notice signs and symptoms of reaction and, 95% (384/405) had patient information cards with them. All the health facilities (96/96) had a stock of patient information cards at the time of visit. It was observed that 86% (83/96) of health facilities maintained the stock of prednisolone and DF supplied prednisolone as a stop gap support to manage 18 cases with reaction. DF team visited 189 patients under treatment for reaction and it was observed that 88% (166 reaction cases) were managed properly as per the guidelines.

Training of school health staff was accomplished in all the selected districts in 2018. It was noted that 168 medical officers from school health programs were trained in diagnosis and management of leprosy. From the district reports 2018, it was observed that 2.3% (11/475) of child cases reported with grade 2 disabilities compared to 2.2% (22/987) in 2015. It was noted that zero child cases reported with disabilities in 4/8 districts. DF team visited sample of 187 child cases with high risk and found eight child cases with disabilities among them were under reported among 3/8 districts. This was not intentional but was due to improper assessment of nerve function at the time of diagnosis. DF teams shared the information with concerned health facilities and provided on the job training on disability assessment. DF teams participated in review meetings of school health programs at district level. One of the challenges was only 6 out of 8 districts conduct review meetings regularly.

Result 4: People affected by leprosy with disabilities medically and socially rehabilitated

Nearly 323 reconstructive surgeries were done in first two years of the project period and thus reached the target one year earlier than expected. It was observed that 46% (323/707) of eligible cases underwent reconstructive surgery in 2017 and 2018. It was observed that 35% (184/531 eligible cases) of male patients and 36% (61/176 eligible) female patients had undergone deformity correction surgeries including 7 male children and 15 female children.

In 2018, 21 patients received transportation charges for reaching referral center for deformity correction surgery. It was observed that 88% (84/96) of the blocks in 8 districts supported in 2018 and 3 blocks (could not accomplished in 2017) in one district supported in 2017 were covered to assess the deformity status of people affected by leprosy with visible deformities. In 2018, in total 3849 people affected by leprosy with disabilities were assessed for eligibility for deformity correction, requirement of MCR footwear, disability pension from the Govt also for socio economic rehabilitation. DF teams identified 343 cases for deformity correction, 162 were eligible for socio economic rehabilitation, and 3169 require MCR footwear, 3397 eligible for disability pension scheme from the Govt. DF teams guided the people with disabilities about getting disability pension. The updated list of people with disabilities were circulated to districts, which was useful for procurement of MCR footwear, mobilizing people for RCS etc. People with deformities were trained along with one among their families or ASHA gave trainings on self-care with demonstration by Community Social Workers. It was observed from the internal evaluation that 58% (18/31) people were practicing self-care and 60% of them had protective footwear or MCR.



A sum of 165 persons affected by leprosy with disabilities received socio economic rehabilitation support in first two years of the project. It was noted that 76% of them were males and 24% were females among the beneficiaries. In 2018, it was noted that 97 out of 197 eligible people received socio economic support. The remaining will get these benefits after the assessment and selection. Socio Economic Support includes education support, income generation for livelihood, skill training and house renovation/construction. In 2018, 23 of them received education support, 72 received support for income generation through tailoring, running small businesses etc, among which 1 received support for livestock, and another 1 received support for house renovation. Among the beneficiaries 74 were males, 23 were females.

DF evaluated 100% (68/68) of the beneficiaries supported in 2017 to see the outcome after one year of support. It was found that 33/39 beneficiaries successful in generating income locally and 13/17 students supported for education progressed well in studies. (10 house renovation and 2 medical support)





DAMIEN TB RESEARCH CENTER, DHARBHANGA

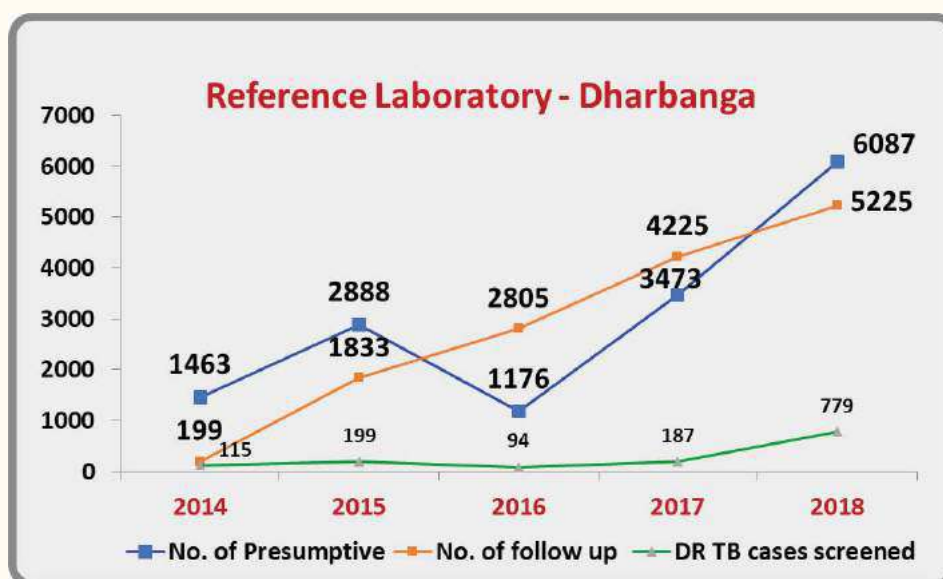


DTRC Darbhanga is a RNTCP Accredited Culture and DST Laboratory to diagnose Drug Resistant Tuberculosis through Molecular Technology. The Laboratory has both Genotypic & Phenotypic Technology to detect M.TB for diagnosis, follow-up by Solid Culture (LJ)/Liquid Culture (LC) which caters up to 12 districts around Darbhanga. Re-allocation of districts has been done for both diagnosis & follow-up for 12 districts for LPA (FL & SL) from May 2018 (Earlier 6 dist. for diagnosis & 9 dist. for follow-up). The Universal DST (UDST) has been introduced since June 18 in the State, based on CBNAAT results, Rif Sensitive to undergo FLLPA and Rif Resistant to undergo SLLPA. Hence from other linked 10 districts, we started sending sample to know INH and FLQ/SLID status for their M.TB detected cases leads to two fold work load of LPA/CBNAAT/Follow-up this year.

Another significant effort is that, we received GT Blot 48, an Automated Hybridization Equipment from the Government of Bihar in the month of Sep 18. A 2nd

GeneXpert Equipment was allotted and installed at DTRC Lab in May 18.

During 2018, EQA was done in 5/7 districts allotted by STO Bihar. Due to operational issues required samples were not sent from Gopalganj.



MODEL LEPROSY CONTROL UNIT RUDRAPURA, DEHRI-ON-SONE

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



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

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	3499	4382	3538	3597	4066
Among them skin patients treated	3376	4201	3453	3520	3418
New leprosy cases diagnosed and referred to PHCs	115	97	101	58	57
Reaction cases managed	75	113	77	50	49
Major Surgery done	78	70	57	63	60
Minor surgeries (Septic and nerve decompression)	1	5	7	10	14
In-patients managed	231	252	223	168	188
Bed days	6611	6901	5489	5974	5121
Protective foot wear (MCR) provided	54	118	106	54	132

STATE ILEP COORDINATION ACTIVITIES IN BIHAR

International Federation of Anti Leprosy association (ILEP) was born out of a need to co-ordinate the work of anti-leprosy organizations supporting activities in leprosy endemic countries, to prevent overlap and avoid duplication in funding. An ILEP Member is appointed to ensure coordination, guarantee the flow of information and initiate cooperation between all partners, especially with the Government. In India ILEP supports High Endemic States with one technical consultant at State Level to focus on strengthening the State for functioning of the integrated programs and also to coordinate with other ILEP Partners in the State.

DFIT is coordinating ILEP activities in Bihar. As a part of Supervision and Monitoring activities about 21 districts were visited by the NLEP Consultant during the year 2018. Joint field visits were done along with Assistant Chief Medical Officers (ACMOs); District Nucleus teams and DFIT DPMR Coordinators. Feedback of the visits was shared with Civil Surgeon and other officials for them to take corrective measures. Problematic 06 districts were visited by the Consultant along with State Leprosy Officer (SLO) and State Leprosy Consultant (SLC) to resolve local administrative issues. Under guidance of State Programs Officer joint monitoring validation was done in Banka district involving other ILEP agencies such as NLRI, LEPRO Society and WHO.

The consultant also played an important role in facilitating training of CDOs, DNT and PT along with other ILEP Partners in the State. Consultant facilitated Medical Officers training on NLEP in 09 districts along with DFIT DPMR Coordinators. Consultant also facilitated training organised by State Health Society for newly appointed Urban Health Center Medical Officers in the State. Consultant was involved in the planning and implementation of Sparsh Leprosy Awareness Campaign and Leprosy Case Detection Campaign conducted in the state. Central Leprosy Division awarded first prize to Bihar State for successful implementation of Sparsh Campaign in 2018. ILEP Coordination meetings were



organized almost every month to facilitate coordination between the other ILEP Partners and the State Government officials for review and planning of the programs. Consultant was bestowed upon responsibility by CLD to complete Post LCDC evaluation in state of Uttar Pradesh.

Aligning with ILEP strategy for cooperation among ILEP agencies. Few consultants were invited for RCS Camp by AIFO India in North East states. 26 RCS surgeries were conducted at Borgang Catholic hospital in Assam. Consultant successfully completed SORTIT Course organized by The Union. The outcome of the course was publication of operational research paper "Does appreciative inquiry decrease false positive diagnosis during leprosy case detection campaigns in Bihar, India? An operational research study" which was published in PLOS NTD journal.



TIMELY INTERVENTION

In a remote village in Bihar, twenty-six-year-old Chand (Name Changed) earned very little money by serving as a cook in a small hotel. He hardly earned to feed everyone in their large family. To add to his hardship, he lost sensation in his hands and faced huge problems while cooking.

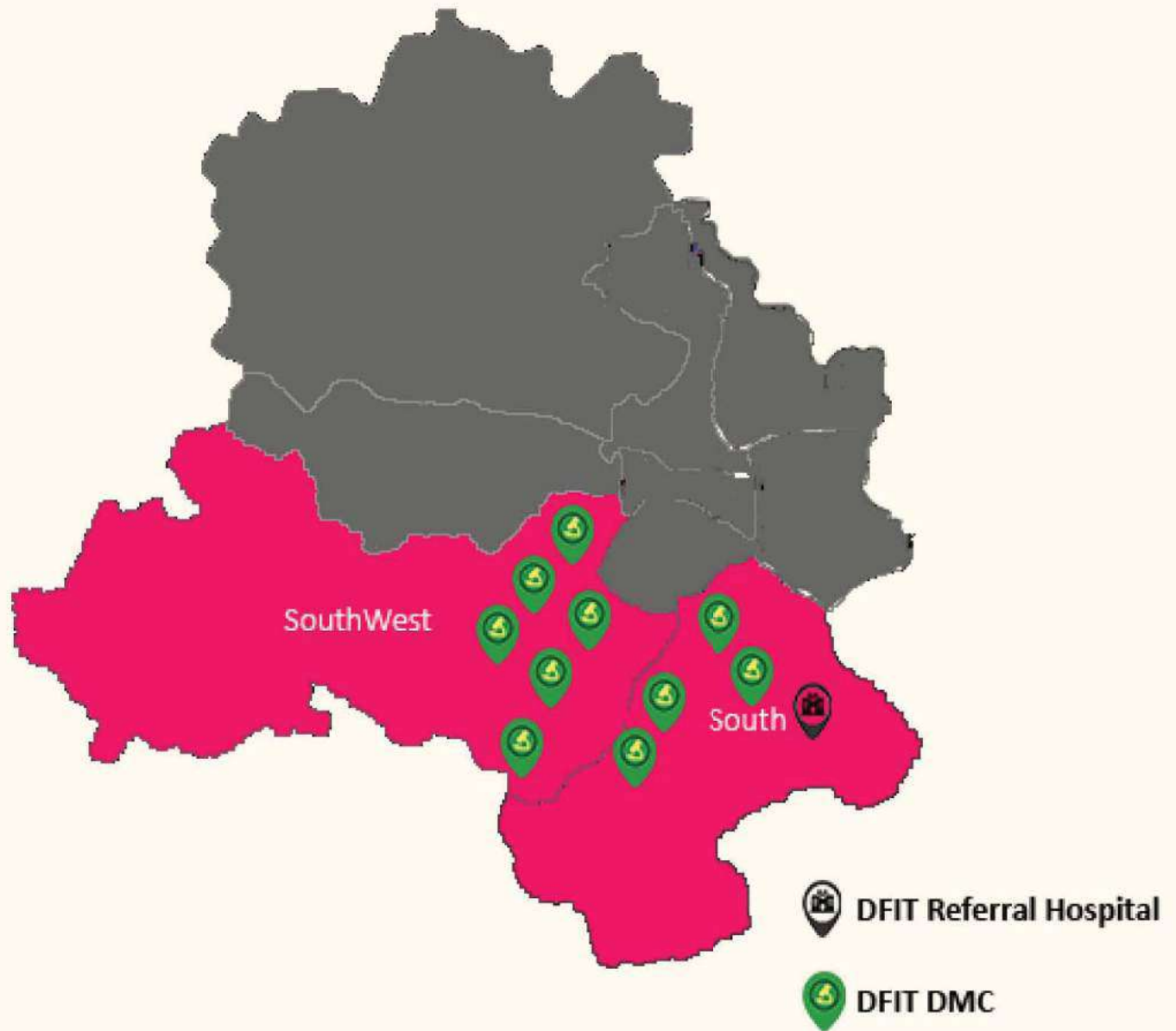
One day, red patches appeared on his body. He and his family had no idea about his condition and were upset. He developed blisters in his hands due to handling of hot objects while cooking. He was taken to the nearest Government Hospital where they diagnosed him with Leprosy and advised him to undertake Multi-drug therapy for a year but he was already deformed and could not carry out his regular work.

One of the staff from Damien Foundation came across Chand and counselled him to undertake Reconstructive surgery for his left hand. After a lot of counselling, finally, his family took him to DFIT hospital in Rudrapura, Dehri-on-Sone. He was operated and his left-hand deformity was corrected.

DFIT helped him to complete his treatment by providing physiotherapy and motivated him to move forward in his life. As part of support to his livelihood, Damien Foundation offered him Rs.20,000/- to set up a provision store in his village. His wife supports him and remains as his backbone and helps him with his business. Chand is happy for the support provided by DFIT which has changes his personal and social life. He is now eagerly waiting for his next surgery for his right hand.

