



ACTIVITY REPORT 2019

Damien Foundation India Trust

www.damienfoundation.in

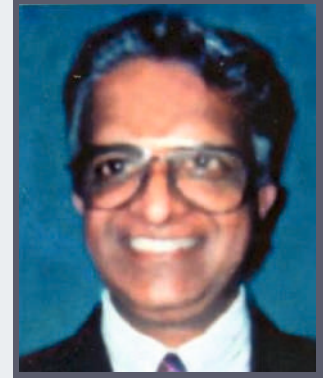
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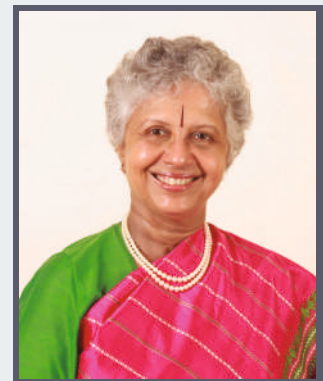
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FOREWORD

I am pleased to introduce this year's annual report, which illustrates the efforts of Damien Foundation India Trust and its team. This report showcases the many ways in which we support work at primary, secondary, tertiary level care and medical & social rehabilitation of persons affected by leprosy and tuberculosis.

I am pleased to inform you that during the year DFIT has initiated Disability Prevention and Medical Rehabilitation activities in 4 districts in Chhattisgarh and one district in Andhra Pradesh. DFIT has signed an MoU with the State Government of Chhattisgarh to initiate activities at different levels in the districts to facilitate Disability Prevention and Medical Rehabilitation.

I would like to express my gratitude to Mr. Xavier Ortegat, President of Damien Foundation, Belgium, for his visit to our projects and appreciation.

On behalf of the trust, I would like to thank the Government of India, State Governments, district health authorities and volunteers from India and abroad for their continuous support. I also extend my gratitude to all our trust members for their timely guidance and support. Finally, my sincere appreciation to our team for their continued dedication to the organisation and its important mission.

Together with our many partners in India and abroad, DFIT will continue to deliver quality services for persons affected by leprosy and tuberculosis in the coming years.

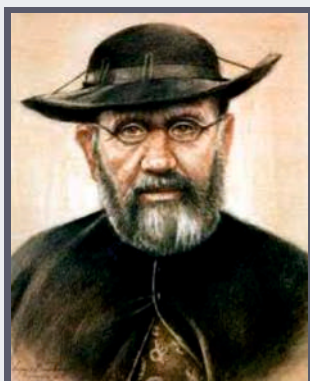
Dr. M. Shivakumar
Secretary



INTRODUCTION

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

The organisation started its chapter of leprosy control activities in a village in South India in 1955, TB control in 1998 and now covers a population of 17,24,63,750 across Nine states. The main objective of Damien Foundation is to provide quality care for persons affected by Leprosy or Tuberculosis, which is delivered in close partnership with the community and the Government.



FR. DAMIEN



DR. CLAIRE VELLUT

PROJECT LOCATION

Andhra Pradesh

- ▶ Damien Foundation Urban Leprosy and TB Research Centre, Nellore
- ▶ DRTB support in 6 districts
- ▶ DPMR support in 9 districts

Bihar

- ▶ Model Leprosy Control Unit, Dehri on Sone, Rohtas district
- ▶ Damien TB Research Centre, Darbhanga
- ▶ DPMR Support in 23 districts
- ▶ ILEP coordination
- ▶ DRTB support in 6 districts

Chhattisgarh

- ▶ DPMR support in 4 districts

Delhi

- ▶ Margaret Leprosy and TB Hospital, Delhi

Jharkhand

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

Karnataka

- ▶ Swami Vivekananda Integrated Rural Health Centre, Pavagada, Tumkur district

Kerala

- ▶ St.John's Hospital and Leprosy Services, Trivandrum

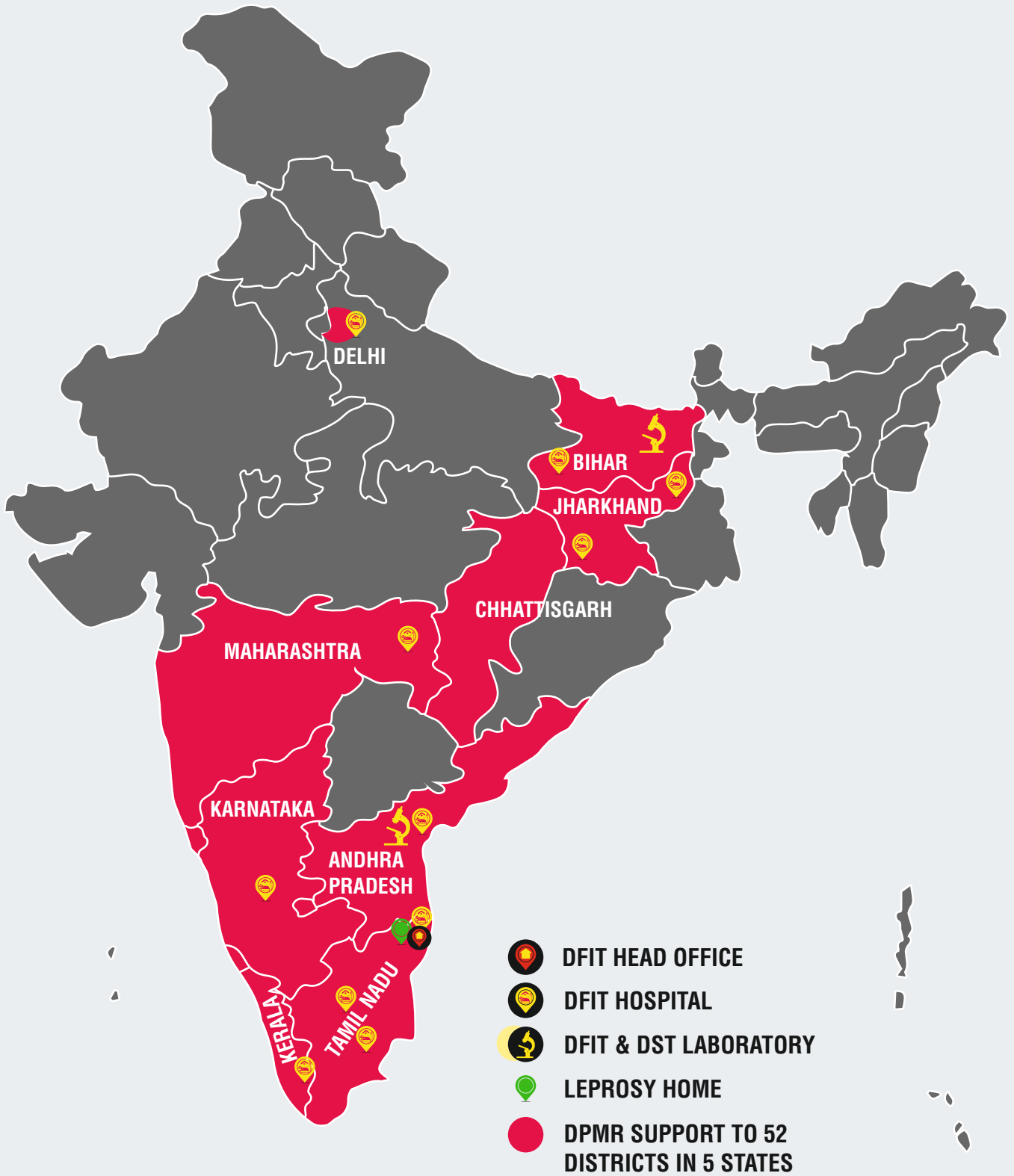
Maharashtra

- ▶ Assisi Sevasadan Hospital, Nagepalli, Gadchiroli district

Tamil Nadu

- ▶ Anandapuram Rehabilitation Centre, Polambakkam, Chengalpattu district
- ▶ The Beatitudes Social Welfare Centre, Pope John Garden, Chennai
- ▶ St.Mary's Leprosy & TB Centre, Arisipalayam, Salem
- ▶ Holy Family Hansenorium, Fathimanagar, Trichy
- ▶ DPMR support in 14 districts

DFIT IN INDIA



DAMIEN FOUNDATION SUPPORTS

At present Damien Foundation implements leprosy and TB control activities by supporting :

1. Eleven referral centres for managing complications related to leprosy out of which eight referral centres are managing complications related to TB.
2. Fifteen microscopy centres to manage drug susceptible TB control.
3. Two reference laboratories to support drug resistant TB control in AP and Bihar.
4. Fifteen expert teams to facilitate prevention of disability in 60 districts.
5. Rehabilitation Home for the persons affected by leprosy in Polambakkam, Tamilnadu.

The most essential needs of persons affected by leprosy with disabilities are medical and social rehabilitation. Damien Foundation has developed different strategies according to the context and has implemented medical rehabilitation through training the persons affected in self - care and has facilitated deformity correction surgeries and chronic ulcer care through hospitalisation. Damien Foundation has trained family members, community volunteers and ASHA workers for monitoring self - care practice. The Socio Economic Rehabilitation services are facilitated by supporting income generating activities, construction and renovation of houses, offering educational support and nutritional supplements.

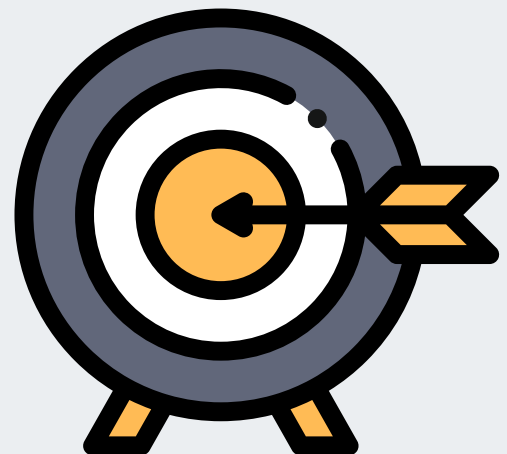


OUR VISION

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

OUR MISSION

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



HUMAN RESOURCE REPORT 2019

Human resources are the pillars of any organisation. Damien Foundation India Trust has a team of dedicated staff who are appointed directly under DFIT pay roll, some under sponsored NGO projects and others under support to Government programmes.

During the year, 221 staff worked as part of Damien Foundation's efforts to achieve its objectives, among which 158 staff were engaged directly under pay roll of DFIT and 63 staff under sponsored project. Eighty-eight per cent of staff were responsible for technical support and remaining twelve per cent were in administration and finance departments.

Nineteen new staff recruited during the year and Sixteen staff were relieved from the services due to project completion and other personal reasons. DFIT also provided support to the Government by engaging one Consultant (Data Entry Operator) for State Leprosy Office, Bihar.



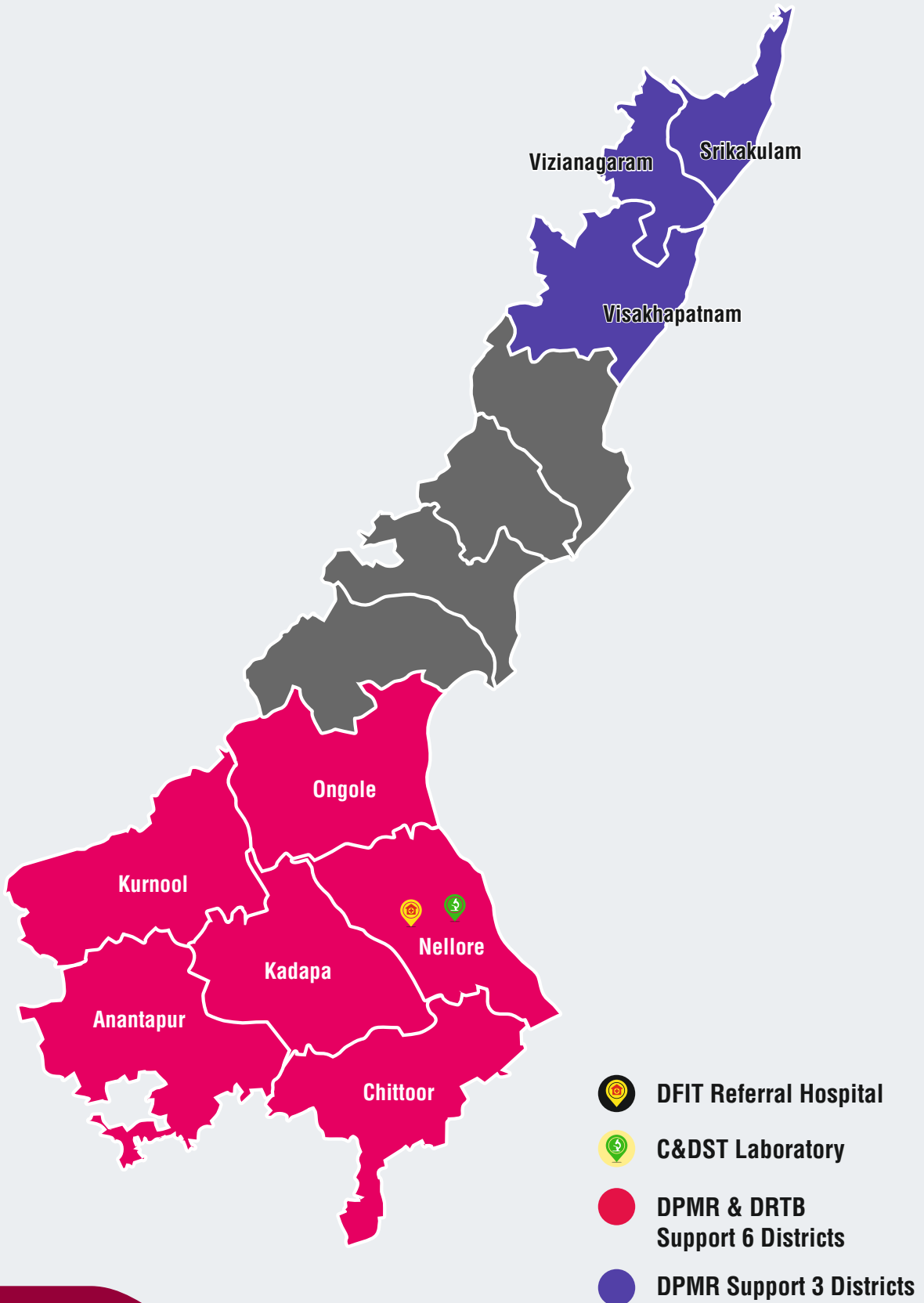
HUMAN RESOURCE REPORT 2019

The following table provides the staff classification for the year 2019 under programme and administration :

Responsibility of staff		Appointed under DFIT payroll	Appointed under Sponsored Project	Total
Programme Technical Staff	Doctors	9	8	17
	Paramedical Staff	55	20	75
	Lab Technicians / STLS	15	3	18
	Staff Nurse	7	7	14
	Microbiologist	3	0	3
Programme Support Staff	Communication and Resource Mobilisation	1	0	1
	Others (Driver / Sweeper / Lab Assistant / Cook / Helper / Security etc.)	49	18	67
Total (A)		139	56	195
Administration & Finance	Administration & Finance	19	7	26
Total (B)		19	7	26
Grand Total (A+B)		158	63	221



ANDHRA PRADESH



ANDHRA PRADESH

DAMIEN FOUNDATION URBAN LEPROSY AND TB CENTRE, NELLORE

Damien Foundation Urban Leprosy & TB Centre (DFUL&TC) located in Nellore town, in the Potti Sri Ramulu Nellore district of Andhra Pradesh, is directly operated by DFIT. The project started the leprosy services in 1993 and TB in 1998. Soon after the integration, the project continued to provide referral services for leprosy patients including reconstructive surgeries. The State has officially recognised the centre for RCS to cover 3 districts (Prakasam, Kadapa and Nellore). The centre has a microscopy facility covering a population of 127891 in urban Nellore to provide TB control services.