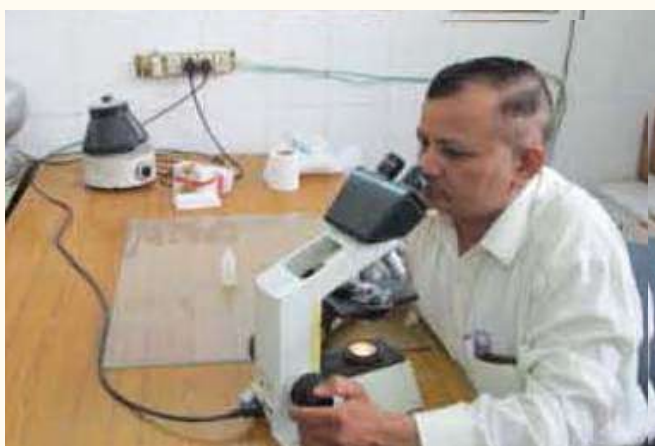


DELHI



MARGARET LEPROSY AND TB HOSPITAL, SOUTH WEST DELHI

DFIT initiated leprosy control activities in South West Delhi in 1999. It was one of the leprosy endemic districts in the Union Territory of Delhi. When the programs was integrated the center was given the responsibility for supporting leprosy control activities in the South West district in training, monitoring and supervision of the Government staff through a District Technical Support Team (DTST). Following withdrawal of DTST, the project restricted its leprosy control activities to diagnosis and referral of leprosy cases to Government health facilities.



TUBERCULOSIS

TB support was taken up in 2002 initially by establishing one TB unit in South West Delhi and later (2004) by one more TB Unit in West Delhi covering a total population of 1108405. Project has established 10 microscopy centers including one in Head quarter hospital. Each center is managed by a Microscopist-cum-field worker assisted by TB health visitor in six centers supported by the programs.

The project has achieved a Cure rate of 88.2% among NSP cases and 80.5% among re treatment cases in both two TB Units respectively. The Government had established two HIV testing centers also. About 98% (2443/2487) of the TB patients are screened for HIV and only 9 cases were co-infected with HIV (0.3%). Project has provided Nutritional Supplement for 111 needy TB/DRTB patients and supported 10 patients for socio economic activity as part of livelihood 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 re-constructive surgery, ulcer care and reaction management. The project has established a good referral services as part of the network in Districts in Delhi and in bordering 32 districts of UP and Haryana through its DPMR coordinator. The patients are identified for surgery through screening camps organized by the concerned districts level.



The following table describes five years' performance of Delhi project

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	32053	30657	26621	24772	32524
Among them skin patients treated	1294	1559	1460	2162	6594
New leprosy cases diagnosed and referred to PHCs	11	20	11	14	9
Reaction cases managed	6	5	1	6	15
Major Surgery done	40	40	45	38	40
Minor surgeries (Septic and nerve decompression)	37	8	4	6	4
In-patients managed	137	129	123	123	102
Bed days	2717	2731	3075	2696	2795
Protective foot wear (MCR) provided	6	32	5	0	0

Tuberculosis Care	2014	2015	2016	2017	2018
Respiratory symptomatics treated	26538	30663	25181	7481	7672
Presumptive TB cases examined	4848	7119	7199	7481	8299
Total TB cases registered	2505	2674	2469	2236	2487
Total new TB cases registered	1975	2121	1933	1781	2012
Among them new sputum positive cases	753	835	777	741	780
Sputum conversion rate for NSP cases	696/772 (90%)	727/803 (91%)	708/784 (90%)	653/734 (89%)	646/785 (82%)
Cure rate for NSP cases	636/755 (84%)	680/753 (90%)	702/769 (91%)	700/777 (90%)	654/741 (88%)
Sputum conversion rate for RT cases	233/316 (74%)	240/319 (75%)	58/77 (77%)	230/301 (76%)	221/277 (80%)
Cure rate for RT cases	252/348 (72%)	239/295 (81%)	227/287 (79%)	256/327 (78%)	223/277 (81%)
In-patients managed		15	6	0	0
Bed days		15	6	0	0

I HAVE A DREAM

I am Neha 14 years old residing in Ghasipura, Delhi. I am currently doing my schooling. Initially I developed tiny cervical lymph node but I ignored this, as time passed the lymph got increased in size and also it was paining. When I informed my parents about this, they took me to an Ayurvedic Doctor who advised ayurvedic treatment, but it showed no improvements in my health condition. Therefore, doctor advised me to undergo certain investigations. The result was shocking when they diagnosed my condition with TB. I was referred to Government Hospital at Najafgarh in Delhi for further treatment and later to Ghasipura DFIT DOT Center.

At the beginning stage of treatment I felt uncomfortable and had side-effects for which I endured and completed my six months TB treatment. Still my cervical lymph node did not subside for which I was further referred for specialized diagnosis in a Government hospital and put on further eight months TB treatment.

I was facing a tough time, my taste buds became weak and I had constant pain due to regular injections. But I did not lose hope and successfully completed my treatment. Now I am free from TB and have become normal. I am even more determined to become a teacher in future.



JHARKHAND



JHARKHAND

DFIT has been working in the State for leprosy control activities for more than 20 years. Projects in Amda and Dhanbad have been supported to provide tertiary level care services like reconstructive surgery, chronic ulcer care and other complications related to leprosy. The objective is to sustain the leprosy services through establishment of referral system in its supporting 8 districts. It is achieved by strengthening the capacity of general health staff in managing leprosy case diagnosis, reaction management and care after cure services through 3 well trained teams covering 2 to 3 districts each. The role of each team is to identify and train nodal people in each health facility including



one Medical Officer and one Para medical worker. Care after cure services are established by updating the list of people affected by leprosy with disabilities in the districts. Identification and referral for re-constructive surgery, training on self- care to prevent deformities and facilitating to get entitlements from the Government. The teams are also identifying and supporting income generating activities, renovation/construction of houses for needy people.



CLAVER SOCIAL WELFARE CENTER, AMDA, SARAIKELA DISTRICT

The project has been upgraded to tertiary level care services in 2013. The project offers quality leprosy care services which includes in-patient, out-patient, reaction management, 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 re-constructive surgery for 40 patients. The visiting DFIT Surgeon from Patna conducted the surgeries. The project managed 36 reaction cases during the year.



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

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	878	1534	1538	1586	1811
Among them skin patients treated	83	1279	1538	1586	1730
New leprosy cases diagnosed and referred to PHCs	47	36	53	37	35
Reaction cases managed	22	42	46	53	36
Major Surgery done	39	50	47	48	40
Minor surgeries (Septic and nerve decompression)	0	0	2	0	0
In-patients managed	91	107	175	138	175
Bed days	2334	3279	4890	4564	4289
Protective foot wear (MCR) provided	50	54	41	53	97

NIRMALA GENERAL AND LEPROSY HOSPITAL, DHANBAD

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



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

Leprosy Services	2015	2016	2017	2018
Re-constructive surgeries	40	52	58	59
Minor surgeries (Septic and nerve decompression)	3	0	2	0
In-patients managed	65	56	76	86
Bed days	2312	3045	3305	3498



DPMR ACTIVITIES

The following table describes the performance of DCTs DPMR services in Jharkhand

DPMR Services – 8 districts	2018
Leprosy suspects – under diagnosis	73/638 (11%)
Number of leprosy cases monitored	859
Among them over diagnosis	12/859 (1.4%)
Among them taking regular treatment	805/859 (93.7%)
Number of reaction cases taking regular treatment	378/401 (94.3%)
Number of disability people practicing self care regularly	1130/1694 (67%)
Total POD camps conducted	8
No. of leprosy affected people attended during POD camps	39
Trainings conducted	87
No. of participants attended	1949
No. of PHCs meetings attended	59
No. of staff sensitised	1732

OVERCAME OBSTACLES AT A YOUNG AGE

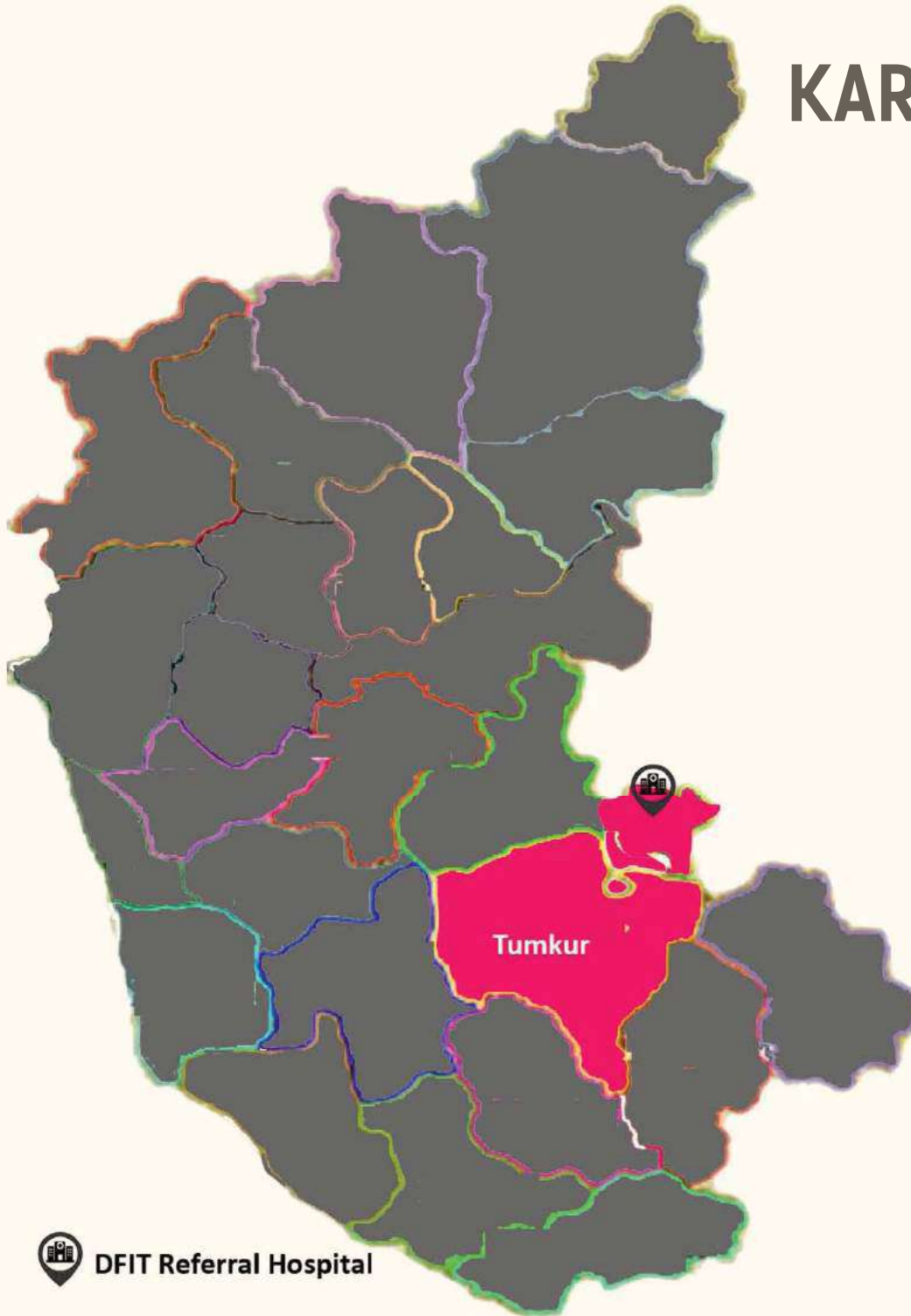
Kalindi (name changed) aged 15, hails from a tribal village at Saraikela district, Jharkhand. She was living with her uncle who was affected by leprosy.

One day during her routine domestic work, she unknowingly began dropping things and felt weakness in her left hand. Her family members immediately rushed her to a nearby Government Hospital in Saraikela. She was diagnosed with leprosy and put on treatment for six months. And she successfully completed her treatment. She was referred to Claver Social Welfare Center, Amda supported by Damien Foundation for the correction of weakness in her left hand. Her surgery was successful after intensive physiotherapy. She was able to successfully overcome the hindrance and able to carry out her regular household chores.

She desires to complete her schooling and take up a course in skill training that would help for her livelihood. DFIT has encouraged her to pursue her dreams and has assured to support her through livelihood programme.