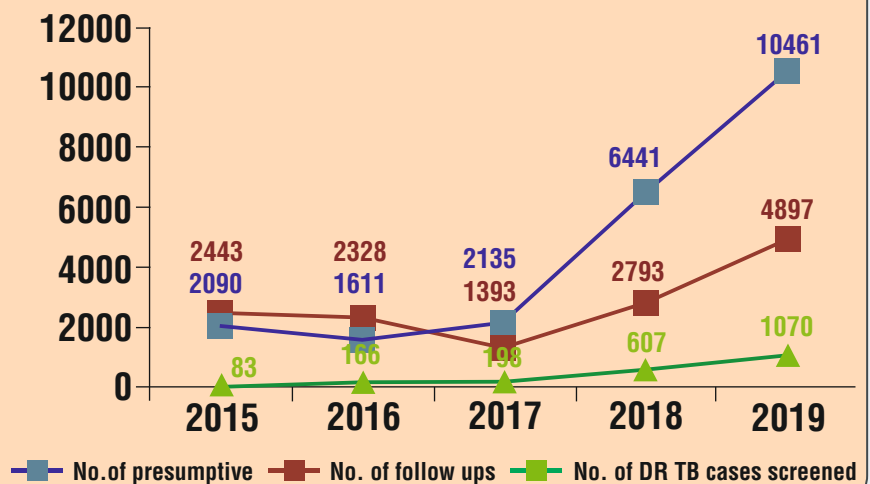


DAMIEN TB RESEARCH CENTRE (DTRC), NELLORE

Damien TB Research Centre (DTRC), a wing of DFUL&TRC in Nellore, established in 2008 has a 11 bedded in-patient facility and a laboratory with Culture and Drug Susceptibility Test (DST) with the facilities for both Phenotype and Genotype tests for Mycobacterium TB. The main objectives of DTRC are diagnosis and management of drug-resistant TB and TB research. The lab started functioning in the last quarter of 2009 after accreditation and currently provides diagnostic services in 6 districts and follow up services in 4 districts. All the procedures are done as per the National guidelines.

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

Reference Laboratory trend - Nellore IRL



ANDHRA PRADESH



MCR footwear unit, Nellore

Specialised footwear unit was established in 2014 to provide footwear made of Micro Cellular Rubber (MCR) including customised footwear for persons affected by leprosy who are with deformed feet. This footwear unit is recognised by the Central Leprosy Division and the three districts place orders for footwear purchase from this project. Around 2211 footwear have been supplied to three districts.

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

Leprosy Care Services	2015	2016	2017	2018	2019
Outpatients Treated	4990	4495	4727	4757	4651
Among Them Skin Patients Treated	1446	1552	1690	1593	1734
New Leprosy Cases Diagnosed And Referred To PHCs	58	70	89	64	45
Reaction Cases Managed	41	48	57	47	50
Re-Constructive Surgeries	26	33	23	32	23
Other Surgeries	8	12	12	14	11
Inpatients Managed	224	249	182	227	264
Bed Days	3172	3837	2369	2975	3663
Protective Footwear (MCR) Provided	68	62	48	27	49
MCR Footwear Supplied To Districts	1461	830	1415	1177	2211

ANDHRA PRADESH

TB Care Services	2015	2016	2017	2018	2019
Respiratory Symptomatic Treated	2374	2595	2772	2731	2497
Presumptive TB Cases Examined	497	459	596	426	490
Total TB Cases Registered	138	85	105	110	123
Total New TB Cases Registered	103	64	73	85	92
Among Them New Sputum Positive Cases	46	36	40	39	45
Sputum Conversion Rate For NSP Cases	43/47 (91%)	39/42 (93%)	34/37 (92%)	28/38 (74%)	36/48 (75%)
Cure Rate For NSP Cases	49/55 (89%)	43/46 (93%)	30/40 (75%)	38/41 (93%)	25/30 (83%)
Sputum Conversion Rate For RT Cases	16/17 (94%)	16/17 (94%)	12/14 (86%)	5/9 (56%)	14/20 (70%)
Cure Rate For RT Cases	16/16 (100%)	15/16 (94%)	9/11 (82%)	11/17 (65%)	5/7 (71%)
In-Patients Managed	217	217	160	352	293
Bed Days	1540	1391	779	670	342

Support to DRTB and DPMR activities in Andhra Pradesh

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



ANDHRA PRADESH

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

DPMR Support – 9 Districts	2016	2017	2018	2019
Number of reaction cases taking regular treatment	64/84 (76%)	68/75 (91%)	69/73 (94%)	55/65 (85%)
Number of disability persons practicing self care regularly	513/904 (57%)	447/842 (53%)	423/668 (63%)	363/562 (64%)
Total POD camps conducted	62	33	38	33
No. of leprosy affected persons attended during POD camps	1080	362	440	583
Trainings conducted	77	89	177	97
No. of participants attended	4976	4052	3527	2593
No. of PHCs meetings attended	61	55	94	109
No. of staff sensitised	6397	2349	4216	3978

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

Districts	Total Notified	Treatment Success	Success Rate	Total Died	Death Rate	Lost to Follow Up	Default Rate
Kadapa	5838	5437	93%	203	3%	25	0%
Chittoor	8349	7693	92%	338	4%	189	2%
Kurnool	11387	10343	91%	372	3%	222	2%
Nellore	5081	4615	91%	187	4%	81	2%
Prakasam	5920	5330	90%	235	4%	152	3%
Anantapur	7380	6234	84%	420	6%	341	5%
Total	43955	39652	90%	1755	4%	1010	2%

Major Highlights in DTRC Labs

- ▶ DTRC Nellore Lab published a paper on “Analysis of drug resistance mutation in pulmonary Mycobacterium tuberculosis isolates in the Southern coastal region of Andhra Pradesh, India-BJID[Brazilian journals of Infectious Diseases], 2nd July, 2019 volume 23, issue, pages 281-290.
- ▶ Paper accepted for publishing on Screening of 2 Piperidinone or 2-lactams derivatives for antibacterial activity.

ANDHRA PRADESH

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

DRTB Support 6 districts	2016	2017	2018	2019
No. of DR TB patients on DOT	612/740 (83%)	365/426 (86%)	349/370 (94%)	363/421 (87%)
No. of treatment supporters functioning correctly	259/303 (85%)	139/164 (85%)	147/158 (93%)	133/149 (89%)
Patients on irregular treatment retrieved	76/97 (78%)	34/37 (92%)	27/28 (96%)	29/30 (96%)
Defaulter patients retrieved	15/16 (94%)	2/6 (33%)	3/4 (75%)	3/3 (100%)
No. of Patients providers interaction meetings conducted	46	45	42	23
No. of DR TB patients attended	246	178	149	148
No. of treatment supporters /GH staff attended	255	195	65	115
Trainings conducted	11	15	39	127
No. of participants attended	275	508	963	920
No. of PHCs meetings attended	10	26	28	41
No. of staff sensitised	917	765	645	946

DRTB Cases (H-mono & Shorter) Success Rate - April to September 2018

Districts	No. of patients registered	Treatment Success	Success Rate	Died	Death Rate	Lost to Follow Up	Default Rate
Chittoor	126	100	79%	14	11%	10	8%
Kurnool	85	65	76%	8	9%	4	5%
Nellore	111	82	74%	15	14%	12	11%
Prakasam	95	66	69%	13	14%	16	17%
Kadapa	66	45	68%	10	15%	6	9%
Anantapur	92	59	64%	13	14%	17	18%
Total	575	417	72.5	73	12.6	65	11.3

ANDHRA PRADESH



ANDHRA PRADESH

“My life is lifted up from the trenches. I am reborn, I live normally now,” says Manoj.



Medical and Socio-economic Rehabilitation has made a huge difference in the life of Mr. Dasari Manoj and his family. When posed the question, “What do you feel personally on the impact of DFIT's benevolent act?” Manoj's eyes filled with tears. He said, “I feel life was sinking into a deep trench and I was marooned with no redemption, but with DFIT's efforts I am reborn and feel normal.”

Three years ago, pale coloured patches appeared on Manoj's right hand and lower limb. It further had developed into a right hand claw. His mother took him to a private practitioner in Nellore. The doctor asked Manoj to get free treatment from the government Primary Health Centre near his village. Here, he was put on treatment in August, 2017 and completed his MB MDT dose. He was Released From Treatment (RFT) in September 2018. His claw hand remained, so his mother brought to another private practitioner (PP) in Nellore. The PP referred him to DFIT Hospital.

Mr. Manoj got his left-hand claw corrected (RCS) on 11/10/2018 and his right hand on 13/02/2019 at DFIT Hospital, Nellore. He was hospitalised for about 70 days, for RCS, pre - and post - surgery physiotherapy treatment.

Manoj discontinued his schooling at the age of 5, and was engaging in whatever work he could find so as to support the family. However, since the time he developed claw hands, he was unable to do the work and often, found himself absorbed in thoughts of his disease. He was anguished about his own future and of the family.

The responsibility of family meant he had to support 4 children, educate them and take care of his elderly mother and sister-in-law. Though the family owns a house, meeting family needs were a nightmare. Manoj's aged mother and his sister-in-law earned something out of their work as servant maids in the nearby town. Often, the family had little or nothing to eat.

After the surgery and physiotherapy, both of Manoj's hands became functional. Manoj was intensely happy. Additionally, to make him economically independent with a substantial income, the DFIT field coordinator visited the family and finally came-up with a plan to provide partial support, by helping him purchase an auto - rickshaw.



ANDHRA PRADESH

Before this, Manoj had to obtain his driving license. On 17th May, 2019, an auto-rickshaw was purchased with an initial payment of Rs.34,200/- by DFIT, and hypothecated for monthly easy installments. Manoj has tied up with a milk society for collection and deposition of milk in the mornings and evenings. He earns an assured income of Rs.15,000/- per month. There is scope for him to earn more by engaging the auto for public transportation, raising his earnings by another Rs. 5000/-. For Manoj and his family, these are unimaginable changes for the better. The name DFIT brings an exhilarating feeling, for the difference it made in the life of Manoj. His eyes fill with tears as he utters, "I am reborn. I feel normal and live a normal life all owing to DFIT. I can take care of my family now."



Activities in Nellore Project

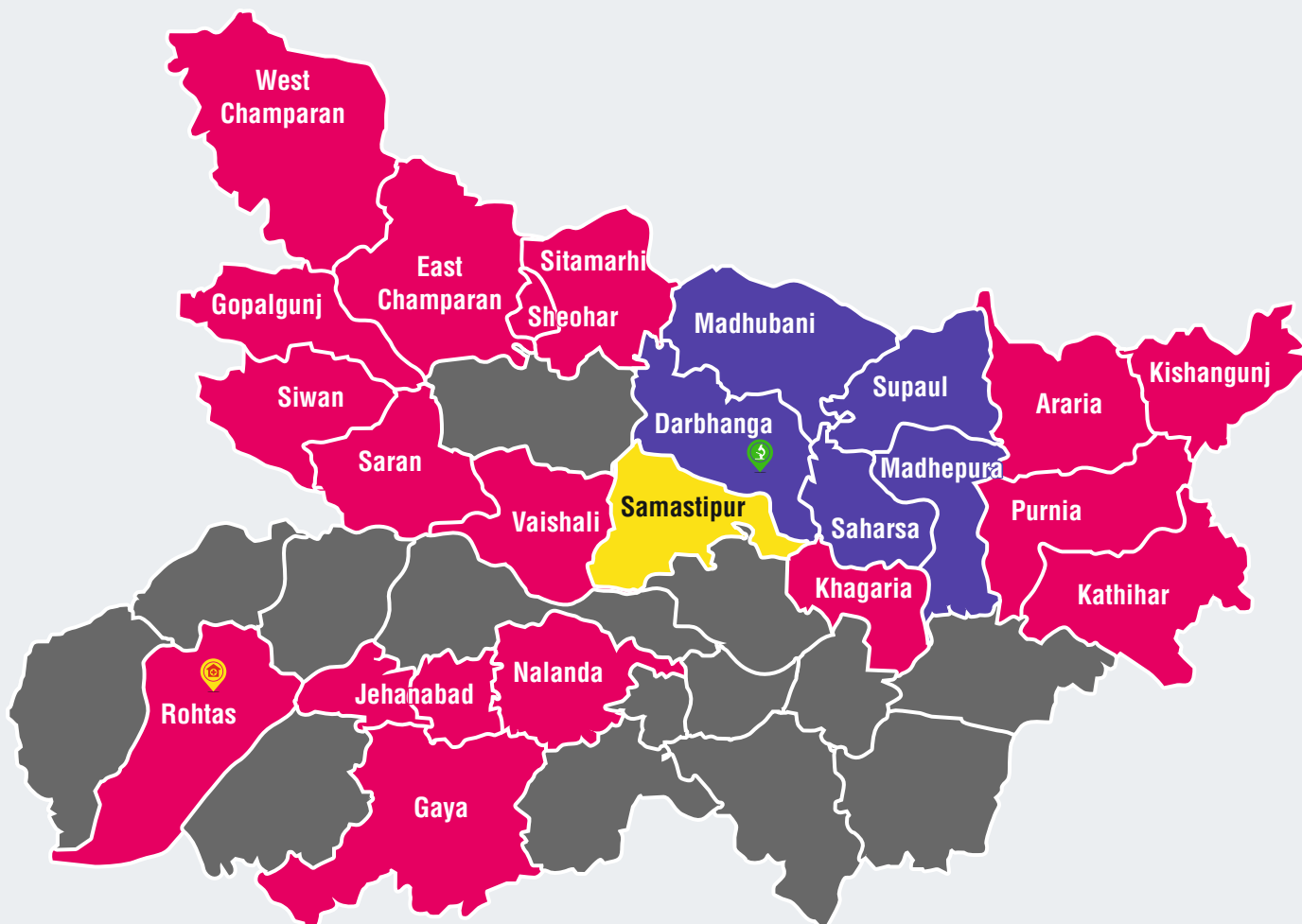







Lab



RCS Unit

BIHAR



-  DFIT Referral Hospital
-  C&DST Laboratory
-  DPMR Support 18 Districts
-  DRTB Support 1 District
-  DPMR & DRTB Support 5 Districts

Damien Foundation has been supporting leprosy control programme in specific areas of Bihar since 1993 and TB control programme since 2003. The activities in these districts were supported by DGD (Belgian Government) in different phases. The current phase is between 2017-2021 with a specific objective to improve screening of presumptive DRTB cases, active screening of contacts and cure rate of DRTB, improve diagnostic and management skills of health staff in leprosy and medical social rehabilitation of persons affected by leprosy with disabilities in Bihar (6 districts for TB and 23 districts for leprosy).

Target group and partners :

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

The Government, both the National and the State, are the owners of the programme. The State TB Officer (STO) is the head of the TB programme and State Leprosy Officer (SLO) is the head of the Leprosy Control Programme in the State. At the district level, One District TB Officer is responsible for the TB control programme and on Additional Chief Medical Officer (ACMO) is responsible for the Leprosy Programme.

All the drugs for the management of TB/DRTB and leprosy are provided free of cost to patients by the government: 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 programmes by providing a NTEP (National TB Elimination Programme) Consultant, and ILEP as a technical body is supporting via a Technical Consultant. All the Government Medical Colleges are involved in both Leprosy and TB Control.

Progress made in reaching specific objective :

There was progressive improvement seen in 9/9 indicators directed towards expected results aiming at specific objectives, while 3 indicators will be measuring interim output and final output at the end of project period. It was observed that targets achieved were for 4/4 indicators set for DRTB programme in six districts i.e., (1) screening of presumptive DRTB cases, (2) Screening of contacts of DRTB cases and (3) treatment initiation of confirmed DRTB, and (4) indicator set to measure the cure rate, which is to be analysed after two years of treatment initiation. However, interim indicators like treatment adherence were monitored and found satisfactory toward expected targets.

It was observed that the targets were achieved for 3 out of 5 indicators set for leprosy programme in 23 districts during 3 years of the project i.e., (1) Primary health centres able to diagnose leprosy cases, (2) Medical rehabilitation of persons affected by leprosy, (3) Socio economic rehabilitation of persons affected by leprosy. 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 the time of diagnosis, or within two years of treatment completion, will be analysed only at the end of project.