KARNATAKA



SWAMI VIVEKANANDA INTEGRATED RURAL HEALTH CENTER, PAVAGADA

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

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

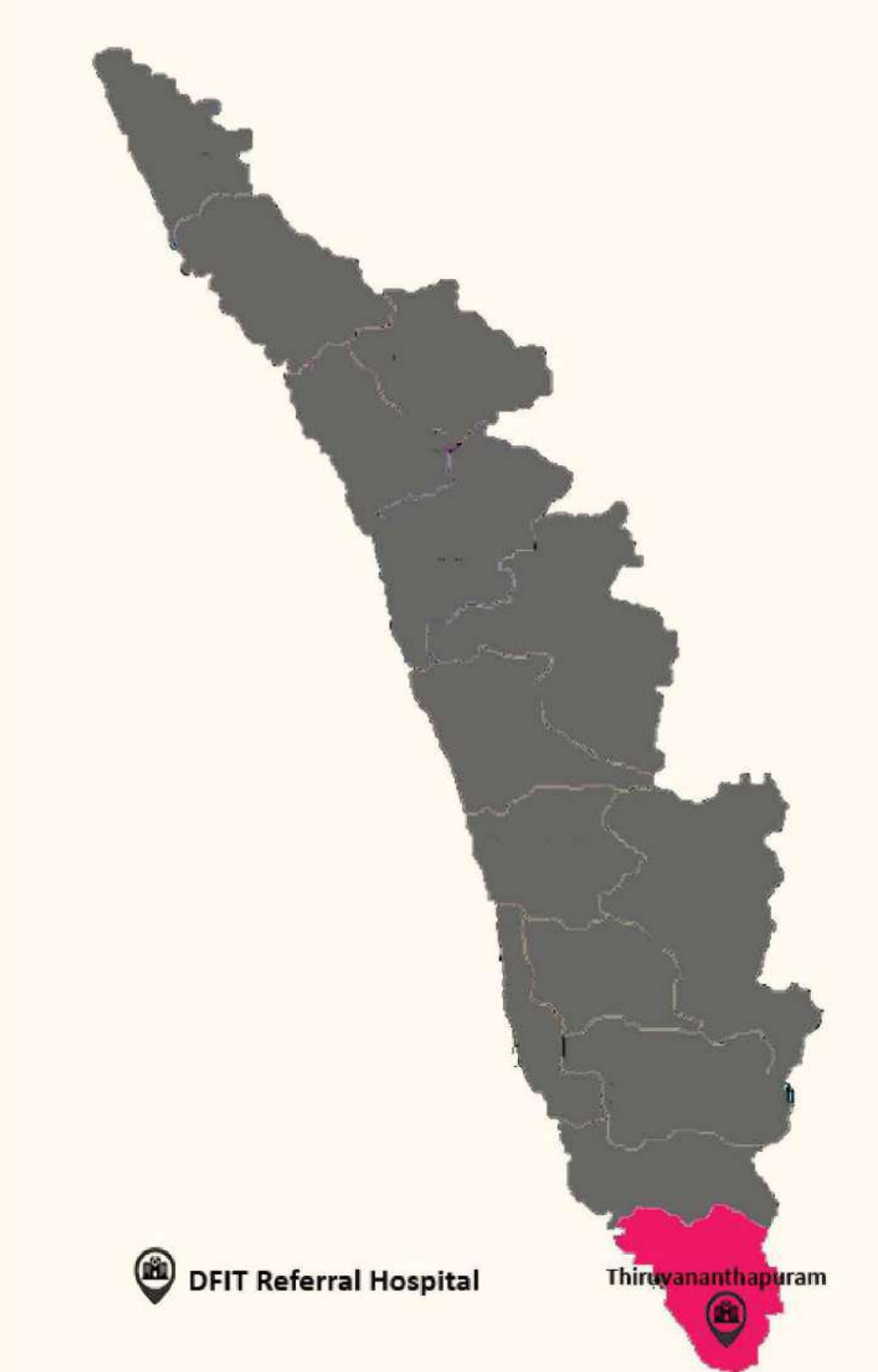
The following table describes the five year’s performance of Pavagada project

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	5340	6237	7231	9501	9050
Among them skin patients treated	176	339	1026	1241	1178
New leprosy cases diagnosed and referred to PHCs	20	21	23	17	22
Reaction cases managed	0	2	10	5	2
Major Surgery done	38	34	31	26	18
Minor surgeries (Septic and nerve decompression)	3	1	2	0	0
In-patients managed	79	60	73	117	27
Bed days	2441	2151	2250	1754	958
Protective foot wear (MCR) provided	43	45	43	120	80

Tuberculosis Care Pavagada	2014	2015	2016	2017	2018
Respiratory symptomatics treated	272697	209988	5615	2555	1906
TB suspects examined	4639	4096	1751	2104	2504
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				
Bed days	16				



KERALA



ST. JOHN'S HOSPITAL & LEPROSY SERVICES, PIRAPPANCODE, TRIVANDRUM, KERALA

The project has been providing leprosy care services since 1955 and TB control activities since 1998. After the integration of leprosy programs with general health system, the project mainly focused on managing complications related to leprosy at the hospital. DFIT established the facilities for re-constructive surgeries in the year 2013 and upgraded the project as a tertiary care hospital. This is the only leprosy referral center providing reconstructive surgery in the State. The project has established good referral network in all 14 districts of Kerala. A periodical RCS screening camps are organized to identify the eligible people for deformity correction and other medical needs.



The following table describes the five year’s performance of Trivandrum project

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	377	440	372	357	396
Among them skin patients treated	31	32	53	147	56
New leprosy cases diagnosed and referred to PHCs	6	2	3	2	1
Reaction cases managed	9	13	7	3	0
Major Surgery done	21	31	28	23	17
Minor surgeries (Septic and nerve decompression)	0	2	15	8	21
In-patients managed	152	123	137	141	134
Bed days	6197	4952	4595	4345	3946
Protective foot wear (MCR) provided	154	467	451	469	448

WE JOINED HANDS TO SUPPORT PEOPLE IN THE AFTERMATH OF KERALA FLOODS

In the aftermath of the severe floods that devastated the state of Kerala, many lost their lives, and a million people were displaced. The biggest calamity over the past century has resulted in huge loss to properties and lives. The staff of Damien Foundation joined hands to extend support to the flood victims and contributed their one day salary for the cause.

Health camps and other rehabilitation services were organized through St.John’s Hospital, Pirappancode, Trivandrum supported by DFIT.



A HEART-WARMING STORY OF A FARMER'S SON

A twenty-three year old teenager, Unnidass had been floundering throughout his young age until he developed the courage to fight against his misery. He was born to humble parents with father being a farmer and mother a housewife, and an elder sister. They were expecting him to lift them up from their social status. Destiny shattered all their dreams when he developed clawed fingers on his right hand and was unable to attend his Computer Science exam in his XI grade. He was depressed that the family felt suicidal because of his condition.

One fine day, he happened to visit St.John's Hospital and Leprosy Services which is supported by DFIT. The health staff counseled him and family members about the disease and started treatment for leprosy also assured that his deformity can be corrected through surgery. He breathed a sigh of relief and became optimistic about overcoming his condition. Surgical correction was done in the same hospital, intensive physiotherapy was given to rehabilitate. He got transformed completely after the surgery which motivated him to take up lab technician course and thereby supporting his family and living happily ever after.



MAHARASHTRA



ASSISI SEVASADAN HOSPITAL, NAGEPALLI, GADCHIROLLI DISTRICT

The project is located in Gadchirolli district covering mostly the tribal population with the support of Damien Foundation. The project has engaged 5 field staff from the tribal population who can speak the tribal dialect and they are supporting TB and leprosy related activities in 5 PHCs covering the population of 2,92,191. The project has OPD services for leprosy and TB related services. There are 120 leprosy affected people with deformities living in its jurisdiction and among them 88% are practicing self care regularly and 76 of them are provided MCR foot wear. The project has a microscopy services covering a population of 100,000 and the project has consistently achieved higher cure rate. In 2018, 93% of cure rate achieved among New Sputum Positive (NSP) TB cases registered. One of the main strengths of the project is the involvement of local traditional healers in leprosy and TB control programs. Besides medical rehabilitation the project provides social

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

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	29366	24569	25005	26945	11281
Among them skin patients treated	579	260	552	888	279
New leprosy cases diagnosed and referred to PHCs	23	41	37	68	58
Reaction cases managed	7	22	17	29	15
In-patients managed	22	23	42	57	44
Bed days	108	136	310	431	620
Protective foot wear (MCR) provided	26	67	66	77	76

Tuberculosis Care (5 DMCs)	2014	2015	2016	2017	2018
Respiratory symptomatics treated	104614	124961	177273	128241	161791
Presumptive TB cases examined	3042	2419	2934	3053	3341
Total TB cases registered	280	393	409	498	487
Total new TB cases registered	235	330	336	424	409
Among them new sputum positive cases	159	219	208	301	261
Sputum conversion rate for NSP cases	109/122 (89%)	206/224 (92%)	176/198 (89%)	246/284 (87%)	238/272 (88%)
Cure rate for NSP cases	99/118 (84%)	142/163 (87%)	189/226 (84%)	180/208 (87%)	281/301 (93%)
Sputum conversion rate for RT cases	22/32 (69%)	36/42 (86%)	35/44 (80%)	49/52 (94%)	44/54 (81%)
Cure rate for RT cases	16/28 (57%)	21/38 (55%)	31/49 (63%)	38/51 (75%)	48/57 (84%)
In-patients managed	46	41	75	74	53
Bed days	182	174	186	229	163

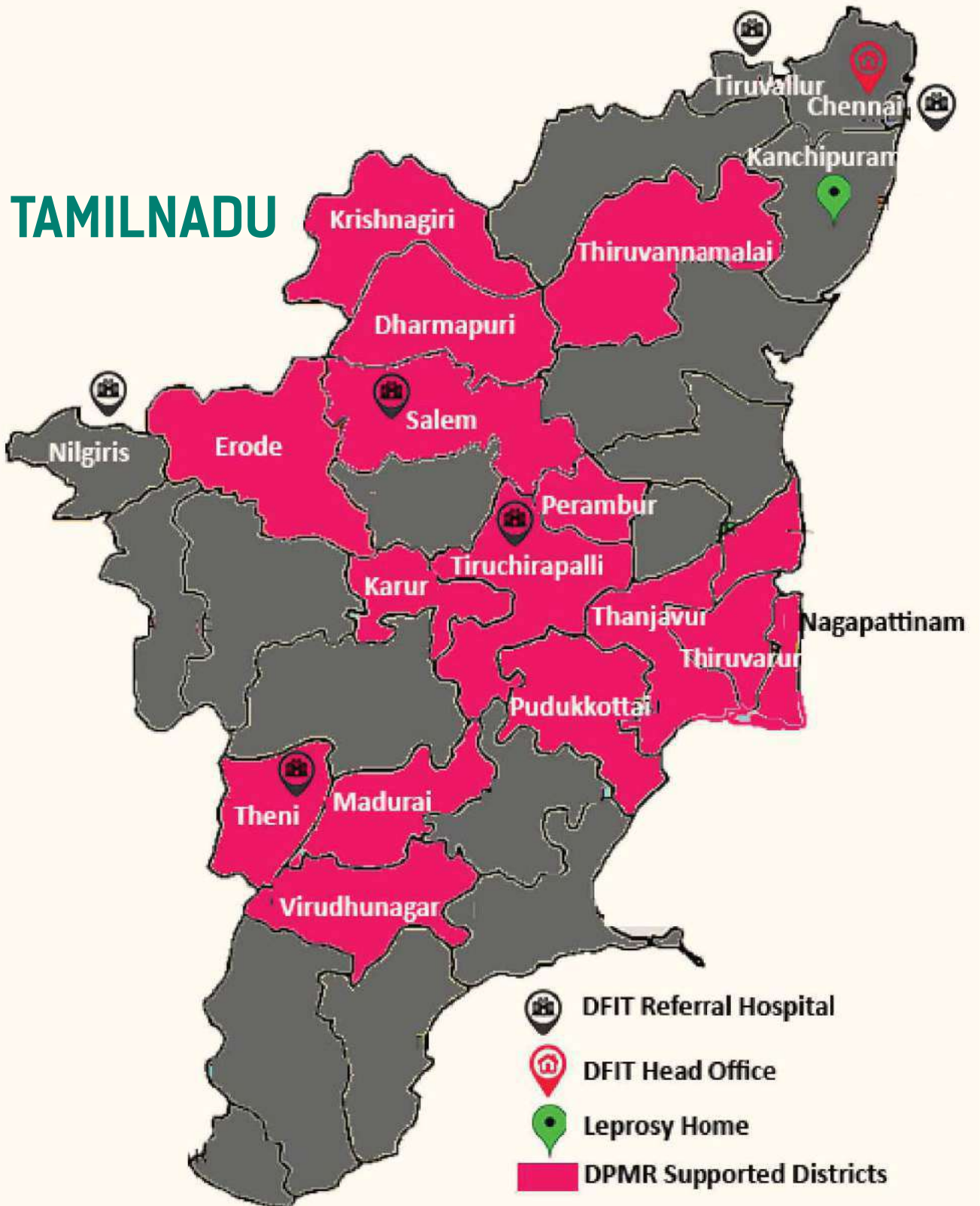


RESCUED HER FROM THE TRAUMA OF TUBERCULOSIS

A fifty year old woman named Punitha (name changed) had been happily living with her husband, sons and daughter-in-laws in a small village in Gadchiroli district. She led a normal life doing her routine work until one day she fell ill with fever and cough. Assuming that her condition is due to some religious beliefs, she sought the help of priests from local temples which showed no signs of change.

Luckily, one day a DFIT health worker visited her during the field visit, where he presumed Punitha's condition as TB and referred her to Assisi Sevasadan Hospital for diagnosis and treatment. She was diagnosed TB and treatment was initiated immediately and also supported nutritional supplement. With the continuous counselling and motivation helped her to recover faster and regain weight. She was dumb-founded to express her happiness. Early diagnosis and prompt treatment saved her life.





NILGIRIS-WYNAAD TRIBAL WELFARE SOCIETY, AMBALAMoola, NILGIRIS DISTRICT

This project covers around 94,113 tribal population in the project area. The project offers primary health care services through its hospital. DFIT has been supporting leprosy control activities since 1986 and TB control through the implementation of DOTs since 1998. It has inpatient facility for managing complications related to TB and leprosy. The project has a recognized Microscopy Center. The project creates health awareness among the tribal community and also conducts intensive house-to-house survey to detect TB and leprosy cases.

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

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	5684	7310	6713	5415	3691
Among them skin patients treated	211	382	611	645	312
New leprosy cases diagnosed and referred to PHCs	0	3	1	0	1
Reaction cases managed	0	1	0	1	0
In-patients managed	2	1	1	0	0
Bed days	9	2	1	0	0
Protective foot wear (MCR) provided	17	1	1	0	0



Tuberculosis Care	2014	2015	2016	2017	2018
Respiratory symptomatics treated	5684	2194	1432	1083	938
Presumptive TB cases examined	789	199	146	106	82
Total TB cases registered	12	7	11	13	22
Total new TB cases registered	9	6	11	10	14
Among them new sputum positive cases	9	5	6	9	10
Sputum conversion rate for NSP cases	16/19 (84%)	1/1 (100%)	7/7 (100%)	7/7 (100%)	9/9 (100%)
Cure rate for NSP cases	19/19 (100%)	24/24 (100%)	7/13 (54%)	7/13 (54%)	4/4 (100%)
Sputum conversion rate for RT cases	0	0	2/2 (100%)	2/2 (100%)	5/7 (71%)
Cure rate for RT cases	0	2/3 (67%)	2/5 (40%)	2/5 (40%)	1/1 (100%)
In-patients managed	10	7	11	11	11
Bed days	87	26	51	78	112

AROGYA AGAM, AUNDIPATTY, THENI DISTRICT

This project is involved in Leprosy and TB control activities since 1982 with the support of DFIT. The project has a hospital with facilities for supporting temporary hospitalization of patients for ulcer care, reactions and TB cases. The patients are being diagnosed and referred to the Government health facilities. The project offers designated microscopy services under RNTCP programs covering a population of 1,31,853. The project is facilitating DPMR services in 8 blocks of Theni district in collaboration with Civil Society Organisations.