Result 1: Screening of presumptive DRTB improves :

It was observed that overall 89% (2050/2316) of presumptive DRTB cases were screened in six districts supported by DFIT, among which 5/6 districts achieved 87% and above success. It was observed that altogether 89% (1474/1657) of the male and 87.5% (576/659) of the female patients were screened in six districts and this has been improved from 86% in 2017 to 89% in 2019. The screening of females with presumptive DRTB increased from 86% in 2017 to 87.5% in 2019. DFIT accomplished all the activities as per the plan. Re-orientation training was given to 28/34 medical officers in 6 districts. DFIT facilitated the decentralized mechanism for sputum collection and transportation from TB unit (each TB unit covering 500000 population) level to district and then to reference laboratory (IRL) in Darbhanga. It was noted that 340 sputum samples were transported from 22 TB units to the districts through community social workers and volunteers engaged by DFIT. A total of 42 Drug Susceptible TB cases (12% of 340) & 16 DRTB cases were detected. Through this strategy, 14.6% additional presumptive TB/DRTB cases were screened.

It was observed that 73% (3671/5037) contacts of 756/842 DRTB patients were interviewed through a (symptom questionnaire) by community social workers engaged by DFIT and 122 contacts (3.3%) were identified with presumptive TB (50 males and 72 females). Among them 23 were confirmed with MTB and among them 14 were confirmed with RR TB. All confirmed cases were put on treatment accordingly. 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 the disease. Though the contact screening was a part of NTP guidelines, this is not routinely followed in the programme.

Overall in six districts, 85% (599/702) of the confirmed DRTB patients were initiated on treatment and among them 86% (436/506) were male patients and 83% (163/196) were female patients. It was noted that 4/6 districts could achieve more than 84% of treatment initiation of confirmed DRTB cases. DFIT teams visited 100 initial defaulters those who did not come to DRTB centre for treatment and 61 of them were motivated and initiated on treatment. Transportation charges were paid to 22 (needy) patients to reach DRTB centres for treatment initiation. The reasons for not initiating treatment for 103 (702-599) cases in 06 districts was analysed. It was noted that 18 patients died, 20 were under treatment from private practitioners, 03 migrated to different cities and 17 patients could not be traced, while 23 refused to take treatment and 1 patient is waiting for extended DST. The results of treatment initiation of 21 patients are yet to be collected.

It is observed that refusal to take treatment, treatment from private sector, death before treatment initiation and wrong addresses were the major factors for initial defaulters. The main reasons for treatment refusal and also getting treatment from private sector were quantity of tablets and injections to be taken for 9 to 11 months during treatment. DFIT teams could shift 3 out of 20 patients from private to public sector for MDRTB treatment.

Result 2: Cure of DRTB cases improves :

Cure rate is available for the cohort of patients registered in 2017 by the end of 2019 (for majority of patients) and patients registered in 2018 by the end of 2020. Treatment adherence will be reported every year according to the cohort.

Treatment outcome of patients registered in 2017 :

It was observed that 61% (250/408) of the patients registered in 2017 adhered to regular treatment and among them 59% (241/408) patients successfully completed the treatment and 9 patients are still under treatment. There is high probability that 9 patients under treatment will be successful in completing the treatment.

It was observed that the death rate was 19% (79/408); lost to follow up 12% (47/408) and transfer out rate 5% (21/408), while treatment failure was less than 3% (11/408). It was noted that 59% (185/312) of male and 58% (56/96) of female patients completed the treatment successfully. DFIT continued the support of Nutritional supplement to 65 patients registered in 2017. DFIT provided income generating activity support to 8 patients and found all beneficiaries adhered to treatment and were successful in enhancing their livelihood by generating income locally after one year of follow up visit.

Interim treatment outcome of patients registered in 2018 :

The interim results of patients were observed and analysed at the end of 2019 for those registered in 2018. It was noted that 69% (422/612) of patients adhered to the treatment.

The conventional WHO treatment regimen was followed till 3rd quarter and Short course chemotherapy for MDRTB cases was started in the last quarter of 2018. The treatment adherence was 70% (309/439) among males and 65% (113/173) among female patients. Treatment adherence was observed in more than 64% of cases in 4/6 districts. The reasons for non-adherence were due to 13% (81/612) of deaths, 10% (63/612) were lost to follow up, 4% (26/612) failure and 3% (20/612) were transferred out during the treatment. DFIT continues to provide nutritional supplement to 48 needy patients during the year 2019 and among them 33 are male and 15 are female patients.



Interim treatment outcome of patients registered in 2019 :

It was observed that 86% (722/842) of the patients registered in 2019 (123 patients diagnosed from other places but registered in DFIT supported districts) adhered to the regular treatment. 4 out of 6 districts showed more than 82% treatment adherence. It was observed that the death rate was 8% (67/842), lost to follow up 5% (43/842), transfer out rate 1% (10/842) and treatment failure was 0% (0/842). It was noted that 86% (506/586) of male and 84% (216/256) of female patients were on regular treatment. DFIT provided Nutritional supplement to 36 needy patients registered in 2019 (worth 5 Euro) per month to 22 male and 14 female needy patients to encourage treatment regularity during entire course of treatment. DFIT also supported income generating activity for 12 needy patients as part of socio-economic rehabilitation.

DFIT teams retrieved 45/83 treatment absentees (Male: 38/67 and Female: 07/16) and motivated patients for regular treatment through counselling of family members and neighbourhood. The DFIT supported counsellor at DRTB centre in Darbhanga played an important role in facilitating management of adverse reactions and counselling patients and families at the time of treatment initiation. It was noted that 139 patients were treated for adverse effects during 2019 including patients registered during 2017/18. 499 patients received patient information charter and 139 patients were helped to get treatment for adverse reactions in various specialities in the Medical College. DFIT also supported transportation cost and medicine cost for 50 needy patients.

499 Patients were given spittoons and disinfectant for sputum disposal. During the year, 616 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 in Darbhanga.

Result 3: Disabilities among all confirmed leprosy cases reduces

Progress report of districts supported in 2017 :

DFIT identified the need of training for nodal persons in 47/130 health facilities among the districts supported in 2017 (these 47 HFs were already covered in 2017 but due to the administrative transfers of Medical Officers/Para medical staff, there was a need for full course training to be done in 2019) and we provided 2 days training for 7 medical officers and 61 Para medical workers (nurses, pharmacist, dresser etc). The selection of nodal persons was done after one to one discussion with them and based on their willingness, interest and availability.

DFIT monitored 88% (130/147) of the health facilities during the year 2019 to ensure the availability of leprosy services including the quality of diagnosis and treatment of complications. DFIT teams visited a sampling of patients to follow up which included 133 suspects and 302 leprosy cases under treatment to ensure the quality of diagnosis in 130 HFs. It was found that 3% (4/130) of the health facilities reported cases under diagnosed (false negative) and 5 % (6/130) of health facilities reported over diagnosis (false positive). It was observed that around 12% (16/130) of the health facilities did not diagnose any leprosy cases at the time of visit to the health facility. Overall among visited, 80% (104/130) of health facilities were able to diagnose leprosy cases correctly in 8 districts supported in 2017.

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It was proposed to follow up on a sample of patients for at least two years during and after completion of treatment to see the impact on DFIT 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 for rest of the years. It was observed that no one (0/98, 48 males and 50 females) has developed new disabilities for two years during follow up of sample of patients registered in 2017.

It was observed that 324 reaction cases were managed in 2019, 274 cases in 2018, 282 cases in 2017 compared to baseline 142 in 2016 in 8 districts. This clearly indicates that there is improvement of knowledge among health staff in identification of reaction cases and it also indicates quality of counselling of patients at the beginning of treatment which ensures early reporting of patients with reaction signs and symptoms. Patient counselling is the most important part of leprosy treatment. It is expected that every new leprosy patient should be aware of signs and symptoms of neuritis and reaction and should know where/whom to report. It was observed that 76% (215/302) patients were aware about where and whom to report when they notice any signs and symptoms of reaction. It was noted that 95% of the health facilities (124/130) had a stock of patient information cards at the time of their visit to Health facility.

Prednisolone is the key drug for the management of reaction/neuritis. It was observed that 90% (117/130) of health facilities maintained the stock of Tab. Prednisolone. DFIT supplied Tab. Prednisolone as a stop gap support to manage 4 cases with reactions. DFIT team visited 71 patients who were on reaction treatment and it was observed that 93% (66 reaction cases on regular treatment) of cases were managed correctly as per the guidelines.



One of the specific activities was involvement of School Health Programme and developing a network with leprosy control programmes. Training of school health staff was accomplished in all the districts. 108 medical officers from school health programme were trained in diagnosis and management of leprosy in 2017. From the district reports, it was observed that there was a reduction in grade 2 disabilities among new child cases detected in 2019. It was <1% (1/398) in 2019 compared to 2.2% (22/987) in 2015. It was noted that there were zero cases reported with disabilities in 7/8 districts. DFIT team visited sample of 57 child cases with high risk (mostly MB) and found 04 child cases with disabilities were under reported in 3/8 districts (in 5 districts there was no child cases with disabilities, i.e., 63% (5/8) of the districts did not report any child cases with disabilities). This was not intentional but was due to improper assessment of nerve functions at the time of diagnosis. DFIT teams shared this information with concerned health facilities and provided on - the - job training on disability assessment.

Willingness to practice skills can sustain expertise

Mr. Gopal Kumar, young Para Medical Worker appointed by NLEP has been working in Choutham PHC in Kharagaria district since 2016. He was trained to manage leprosy and its complications in 2019 by Damien Foundation. One day one young boy under Multi Drug Therapy came to him and complained that he was unable to close his left eyelid for the past 2 days.



Mr. Gopal Kumar immediately recognised the problem as lepra reaction and facial nerve palsy. He immediately started prednisolone after taking the advice of the Medical Officer (who was also trained by DFIT). The boy was closely monitored every two weeks, he is now completely recovered from the problem, he is able to close the eyelid properly. Mr. Gopal Kumar is extremely happy with the results and he is very proud that he could save the boy from permanent disability. He was very much thankful to Damien Foundation for receiving the best training and counselling skills.

I would like to share my experience in the leprosy & TB control programme working in close association with govt of Bihar as a representative of Damien Foundation (ILEP partner) in the state of Bihar for more than a decade.

The scenario has changed tremendously in leprosy control in last 25 yrs after the implementation of enhanced MDT in the year 1996. I had the opportunity to join NLEP in the same year as a Medical officer in LCU. Here, I will not forget to mention the contribution of Damien Foundation in Capacity building of medical personal / patients as well as the programme itself from 1996 to 2004. After the integration of NLEP with the General Health System in 2004, retrenchment of contractual PMW's /MO's & withdrawal of active support by ILEP for a few years had a negative impact on the programme.



Once again, Damien Foundation came forward in active support through capacity building of newly appointed PMW's / identified nodal persons & nodal MO's from each HF's . This gave new energy to the programme & improvement was noted in new case detection, identification of Reaction / Neuritis & reduction of deformity among new cases.

Damien Foundation has done significant work in the socio - economic and medical rehabilitation which will be unforgettable. Updating of deformity list through local NGO's / volunteers / DFIT csw's , training in self-care practices of listed persons, issues of disability certificates, applying for disability pension are some of the memorable activities of Damien Foundation.

I would like to thank Damien Foundation India Trust for the opportunity to serve persons affected by leprosy and TB for my people in my own state.

Progress report of districts supported in 2018 :

DFIT identified the need for training of nodal persons in 41/87 health facilities among the districts selected in 2018 and provided 3 days training to 43 Medical Officers and 68 Para medical workers (nurses, pharmacist, dresser etc). The selection of nodal persons was done after one to one discussion with them and based on their willingness, interest and availability. DFIT monitored 90% (87/96) of the health facilities during the year 2019 to ensure the availability of leprosy services including the quality of diagnosis and treatment of complications after the training. DFIT teams visited a sample of patients to follow up which includes 122 suspects and 229 leprosy cases under treatment to ensure the quality of diagnosis. It was found that 6% (5/87) of the health facilities reported under diagnosis (false negative) cases and 6% (5/87) of health facilities reported over diagnosis (false positive) cases. It was observed that around 5% (4/87) of the health facilities did not diagnose any leprosy cases at the time of visit. Overall among visited, 84% (73/87) of health facilities were able to diagnose leprosy cases correctly in 8 districts supported in 2018.

It was proposed to follow a sample of patients for at least two years during and after completion of treatment to see the impact of DFIT interventions in the project. Thus, the outcome of follow up sample of patients registered in 2018 will be available by the end of 2020. It was observed that no one (0/77, 40 males and 37 females) had developed any new disabilities during the first year of follow up among the sample of patients registered in 2018 and they have completed their treatment. It was observed that 251 reaction cases were managed in 2019, 241 in 2018 compared to baseline 185 in 2017. It was observed that 79% (181/229) patients were aware about where and whom to report when they noticed any signs and symptoms of reaction and, 97% (223/229) had patient information cards with them. It was noted that all the health facilities (87/87) visited had a stock of patient information cards at the time of visit.

It was observed that 89% (77/87) of health facilities among visited maintained the stock of Tab. Prednisolone and DFIT supplied Tab. Prednisolone as a stop gap support to manage 13 cases with reactions. DFIT team visited 73 patients under reactions treatment and it was observed that 92% (67/73 reaction cases on regular treatment) were managed correctly 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 programme were trained in diagnosis and management of leprosy in 2018. From the district reports 2019, it was observed that <1% (2/243) of child cases reported with grade 2 disability compared to 2.2% (22/987) in 2015. It was noted that zero child case was reported with disabilities in 6/8 districts. DFIT team visited a sample of 38 high risk child cases and found 2 child cases with disabilities among them which were under reported in 1/8 district. DFIT teams shared this information with concerned health facilities and provided on - the - job training on disability assessment. DFIT teams participated in review meetings of school health programmes at district level.



Progress report of districts supported in 2019 :

DFIT identified the need for training of nodal persons in 111 health facilities (one health facility was added in 2018 as it were 110 in 2015 from baseline data) among the districts selected in 2019 and provided 3 days training for 112 Medical Officers and 132 Para medical workers (nurses, pharmacist, dresser etc). The selection of nodal persons was done after one to one discussion with them and based on their willingness, interest and availability. It was noted that nodal persons from 108/111 HFs participated in the training. One to one training and on the job training was given to the remaining 3/111 nodal persons in health facilities.

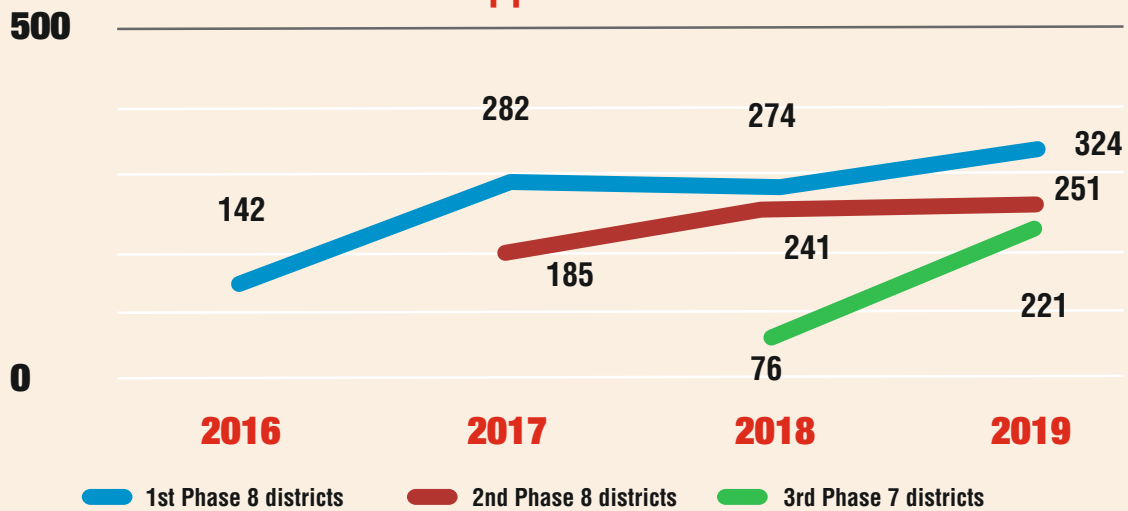
DFIT monitored all (111/111) health facilities during the year 2019 to ensure the availability of leprosy services including the quality of diagnosis and treatment of complications after the training. DFIT teams visited sample of patients to follow up which included 136 suspects and 361 leprosy cases under treatment to ensure the quality of diagnosis. It was found that 10% (11/111) of the health facilities reported under diagnosed (false negative) cases and 4% (4/111) of health facilities reported over diagnosed (false positive) cases. It was observed that around 4% (4/111) of the health facilities did not diagnose any leprosy cases at the time of visit. Overall 83% (92/111) of health facilities were able to diagnose leprosy cases correctly in 7 districts supported in 2019.

It was observed that 65% (233/361) patients were aware about where and whom to report when they notice signs and symptoms of reaction and, 84% (302/361) had patient information cards with them. All the health facilities (111/111) had a stock of patient information cards at the time of visit. Prednisolone is the key drug for the management of reaction/neuritis. It was observed that 79% (88/111) of health facilities maintained the stock of Tab. Prednisolone and DFIT supplied Tab. Prednisolone as a stop gap support to manage 16 cases with reactions.

It was observed that 221 reaction cases were managed in 2019 compared to baseline 76 cases in 2018. DFIT team visited 85 patients under reactions treatment and it was observed that 89% (76/85 reaction cases on regular treatment) cases were managed correctly as per the guidelines.

Training of school health staff was accomplished in 6/7 selected districts in 2019. It was noted that 216 medical officers from school health programme were trained in diagnosis and management of leprosy. One district was not covered due to administrative issues in organising the training programme. It was noted from the district reports of 2019, that <1% (1/259) of child cases reported with grade 2 disabilities compared to 2.2% (22/987) in 2015. It was noted that zero child cases were reported with disabilities in 6/7 districts. DFIT teams visited sample of 54 high risk child cases and found no child cases with disabilities. DFIT teams participated in review meetings of school health programmes at district level.

Trend of lepra reaction cases managed in DFIT supported districts



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

Districts supported in 2017

It was noted that 86% (126/147) blocks in 8 districts were supported in 2017. Among 4508 persons assessed :

- ❖ 289 cases were eligible for deformity correction surgery.
- ❖ 2116 required MCR footwear.
- ❖ 1010 were eligible for disability pension scheme.
- ❖ 77 were eligible for socio economic rehabilitation.

Districts supported in 2018

It was observed that 88% (84/96) of the blocks in 8 districts were supported in 2018 and 3 blocks (could not be accomplished in 2017) in one district supported in 2017 were covered to assess the deformity status of persons affected by leprosy with visible deformities. Among 3849 persons assessed:

- ❖ 343 cases were eligible for deformity correction surgery.
- ❖ 3169 persons required MCR footwear.
- ❖ 3397 were eligible for disability pension scheme.
- ❖ 163 were eligible for socio economic rehabilitation.

Districts supported in 2019

It was observed that 100% (86/86) of the blocks in 6/7 districts supported in 2019 were covered along with 13 blocks in one uncovered district supported in 2017 to assess the deformity status and needs of persons affected by leprosy with visible deformities. Among 3737 persons assessed:

- ❖ 273 cases were eligible for deformity correction surgery (Male: 214, Female: 69).
- ❖ 1891 persons required MCR footwear.
- ❖ 3156 were eligible for disability pension scheme.
- ❖ 81 were eligible for socio economic rehabilitation (Male: 59 Female: 22).

It was observed that 178 cases underwent re constructive surgery in 2019. Altogether, in the first 3 years of the project period, about 51.6% (492/952) of the eligible cases benefitted from the surgical correction of deformities. Among them 51.6% (365/707) male patients and 51.8% (127/245) female patients benefitted from deformity correction including 07 male children and 18 female children of below 14 years age. 13 patients from districts other than those DFIT supported also got deformity correction surgeries. In 2019, 49 patients received transportation charges for reaching referral centre for deformity correction surgery. DFIT teams provided guidance to persons with disabilities about getting disability pensions. The updated list of persons with disabilities was given to the districts. This was useful for the procurement of MCR footwear, mobilising persons for RCS etc. All persons with deformities were trained along with one family member or ASHA on self-care with demonstration by Community Social Workers.

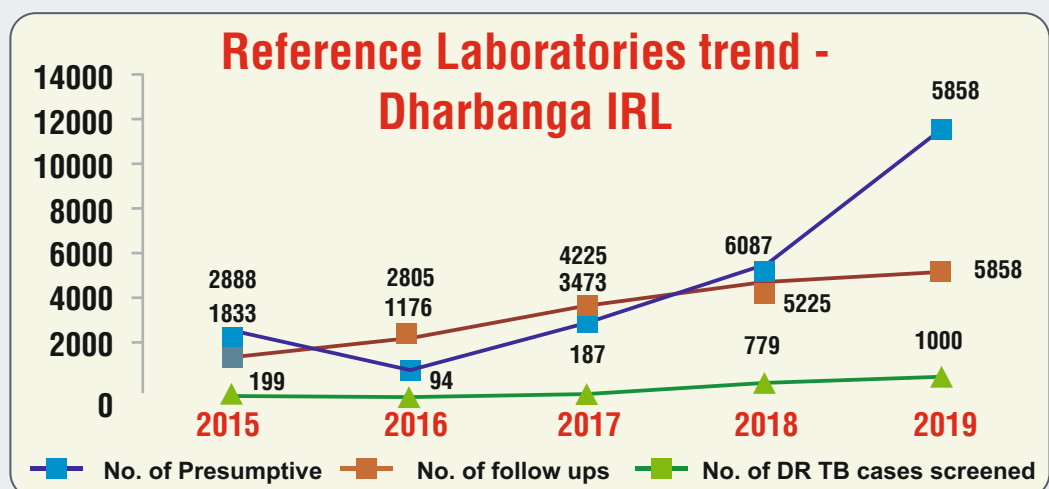
In 2019, it was observed that 88 persons affected by leprosy with disabilities received Socio economic support which included education support, income generation for livelihood, skill training social assistance and house renovation/construction. In 2019, 10 of them received educational support, 74 received support for income generation through tailoring, small grocery shops, etc., 02 for social assistance (including one leprosy colony group) & 02 for house construction support (1 completed & another one is under progress). Among the beneficiaries; 71 were males, 16 were females and 1 was a leprosy colony group.

DFIT evaluated 99% (96/97) of the beneficiaries supported in 2018 to see the outcome after one year of support. It was found that 86% (61/71) beneficiaries were successful in generating income (income increased because of DFIT support compared to previous income) from the support and 92% (23/25) students supported for education progressed well in studies. Altogether, 253 persons affected by leprosy with disabilities received socio economic rehabilitation support in first three years of the project. It was noted that 77% of them were males and 23% were females among the beneficiaries.



DAMIEN TB RESEARCH CENTRE (DTRC), DARBHANGA

- ❖ DTRC Darbhanga is a National TB Elimination Programme Accredited Culture and DST Laboratory to diagnose Drug Resistant Tuberculosis through Molecular Technology. The Laboratory has Genotypic & Phenotypic Technology to detect M.TB, follow-up done by Liquid Culture (LC). 11 districts were linked to the lab for diagnosis & follow-up.
- ❖ Since GeneXpert was the upfront rapid diagnostic test in the revised PMDT diagnostic algorithm, samples from Darbhanga Medical College Hospital (DMCH) and Private Practitioners were sensitized for referral to CBNAAT. Till December 19 no criteria were followed to refer sample for GeneXpert. Hence the sample volume shoot up to 81% compare to the previous year, the enforcement of UDST in the districts led to increase in diagnosis and follow-up.
- ❖ All follow-up tests and smear negative diagnosis samples were inoculated in Liquid Culture.
- ❖ CIE (central internal evaluation) team visited the lab during 1-3 July 19. The team consists of WHO Consultant from Rajasthan, 1 representative from CTD. They appreciated the work done by DTRC and said they will recommend State to provide additional HR to support the lab.
- ❖ TBDC Darbhanga deputed 1 BCG Technician from July 19. He was given basic training on staining, CBNAAT and entries in Lab register. Presently he is assisting in both staining and updating the lab register.
- ❖ One Lab Technician was appointed by DFIT from June 19, he is assisting in smear microscopy, reagent preparation and GeneXpert.
- ❖ DTRC cleared the Proficiency Testing by 100% in both first line (HR) and second line (FQ & SLID) anti-TB drugs, thereby 3rd renewal of FL-LPA and 1st renewal of SL-LPA is successfully achieved.
- ❖ As per the recommendation of CIE in the month of July 19, the districts started providing Niksay ID's for diagnosis, so the results of all diagnosis are being uploaded in Nikshay port from Aug 19 to the patients whose Nikshay ID is available.
- ❖ External Quality Assurance carried out in 7 districts allotted by STO in 2019.



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 persons 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 initiate tertiary level services for persons affected by leprosy and signed a MoU to establish referral services to cater to re-constructive surgery, ulcer care and other medical services by upgrading the facilities in the project.



The following table describes the 5 year's performance of Dehri-On-Sone project

Leprosy care services	2015	2016	2017	2018	2019
Out patients treated	4382	3538	3597	4066	3804
Among them skin patients treated	4201	3453	3520	3418	3445
New leprosy cases diagnosed and referred to PHCs	97	101	58	57	91
Reaction cases managed	113	77	50	49	38
Major Surgery done	70	57	63	60	75
Minor surgeries (Septic and nerve decompression)	5	7	10	14	3
In-patients managed	252	223	168	188	201
Bed days	6901	5489	5974	5121	4842
Protective foot wear (MCR) provided	118	106	54	132	111



Story of Mr. Chakmal Sada

Chakmal Sada 23 years is from Khagaria district Bihar. He is the eldest among the siblings; he lives with his parents and siblings (3 brothers and 3 sisters). His father is a daily wage laborer and the only bread bearer of his family. The village where they live often gets flooded during the rains.

When Chakmal was about 17 years of age he felt weakness in his left hand and at that time he was working as daily wage laborer in an agricultural farm at Haryana. Chakmal was not able to perform his labour work like others due to the weakness in his left hand. Because of this he returned back to Bihar and he went to the district hospital Khagaria for treatment of his left hand weakness but there was no improvement. Slowly he developed clawing of his left hand and also developed an ulcer on his right foot. Many times he visited Govt. hospital for ulcer treatment but still they were not able to diagnose that as leprosy.

After one year, his neighbor Mr. Ram Dev Sada who was under treatment for leprosy took him to Para-medical worker and there Chakmal was diagnosed for leprosy and he was put under MB treatment for one year were the disease was cured but it left with he was left with deformity.

In the year 2019 Damien foundation, community social worker visited Chakmal's house and demonstrated by educating him to take care of his hand and feet by practicing self care. Damien Foundation social worker also helped him to avail government entitlements like disability certificate and Government pension for his disability. Chakmal practiced self care regularly and his planter ulcer in his foot was healed and he was eligible and fit for reconstructive surgery for his deformity. He was referred by the DFIT field staff to DFIT MLCU Rudrapura hospital for reconstructive surgery. After deformity correction surgery Chakmal was provided socio - economic rehabilitation for his livelihood for setting up a mobile vegetable cart (3 wheeler cart and vegetable). Now he is able to do regular work and able to have a regular income to support his family.



Damien Foundation's medical and social rehabilitation has turned Chakmal's life furthermore, where he is married now and living happily with his family members. Chakmal who was isolated is now integrated with his family and main stream society. He is thankful to Damien Foundation for the timely support and intervention.

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 and to prevent overlap of work and avoid duplication in funding. An ILEP Member is appointed to ensure coordination, guarantee the flow of information and initiate cooperation among all partners, especially with the Government. In India ILEP supports High Endemic States with one technical consultant at the State Level to focus on strengthening the functioning of the integrated programme and to coordinate with other ILEP Partners in the State.

DFIT is coordinating ILEP activities in Bihar. As a part of Supervision and Monitoring activities, 20 districts were visited by the NLEP Consultant during the year 2019. Feedback of the visits was shared with the Civil Surgeon and other officials for them to take corrective measures. 04 problematic districts were visited by the Consultant along with the State Leprosy Officer (SLO) and State Leprosy Consultant (SLC) to resolve local administrative issues. NLEP Coordination meetings were organized almost every month to facilitate coordination between the ILEP Partners, WHO and the State Government officials for review and planning of the programme. Under guidance of State Programme Officer a joint monitoring validation and screening camp for RCS was done in Jamui district.

The consultant also played an important role in facilitating training of ACMOs, 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. The consultant also facilitated training organised by the State Health Society for newly appointed Urban Health Centre Medical Officers in the State. Consultant was involved in the planning and implementation of Sparsh Leprosy Awareness Campaign (SLAC) and Leprosy Case Detection Campaign (LCDC) conducted in the state. On the basis of operational research done by DFIT and LEPROA Society (ILEP) it was suggested to conduct LCDC in Musahar community in the State. In Feb 2019 LCDC was conducted in Musahar population of about 15 million. The results were encouraging. DFIT DPMR Coordinators were deputed by CLD as central monitors for monitoring of LCDC in the states of Maharashtra and Madhya Pradesh.

During last visit there were discussion between DFIT officials and State officials to initiate RCS services at Vardhaman Institute of Medical Sciences (VIMS) Pawapuri. Training of surgeon and physiotherapists was conducted at VIMS and TLMI Muzaffarpur. Since initiation, about 34 RCS were successfully conducted at VIMS. After coordination with VIMS officials Continuing Medical Education (CME) was conducted for medical students and faculty members. Dr. Claire Vellut Gold Prize Exam was successfully conducted at VIMS for the first time in Bihar.





Before Surgery



After Surgery



Life's Unending Challenges

Bharat Ram is never willing to accept defeat even though he has been repeatedly challenged by adversities. Hailing from Sarauti village in Alwar District in Bihar, the 43 year old Bharat ram, with a family consisting of a wife and four children, faced leprosy with its consequences four years back. This led to the loss of toes in his right foot and the loss of his job as a daily wage labourer. His family survived through meagre wages earned by his wife as a daily wage labourer. Damien Foundation India Trust came to know the plight of Bharat Ram and his family and helped by offering 20000 rupees for starting a small grocery shop. Timely help and their diligence helped them earn a decent monthly income and send their children to school.



Bharat Ram and his family were contented until tragedy struck in the form of storm in June 2019, which ravaged their home that they had built with their earnings. The family was roofless, living amongst the ruins, what was left of their home.