The following table describes the five year’s performance of Aundipatty project

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	13557	12046	13449	14211	14152
Among them skin patients treated	6901	5771	7158	7852	8132
New leprosy cases diagnosed and referred to PHCs	21	18	11	13	11
Reaction cases managed	0	0	0	1	0
In-patients managed	135	132	139	127	127
Bed days	1257	1345	1304	1287	1361
Protective foot wear (MCR) provided	15	17	144	157	139



Tuberculosis Care	2014	2015	2016	2017	2018
Respiratory symptomatics treated	13557	7348	11549	1754	1673
Presumptive TB cases examined	1150	915	950	1230	1215
Total TB cases registered	26	44	47	45	39
Total new TB cases registered	19	33	33	34	30
Among them new sputum positive cases	17	26	30	30	28
Sputum conversion rate for NSP cases	6/13 (46%)	19/21 (90%)	25/31 (81%)	24/31 (77%)	24/35 (69%)
Cure rate for NSP cases	10/13 (77%)	13/17 (76%)	18/26 (69%)	24/30 (80%)	25/30 (83%)
Sputum conversion rate for RT cases	2/3 (69%)	1/9 (11%)	5/10 (50%)		5/10 (50%)
Cure rate for RT cases	4/5 (80%)	1/5 (20%)	3/10 (30%)	7/13 (54%)	5/8 (63%)
In-patients managed	105	54	82	106	101
Bed days	627	406	697	789	791

HOLY FAMILY HANSENORIUM, FATHIMANAGAR, TRICHY DISTRICT

This project has been supported by DFIT for more than four decades. This is one of the important leprosy referral center in the State. The project provides tertiary care for leprosy including RCS and ulcer management. The patients are referred by the Government health facilities and also by the DFIT District Consultancy Teams from all the neighboring districts. The project is also involved in TB control since 1998 supporting 1,20,964 populations through its Designated Microscopy Center. Besides DFIT support, the hospital also has counseling facility for HIV and a weaving center for rehabilitating people affected by leprosy.

The following table describes the five year’s performance of Fathimanagar project

Tuberculosis Care	2014	2015	2016	2017	2018
Respiratory symptomatics treated	3382	4221	4494	1378	1580
Presumptive TB cases examined	689	969	725	915	1145
Total TB cases registered	29	34	31	16	26
Total new TB cases registered	21	27	30	11	21
Among them new sputum positive cases	11	16	24	10	15
Sputum conversion rate for NSP cases	14/14 (100%)	19/21 (90%)	12/14 (86%)	12/14 (86%)	15/16(94%)
Cure rate for NSP cases	8/8 (100%)	11/14 (79%)	10/16 (63%)	12/12 (100%)	6/9 967%
Sputum conversion rate for RT cases	5/5 (100%)	6/8 (75%)			2/2(100%)
Cure rate for RT cases	1/8 (13%)	4/5 (80%)			4/4(100%)
In-patients managed	12	18	8	0	7
Bed days	250	206	125	0	186



Before



After

Tuberculosis Care	2014	2015	2016	2017	2018
Respiratory symptomatics treated	3382	4221	4494	1378	1580
Presumptive TB cases examined	689	969	725	915	1145
Total TB cases registered	29	34	31	16	26
Total new TB cases registered	21	27	30	11	21
Among them new sputum positive cases	11	16	24	10	15
Sputum conversion rate for NSP cases	14/14 (100%)	19/21 (90%)	12/14 (86%)	12/14 (86%)	15/16 (94%)
Cure rate for NSP cases	8/8 (100%)	11/14 (79%)	10/16 (63%)	12/12 (100%)	6/9 (67%)
Sputum conversion rate for RT cases	5/5 (100%)	6/8 (75%)			2/2 (100%)
Cure rate for RT cases	1/8 (13%)	4/5 (80%)			4/4 (100%)
In-patients managed	12	18	8	0	7
Bed days	250	206	125	0	186



ST. MARY'S LEPROSY AND TB CENTER, ARISIPALAYAM, SALEM DISTRICT

This project began leprosy control activities with the support of DFIT in the year 1960 and TB control activities in 1998. The project offers secondary level referral services for person affected by leprosy which includes ulcer care, reaction management and provision of customised footwear. Disability Prevention and Medical Rehabilitation services in the project are facilitated by 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. Project has a Designated Microscopic Center covering urban population of around 125485.

The following table describes the five year's performance of Arisipalayam project

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	9527	9630	9102	8892	10318
Among them skin patients treated	921	985	1050	1059	1315
New leprosy cases diagnosed and referred to PHCs	46	44	51	36	72
Reaction cases managed	14	19	20	29	33
Minor surgeries (Septic and nerve decompression)	3	9	12	5	0
In-patients managed	147	141	180	153	168
Bed days	3789	4581	5724	5910	5599
Protective foot wear (MCR) provided	171	393	426	434	276

Tuberculosis Care	2014	2015	2016	2017	2018
Respiratory symptomatics treated	201427	209372	23640	2529	3273
Presumptive TB cases examined	8241	8836	1751	893	1458
Total TB cases registered	572	537	70	71	88
Total new TB cases registered	468	442	55	55	70
Among them new sputum positive cases	242	219	28	26	36
Sputum conversion rate for NSP cases	181/252 (72%)	190/224 (85%)	30/32 (94%)	24/24 (100%)	32/32 (100%)
Cure rate for NSP cases	193/266 (73%)	173/242 (71%)	134/182 (74%)	24/28 (86%)	26/26 (100%)
Sputum conversion rate for RT cases	37/56 (66%)	40/66 (61%)	8/8 (100%)	12/15 (80%)	12/14 (86%)
Cure rate for RT cases	34/95 (36%)	29/66 (44%)	27/51 (53%)	7/8 (88%)	12/14 (86%)



POPE JOHN GARDEN LEPROSY REFERRAL CENTER, MADHAVARAM, CHENNAI

This is one of the oldest leprosy rehabilitation homes in Tamil Nadu supported by Salesian fathers. DFIT 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 general health system and DFIT teams. At present this is the only NGO run tertiary care hospital in Chennai.

The following table describes the five year’s performance of Madhavaram project

Leprosy Care	2014	2015	2016	2017	2018
Out patients treated	8238	1259	6747	10601	10359
Among them skin patients treated	8053	1076	6473	10405	10149
New leprosy cases diagnosed and referred to PHCs	9	3	1	3	4
Reaction cases managed	3	2	0	5	3
Major Surgery done	32	11	23	21	13
Minor surgeries (Septic and nerve decompression)	51	50	45	1	4
In-patients managed	125	74	82	34	30
Bed days	2434	2233	3226	1151	1235
Protective foot wear (MCR) provided	9	17	13	6	34



ANANDAPURAM REHABILITATION CENTER, POLAMBAKKAM, KANCHIPURAM DISTRICT

This project is implemented directly by DFIT. The project provides geriatric care services for people affected by leprosy who do not have a place to stay. DFIT provides food, shelter and medical care and also the last rites of the inmates. This home has a capacity to accommodate 30 inmates and during the year 22 destitute were benefitted by the project. During the year 2015, the project started providing terminal care for persons affected by leprosy, who are referred by Government hospitals, leprosy homes and DFIT team. Ambulance facility is available for shifting patients to nearby hospitals during emergencies. General Physiotherapy services were initiated in the project in 2015 to cater physio therapy services for general population including person affected by leprosy. Nearly 974 patients benefitted from the physiotherapy in 2018.

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

Leprosy Care	2015	2016	2017	2018
Number of Patients attended Physiotherapy OPD	1950	1220	516	974
Number of new inmates admissions	20	11	1	7
Number of inmates deleted (Died, Others)	0	7	3	9
Number of inmates living end of the year	20	24	22	21
Number of beds available	30	30	30	30
Number of bed days occupied	6695	7690	7312	7373
Bed occupancy rate	61%	70%	67%	67%



DISABILITY PREVENTION AND MEDICAL REHABILITATION PROGRAMS

Detection and Treatment was the main objective of leprosy control before the elimination of leprosy and integration of leprosy services in to health care system. One of the major challenges in leprosy control is prevention of disabilities and prevention of worsening of disabilities due to the disease. National Leprosy Eradication Programs developed guidelines and strategies with the support of ILEP in 2005 for Disability Prevention and Medical Rehabilitation. At present DFIT is facilitating DPMR activities through different strategies in 16 districts of Tamil Nadu. The main objective of DPMR programs is to improve the capacity of general health staff in managing complications like reaction, updating the list of disability people, identification and referral of eligible people for re-constructive surgery, providing customized footwear, facilitating Government entitlements and socio-economic support. We involve Civil Society Organizations, local community volunteers and family members to monitor self-care practices. The duration of DPMR support is extended to the district based on the needs and situation. DPMR programs in 16 districts has resulted in 67% of selfcare practice and 82% of the people are regularly using protective footwear. There are 132 people who were referred for re-constructive surgery among them 24 people under surgery in DFIT projects.



MISERABLE TO DESIRABLE

The 20 year old boy named Raghu (name changed) comes from a poor family background supported by his mother and brother. His father is an alcoholic, who failed to take responsibility of his family; therefore the burden of taking care of the family fell on him. He developed patches on the fore-arms and reported to St.Mary's Leprosy Centre, Arisipalayam supported by Damien Foundation. He was diagnosed with leprosy and began the treatment. He made frequent visits to the hospital with severe pain during the course of treatment. He was admitted for the management of complications related to the disease. He started recovering from the condition.

'I was not aware of my condition and didn't want to share it with anyone considering my father', says Raghu passively. With the moral support he received from his mother and brother he was able to undertake the treatment and recover quickly. He was supported with materials for making silver anklets at home through livelihood support project. He is now able to earn his livelihood and thereby supporting his family. Raghu's family is grateful to St.Mary's leprosy centre for the generous support offered to make them self-sustainable. His condition has changed from a miserable state to his desire.



TIMELY SUPPORT SAVED MY LIFE

I am Pandiyan (name changed) aged 49 years residing in a village in Salem District. I have been living happily with my wife and three children until I was diagnosed with leprosy. I was also partially losing my eye-sight due to old age and my family tried to isolate me. I was intending to commit suicide because of the constant emotional abuse of my son. I had nowhere to go and struggled without any love and support.

To add to my hardship, I also developed ulcers in my foot which created stench smell around. Everyone started complaining about my condition and my wife isolated me completely.

One day, team from St.Mary's Leprosy hospital supported by DFIT came to my village and promised to rescue from my suffering and also counseled me and my family members for cataract surgery and self-care. They facilitated to get my cataract surgery done. After undergoing the surgery, I breathed a sigh of relief. I was excited to look at my face into the mirror as I had not done so for nearly three years. I also shared my experience with everyone in the hospital who empathized with me.

St.Mary's Leprosy hospital helped in construction of toilet for my personal care to prevent taking any long-walks. Now I am free from ulcers in my feet.

I am grateful to St.Mary's for considering my condition and rescuing me from my struggle. My family has got along with me now. This timely support saved my life.



SOCIO ECONOMIC REHABILITATION

Damien Foundation believes that socio economic rehabilitation (Livelihood Enhancement Programs – LEP) is one of the essential components for a holistic rehabilitation for persons affected by leprosy and TB. DFIT has so far extended LEP support to more than 1300 poor persons affected by Leprosy and Tuberculosis in 8 states since the year 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 of the individual, self-worth and dignity, but has created ripple effects of taking these benefits to the family and community members at large. The LEP support is provided for house construction / renovation, livestock development, small business support for income generation, educational assistance to the children or persons affected by leprosy and providing scope for self-employment opportunities. The beneficiaries for the programs are identified by the DFIT team who are in direct contact with them and prepare the application which is sent to the committee for approval. After implementing the LEP support the DFIT teams and volunteers monitor and provide guidance and follow-up for a period of 1 year to the beneficiaries.

The above table describes the type of support provided by projects to the beneficiaries during the year 2018. During the year livelihood support was extended to 244 beneficiaries among them majority (60%) of them received socio economic support, nearly (30%) of them received education support, 9 percent of the beneficiaries received benefits for house construction/renovation and remaining one percent received medical aid/other type of support

Details of supports provided in DFIT projects during 2018

Name of the States	Socio-economic support	Medical Treatment Support/ other	Live Stock	House construction and renovation	Education	Total
Andhra Pradesh	22	1		5	7	35
Bihar	84		1		25	110
Delhi	10					10
Jharkhand State	15			7	24	46
Maharashtra	5					5
Tamil Nadu	9	3		9	11	32
Karnataka				1	5	6
TOTAL	145	4	1	22	72	244

CHANTIERS

Damien Foundation Belgium provided project support for DFIT under Chantier heritage for the building maintenance and renovation of the existing buildings constructed under Chantiers support and which is currently being used for patient services. DFIT projects identified the required renovation and maintenance of buildings and a proposal was received by DFIT Chennai and reviewed and revised and sent to Damien Foundation Belgium for approval.

The following work listed in the table were carried out under Chantiers:

S.No	Project Name	Support provided under Chantiers Legacy	Budget Amount in (INR)
1	Fathima Nagar	Support provided for Operation Theater and Post Operative Patient Ward Renovation work.	379046
2	Trivandrum	Support provided for Leprosy Hospital Block Renovation for In-patients and Out-Patient care services and RCS ward.	227000
3	Dehri-On-Sone	Support provided In-Patient ward Renovation, OPD, Physiotherapy Unit and Patient toilets inside the hospital Campus.	450000
4	Delhi	Support provided for Civil Work in the Hospital Premises and Guest House Maintenance.	1950000
5	Polambakkam	Support provided for Female inmate ward renovation, Dining hall and Kitchen Renovation.	111000
Total Amount Sanctioned:			Rs. 3117046

CONTINUING MEDICAL EDUCATION

Damien Foundation Endowment Prize Gold Medal Examination –2018

Damien Foundation India Trust has been organizing Leprosy Endowment Prize Exam for the final year medical students in collaboration with Tamil Nadu MGR Medical University and Sri Ramachandra Medical University since 1993. This exam is open for all the final year medical students and the exam consists of two parts i.e., theory and practical. The theory part covers 100 mark questions which consist of multi choice questions (MCQ) and the practical part has 20 spotters for 100 marks which cover clinical identification of cases and management of complication related to leprosy. As per the MoU with the Tamil Nadu MGR Medical University, during the year the university had deputed two senior dermatology professors from Thanjavur Medical College [Dr.K.Dhanalakshmi, HOD, Dept of Dermatology, Dr. Vinnarasan, Asst. Professor, Dept. of Dermatology] for preparing the questions and selecting the medal winner along with DFIT team. Altogether 419 students registered from 20 medical colleges for the endowment exam among them 326 appeared for the theory examination which was held on 17th July, 2018. The answer sheets were evaluated by the panel of members and the top 38 students who scored more than 64 percent were called to participate in practical examination.