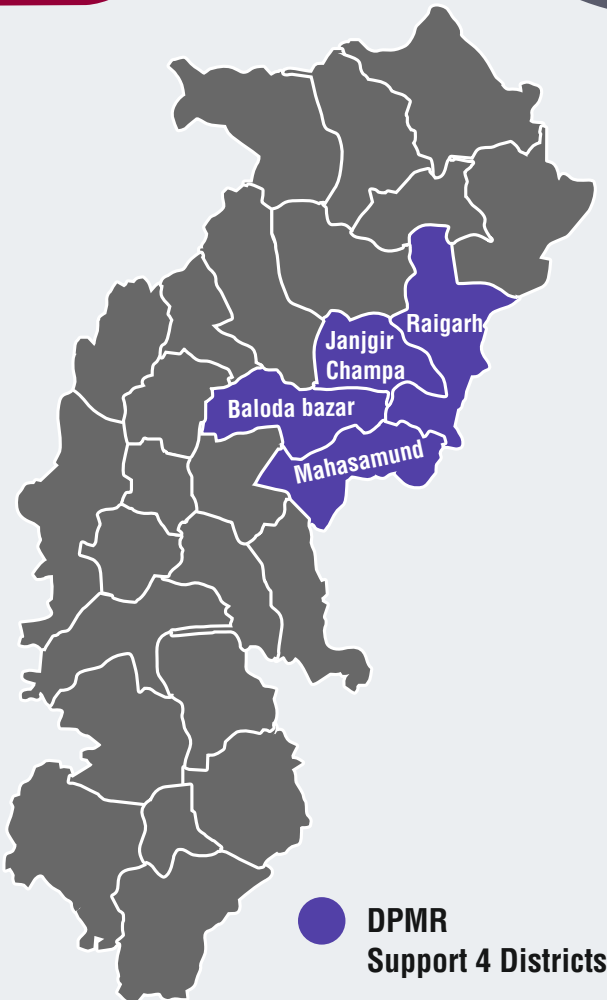


Damien Foundation assessed the situation and decided that the family should be helped again and provided Bharat Ram was Rs.1,50,000/- to rebuild his home. Today Bharat Ram and his family have a roof over their heads, he is able to earn an income on his own through the shop provided and he sends his children to school. Bharat Ram is thankful to all those who helped him overcome his situation. Now, he is confident that he can overcome the challenges in his life.

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CHHATTISGARH



Damien Foundation initiated activities to facilitate prevention of disability and medical rehabilitation in four districts in Chhattisgarh i.e., Raigarh, Mahasamund, Janjgir Champa and Baloda bazar from July 2019.



Challenges in leprosy control

Leprosy is one of the key health issues in the state. The state accounts for around 8% of the total cases in the country. The state has reported around 7000 new leprosy cases treated each year. The grade 2 disability of 26.26 per million population, is the second highest in the country after Dadar and Nagarhaveli. The state's Prevalence rate is 2.2 and it has not achieved elimination status while the country achieved elimination status in 2005.

Implementation of Prevention of Disability and Medical & social rehabilitation (DPMR) are the key challenges in leprosy control in the State and it is mainly due to the lack of expertise and lack of referral network at different levels of health system. The NLEP staff working in these districts are going to be retired in next two or three years. The general health staff may not be able to manage complications related to leprosy unless they are properly trained. It has been observed that the number of disabilities reported is higher compared to the National average. The state is reporting more than 25 cases of grade 2 disabilities per million population versus 5 per million population at National level. This clearly indicates the need for focussing on DPMR aspects in the state. It is very important to have a database to provide appropriate services for persons affected by leprosy with disabilities, yet the list of persons with disabilities is not updated in the state.

CHHATTISGARH

Damien Foundation selected these districts based on the highest contribution of new leprosy cases in the state. It has been observed that around 40% of the new leprosy cases are reported from these districts with highest number of Grade 2 disability cases. The number of Grade 2 disability cases reported from 4 districts is between 120 to 140 cases per year, so the estimated number of Grade 2 disability cases would be more than 500 cases in each district (accumulation of cases in last 15 years). However, the collated details are available for only 159 cases with grade 2 disabilities in 4 districts and around 30 reconstructive surgeries are done every year. This clearly indicates that there is a lack of information on persons affected by leprosy with disabilities in four districts. There are 4 leprosy colonies, 2 in Janjgir Champa and 2 in Raigarh.

Damien Foundation, in consultation with the State Health Society and NLEP programme, has proposed strategies to strengthen the referral system in these 4 districts by enhancing the technical skills of health staff and building the referral network between the health facilities and the referral centres in the districts for the management of presumptive cases and management of complications, there by improving early diagnosis, preventing disabilities and facilitating home based self - care and deformity correction surgeries. Damien foundation does not have any leprosy referral centre in Chhattisgarh so referral services for patients with complications will be managed either in district hospitals or in TLMI hospital in Champa or Baithalpur.



Damien Foundation has proposed following strategies

1. Improving the clinical skills of all NMS, PMWs, Physiotherapists at CHC level and district level to manage complications related to leprosy.
2. Improving the pre and post-operative physiotherapy skills of Physiotherapists at district hospital.
3. Providing home based self-care training to the persons affected by leprosy with disabilities and do the need assessment, like RCS, Footwear, Livelihood support and pension.
4. Providing necessary medical and social support to persons affected by leprosy with disabilities based on assessment, like RCS, MCR, Livelihood support and guidance to get disability pension.
5. Establishing tertiary level care for managing leprosy related complications in one district in district hospital as a pilot by identifying and training one Dermatologist, Ophthalmologist, Ortho/general surgeon.




Damien Foundation organised on the job training to Physiotherapists in Baloda Bazar district on post-operative care. Eight physiotherapists from the block level hospitals received 10 days training at District hospital in Baloda Bazar.

Damien Foundation also organised training for 477 Assistant Medical officers in all 4 districts and sensitized 197 para medical staff.

POD camp was conducted in the leprosy colony in Raipur and provided customised MCR footwear to 38 patients. As part of socio-economic rehabilitation, livelihood support was provided to 2 persons affected by leprosy during the year.





-  DFIT Referral Hospital
-  DFIT DMC
-  DRTB Support 2 TB Units

MARGARET LEPROSY AND TB HOSPITAL, SOUTH WEST DELHI

Damien Foundation started leprosy control activities in South West Delhi in 1999. It was one of the leprosy endemic districts in the Union Territory of Delhi. Soon after the integration of the vertical programme, the project 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 management of leprosy cases through its referral hospital.



Tuberculosis Programme

TB control activities started 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 1133454. Project has established 10 microscopy centres including one in Head quarter hospital. Each centre is managed by a Microscopist-cum-field worker assisted by TB health visitor in six centres supported by the programme.

Through this project, 8231 presumptive TB cases were screened for TB and 2865 TB cases of all types were registered for treatment. The project has achieved a cure rate of 89% among NSP cases and 82% among re treatment cases in both two TB Units respectively. The Government had established two HIV testing centres also. About 98.6% (2827/2867) of the TB patients are screened for HIV and only 7 cases were co-infected with HIV (0.2%). Project has provided Nutritional Supplement for 215 needy TB/DRTB patients and supported 9 patients for socio economic activity as part of livelihood support.



Leprosy care services	2015	2016	2017	2018	2019
Out patients treated	30657	26621	24772	32524	21482
Among them skin patients treated	1559	1460	2162	6594	3164
New leprosy cases diagnosed and referred to PHCs	20	11	14	9	19
Reaction cases managed	5	1	6	15	40
Major Surgery done	40	45	38	40	30
Minor surgeries (Septic and nerve decompression)	8	4	6	4	13
In-patients managed	129	123	123	102	137
Bed days	2731	3075	2696	2795	2733
Protective foot wear (MCR) provided	32	5	0	0	5

DELHI

Tuberculosis care services	2015	2016	2017	2018	2019
Respiratory Symptomatic Treated	30663	25181	7481	7672	21665
Presumptive TB Cases Examined	7119	7199	7481	8299	8231
Total TB Cases Registered	2674	2469	2236	2487	2867
Total New TB Cases Registered	2121	1933	1781	2012	2389
Among Them New Sputum Positive Cases	835	777	741	780	847
Sputum Conversion Rate For NSP Cases	727/803 (91%)	708/784 (90%)	653/734 (89%)	646/785 (82%)	697/852 (82%)
Cure Rate For NSP Cases	680/753 (90%)	702/769 (91%)	700/777 (90%)	654/741 (88%)	692/780 (89%)
Sputum Conversion Rate For RT Cases	240/319 (75%)	58/77 (77%)	230/301 (76%)	221/277 (80%)	190/243 (78%)
Cure Rate For RT Cases	239/295 (81%)	227/287 (79%)	256/327 (78%)	223/277 (81%)	225/273 (82%)
In-Patients Managed	15	6	0	0	7
Bed Days	15	6	0	0	7

I really appreciate the work Damien Foundation is doing in the field of Leprosy. As per my limited knowledge and awareness, Damien is the only place i knew where post Leprosy deformity correction is being done. I express my gratitude for providing me an opportunity to learn such complex and highly skilled surgeries from a great master in the form of Dr. Jacob Mathew, Orthopedic surgeon, DFIT.

Thanks

Dr. Mandeep S Malhotra, MBBS, M.S, FMAS
HOD FORTIS Head And Neck Oncology



DELHI



A candle in the darkness

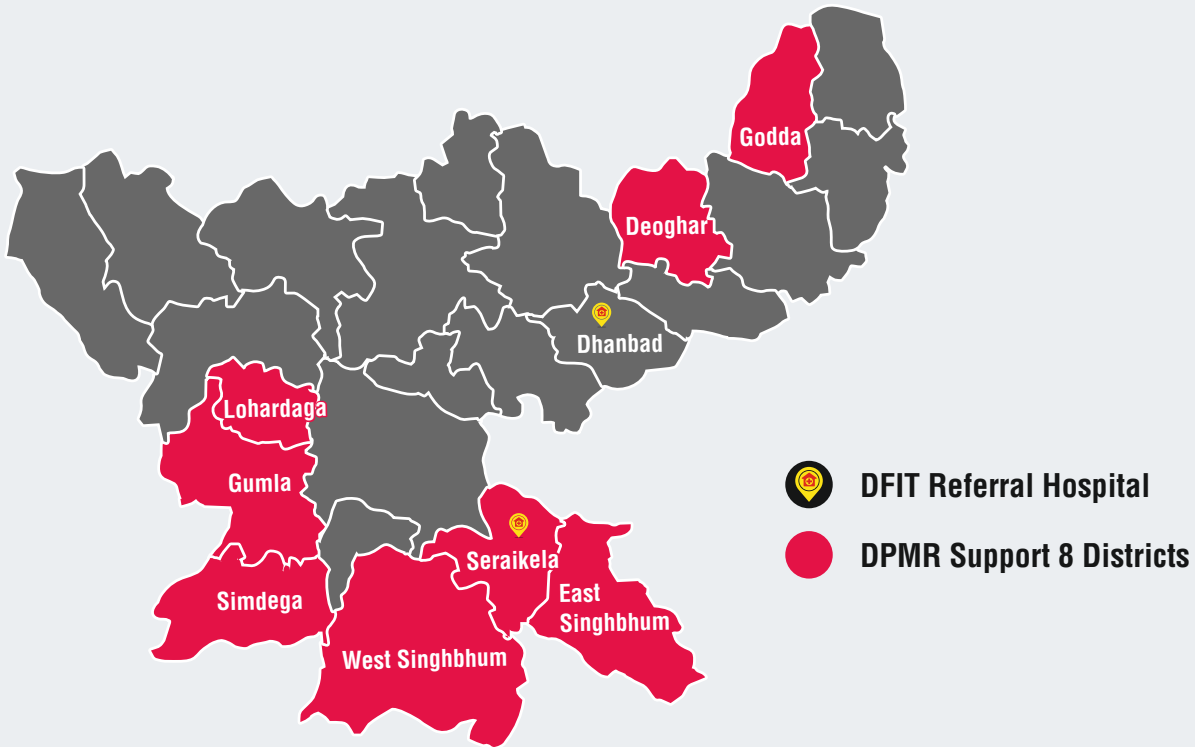
Hari Singh a 32 years old. He never had a chance to go to school. Hari was working as a painter until he was diagnosed with drug resistance TB. He is married and living with his family and 3 children's in Delhi. He is the only bread winner of the family. When he was diagnosed with TB he was not able to go to work due to the illness. His family suffered and it was difficult to meet basic needs. They had trouble even procuring one square meal a day.



Damien Foundation, supported Hari by providing him counseling, treatment follow-up, nutrition support every month till his treatment completion. Hari regularly took his TB medicines and was cured of drug resistance TB. Soon after treatment completion Damien Foundation helped him under socioeconomic assistance by providing Rs.12,000/- for his livelihood support in October 2019. For his livelihood Damien foundation supported Hari Singh in the purchase of a 4 wheel push cart to sell vegetable and fruits in the local area.



Earlier Hari Singh was earning Rs. 4,000 to 5,000/- a month as a painter, but today he is able to earn Rs.10,000/- to 12,000/- a month. Today, the family is happy, all the children are going to school and his wife supports and assists his business. He is thankful to Damien Foundation and he says, "Damien Foundation has lighted a candle in his life which has brightened his future."



DPMR activities

DFIT has been working in the State for leprosy control activities for more than 20 years. The referral hospitals in Amda and Dhanbad have been supported through NGO partners to provide tertiary level care services like re-constructive surgery, chronic ulcer care and other complications related to leprosy. The objective is to sustain the leprosy referral services through establishment of referral system in its supporting 8 districts.

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



JHARKHAND

The teams visited 43 Health facilities in 8 districts to facilitate disability prevention activities. The teams visited and examined sample of patients and presumptive leprosy cases to ensure the quality of diagnosis. It was found that 3% of the cases were over diagnosed and 4% of the cases were under diagnosed. This was discussed with concerned medical officers and para medical workers and they were provided on the job training. Team visited 1487 persons affected by leprosy with disabilities and found that 66% of them were practicing self-care regularly. During the year 241 cases were identified for deformity correction surgery. Team also provided training on leprosy for various category of staff including Medical officers, RBSK doctors, Ayush doctors, in total, 1868 persons were trained. Team also assisted persons with disabilities to get their disability certificates for getting pension.



The following table describes the performance of DPMR services in Jharkhand

DPMR Support - 8 Districts	2018	2019
Number of reaction cases taking regular treatment	378/401 (94.3%)	372/379 (98%)
Number of disability persons practicing self care regularly	1130/1694 (67%)	943/1428 (66%)
Total POD camps conducted	8	14
No. of leprosy affected persons attended during POD camps	39	65
Trainings conducted	87	75
No. of participants attended	1949	1823
No. of PHCs meetings attended	59	40
No. of staff sensitised	1732	937

CLAVER SOCIAL WELFARE CENTRE, AMDA, SARAIKELA DISTRICT

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



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

Leprosy Care Services	2015	2016	2017	2018	2019
Outpatients Treated	1534	1538	1536	1811	1796
Among Them Skin Patients Treated	1279	1528	1586	1730	1738
New Leprosy Cases Diagnosed And Referred To PHCs	36	53	37	35	34
Reaction Cases Managed	42	43	53	36	45
Re-Constructive Surgeries	50	47	48	40	43
Other Surgeries	0	2	0	0	0
Inpatients Managed	107	175	138	175	110
Bed Days	3279	4890	4564	4289	4323
Protective Footwear (MCR) Provided	122	103	101	124	129

Field Activities



Nirmala General And Leprosy Hospital, Dhanbad

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



Testimonial of Dr. Gaurav Patodia



"Throughout my training as under graduate and post graduate I have wanted to help persons affected with leprosy. My association with Damien Foundation has only been a year now. As a reconstructive surgeon, it brings a sense of accomplishment while working towards restoration of their ability to use their hands, rehabilitating them and thus saving them from the social outcaste that they would face.

The set of beliefs, knowledge and perception towards leprosy is lacking even among the educated. There is critical need of strategies to reduce this stigma by education and awareness campaigns. I am confident that our joint efforts will bring acceptance in the society and would reduce the discrimination faced by persons affected with leprosy."

Dr. Gaurav Patodia

Plastic and Reconstructive Surgeon
Dhanbad, Jharkhand

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

Leprosy Services	2015	2016	2017	2018	2019
Re-constructive surgeries	40	52	58	59	55
Minor surgeries (Septic and nerve decompression)	3	0	2	0	7
In-patients managed	65	56	76	86	79
Bed days	2312	3045	3305	3498	3267

Behula hopes that suffering is only a chance encounter



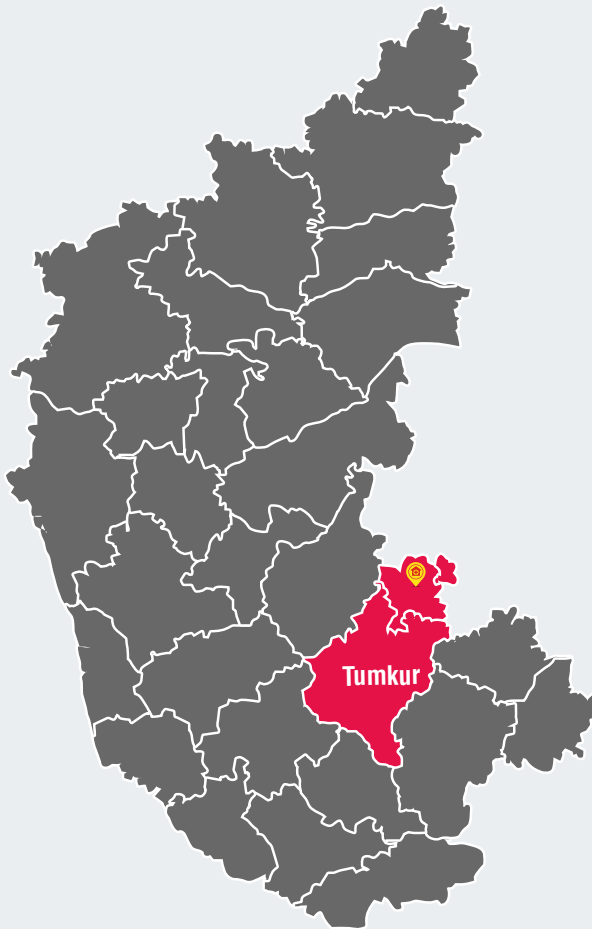
Behula Gorh had the shadow of leprosy cross her path at the tender age of 14. She lived with its unsettling effects for eight years until Damien Foundation discovered her and made her undergo surgery and get rid of the scourge at age of 22. Behula hails from the Lakhansai village of the Potka district of Jharkhand. She was only 8 years when Leprosy affected her. She was treated by a local doctor to no avail. She was diagnosed correctly and treated adequately at the Government hospital.

But, she lived with the scar of her disease, clawing of both hands due to leprosy for several years. One day, when a DFIT social worker, upon visiting the village for field assessment, found her and decided that she was suitable for deformity correction surgery.

She underwent surgery for her deformed right hand at Damien Foundation Hospital in Amda, Jharkhand. She is, needless to say, happy! Her world was turned upside down with leprosy, and now, she has a chance to lead a normal life, again. While she has a supportive community, who have always encouraged her to participate in activities, she, finally, had the confidence to try. She wants to get married, and, also support her family. She is waiting to undergo the left hand surgery.

Her life is, now, full of possibilities. Damien Foundation with the help of well-wishers / donors helped her cross the last mile to happiness.





 **DFIT Referral Hospital**

Swami Vivekananda Integrated Rural Health Centre, Pavagada

This project is located in Pavagada Taluk in Tumkur district, Karnataka, implementing Leprosy and TB control programmes through the collaboration of NLEP and NTEP with the support of Damien Foundation.

This project is one of the two referral centres in the state providing referral services for leprosy including reconstructive surgery, ulcer care and reaction management. The project is facilitating the DPMR activities in Pavagada taluk covering a population of around 250000. The project supports TB control activities through Designated Microscopy Centre and other facilities like Gene Xpert and X-ray.



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

Leprosy Care Services	2015	2016	2017	2018	2019
Outpatients Treated	6237	7231	9501	9050	8240
Among Them Skin Patients Treated	339	1026	1241	1178	1372
New Leprosy Cases Diagnosed And Referred To PHCs	21	23	17	22	17
Reaction Cases Managed	2	10	5	2	6
Major Surgery done	34	31	26	18	18
Minor surgeries (Septic and nerve decompression)	1	2	0	0	0
Inpatients Managed	60	73	117	27	59
Bed Days	2151	2250	1754	958	1064
Protective Footwear (MCR) Provided	45	43	120	80	84



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

Tuberculosis care services	2015	2016	2017	2018	2019
Respiratory Symptomatic Treated	209988	5615	2555	1906	1975
Presumptive TB Cases Examined	4096	1751	2104	2504	2528
Total TB Cases Registered	388	357			
Total New TB Cases Registered	293	275			
Among Them New Sputum Positive Cases	213	171			
Sputum Conversion Rate For NSP Cases	216/243 (89%)	139/166 (84%)			
Cure Rate For NSP Cases	222/267 (83%)	181/213 (85%)			
Sputum Conversion Rate For RT Cases	46/80 (58%)	38/66 (58%)			
Cure Rate For RT Cases	57/81 (70%)	45/72 (63%)			



Murthappa's Story

During the year 1996, at the sponsored project of Damien Foundation, Swami Vivekananda Integrated Rural Health Centre's (SVIRHC) Paramedical staff held a school survey at Govt. Primary School in Naliganahally village of Pavagada Taluk. During the survey a 4th class student Murthappa was suspected to have leprosy. After thorough examination he was referred with his parents to SVIRHC Pavagada hospital where he was diagnosed with leprosy and suffering from right hand pain and also diagnosed for Ulnar Neuritis and was treated. He completed the leprosy treatment.



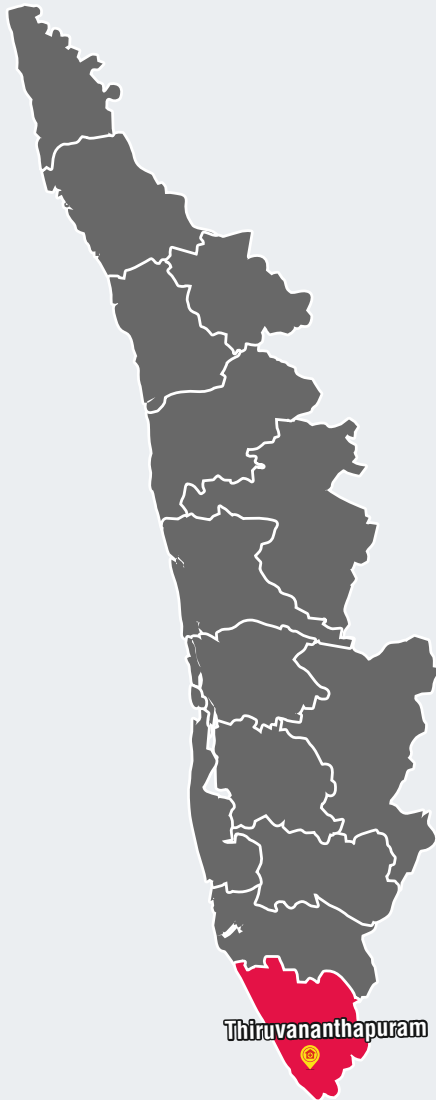
He completed his schooling despite all struggles, and then joined college where he studied B.A in the year 2009. He approached the project to support his education. Damien Foundation partly supported his college education by paying Rs.5000/-. During his college studies his mother passed away in 2015 due to T.B. His studies was disturbed due to his mother's illness and with difficulty he completed his B.A course in 2016.

Murthappa was interested in pursuing further studies and in the year 2016-17, he joined M.A. in Economics. He completed the course in 2018 and was further interested in pursuing a Bachelor of Teacher training course (B.Ed). This was supported by Damien Foundation with a grand of Rs.20,000/- . He completed the course in 2019.



Murthappa is grateful for the educational support provided by Damien Foundation through its SVIRHC project. He has been a very dedicated student who has strived to achieve his goal. He aptly deserves the support for education provided by DFIT.

KERALA



Thiruvananthapuram



DFIT Referral Hospital

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

The project has been providing leprosy care referral services since 1955 and TB control activities since 1998. After the integration of leprosy programme with general health system, the project mainly focused on managing complications related to leprosy at the hospital. DFIT established the facilities for re-constructive surgeries in the year 2013 and upgraded to a tertiary care hospital. This is the only leprosy tertiary care services available in the entire State. The project has established a good referral network in all 14 districts of Kerala and it is coordinated by the physiotherapist. Periodical RCS screening camps are organised to identify eligible persons for deformity correction and other medical needs.



KERALA

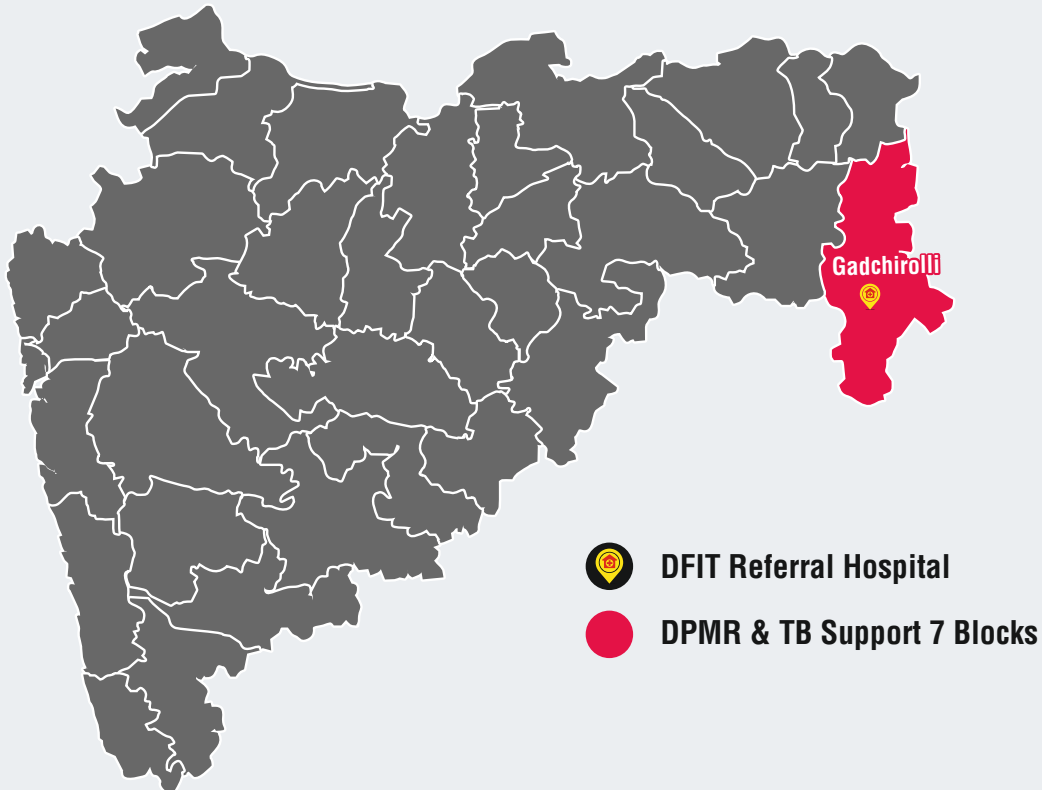


The following table describes the five year's performance of Trivandrum project

Leprosy Care Services	2015	2016	2017	2018	2019
Outpatients Treated	440	372	357	396	12455
Among Them Skin Patients Treated	32	53	147	56	12078
New Leprosy Cases Diagnosed And Referred To PHCs	2	3	2	1	1
Reaction Cases Managed	13	7	3	0	2
Major Surgery done	31	28	23	17	20
Minor surgeries (Septic and nerve decompression)	2	15	8	21	20
Inpatients Managed	123	137	141	134	160
Bed Days	4952	4595	4345	3946	5558
Protective Footwear (MCR) Provided	467	451	469	448	230



MAHARASHTRA



Assisi Sevasadan Hospital, Nagepalli, Gadchiroli District

The project is located in the tribal district and serves the population in difficult to reach areas with the help of a dedicated team. The project has engaged 5 field staff from the tribal population who can speak the tribal dialect and they are supporting TB and leprosy related activities in 7 blocks (31 PHCs) covering a population of 632361. The project has OPD services for leprosy and TB related services. There are 428 leprosy affected persons with deformities living in its jurisdiction and among them 83% are practicing self-care regularly and 69 of them were provided MCR foot wear. The project has covered 19 DMCs and achieved high (91%) cure rate among cases (NSP) registered in the year 2018. One of the main strength of the project is the involvement of local community leaders in the leprosy and TB control programmes. Besides medical rehabilitation the project provides social rehabilitation to enhance the livelihood of persons affected by leprosy and TB.



MAHARASHTRA

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

Leprosy Care Services	2015	2016	2017	2018	2019
Outpatients Treated	24569	25005	26945	11281	19810
Among Them Skin Patients Treated	260	552	888	279	383
New Leprosy Cases Diagnosed And Referred To PHCs	41	37	68	58	98
Reaction Cases Managed	22	17	29	15	39
Inpatients Managed	23	42	57	44	64
Bed Days	136	310	431	620	774
Protective Footwear (MCR) Provided	67	66	77	76	69

Tuberculosis Care services (19 DMCs) Nagepalli	2015	2016	2017	2018	2019
Respiratory Symptomatic Treated	124961	177273	128241	161791	272488
Presumptive TB Cases Examined	2419	2934	3053	3341	7554
Total TB Cases Registered	393	409	498	487	397
Total New TB Cases Registered	330	336	424	409	962
Among Them New Sputum Positive Cases	219	208	301	261	449
Sputum Conversion Rate For NSP Cases	206/224 (92%)	176/198 (89%)	246/284 (87%)	238/272 (88%)	329/385 (85%)
Cure Rate For NSP Cases	142/163 (87%)	189/226 (84%)	180/208 (87%)	281/301 (93%)	237/261 (91%)
Sputum Conversion Rate For RT Cases	36/42 (86%)	35/44 (80%)	49/52 (94%)	44/54 (81%)	52/85 (79%)
Cure Rate For RT Cases	21/38 (55%)	31/49 (63%)	38/51 (75%)	48/57 (84%)	45/56 (80%)
In-Patients Managed	41	75	74	53	52
Bed Days	174	186	229	163	178

Activities





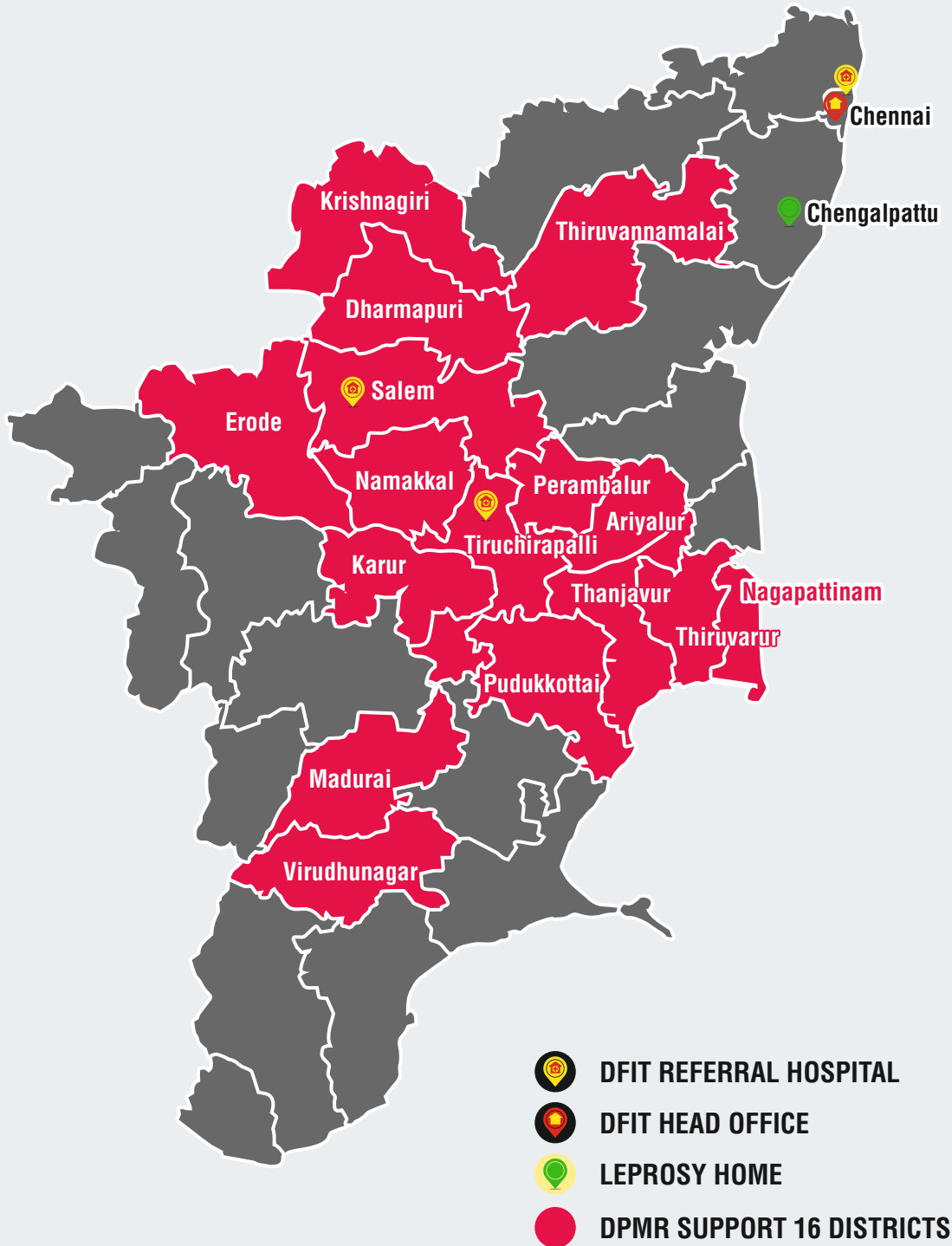
Story of Ashok Kaudu

Ashok Kaudu Bhodalkar, aged 44 hails from Ghoat village from Gadchiroli district, Maharashtra. He is a victim of leprosy and he completed his treatment in 2001, but he had developed foot drop. Damien foundation field workers during the field visit identified him. He was running a small electrical repair shop and earning very meagre income. He used to stand for long time to do the electrical repair work especially copper coil winding for motors, as an result he had ulcers in his foot. He was not able to do one motor coil winding a day and he faced financial burdens. Damien Foundation came to his rescue and supported him with Rs. 20,000/- in the year 2019 towards the purchase of an automatic coil winding machine, under socio - economic rehabilitation for his livelihood.