The practical part of endowment prize examination along with continuous medical education (CME) was held on 18th August, 2018 at Holy Family Hansenorium Hospital, Fathimanagar, Trichy. Out of 38 selected students, 33 students appeared for the practical examination. The practical examination scores were evaluated by the panel members. Based on the theory and practical exam scores the topmost candidate Ms. M. Harini from Thanjavur Medical College was selected by the panel who scored the first mark. Dr. K. Dhanalakshmi, Professor and Head, Department of Dermatology from Thanjavur Medical College who was nominated by the University for Evaluation and selecting the Endowment Prize gold medal winner recommended the candidate Ms.M.Harini to Tamil Nadu Dr. MGR Medical University for the award of “Damien Foundation Endowment Prize Gold Medal-2018”.

Damien Foundation India Trust also facilitates endowment prize exam for Sri Ramachandra Medical College where Ramachandra University awards its own gold medal for its students. During the year Mr. Shreyas Srinivasan was nominated for Gold Medal from Sri Ramachandra Medical University for the year 2018.



RESOURCE MOBILISATION INITIATIVE

Damien Foundation initiated its local resource mobilisation activities in the year 2010. During the year DFIT carried in-house resource mobilization activities by Tele-calling, piloted crowd funding through a portal called Letzchange. Participated in the fund-raising event in partnership with CIOSA under the banner of "Battle of Buffet 2018", proposals were submitted for institutional and corporate fund raising. Besides this through external agency, DFIT initiated Face to Face fund raising in partnership with Ethics Development Support Private Limited (EDSPL) in Chennai from September 2018. During the year DFIT mobilized an amount of Rs.20,78,672/- from the above initiatives. DFIT has strengthened the social media platform during the year by providing regular updates to the stakeholders and supporters.

Individual fundraising:

Individual fundraising is carried out through indentifying Hi-net worth individuals, Tele-calling, and Face to Face fundraising initiative. There individual donors have increased from 250 supporters in the year 2017 to about 400 supporters in the year 2018. An amount of Rs. 10,09,451/- has been raised for the cause from individual supporters.

Corporate Fundraising:

During the year Global Logistics Solutions Pvt Ltd, provided support for leprosy care services by supporting Rs.2,50,000/- for DFIT Pope-John Leprosy Hospital project in Madhavaram Chennai. Global Logistics Solutions Pvt Ltd. has been partly supporting the project since 2017 their support was useful in rehabilitating persons affected by leprosy.

Institutional Fundraising:

DFIT also mobilizes resources through institutions, charitable trusts and small enterprises, who help us in a small way by sponsoring surgeries and patient requirements. During the year DFIT was successful in raising an amount of Rs. 4,71,567/-.

Events and Campaigns:

DFIT actively participated in the events like 'Daan Utsav' and 'The Battle of the Buffet' (BOB) in collaboration with CIOSA. DFIT participated in the events between 2nd to 8th October, which concluded with our donor's participation in the light music event at Lady Andal School Chennai. This collaboration further paved way for an online fund raising platform called letzchange. During the event DFIT raised Rs.12,722/- from sale of tickets.

Online Crowd-funding:

Damien Foundation had a new experience to participate in the online portal of crowd funding platform called "Letzchange. This made all DFIT staff to involve and spread the message of DFIT fund raising efforts to their dear and near ones by contributing to the case. Around 117 supporters from various places in India and other countries supported the campaign. DFIT was successful in mobilizing resources to a sum of Rs.1,35,580/- through this pilot initiative.

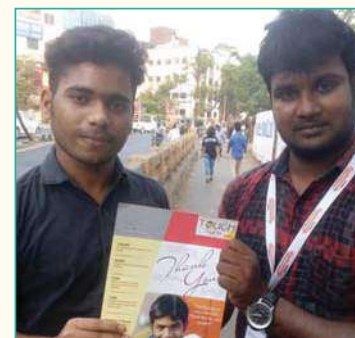
Donations in Kind:

There were few generous donors who came forward to support the needs of the patients in kind. Delhi project received medicine worth of Rs.1,00,000/- Nellore project received groceries for in-patients worth Rs.30,752/- and Polambakkam project received food for inmates worth Rs.68,600/-.

Social Media:

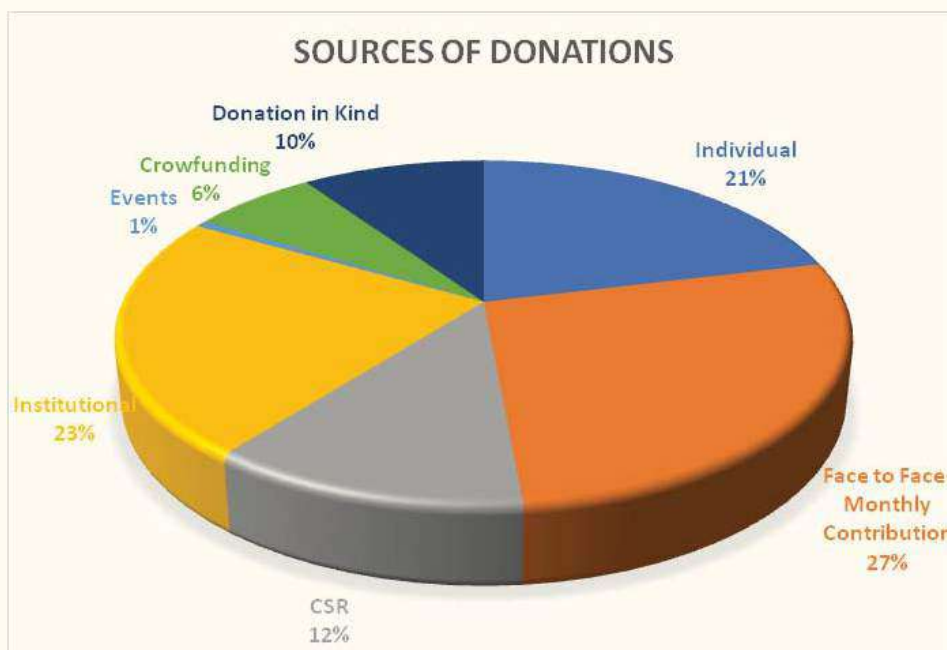
DFIT has been part of social media since 2012. DFIT wanted to spread awareness about its service and spread the campaign to the well-wishers and stakeholders. DFIT provides regular updates to its stakeholders and supporters through social media. DFIT has actively strengthened its social media platform during the year and the supporters have increased during the period which is provided in the table below;

S.No	Social Media	Year 2017	Year 2018
1	Whatsapp	Nil	820 contacts
2	Facebook	1996 followers	3989 followers
3	LinkedIn	43 connections	1483 connections
4	Twitter	3 followers	83 followers
5	Instagram	Nil	Initiated in the year and have 81 followers



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

S: No	Sources of Donation	2018	%
1	Individual	440801	21%
2	Face to Face-Monthly Contribution	568650	27%
3	CSR	250000	12%
4	Institutional	471567	23%
5	Events	12722	1%
6	Crow Funding	135580	6%
7	Donation in Kind	199352	10%
Total Donations		20,78,672	



FINANCIAL REPORT

Major contribution of funds for the year was received from Damien Foundation Belgium. DFIT received funds under two major heads, first being Co-Finance funds from Directorate General for Development (DGD) a wing of Belgium Government and the second from DFB as Non-Co-Finance Funds. DGD is supporting the Leprosy and TB control program in Bihar for a period of 5 years (2017-2021). This is the second year of their support. DFB continued to support the rest of the programs of DFIT.

DGD – Co finance Activities

DGD supported the program for the second year (5 Year program) by providing 24.71 Million rupees. The program was executed as planned by covering 6 districts for Drug Resistant TB and 23 districts for Disability Prevention and Medical Rehabilitation. The entire activity was executed by 6 Field Coordinators and Twenty Community Social Workers. The DGD program also supported the Food Grains support of poor patients during their treatment period (0.5 Million rupees) and also Livelihood Enhancement support by financial support to establish small business, education and house repairs etc (1.9 Million rupees). This LEP program was executed by a Coordinator placed in Patna office for evaluating the executing the programs.

Non Co-Finance Activities

DFB provided funds amounting to 97.50 Million rupees. Non-Co-Finance funds were primarily used for Leprosy and TB in various states of India through 11 NGO, 2 DFIT hospital and 15 District support teams working in Tamil Nadu, Andhra Pradesh and Jharkhand. DFIT received 3.35 Million rupees from Brussels International for supporting projects conducting Reconstructive surgeries. DFIT received 2.5 Million rupees as Bank Interest, sale of Inventory, Income Tax refund from Government etc.

Chantier Damien

Chantier Damien was supporting the construction activities for Leprosy and TB related requirements, since 2 decades, the support of Chantier has been withdrawn for the year 2018. We spent Rs.0.49 Million for upgrading the buildings which were supported earlier by them. Trivandrum, Polambakkam and Dehri on some were provided with financial support to repair the buildings.

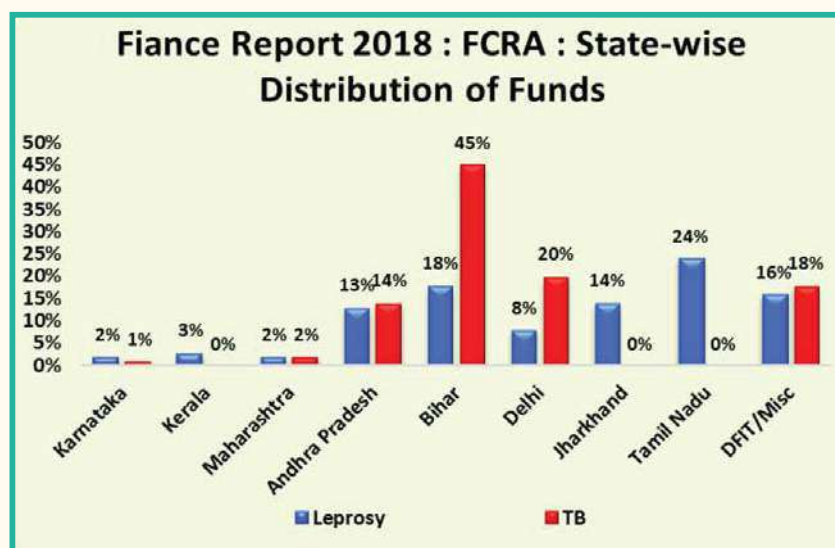
Expenditure Breakup

The expenditure in Bihar and Jharkhand was 31% and 7% of the expenses respectively, followed by Andhra Pradesh and Tamil Nadu with 13% and 12%. Delhi expenditure with Hospital and 10 Microscopy Centres was 14%. Karnataka, Kerala and Maharashtra with 2% each. DFIT Chennai 18% for Administration, Livelihood Enhancement programs and Reconstructive Surgeries.

The Audit for the period 2018 was completed in time by both Internal and Statutory auditors. FCRA returns have been filed in time. Income Tax deduction and payments were made in time. Income Tax assessment for the financial year 2015-16 was completed with Nil tax due.

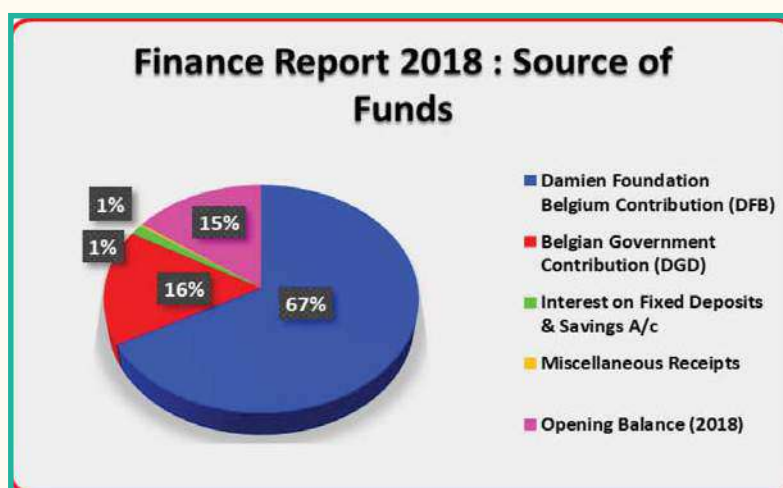
Finance Report 2018 : State-wise Distribution of Funds

Name of the States	Leprosy	TB	TOTAL
Andhra Pradesh	7,905,221	7,905,221	15,810,441
Bihar	10,880,043	25,386,767	36,266,810
Delhi	4,763,914	11,115,799	15,879,713
Jharkhand	8,447,324	-	8,447,324
Karnataka	1,429,054	612,452	2,041,506
Kerala	1,613,993	179,333	1,793,326
Maharashtra	1,101,386	1,101,386	2,202,771
Tamil Nadu	14,308,514	-	14,308,514
DFIT/Misc	10,339,960	10,339,960	20,679,920
TOTAL	60,789,408	56,640,916	117,430,325



Finance Report 2018 : Source of Funds

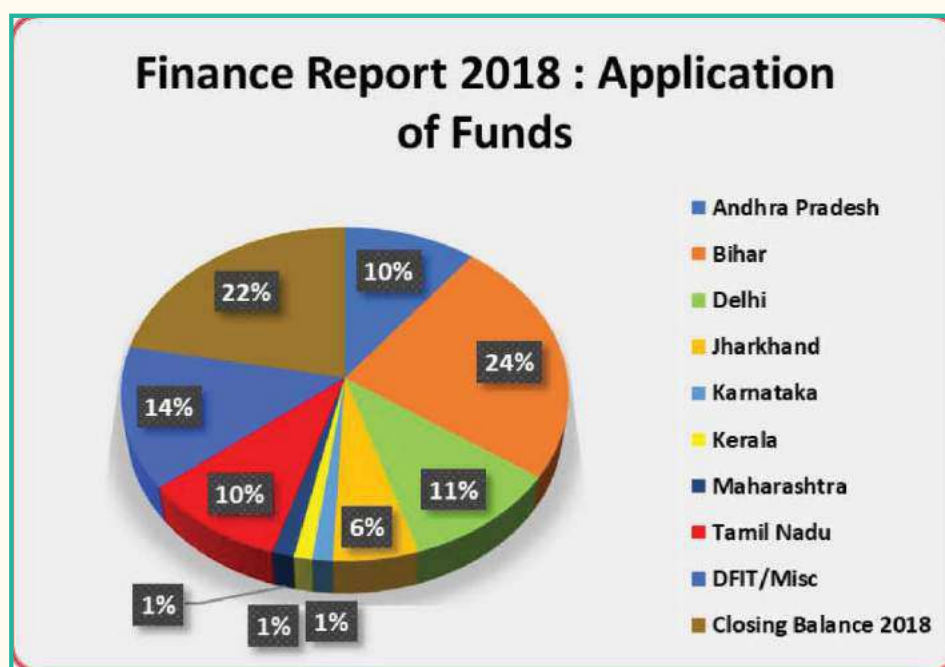
Source	Income (IRS)	%
Damien Foundation Belgium Contribution (DFB)	100,854,115	67
Belgian Government Contribution (DGD)	24,709,910	16
Interest on Fixed Deposits & Savings A/c	2,120,037	1
Miscellaneous Receipts	467,596	1
Opening Balance (2018)	22,337,276	15
TOTAL	150,488,935	100