Today he is able to do 5 to 6 motor coil winding a day and earning about Rs.10,000/- a month. He does not stand for a long time for coil winding any more, his ulcers have disappeared and he is practicing self care regularly with the advice of DFIT field worker. Today he is able to save money after his monthly expenses. Today his both daughters are going to school. He is now willing to undergo deformity corrective surgery for his foot drop. He and his family are happy today without any financial burden and he is thankful to Damien Foundation and its project for the timely intervention.

TAMIL NADU



Introduction

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

Holy Family Hansensorium, Fathimanagar, Trichy District

This referral center for leprosy and TB has been supported by DFIT for more than four decades. This is one of the important leprosy referral centre 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 teams from all the neighboring districts. The project is also involved in TB control since 1998 supporting 123697 people through its Designated Microscopy Centre. Besides DFIT support, the hospital also has a counseling facility for HIV and a weaving center for rehabilitating persons affected by leprosy.

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

Tuberculosis care services	2015	2016	2017	2018	2019
Respiratory Symptomatic Treated	4221	4494	1378	1580	1674
Presumptive TB Cases Examined	969	725	915	1145	1030
Total TB Cases Registered	34	31	16	26	17
Total New TB Cases Registered	27	30	11	21	22
Among Them New Sputum Positive Cases	16	24	10	15	15
Sputum Conversion Rate For NSP Cases	19/21 (90%)	12/14 (86%)	12/14 (86%)	15/16 (94%)	16/16 (100%)
Cure Rate For NSP Cases	11/14 (79%)	10/16 (63%)	12/12 (100%)	6/9 (66.7%)	16/18 (89%)
Sputum Conversion Rate For RT Cases	6/8 (75%)			2/2 (100%)	3/3 (100%)
Cure Rate For RT Cases	4/5 (80%)			4/4 (100%)	
In-Patients Managed	18	8	0	7	2
Bed Days	206	125	0	186	39

TAMIL NADU



Leprosy Care Services	2015	2016	2017	2018	2019
Outpatients Treated	4221	4494	4116	3501	3704
Among Them Skin Patients Treated	2432	3189	2229	1646	1924
New Leprosy Cases Diagnosed And Referred To PHCs	35	25	28	24	27
Reaction Cases Managed	94	81	75	54	49
Major Surgery done	40	39	34	26	42
Minor surgeries (Septic and nerve decompression)	62	58	47	51	50
Inpatients Managed	431	455	404	398	382
Bed Days	17850	18516	17615	19562	16054
Protective Footwear (MCR) Provided	350	378	325	354	390



St. Mary's Leprosy & TB Centere, Arisipalayam, Salem District

This referral centre 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 covering population of around 5937555 in the project are facilitated by its coordinator for the entire Salem and Namakkal districts. The main objective of DPMPR activities is to follow up on 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 Centre covering an urban population of around 128320.



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

Leprosy Care Services	2015	2016	2017	2018	2019
Outpatients Treated	9630	9102	8892	10318	9110
Among Them Skin Patients Treated	985	1050	1059	1315	1472
New Leprosy Cases Diagnosed And Referred To PHCs	44	51	36	72	54
Reaction Cases Managed	19	20	29	33	40
Minor surgeries (Septic and nerve decompression)	9	15	2	0	2
Inpatients Managed	141	180	153	168	160
Bed Days	4581	5724	5910	5599	5217
Protective Footwear (MCR) Provided	393	426	434	276	480

TAMIL NADU

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

Tuberculosis care services	2015	2016	2017	2018	2019
Respiratory Symptomatic Treated	209372	23640	2529	3273	2345
Presumptive TB Cases Examined	8836	1751	893	1458	1478
Total TB Cases Registered	537	70	71	88	69
Total New TB Cases Registered	442	55	55	70	59
Among Them New Sputum Positive Cases	219	28	26	36	44
Sputum Conversion Rate For NSP Cases	190/224 (85%)	30/32 (94%)	24/24 (100%)	32/32 (100%)	38/43 (88%)
Cure Rate For NSP Cases	173/242 (71%)	134/182 (74%)	24/28 (86%)	26/26 (100%)	31/36 (86%)
Sputum Conversion Rate For RT Cases	40/66 (61%)	8/8 (100%)	12/15 (80%)	12/14 (86%)	7/8 (88%)
Cure Rate For RT Cases	29/66 (44%)	27/51 (53%)	7/8 (88%)	12/14 (86%)	11/14 (79%)



Pope John Garden Leprosy Referral Centre, Madhavaram, Chennai

This is one of the oldest leprosy rehabilitation homes in Tamil Nadu supported by Salesian fathers. DFIT initiated tertiary level services through collaboration from the year 2013 by supporting infrastructure enhancement such as the operation theatre, physiotherapy and human resource. The project provides reconstructive surgery and ulcer care management for the patients referred by the general health system and DFIT DPMR District Consultancy Teams. At present, this is the only leprosy centre in and around Chennai providing leprosy referral services.

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

Leprosy Care Services	2015	2016	2017	2018	2019
Outpatients Treated	1259	6747	10601	10359	10527
Among Them Skin Patients Treated	1076	6473	10405	10149	10144
New Leprosy Cases Diagnosed And Referred To PHCs	3	1	3	4	0
Reaction Cases Managed	2	0	5	3	2
Major Surgery done	11	23	21	13	20
Minor surgeries (Septic and nerve decompression)	50	45	1	4	5
In-patients managed	74	82	34	30	40
Bed days	2233	3226	1151	1235	1045
Protective foot wear (MCR) provided	17	13	6	34	44



Anandapuram Rehabilitation Centre, Polambakkam, Chengalpattu District

This centre is directly operated by Damien Foundation. The centre provides geriatric care services for persons affected by leprosy who do not have family or their own residence, or they are ostracized by the family and relatives. DFIT provides food, shelter and medical care and also the last rites of the inmates. This home has the capacity to accommodate 30 inmates and during the year there were 22 destitutes who benefitted from the project. During the year 2015, the project started providing terminal care for persons affected by leprosy. They are referred by Government hospitals, leprosy homes and the DFIT DPMR teams. Ambulance facility is available for shifting patients to nearby hospitals during emergencies. General Physiotherapy services were initiated in the project in 2015 to provide physiotherapy services for the general population including person affected by leprosy. Nearly 971 patients benefitted from the physiotherapy in 2019.

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

Leprosy Care Services	2015	2016	2017	2018	2019
Number of Patients attended Physiotherapy OPD	1950	1220	516	974	971
Number of new inmates admissions	20	11	1	7	6
Number of inmates deleted (Died, Others)	0	7	3	9	11
Number of inmates living end of the year	20	24	22	21	16
Number of beds available	30	30	30	30	30
Number of bed days occupied	6695	7690	7312	7373	7639
Bed occupancy rate	61%	70%	67%	67%	71%



Disability Prevention And Medical Rehabilitation Program (DPMR)

One of the major challenges in leprosy control is prevention of disabilities and prevention of worsening of disabilities due to the disease. The National Leprosy Eradication Programme developed guidelines and strategies with the support of ILEP in 2005 for Disability Prevention and Medical Rehabilitation. At present, DFIT is facilitating DPMR activities through different strategies in 14 districts of Tamil Nadu. The main objective of the DPMR programme is to improve the capacity of general health staff in managing complications like reaction, updating the list of disability persons, identification and referral of eligible persons for re-constructive surgery, providing customised footwear, facilitating Government entitlements and socio-economic support. We involve Civil Society Organisations, local community volunteers and family members to monitor self care practices. The duration of DPMR support is extended to the district based on the needs and situation. The DPMR programme in 14 districts has resulted in 51% of self-care practice and 91% of the persons are regularly using protective footwear. There are 121 persons who were referred for re-constructive surgery, and among them 35 persons underwent surgery in DFIT projects.

During the year 2019, it was noted that 7701 persons affected by leprosy with disabilities were living in DFIT supported districts. The teams visited 2398 persons to see whether they are practicing self-care, it was found that 56% of them were practicing self-care regularly. It was observed that 76% of them were using protective footwear. The team identified, 149 cases eligible for RCS and 44 persons underwent surgical correction during the year. The teams also identified 70 patients with reaction during the monitoring of disability cases, and ensured that 295 cases under treatment for reaction completed the course of prednisolone through regular contact. Around 4600 persons affected were trained in self-care through the demonstration in 90 POD camps organised by the PHC and they were also assisted in get disability certificates, if were eligible. The teams facilitated leprosy training to 3081 health staff from different categories, during the year.

Training a gateway



A health worker in Thanjavur District attended training conducted by Damien Foundation India Trust recently. After training, he came across a girl studying 8th standard from a poor family background in a school survey with early claw with neuritis in the right hand. Her parents are not able to offer even a day to take her to the hospital for investigation. In this circumstance he started steroid therapy according to her weight with the consultation of his superiors.

He treated her with steroid along with MDT MB and followed her every month carefully. After the neuritis subsided he started active and passive exercise. At present she has recovered from the visibility of her deformity. He is continuously following up on her recovery. He is very happy with his work and feels he has done a good job with her.



TAMIL NADU



Manigandan's Rehabilitation

Manigandan who was rearing goats, lived with his aged parents in Perambalur District in Tamilnadu. He had patches on the skin and showed them to his parents. His parents did not give much attention to this. In the year 2000 he developed ulcer on the toe on his left foot. His brother who was affected by leprosy and who had taken treatment had deformities in hands and feet. Manigandan's brother took him to a NGO hospital in Thanjavur. Manidgandan was diagnosed with leprosy and treated in the hospital, where he stayed for one year. After the completion of MDT treatment he returned home. Very frequently he used to have ulcers on his left foot during the period he was being treated in Kumbakonam or Vadathorasalur, NGO hospital.



In the year 2010, he developed jaundice and became seriously ill. He was treated and cured, but he was not able to walk due to severity of the disease for 2 years. Then slowly, he practiced to walk again with support. Once he started walking he started to have ulcers on his left foot. In the year 2015 he visited Damien Foundation sponsored hospital in Trichy. There he, underwent treatment for his ulcer, but the ulcer was not healed. He needed amputation of his leg below his knee level. Prosthesis was provided.

During the visit of DFIT officials he was counselled for social rehabilitation. Since, he had experience in rearing hens, Manigandan wanted to start a poultry unit. He was supported by Damien Foundation for establishing the poultry unit at a cost of Rs.40,000/-. He is supported by his widowed sister to take care of the poultry unit. He expects to earn around Rs.5,000/- to 6,000/- in the beginning and hopes that the income will slowly increase. He is happy and thankful to DFIT for the support rendered for his livelihood.



SOCIO ECONOMIC REHABILITATION

Care after cure through Social and Economic Rehabilitation for person affected by Leprosy and TB is the most important aspect which enables him/her to live a life of dignity and be a contributing member of the family and society. Damien Foundation India Trust has rolled out this socio-economic rehabilitation (Livelihood Enhancement Programme – LEP) for rehabilitating the persons affected by leprosy and TB. DFIT has so far extended LEP support to more than 1500 poor persons affected by Leprosy and Tuberculosis in 8 states since the year 2007. The LEP support of DFIT has evolved over years, creating positive impact on the individuals, families and the communities at large. The LEP support has not only boosted the self-esteem of the individual, their self-worth and dignity, but has created ripple effects of 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 of people affected with leprosy and providing scope for self-employment opportunities. The beneficiaries of the programme are identified by the field workers who are in direct contact with them and who assess the needs of the person affected by Leprosy and TB with a well-structured questionnaire. An application, with the persons consent, is sent to the committee for approval. After implementing the LEP support the field teams and volunteers monitor and provide guidance and follow-up for a period of 1 year to the beneficiaries.

Details of supports provided in DFIT projects during 2019

Name of the State	Socio-economic support	Medical Treatment Support/ other	Live Stock	House construction and renovation	Education	Total
Andhra Pradesh	13	03	00	02	01	19
Bihar	84	01	04	03	12	104
Chhattisgarh	01	00	00	00	01	02
Delhi	08	00	00	00	01	09
Jharkhand	12	00	00	04	24	40
Karnataka	00	00	00	00	03	03
Maharashtra	04	00	01	00	00	05
Tamil Nadu	09	01	00	15	16	41
TOTAL	131	05	05	24	58	223

The above table describes the **type of support provided by projects to the beneficiaries** during the year 2019. During the year livelihood support was extended to 223 beneficiaries. Among them, a majority of 59% received socio economic support, nearly 26% of them received educational support, 11 % of the beneficiaries received benefits for house construction/renovation and the remaining 4% received medical aid/other types of support.

SOCIO ECONOMIC REHABILITATION



SOCIO ECONOMIC REHABILITATION

Story of Mr. Santosh Singh



Mr. Santosh Singh, aged 40 years, was living happily with his wife, 2 small kids and aged father in his village Araha, Saharsha district, Bihar, until he noticed a skin patch with loss of sensation on right arm. He ignored it for 2-3 months, thinking that it was not a big problem. Gradually, he developed many patches all over the body and numbness in his left hand. He consulted a local medical practitioner, and was prescribed some injection and medicines. There was no improvement. Slowly he developed clawing of his left hand and also developed a blister due to working in an agriculture field. He approached the district hospital. From there, he was referred to Government hospital in Patna. There he was diagnosed with leprosy and was started on MDT.

Mr. Santosh Singh and his family faced prejudice and discrimination due to disability over a long period. He often felt depressed and had suicidal tendency, as he was not able to earn his livelihood. His elder son (10 years old) started to work as a bus cleaner at sourbazar bus stand to feed his family.

In the year 2019 Damien Foundation, identified Mr. Santosh Singh and supported him in starting a small grocery shop for his livelihood. He was also assisted by the Damien Foundation community social worker for getting his disability certificate and Government pension. Now, Mr. Santosh Singh is earning around Rs.200 to 300/- daily and living a dignified life with his family members.