Finance Report 2018 : INDIAN ACCOUNT

Source	Indian (IRS)	%	Application	Indian(IRS)	%
Donations Received	1,653,390	15	Investments	52,680	0
Sale of MCR Footwear & Sputum Cups	260,090	2	Consumables	200,646	2
Bank Interest	285,856	3	Maintenance	107,454	1
Rent Received	1,458,824	13	Fund Raising Expenses	133,510	1
Miscellaneous Receipts	224,813	2	TDS receivable	155,829	1
Opening Balance (2018)	7148597	65	Closing Balance (2018)	10,381,451	94
TOTAL	11,031,570	100	TOTAL	11,031,570	100

Name of the States	Expenses (IRS)	%
Andhra Pradesh	15,810,441	10
Bihar	36,266,810	24
Delhi	15,879,713	11
Jharkhand	8,447,324	6
Karnataka	2,041,506	1
Kerala	1,793,326	1
Maharashtra	2,202,771	1
Tamil Nadu	14,308,514	10
DFIT/Misc	20,679,920	14
Closing Balance 2018	33,058,610	22
TOTAL	150,488,935	100



MEETINGS / WORKSHOPS / SEMINARS

Month	Dates	Particulars	Organised by	Participant(s)
January	08 & 09	Action Plan review meeting at Patna, Bihar	DFIT Patna	Dr. M. Shivakumar DPMR/TB Coordinators [Bihar]
February	8	NGO's Orientation Workshop	Yes Foundation	Mr.R. Jaishankar Ms. A. Kanchana
	12	ILEP partners review meeting	DFIT Patna	SLO Bihar, Dr.A.K. Pandey, and other ILEP Partners
	22	NLEP meeting under the Chairmanship of principal Advisor New Delhi	GOI	Dr.P.H. Vishnu
March	24	70th DFIT Trust Meeting at Chennai	DFIT	Mr. Luc Comhaire from DFB & All Trust Members
	27	NSS APEX Advisory Committee Meeting at Vikrama Simhapuri University	Vikrama Simhapuri University, Nellore	Mr.P.N. Thiagarajan
	30	RNTCP best performers award 2017	DFIT Patna	STO Bihar, Mr. Luc Comhaire, Dr. M. Shivakumar, Secretary, DFIT, Dr. A.K. Pandey, Medical Consultant, Dr. Ashish Wagh, Medical Advisor, TB Coordinators, Govt. staff (STS/STLS & DOT Plus Supervisor).

April	04	I Volunteer volunteering campaign	I volunteer Chennai	Ms. A.Kanchana Mr. Jose Fredrick
	23	ILEP partners review meeting	DFIT	SLO Bihar, Medical Advisor & other ILEP partners.
	23	Interaction meeting at DFIT Nellore with Nursing students- Bolini Nellore	DFIT Nellore & Nursing college of Bolini Nellore	Staff of DFUL&RC, Nellore and Nursing students of Bolini- 80 Nos
	26	CME on update on Leprosy & Workshop on Skin Smear in Leprosy @ Thanjavur Medical College	Skin Department, Thanjavur Medical College	Facilitators: Dr. M. Shivakumar Mr.R. Jaishankar Participants: 100 Nos of UG and PG Students attended
May	6th & 7th	Prakasam District – IRL Team Visit	State TB Officer	Mr. P.V. Giriprasad
	15	South DPMR Team Review Meeting at Nellore	DFIT	Dr. M. Shivakumar, Dr.P.H. Vishnu, Mr. Y. Somasekhara Reddy & All south Team DPMR coordinators
	22 & 23	NGO Expo at Mumbai	Live Week – Mumbai	Mr. L. Camillus Rajkumar Mr. Jose Fredrick
June	5 & 9	Bottle of the Buffet Workshop on Crowd funding	CIOSA	Ms. A. Kanchana
	9	ILEP partners review meeting	DFIT	Ms. Courtenay Dusenbury, Secretariat Director Global Partnership, SLO Bihar, Dr.M.Shivakumar, Dr.Ashish and other ILEP partners.

	10	1st quarter 2018 review meeting of DPMR/TB Coordinators meeting.	DFIT	Dr. M. Shivakumar DPMR/TB Coordinators [Bihar]
	12	TOG (New Technical Operational Guideline) for IMA members at IMA Hall	IMA Nellore	Mr.P.N.Thiagarajan
	27	ILEP in India Meeting on 27th June, 2018 at Gurgaon, Haryana	ILEP India-Swiss Emmaus/ FAIRMED	Dr. M. Shivakumar
	28 29	NLEP Consultant's capacity building and refresher training	Swiss Emmaus/ FAIRMED	Dr.M. Shivakumar & Dr. P.Krishnamurthy
July	7	71st DFIT Trust Meeting at Chennai	DFIT	All Trust Members
	11-13	SLO Meeting at Goa	NLEP/CLD-GOI	Dr.M. Shivakumar
	16	Workshop on How to leverage your Organisation	CIOSA	Ms.Kanchana participated
	17	Endowment Prize Exam on Leprosy -Theory	TN MGR Medical University/ DFIT	326 students from 21 Medical colleges of TN Dr.MGR Medical University participated
	24	State Level NLEP review meeting, Vijayawada	SLO AP	Mr. S. Satheesh
	31 - Aug 3	DFIT Supported projects Review meeting & CME at Kolli Hills	DFIT	44 members from DFIT projects and Dr.P.Krishnamurthy, Chairman, DFIT Trust
August	11	BoB meeting on Facebook marketing workshop	CIOSA	Ms. A. Kanchana

	17	BOB Pitch Fest – Project Proposal presentation	CIOSA	Mr. Jose Fredrick & Ms. Kanchana Participated
	18	Endowment Prize Exam on Leprosy – Practical at Fathimanagar	TN MGR Medical University/ DFIT	35 students from 12 Medical colleges of TN Dr.MGR Medical University participated
	18	NSS Meeting on Leprosy & TB Followed by the meeting tree plantation	NSS Unit Vikrama Simhapuri University & DFIT- Nellore	NSS students of GVR College GVR College Principal Sri. Laximi Narayana, NSS Coordinator
Sept	8	72nd DFIT Trust Meeting at Chennai	DFIT	Mr.Alex Jaucot from DFB & all Trust Members
	12 & 13	Updates on finance – seminar	Christian Institute of Chennai	Mr.D.V. Premkumar Velu
	14	State level LCDC Core Committee meeting attended Vijayawada	SLO AP	Mr. S.Satheesh Mr. K.S. Sudhakar
Oct	23-30	Internal evaluation in Bihar	DFIT	Dr.P. Krishnamurthy, Dr.M. Shivakumar, Dr.P.H. Vishnu, Mr.Somasekhara Reddy & South teams
Nov	9	ILEP in India Meeting at Secunderabad	ILEP India- Lepra	Dr. P.H. Vishnu
	12-16	International Project Forum Meeting	DFB	Dr. M. Shivakumar Dr. Loreen P Gujral Dr. Ashish Mr.L.Camillus Rajkumar Mr.D.V. Premkumar Velu

	19 & 20	Review meeting of SLOs of high Endemic states at Hotel Marg Krishnaaya, Vijayawada, AP	CLD	Dr. P.H. Vishnu
	21	Contact programs for certified CSR professionals @ Hyderabad	The Institute of Company Secretaries of India	Mrs. Preethi
	30	Research Committee meeting	BPRC-Lepra	Dr. M. Shivakumar
Dec	03	ILEP partners review meeting	DFIT	SLO Bihar, Dr. Ashish & other ILEP partners.
	06 & 07	Action plan meeting Bihar	DFIT	Dr. A.K. Pandey & DPMR/TB Coordinators [Bihar]
	9	Apollo Medical college, Chittoor	Presentation on Present, Past and Future of Leprosy in India for Apollo Medical College, Chittoor	Facilitators: Dr.M.Shivakumar, Secretary Mr.S. Satheesh, Nellore Zonal Coordinator Participants: Faculty and Students
	20 & 21	Action Plan meeting South DCT AP	DFIT Chennai	Dr. M. Shivakumar Dr. P.H. Vishnu Mr. S. Satheesh Mr. Sudhakara Mr. Shiva Ramakrishna

OVERSEAS VISITORS

Particulars	No.of people	Period	Place of Visit & Purpose
Mr. Jan Lanyx Ambassador of Belgium embassy along with Wife Mrs. Raka Singh and Mr.Alain Baetens 1st Secretary	03	10th July	Delhi project exposure visit
Mr Alin Teclu from Brussels Regional Public Service	01	14th March	Visited DFIT HQ and Pope John Garden, Madhavaram to see DFIT activities
Mr. Luc Comhaire, Project Manager, Damien Foundation, Belgium	01	24th - 31st March	Attended DFIT Chennai Trust Meeting, Delhi and Bihar
Ms.Gladys, Nursing student from Belgium	01	26th March - 07th May	Nursing Internship at Nellore
Dr.Venkata Ranganadha Rao, WHO Consultant	01	12th April	Visited DFIT Chennai
General secretary from Brussels International	02	17th April	Visited DFIT Pope John Garden,Chennai
Ms. Courtenay Dusenbury	01	09th - 16th June	Visited Patna, Muzaffarpur, Samastipur, Munger, Gaya, Rohtas, Buxar – field visit.
Mr. Jan Lanyx Ambassador of Belgium embassy along with his Wife Mrs. Raka Singh and his first Secretary Mr. Alain Baetens.	02	10th July	Delhi Project visit
Dr. Alberto Roggi, DFB	01	25th - 31st August	Bihar & Delhi – Exposure visit
Mr. Alex Jaucot, General Director, Damien Foundation, Belgium	01	02nd - 09th September	Visited Delhi, Jharkhand, Andhra Pradesh & DFIT Trust Meeting
Mr. Luc Comhaire, Project Manager, Damien Foundation, Belgium	01	07th -14th October	DFIT Chennai, Chittoor, Nellore and Madurai district to review project activities.
Dr. Epco Hasker	01	08th -13th December	Visited Delhi and Bihar Projects
Dr. Nimer Ortuno Gutierrez, Medical Advisor, DFB	01	9th December	Visited Delhi and Bihar Projects

VISITORS

Particulars	No. of people	Period	Place of visit & purpose
Dr. Rajendra Prasad, SLO Andhra Pradesh	01	5th & 6th January	Nellore project visit
Dr.C. Ramadei,DLO Nellore, DNT Team, Mr. Krishna Reddy and 10 students from KNR School, Nellore	18	07th February	Nellore project visit
Dr. P.S. Ramaraju, HOD, Dr. Madhumathi, Prof and 14 MSW students from Vikrama Simhapuri University Nellore	16	3rd April	Leprosy & TB Orientation training
Dr. T. Rama Rao, STO , Andhra Pradesh & Nellore TB Team	23	07th April	Nellore District TB Programs Review at DTRC Nellore
Dr. Rajendra Prasad, SLO Andhra Pradesh	01	26th June	Nellore project visit
Dr. Jawahar, M.D., Narayana Medical College	01	30th June	Nellore project visit
M. Pharm Students from Rathnam Institute of Pharmach	07	September to December (8 days)	Nellore Project for Thesis preparation
Dr. Rajendra Prasad, SLO, Andhra Pradesh	01	04th October	Nellore project visit
Dr. Sreedhar Babu, DTCO Ananthapur, Dr. Rama Subba Rao, Director of Training Center, Guntur and DOTS Plus Supervisor	03	11th October	Nellore project visit
Mr. Thyagarajan, Branch Manager, Mr. Sivaprasad ,Remi, Hyderabad	02	12th October	Nellore Project visit : 'Know Your Client ' .
Dr. Carl Joseph, WHO consultant, Andhra Pradesh	01	24th October	Nellore project visit

Mr. Nagarjuna Naidu, FIND	01	2nd November	Nellore DTRC Lab visit
IRL TEAM, Andhra Pradesh consist of Dr. D. Suresh Kumar, DTCO., Prakasam Dr. P. Carl Joseph, WHO consultant, Dr. G. Venkata Prasad, Dr.C.V. Rama Devi , Dr. Appala Naidu Dr. Venkatesh, STS & STLS	10	5th & 6th November	Nellore project IRL Team Visit
Nursing students from DKW College, Nellore	10	10th November	Nellore Project-Exposure visit
Dr.Sk.Khadar Valli, DLO Kadapa	01	21st November	Nellore Project – RCS patient visit
CLT&RI Chengalpattu LCDC Evaluation team Dr. Kumaresan, Mr. Prabhakar Mr. Ramesh	03	11th December	Nellore Project for LCDC –Evaluation for NGO working for Leprosy
Dr. R. Sudharsana Rao, VC, Professors and NSS volunteers from Vikrama Simhapuri University, Nellore	17	21st December	Nellore Project visit and distribution of provisions and utensils to patients

Annexure - I

Name of the state	Name of the project	Outpatients services										Inpatients services																					
		No. of new leprosy cases detected						Total no. of new grade II disability				Total number of new reaction cases managed		Total number of persons RCS			Others (Septic surges & 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						
		Adult			Children (0-14 years)			Grand Total			Adult Grade II		Child Grade II		Total		Type I	Type II	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
Andhra Pradesh	Nellore	10	48	4	2	6	64	21	0	21	34	13							25	8	33	9	5	14	27	13	227	2975	63.5				
	Chilakalapalli (I,II qtr)	6	6	0	0	0	12	0	0	0	1	3												249	21	124	2020	53.4					
Delhi		1	8	0	0	0	9	2	0	2	13	2							35	5	40	3	1	4	0	14	102	2795	55.5				
	Dehri-On-sona	25	23	4	5	9	57	9	0	9	36	13							47	13	60	10	4	14	132	30	188	5121	47.5				
Bihar	Muzaffarpur																		67	33	100	0	0	0									
	Amda	6	28	0	1	1	35	12	0	12	21	15							25	15	40	0	0	0	97	22	175	4289	54.0				
Jharkhand	Dhanbad																		37	22	59	0	0	0		18	86	3498	54.0				
	Arasipalayam	13	54	3	2	5	72	15	0	15	19	14												276	19	168	5599	82.0					
Tamil Nadu	Aundipatty	3	7	0	1	1	11	2	0	2	0	0												139	3	127	1361	126.0					
	Ambalamoola	1	0	0	0	0	1	0	0	0	0	0												0	2	0	0	0.0					
	Fathimanagar	3	18	1	2	3	24	9	1	10	41	13							20	6	26	40	11	51	354	80	398	19562	68.0				
	Pope John Garden	0	4	0	0	0	4	0	0	0	3	0							8	5	13	3	1	4	34	38	30	1235	9.0				
Karnataka	Polambakkam																									30	21	7373	67.3				
	Pavagada	5	17	0	0	0	22	1	0	1	2	0							17	1	18	0	0	0	80	10	27	958	26.6				
Maharashtra	Nagepalli	32	19	6	1	7	58	5	1	6	9	6												76	5	44	620	34.4					
	Trivendrum	1	0	0	0	0	1	0	0	0	0	0							14	3	17	16	5	21	448	30	134	3946	41.6				
Total	Total	106	232	18	14	32	370	76	3	78	179	79						295	111	406	81	27	108	1912	335	1851	61352	50.1					

Annexure – 2

Total 10 RCS centres Age and sex wise RCS and Septic surgery report – 2018															
Age wise	Hand RCS			Foot RCS			Eye RCS			Grand total			Septic surgeries		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0-13	5	8	13	0	1	1	0	0	0	5	9	14	0	1	1
14-20	60	49	109	5	4	9	1	0	1	66	53	119	2	2	4
21-25	38	16	54	2	1	3	1	3	4	41	20	61	3	0	3
26-30	32	9	41	8	0	8	1	1	2	41	10	51	5	1	5
31-40	53	10	63	11	2	13	6	0	5	69	12	81	13	4	17
41-54	39	5	44	13	3	16	8	0	8	60	8	68	22	6	27
55-65	4	0	4	1	0	1	4	0	3	9	0	9	18	7	25
> 66	2	1	3	0	0	0	0	0	0	2	1	3	18	6	24
Total	233	98	331	40	11	51	20	4	23	293	113	406	81	27	108

Annexure – 3 **POD Programme Annual Report – 2018**

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.	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.	
Maharashtra	Nagepalli	107	107	107	94	56	51	11	7	4	79	44	167	15	38	59	31	7	2	15	655	6	320	12	81	22	
	Krishnagiri	499	499	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	36	0	0	0	0	0	
	Dharmapuri	289	289	11	5	7	7	3	3	0	9	0	0	0	0	0	4	4	0	2	63	0	0	1	12	19	
	Erode	749	360	154	64	117	103	27	27	0	103	2	32	2	8	24	24	24	0	1	32	0	0	4	76	41	
	Thiruvannamalai	467	408	269	126	155	139	36	36	4	203	8	27	0	6	51	51	51	0	10	515	0	0	5	71	55	
	Thiruvavur	86	86	56	17	36	33	15	15	0	34	1	7	1	2	5	5	5	0	0	0	0	0	3	96	74	
	Nagapattanam	82	82	104	43	74	71	23	23	0	61	4	23	2	7	15	15	15	0	1	32	0	0	0	0	0	
	Perambalur	135	135	3	0	3	3	3	0	0	0	3	0	0	0	0	2	2	2	0	1	85	0	0	0	0	
	Ariyal	176	176	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Trichy	469	469	0	0	0	0	0	7	6	6	0	0	0	0	0	0	0	0	1	68	39	51	0	0	0	
	Karur	248	248	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	244	0	0	0	0	0	
	Thanjavur	396	396	220	110	185	150	16	4	3	121	4	8	8	8	8	29	26	2	3	163	1	20	9	167	25	
	Madurai	947	947	299	175	269	203	22	8	4	217	4	15	4	4	13	90	68	1	7	324	9	317	23	782	89	
	Virudhunagar	269	269	98	63	81	61	11	6	4	80	1	9	3	3	3	27	20	0	6	344	1	18	7	265	43	
	Pudukottai	463	463	10	6	7	5	3	1	1	4	0	0	0	0	2	2	0	0	1	41	0	0	5	81	25	
	Salem	1336	1336	1532	1140	1525	1153	3	3	2	1185	31	496	14	79	125	125	125	50	9	3	76	4	3394	12	394	35
	Theni	347	347	744	597	596	576	1	0	0	564	6	38	0	0	0	156	107	0	102	1830	8	77	3	110	0	
Andhra Pradesh	Nellore Urban	97	97	61	51	46	48	2	2	1	38	41	13	26	149	10	0	0	1	30	4	0	5	228	0		
24 districts	Total	7162	6714	3668	2491	3157	2603	180	141	29	2701	146	835	75	315	599	478	161	13	159	4538	72	4197	89	2363	428	

Annexure -4 Andhra Pradesh and Jharkhand DPMR activities annual report at PHC level -2018

States	Districts	NO. of PHCs visited	PHC Visit Record verification Maintained													Adequate stock of MDT available	Number of under treatment Reaction Cases	Availability of Tab. Prednisolone	
			Number of Suspects registered	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
Andhra Pradesh	Anantapur	79	215	680	140	50	67	1	63	63	66	0	0	63	1	0	70	4	46
	Kurnool	72	442	777	131	53	68	0	67	66	67	0	0	66	0	0	61	0	28
	Kadapa	73	1091	722	131	64	59	3	61	62	61	0	0	61	0	8	58	0	32
	Nellore	67	866	633	65	37	46	1	41	40	48	64	58	47	1	0	44	5	58
	Chittoor	74	912	1127	76	50	71	15	60	46	66	76	73	68	12	0	55	8	42
	Prakasham	76	1099	613	75	43	68	18	61	55	65	75	70	67	10	0	29	5	66
	Srikakulam	75	1990	1366	75	62	74	6	75	75	75	0	0	75	0	0	74	5	62
	Vizianagaram	58	1917	1512	58	42	58	0	53	58	58	0	0	49	0	0	56	4	58
	Total	574	8532	7430	751	401	511	44	481	465	506	215	201	496	24	8	447	31	392
Jharkhand	Gumla	65	1692	3262	362	58	64	62	62	64	60	8	0	64	63	62	64	99	58
	Lohardaga	41	601	1444	161	34	40	38	40	35	40	0	0	40	36	40	40	40	21
	Simdega	36	617	1107	98	32	35	28	34	34	32	12	0	30	29	31	35	37	8
	Godda	37	2038	1642	77	32	37	37	37	37	37	5	2	33	16	19	37	54	23
	Deochar	45	1184	2552	89	43	45	45	42	43	45	13	4	39	40	45	45	62	40
	E. Singhbhum	53	1191	7611	264	45	52	48	50	52	52	6	0	50	51	53	51	113	37
	W. Singhbhum	41	1775	1302	121	38	41	35	35	41	33	19	0	40	41	41	41	87	39
	Saraikela	37	2239	2387	109	33	37	33	29	36	33	9	0	17	20	28	37	93	32
	Total	355	11337	21307	1281	315	351	326	329	342	332	72	6	313	296	319	350	585	258
Grand Total		929	19869	28737	2032	716	862	370	810	807	838	287	207	809	320	327	797	616	650

Annexure -4a “Andhra Pradesh and Jharkhand DPMR activities cases visited annual report -2018 ”

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	
Andhra Pradesh	Anantapur	79	212	50	1	54	54	48	53	49	6	6	5	5	2	1	
	Kurnool	93	490	62	2	74	74	70	74	72	8	8	8	8	3	0	
	Kadapa	73	1092	81	1	45	45	40	44	44	7	6	7	7	3	0	
	Nellore	74	436	55	0	106	106	100	103	104	18	18	18	18	15	4	
	Chittoor	82	634	62	6	93	93	91	92	93	17	17	17	17	17	0	
	Prakasam	71	956	67	11	61	61	61	60	60	9	9	9	9	6	1	
	Srikakulam	75	1599	65	1	138	137	78	136	122	95	5	5	5	4	1	
	Vizianagaram	58	1578	42	1	112	112	85	112	99	89	3	0	3	2	1	
	Total		605	6997	484	23	683	682	573	674	652	73	69	72	72	52	8
	Jharkhand	Gumla	65	2042	104	13	104	101	84	101	39	58	56	49	49	52	4
	Lohardaga	38	565	161	12	71	68	32	64	27	20	20	15	15	20	0	
	Simdega	38	295	35	2	77	76	17	72	27	41	40	3	3	36	4	
	Godda	39	1929	51	4	90	88	25	79	38	34	29	20	19	34	0	
	Deoghar	60	1102	76	16	162	162	55	150	50	68	61	34	34	62	5	
	E. Singhbhum	55	1524	109	11	114	113	81	113	43	65	63	40	40	57	5	
	W. Singhbhum	64	1158	52	7	134	134	117	122	52	75	74	36	35	74	1	
	Saraikela	54	1084	50	8	107	105	50	104	51	40	35	12	11	35	3	
	Total	413	9699	638	73	859	847	461	805	327	401	378	209	206	370	22	
Grand Total		1018	16696	1122	96	1542	1529	1034	1479	979	813	447	281	278	422	30	

Annexure - 5 Bihar DPMR activities annual report at PHC level -2018

Districts	NO, of PHCs visited	PHC Visit Record verification Maintained													Adequate stock of MDT available	Number of under treatment Reaction Cases	Availability of Tab. Prednisolone
		Number of Suspects registered	Total Number of GI 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			
Arwal	18	134	166	25	6	8	7	6	6	4	1	8	0	7	15	12	12
Rohtas	25	152	706	40	14	14	19	15	4	11	2	2	0	8	20	15	19
Gopalganj	40	508	926	161	32	30	26	24	25	30	0	21	28	30	26	30	26
Siwan	44	699	1989	237	44	44	44	44	44	33	7	34	44	44	44	93	35
Madhepura	53	4653	1334	97	43	47	43	49	48	43	15	38	43	43	49	180	49
Sheohar	13	215	133	14	5	9	6	6	7	4	0	6	6	7	9	6	6
Araria	24	698	1344	1091	22	23	22	23	23	17	12	18	8	23	23	73	21
Kishanganj	18	375	398	257	9	17	8	6	14	11	1	6	4	17	18	12	12
Total	235	7434	6996	1922	175	192	175	173	171	153	38	133	133	179	204	421	180
Gaya	24	1633	548	45	19	21	16	20	14	15	3	14	0	21	22	6	18
Jehanabad	10	250	236	16	7	8	8	7	7	6	6	7	1	7	7	4	6
E. Champaran	25	1407	1950	2	25	25	24	25	25	25	5	18	25	25	24	36	25
W. Champaran	27	1346	1597	16	26	27	27	25	22	27	9	19	27	27	25	51	24
Madhubani	23	621	441	42	16	20	17	21	21	15	5	12	16	21	20	49	18
Sitamarhi	15	692	711	28	12	15	12	10	15	10	0	4	10	14	14	9	14
Purnea	12	1497	637	207	11	12	11	12	11	11	3	9	6	10	11	25	12
Katihar	12	228	230	64	8	8	8	8	9	5	2	9	5	6	8	7	5
Total	148	7674	6350	420	124	136	123	128	124	114	33	92	90	131	131	187	122
Grand Total	383	15108	13346	2342	299	328	298	301	295	267	71	225	223	310	335	608	302

Annexure – 5a Bihar DPMR activities cases visited annual report –2018

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 diag-nosis as Leprosy	Number UT Patients visit	Number of cases diag-nosed 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 treat-ment	VMT	ST	Assessment done for	Improved
Arwal	17	35	7	0	37	34	18	34	24	23	13	10	9	9	10	0
Rohtas	25	70	23	0	50	48	12	46	13	7	11	10	9	9	10	0
Gopalganj	40	104	39	4	62	62	32	55	2	0	29	24	5	5	10	15
Siwan	44	267	53	3	87	87	48	87	38	58	59	52	31	30	31	15
Madhepura	54	188	29	10	98	95	70	92	28	22	92	54	52	52	58	1
Sheohar	11	0	0	0	21	21	13	13	1	1	6	3	3	3	4	0
Araria	21	395	9	5	26	26	17	24	0	0	23	14	18	17	16	1
Kishanganj	17	133	8	4	37	37	19	34	0	15	7	5	7	7	7	0
Total	229	1192	168	26	418	410	229	385	106	126	240	172	134	132	146	32
Gaya	26	980	28	1	52	52	34	49	31	26	6	5	4	4	5	0
Jehanabad	9	57	5	0	23	23	15	22	9	10	7	5	4	4	6	0
E. Champaran	26	516	46	2	52	52	21	48	4	9	13	13	8	8	9	4
W. Champaran	25	234	33	2	40	39	18	37	1	3	23	23	10	10	10	11
Madhubani	25	196	6	4	38	38	28	35	0	0	33	17	17	17	20	0
Sitamarhi	18	624	0	0	26	25	2	19	0	0	11	7	5	5	7	0
Purnea	17	989	17	4	39	38	32	38	0	0	17	11	12	11	9	1
Katihar	14	99	7	3	18	17	10	12	1	0	9	5	5	4	5	2
Total	160	3695	142	16	288	284	160	260	46	48	119	86	65	63	71	18
Grand Total	389	4887	310	42	706	694	389	645	152	174	359	258	199	195	217	50

Annexure - 5b Bihar DPMP training activities annual report -2018

Districts	Self Care										Special activities										
	NO. of PHCs visited		Number Disability patients Visited								District level 3 days Trainings		PHCs level one day Trainings		Meetings		POD camps			Other activities	
			Practising Self Care	Number having planter anaesthesia or ulcer orG2	Using Appropriate Footwear	Eligible for RCS	Willing for RCS	Disability Certificate Issued	Receiving Disability Pension	Total No. of trainings conducted	Total no. of participants attended	Total No. of trainings conducted	Total no. of participants attended	Total No. of meetings conducted	Total no. of participants attended	Total No. of POD camps conducted	Total no. of patients attended	Total no. of CSOs/ Vol/ Govt staff/ others are attended	Total No. of district meetings attended	Other special activities	
Arwal	17	22	15	8	4	14	14	1	1	11	6	91	3	60				1			
Rohtas	11	3	1			1					22	428	16	483				9			
Gopalganj	34	53	35	36	37	19	3	2	1	32	16	261	5	186	2	3	55	3			
Siwan	34	58	45	31	29	21	4	2	2	63	19	248	8	147	1	2	14	3			
Madhepura	50	82	42	35	17	44	7	3	1	53	14	169	4	81	4	4	9	1			
Sheohar	13	14	4	7	2	4	2	2	1	15	7	102									
Araria	13	19	13	11	9	8	3	0	2	43	9	121	5	88	3	32	23	4			
Kishanganj	2	3	3	3	3	1			1	22	7	80	3	56	2	10	12	2			
Total	174	254	158	131	101	112	106	30	10	239	100	1500	44	1101	12	89	113	23		0	
Gaya	21	9	7	3	2	3	3			1			5	116				2			
Jehanabad	10	17	8	7	4	10	6	4			1	12	3	21				3			
E. Champaran	18	33	28	18	17	15	11	8	1	19	2	56	2	24				1			
W. Champaran	20	20	14	7	9	5	5	0	1	16	1	28									
Madhubani	18	15	9	6	5	6	5				2	107									
Sitamarhi	23	17	8	6	2	10	10				2	57									
Purnea	11	20	9	9	10	6	3	0	2		1	87	2	54	2	12	0				
Katihar	8	4	3	4	2	1	1	2	2												
Total	129	135	86	60	51	56	48	23	16	3	9	347	12	215	2	12	0	6		0	
Grand Total	303	389	244	191	152	168	154	53	26	12	109	1847	56	1316	14	101	113	29		0	

Annexure -6			
Involvement of Civil Society Organisations (CSO/Vol) in DPMR Programme - 2018			
Parameters	Jharkhand	Bihar	Total
Total No. of districts covered	2 dists	8 dists	10
Total No. of CSO/Vols involved	2	15	17
Number of Persons affected by leprosy with disabilities at the beginning of the quarter/ annual	2068	2471	4539
Number of Persons affected by leprosy with disabilities deleted from the list	136	642	778
Number of Persons affected by leprosy with disabilities added to the list	136	1965	2101
Number of Persons affected by leprosy with disabilities at the end of the quarter/annual	2068	3794	5862
Number of Persons affected by leprosy with disabilities visited during the quarter/annual	2099	3632	5731
Number of persons with plantar ulcers (among Patients visited)	436	875	1311
Number practising self care	1032	1736	2768
Number of them required foot wear	1116	1789	2905
Number of them wearing appropriate foot wear	874	1272	2146
No. of patients having Disability Certificate.	556	1011	1567
No. of patients receiving Pension.	426	472	898
No. of patients identified for RCS.	274	415	689
No. of patients RCS done	93	72	165
Number referred to hospital/PHC for any problems	51	136	187
Total number of persons identified for LEP support during quarter/annual	200	238	438
Total number of persons received LEP support during quarter/annual	37	55	92
Number of LEP beneficiaries monitored during quarter/annual	120	65	185
Number of suspects referred to PHC for diagnosis during quarter/annual	143	363	506
Number of leprosy cases confirmed during quarter/annual	79	276	355

Annexure- 7 Projects annual TB report- 2018

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	426	83	110	85	39	25	74%	56%	93%	92%	11	352	670	17
Delhi	Delhi	8299	1086	2487	2012	780	475	82%	80%	88%	90%	3			
Karnataka	Pavagada	2504	243									5			
Tamil Nadu	Salem	1458	99	88	70	36	18	100%	86%	100%	100%				
	Aundipatty	1215	72	39	30	28	9	69%	50%	83%	63%	2	101	791	110
	Fathimanagar	1145	20	26	21	15	5	94%	100%	67%	100%	5	7	186	10.3
Maharashtra	Ambalamoola	82	11	22	14	10	8	100%	71%	100%	100%	2	11	112	15.5
	Nagepalli	3341	309	487	409	261	78	88%	81%	93%	84%	5	53	163	9
Total		18470	1923	3259	2641	1169	618	84%	79%	90%	89%	33	524	1922	16

Annexure – 8 Andhra pradesh DR TB programme Annual Report – 2018																							
Name of the Districts	DR TB sputum samples exam to IRL	Conformed DR TB patients	XDR TB sputum samples exam to IRL	Conformed OIx-resistant TB patients	Conformed XDR TB patients	No. of Patients initiated treatment			12 months MDR TB culture conversion (IV -2016 and I,II,III qtr 2017)	Treatment outcome of MDR TB patients (III, IV qtr 2015 and I, II quarter – 2016)													
						MDR TB	XDR TB	Total		Total patients	Cured	Treatment completed	Died	Failure	Difaalter	Switched to XDR TB treatment	Transfer out	Rx stopped due to adverse drug reaction	Still on treatment	Treatment success rate			
Nellore	1707	161	149	14	0	132	0	132	38/61 (62%)	76	34	1	18	1	19	2	1	0	0	0	0	0	46%
Prakasam	1632	152	152	7	6	163	0	163	25/71 (35%)	98	30	14	27	4	14	5	1	2	0	0	0	1	45%
Anantapur	4515	142	187	18	9	110	38	148	20/56 (36%)	66	33	0	19	1	11	2	0	0	0	0	0	0	50%
Kurnool	5422	189	123	25	3	140	8	148	34/70 (49%)	89	47	3	19	0	18	1	1	0	0	0	0	0	56%
Chittoor	3961	134	137	6	8	138	8	146	29/48 (60%)	39	13	10	10	1	5	0	0	0	0	0	0	0	59%
Kadapa	4106	119	64	2	2	107	7	114	22/36 (61%)	54	23	0	14	0	14	1	0	0	0	0	2	2	43%
Total	21343	897	812	72	28	790	61	851	168/342 (49%)	422	180	28	107	7	81	11	3	2	2	0	0	0	49%

Annexure – 9 Andhra Pradesh District Consultancy Team DR TB Annual report – 2018

States	Name of the district	No. of patients counselled in ad-mission time in DOTS plus site	Patients interaction meetings				Patients visited			Patients on DOT				Irregular DR TB patients motivated	Irregular DR TB patients retrieved	Defaulter DR TB patients motivated	Defaulter DR TB patients retrieved	No. of DOT Providers visited	No. of DOT Ps functioning correctly	Total No. of trainings conducted	Total no. of participants attended	Total No. of meetings conducted	Total no. of participants attended
			No. of meeting conducted	No. of patients attended	No of DOT provider attended	No of GH staff attended	MDR TB	XDR TB	Total	MDR TB	XDR TB	Total	(%)										
Andhra Pradesh	Anantapur	5	9	43	26	37	81	10	91	72	8	80	88	6	6	0	0	57	51	11	80	8	116
	Kurnool	28	6	18	10	18	59	0	59	56	0	56	95	3	2	0	0	38	37	2	22	3	27
	Kadapa	9	7	23	18	12	48	0	48	44	0	44	92	4	4	0	0	30	27	3	47	5	138
	Nellore	22	4	10	4	20	49	1	50	47	1	48	96	7	7	1	1	12	11	12	544	5	137
	Chittoor	24	11	38	7	36	70	1	71	69	1	70	99	5	5	1	1	13	13	4	54	5	195
	Prakasam		5	17	0	5	48	3	51	48	3	51	100	3	3	2	1	8	8	7	216	2	32
	Total	88	42	149	65	128	355	15	370	336	13	349	94	28	27	4	3	158	147	39	963	28	645
Bihar	Darbhanga	612				143	4	147	130	3	133	90	16	7				30	15	1	16		
	Saharsa					38	1	39	35	1	36	92	4	2				18	12				
	Samastipur					188	7	195	162	5	167	86	28	16				24	13	3	46		
	Madhubani					235	3	238	225	2	227	95	12	7				105	79	6	42		
	Supaut					45	0	45	40	0	40	89	3	3				28	17	2	6		
	Madhepura					37	0	37	35	0	35	95	2	1				16	12				
	Total	612	0	0	0	0	686	15	701	627	11	638	94	65	36	0	0	221	148	12	110	0	0
Grand Total	700	42	149	65	128	1041	30	1071	963	24	987	188	93	63	4	3	379	295	51	1073	28	645	

Annexure – 10 Delhi MDR TB cases registered and out comes from 2009 to 2018

Particulars	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
MDR TB Cases registered	18	19	31	88	43	58	59	46	70	96
12 months Culture Conversion	14	14	13	64	38	32	20	38	46	
Cured	13	14	19	40	28	28	24	26		
Completed	1	0	2	5	1	2	6	4		
Defaulter	1	0	2	20	8	5	8	7		
Died	1	3	3	17	4	11	8	3		
Failure	2	1	5	3	1	11	9	3		
Transfer Out	0	1	0	3	1	1	4	3		
Total outcome cases	18	19	31	88	43	58	59	46		
Treatment success rate	78%	74%	68%	51%	67%	52%	51%	65%		

Annexure - 11 Annual report 2018																							
"Diagnostic and follow up samples processed at DTRC Nellore - Andhra Pradesh."																							
District	"Population covered for diagnosis"	"Population covered for follow ups"	Follow up samples received and inoculated in L-J media				Diagnosis samples		1st line LPA				2nd line LPA										
			Total	Smear Positive	Smear Negative	Culture positive	Total	Smear Positive	Smear Negative	Total	Inconclusive	Both Sensitive RIF & INH	Resistant	RIF	INH	RIF & INH	Total	Inconclusive	Both Sensitive	Resistant	FLQ	SLID	FLQ & SLID
Nellore	3299183	3299183	445	10	435	10	1555	516	2071	1555	516	1555	13	1327	10	191	14	255	22	197	29	7	0
Kadapa	3123530	3123530	67	5	62	2	114	58	172	114	58	114	2	98	0	10	4	3	0	3	0	0	0
Anantapur	4421651		3	1	2	0	1929	617	2546	1929	617	1929	17	1754	6	134	18	157	2	130	23	1	1
Kurnool	4381896		16	2	14	2	1075	545	1620	1075	545	1075	13	936	7	109	10	169	3	136	28	1	1
Chittoor	4516026						32	9	32	23	9	23	1	19	1	1	1	0	0	0	0	0	0
Prakasam		3673882	636	33	603	33																	
Krishna		4634364	1047	13	1034	13																	
Guntur		5098277	567	6	561	6																	
West Godavari		3936966	12	0	8	0																	
Total	19742286	23766202	2793	70	2719	66	6441	1745	6441	4696	1745	4696	46	4134	24	445	47	584	27	466	80	9	2

Annexure - 12 Annual report 2018																					
"Diagnostic and follow up samples processed at DTRC Darbhanga - Bihar state. "																					
District	"Population covered for diagnosis"	Follow up samples received and inoculated in Liquid/ Solid media				CBNAAT			1st line LPA				2nd Line LPA								
		Total	Smear Positive	Smear Negative	Culture positive	Total	MTB detected	RIF -resistant	Total	Inconclusive	Both Sensitive	Resistant	Total	Inconclusive	Both sensitive	Resistant	Total				
Darbhanga	4586114	1141	79	1062	133	3602	982	187	457	10	411	5	15	16	262	26	102	113	5	5	16
Madhubani	5314056	687	66	621	65	382	117	26	134	3	119	5	6	1	176	13	60	77	3	3	23
Saharsa	2257399	136	25	111	8	4	2	0	7	0	4	0	2	1	19	2	8	6	1	1	2
Supaul	2684177	132	20	112	16	46	9	2	4	0	4	0	0	0	21	4	7	8	1	1	1
Madhepura	2332385	61	10	51	15	1	1	0	132	4	120	1	3	4	20	4	13	3	0	0	0
Samastipur	4938135	1008	96	912	128	157	49	15	38	1	28	1	4	4	155	18	51	64	2	2	20
Muzaffarpur	5587816	1145	134	1011	129	31	10	2	42	2	38	0	0	2	91	21	21	34	4	4	11
Sitamarhi	3998698	568	54	514	88	36	7	4	88	2	80	1	5	0	61	6	26	20	0	0	9
Sheohar	784864	92	11	81	9	2	0	0	16	1	15	0	0	0	32	7	8	11	0	0	6
E.Champaran	5943597	62	1	61	13	1	0	0	6	0	3	1	0	2	11	0	3	8	0	0	0
W.Champaran	4587059	193	19	174	18	6	0	0	24	1	21	0	2	0	23	2	7	12	0	0	2
Total	43014300	5225	515	4710	622	4268	1177	236	948	24	843	14	37	30	871	103	306	356	16	16	90

GLOSSARY

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

FCRA	Foreign Contribution Regulation Act
GHS	General Health Staff
HIV	Human Immunodeficiency Virus
HF	Health Facilities
IEC	Information, Education and Communication
Ilep	International Federation of Anti-leprosy associations. Has ten members
INR	Indian Rupees
INH	Isoniazid
IP	In patient
LEP	Livelihood Enhancement Programs (a socio-economic rehabilitation programs implemented by DFIT assisted projects)
LJ	Löwenstein-Jensen
LPA	Line Probe Assay
LT	Laboratory Technician
MB	Multi Bacillary leprosy
MCR	Micro Cellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected person with anesthesia or deformity in the foot
MDR TB	Multi Drug Resistant Tuberculosis
MDT	Multi Drug Therapy
MTB	Mycobacterium Tuberculosis
NGO	Non-Governmental Organization
NLEP	National Leprosy Eradication Programs
NSP	New Sputum Positive case (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
OPD	Out Patient Department
PA	Public Announcement system
PAL	People Affected by Leprosy
PB	Paucibacillary leprosy
PHC	Primary Health Center. The main health facility in rural area covering a population of 25000 to 200000 and responsible for implementing curative and preventive services in the designated population

PMDT	Programmatic Management of Drug Resistant TB
POD	Prevention of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability
RMP	Rural Medical Practitioner
RIF	Rifampicin
RNTCP	Revised National TB Control Programs
RCS	Re-Constructive Surgery
STLS	Senior TB Laboratory Supervisor- Laboratory supervisor in TB unit for guiding laboratory work in the 5 designated microscopy centers
STO	State TB Officer. Programs officer in a state in charge of TB control
STS	Senior TB Supervisor. One in every TB unit at sub district level for 5,00,000 population and responsible for field supervision in TB control
TB	Tuberculosis
TBS	Tuberculosis Supervisor
TU	Tuberculosis Unit
WHO	World Health Organization
XDR TB	Extensively Drug Resistant Tuberculosis