CHANTIERS

Damien Foundation Belgium provided project support for DFIT under Chantier Legacy for the building, maintenance and renovation of the existing buildings constructed earlier under Chantiers support, being used for patient services. DFIT projects identified the renovation requirement and send it to DFIT Chennai for support. Proposals received from the projects were scrutinized on the basis of need and priorities and the final proposal was submitted to Damien Foundation Belgium. Totally 7 renovation works were approved for an amount of Rs.22,80,000/-.

The table provides the description of activities carried out under Chantier Legacy - 2019

Sl.No	Support Provided to the following Projects	Type of Support	Budget in [INR]
1	Sunderpur Kusht Colony, Gounaha, West Champaran District, Bihar	This colony was earlier renovated under Chantier Damien in the year 2015. this year some maintenance works was carried out as part of renovation such as soil filling and drainage, repair of roof, plastering, replacing damaged doors and windows which includes renovation of one house also.	350000
2	Marjadwa Leprosy Colony, West Champaran District, Bihar	This colony was renovated under Chantier Damien in 2011. The toilet renovation, water facility, electrical and building maintenance was done. Painting of 20 houses, boundary wall repaired and gate fixed. Toilet renovated and water supply also provided.	300000
3	Dehri on Sone, (DFIT Own Project),Rohtas District, Bihar	This project was constructed by Chantier Damien and handed over to Government and again with a MoU, DFIT has established leprosy referral hospital from the year 2011. There was leaking in old RCS and Ulcer Wards. To protect the generator from rain and dust. The repair work done by covering the roof with a blue metal sheet in Ulcer ward and RCS ward.	750000
4	Raxaul, Little Flower Convent, Bihar	The current hospital building was partially supported under Chantier Damien very long time, which is used for OPD and IP. Currently they are planning to convert it into a leprosy referral hospital with the help of LEpra. As they required some renovation work for converting room into operation theatre for which some tiles work, plumbing work and painting works are done and converted to RCS operation theatre.	150000

CHANTIERS

5	St.Mary's Leprosy Centre, Arisipalayam, Salem, Tamilnadu	This project hospital building was supported and constructed under Chantiers Damien. This year renovation and maintenance work such as Flooring of the roof of the entire building, passage of the out patient waiting area , repair of toilet and Kitchen, Painting of the ground floor, In patient ward, repair of staircases provided for the four houses constructed at Pananthoppu Colony in 2014.	500000
6	Holi Family Hansenorium Fathimanagar, Trichy, Tamilnadu	This project hospital building was supported and constructed under Chantiers Damien, Renovation and extension work of inpatients toilet facility provided.	130000
7	Margaret Leprosy and TB Hospital, Soth West Delhi	This project hospital guest house building was supported and constructed under Chantiers Damien and now white wash, fixing of tiles and some renovation works are done.	100000
Total Amount Sanctioned			2280000



Marjadwa Leprosy Colony, Bihar

CHANTIERS



Fathimanagar, Trichy



Fathimanagar, Trichy



Arisipalayam, Salem



Dehri on Sone, Bihar



Sunderpur Kusht Colony, Gounaha, Bihar

HOUSING SUPPORT FOR GAJA CYCLONE VICTIMS



Honourable Tamil Nadu Handloom and Textiles Minister O. S. Manian inaugurated houses in the presences of District Collector Sri. Praveen P Nair, Mr.D.V. Premkumar, Chief Financial Officer –DFIT and District Leprosy Officer for Nagapattinam District.

Housing Support :

The Cyclonic storm 'Gaja' hit coastal areas of Tamilnadu and Pondicherry State and the districts of Nagapattinam, Thiruvarur, Thanjavur and Pudukottai districts, were affected on 15th and 16th November 2018 causing death of few people, livestock's and damaged properties.

Damien Foundation India Trust team did a survey to study and identified 10 poor leprosy affected persons among the Gaja cyclone victims who were lost their houses in 3 cyclone hit districts (Nagapattinam, Tanjavur and Pudukkotai), planned the support and sanctioned 10 houses.

Damien Foundation completed the construction of all the 10 houses (costs around 25 lakhs) in January 2020 and handed over to the beneficiaries. Among the 10 houses 9 houses were supported by Damien Foundation India Trust and one house was supported by Avery Dennison which was facilitated by King Baudouin Foundation.

HOUSING SUPPORT FOR GAJA CYCLONE VICTIMS

List of Beneficiaries Supported Under Gaja Cyclone in 2019

Renovation of House destroyed in Gaja Cyclone

Mrs.Ayeesa Beevi

67 Years

W/o. Meerasha
Kaalagam Chathiram
Peravurani tk.,
Thanjavur District.



Mr.Rathinam,

62 years

S/o. Karuthappan,
Pathnapattur, Peravurani tk.,
Thanjavur District.



Mr.Manimaran

45 years

S/o. Sundharam
Kondraikadu, Peravurani tk.,
Thanjavur District.



Mr.Shivakumar,

24 Years

Palayaperavurani,
Peravurani
Thanjavur District.



HOUSING SUPPORT FOR GAJA CYCLONE VICTIMS

Mr. Settu Mohamed,
60 Years
Kadayakudi Panchayat,
Pudukottai District.



**Office of Deputy Director
of Medical Services, (Leprosy),**
Pudukottai.



Mr. P.Sekar
55 Years
Kodiyakadu village,
Vedaranniyam Block,
Nagapattinam District.



Mr. C. Veerayan,
41 years
Kodiyakadu Village,
Vedaranniyam Block,
Nagapattinam District.



HOUSING SUPPORT FOR GAJA CYCLONE VICTIMS

Smt. Pappu

70 Years

Kodiyakarai village,
Vedaranyam Block,
Nagepattinam District,



Smt. Seethaimmal

70 Years

Kodiyakarai village,
Vedaranniyam Block,
Nagapattinam District.



Support of Avery Dennison and King Baudouin Foundation

Mrs. Seethaimmal, 70 years old widow affected by Leprosy hails from a poor family in Kodiyakarai Village in Nagapattinam District of Tamil Nadu. She has multiple deformities in both hands and feet. Her family members left her due to her disease and the old age. She manages her life with the help of old age pension [15 USD / month]. She was living in small hut which got damaged due to Gaja cyclone in the year 2018. She was living without a roof and there was an immediate need to provide her a safe shelter. Damien Foundation identified her for and decided to support. With the help and support of Avery Dennison and King Baudouin Foundation a concrete house was constructed with the support of \$3000 for her.

Mrs. Seethaimmal is thankful for the timely intervention and support provided to her through Damien Foundation by Avery Dennison and King Baudouin Foundation for the timely support rendered her to live a life with dignity.

CONTINUING MEDICAL EDUCATION

Continuing Medical Education In Tamil Nadu :

In the context of declining leprosy endemicity worldwide, keeping the interest in knowledge and expertise in leprosy alive, has been a matter of concern. Damien Foundation India Trust had predicted well in advance, this issue since 1993 and rolled out the idea of having Damien Foundation Endowment Prize Gold Medal Exam for the final year medical students of the Tamil Nadu MGR University and Sri Ramachandra Medical University. This exam is open to all final year medical students and consists of a two part of exam, which includes theory and practicals. The theory part covers 100 marks worth of multi choice questions [MCQ] and the practical part has 20 spotters for 100 marks which cover clinical identification of cases and management of complications related to leprosy.

As per the MoU with the Tamil Nadu Dr. M.G.R Medical University, during the year the university had deputed two senior dermatology professors Dr. Parimalam Kumar, Professor & HOD, Government Stanley Hospital, Chennai and Dr. Geetha Rani, Professor & HOD, Government Madurai Medical College, Madurai for preparing the questions and selecting the medal winner along with DFIT Team.

During the year, 315 students registered for the theory exam from 15 medical colleges under Tamil Nadu Dr. M.G.R Medical University, and 257 appeared for the theory examination which was held on 11th July, 2019. The answer sheet was evaluated by the panel of members and the top 37 students who scored more than 66 percent were called to participate in the practical examination. The practical part of endowment prize examination along with continuous medical education (CME) was held on 17th August, 2019 at Holy Family Hansenorium Hospital, Fathimanagar, Trichy.

All 37 students attended the practical examination and CME programme. Dr. G. Geetha Rani, Professor & HOD, Department of Dermatology, Government Madurai Medical College, who was nominated by the University for Evaluation of papers and selecting the Endowment Prize gold medal, also joined in the practical evaluation and CME. The practical examination scores were evaluated by the panel members. Based on the theory and practical exam scores the topmost candidate Ms. A. JENET EVANS, Final year MBBS students (Reg.No.521517050) from Govt. Thoothukudi Medical College, was nominated to Tamil Nadu Dr. M.G.R. Medical University for the award of “ **Damien Foundation Endowment Prize Gold Medal-2019**” .



CONTINUING MEDICAL EDUCATION

Continuing Medical Education In Tamil Nadu :

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. Similar type of theory and practicals also were conducted for the Ramachandra University students and Ms. M. Keerthana Prasitha was nominated for the Gold Medal from Sri Ramachandra Medical University for the year 2019.



CONTINUING MEDICAL EDUCATION

Continuing Medical Education In Bihar

Damien Foundation India Trust (DFIT) conducted the Dr. Claire Vellut Gold Medal Endowment Prize Examination for Undergraduate Medical Students of Vardhman Institute of Medical Sciences (VIMS), Pawapuri, Nalanda district, Bihar from the year 2019.

About 31 Medical students from IInd and IIIrd year participated in the written examination conducted on 18th October 2019, and 17 students qualified for practical examination. Practical examination was conducted within VIMS campus along with VIMS faculty as co-examiners. The written and practical exam papers were evaluated by the selected panel members (DFIT and VIMS).

Based on the theory and practical exam scores Mr. Munchun Kumar, final year medical student from Vardhman Institute of Medical Sciences (VIMS) excelled and was selected for the award of Dr. Claire Vellut Gold Medal Endowment Prize.

Endowment prize examination was followed by Continuing Medical Education (CME) conducted in the auditorium of Vardhman Institute of Medical Sciences (VIMS), Pawapuri, Nalanda.

Mr. Munchun Kumar was awarded with the “Dr. Claire Vellut Gold Medal prize” for 2019 by the Dean/Principal of VIMS, Dr. (Prof) Pawan Kumar Choudhary, along with Dr. P Krishnamurthy, Chairman, DFIT, and Dr. M Shivakumar, Secretary DFIT.



RESOURCE MOBILISATION INITIATIVE

Damien Foundation initiated local resource mobilisation and public engagement ten years ago. The strategy adopted for resource mobilisation was to focus on individual donations through tele-calling, face to face fund raising, collection by donation box, corporate support through Corporate Social Responsibility (CSR) partnership, and small trust and foundation support through institutional partnerships. DFIT, with the support of external agencies, continued Face to Face fund raising in partnership with Ethics Development Support Private Limited (EDSPL) in Chennai until June 2019. During the year, DFIT mobilized an amount of Rs.33, 72, 070/- from the above initiatives.

There was a very positive leap in social media strengthening for DFIT during the year. DFIT was successful in getting a Google Ads grants of \$10,000/- every month in kind, from the Google foundation.

Individual fundraising :

Individual fundraising is carried out through identifying Hi-net worth individuals, Tele-calling, and Face to Face fundraising initiatives. Individual donors have increased from 400 supporters in 2018 to about 660 supporters in 2019. An amount of Rs. 9,94,051/- has been raised from individual supporters.

Corporate Fundraising :

The Global Logistics Solutions Pvt. Ltd, as part of its CSR support has partnered with DFIT for the third straight year, in providing leprosy care services by offering Rs.2, 50,000/- for the Pope-John Leprosy Hospital project in Madhavaram, Chennai. TIC Fiber company has provided Rs.9750/-. Altogether Rs.2,59,750/- was mobilised through corporate support. This project support was useful for medical rehabilitation through reconstructive surgery of persons affected by leprosy.

Institutional Fundraising :

DFIT, with the help of institutional donors like United Way Chennai & Chennai Mission, supported through Battle of Buffet project, received a sum of Rs. 4,86,000/- for 13 deformity correction surgeries. Prasanna Medical and Educational Charitable Trust donated Rs.20,000/- and Tamizhaga Cable TV Communication Pvt. Ltd donated Rs.5000/- partly for deformity correction surgeries. Electro Optics Pvt. Ltd donated Rs.36, 000/- through the Round Table for a deformity correction surgery, and KONCEPT donated Rs.26,130/-. Totally an amount of Rs.5,73,130/- was mobilised through institutional fund raising.

Events and Campaigns :

DFIT has carried out website campaign through the Google Ads grant from October 2019. This was helpful in reaching more individuals and was supportive from the brand building perspective of Damien Foundation India Trust.

Donations in Kind :

There were few generous donors who came forward to support the needs of the patients as materials in kind. The Project in Nellore received groceries and food for patients worth of Rs.1,03,755/-, project in Delhi received groceries worth of Rs.15,000/- and Polambakkam project received food, groceries and other materials worth of Rs.91,080/-.

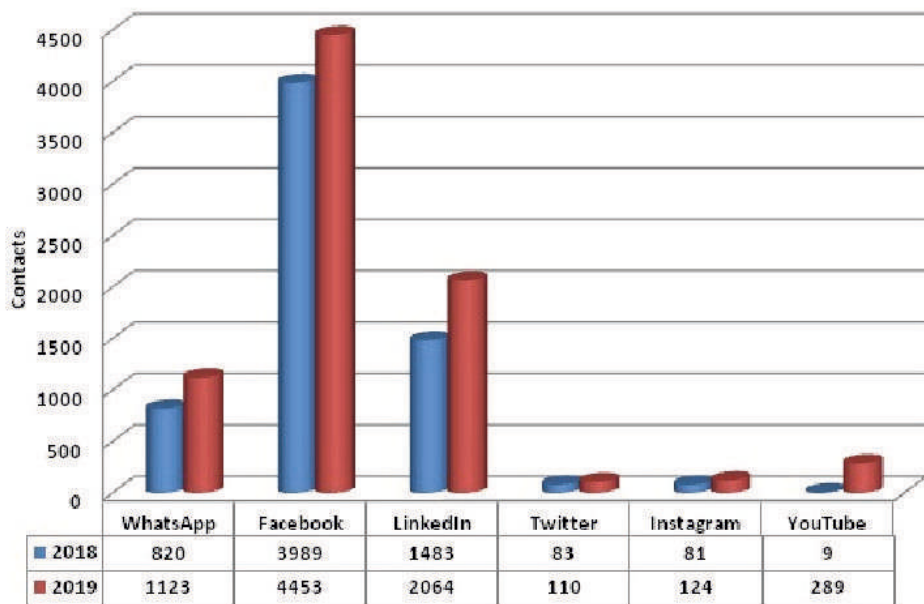


RESOURCE MOBILISATION INITIATIVE

Social Media :

DFIT reaches out to the public through social media as a platform to share and educate individuals on the causes and consequences of leprosy. DFIT provides regular updates to its stakeholders and supporters through social media. DFIT wished to spread awareness about its service and spread the campaign to well-wishers and stakeholders. During the year, efforts were taken to further strengthen the platform. The supporters have increased during the year which is highlighted in the table below;

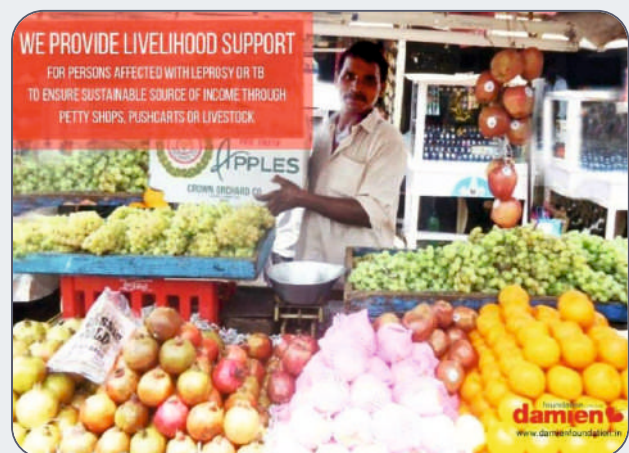
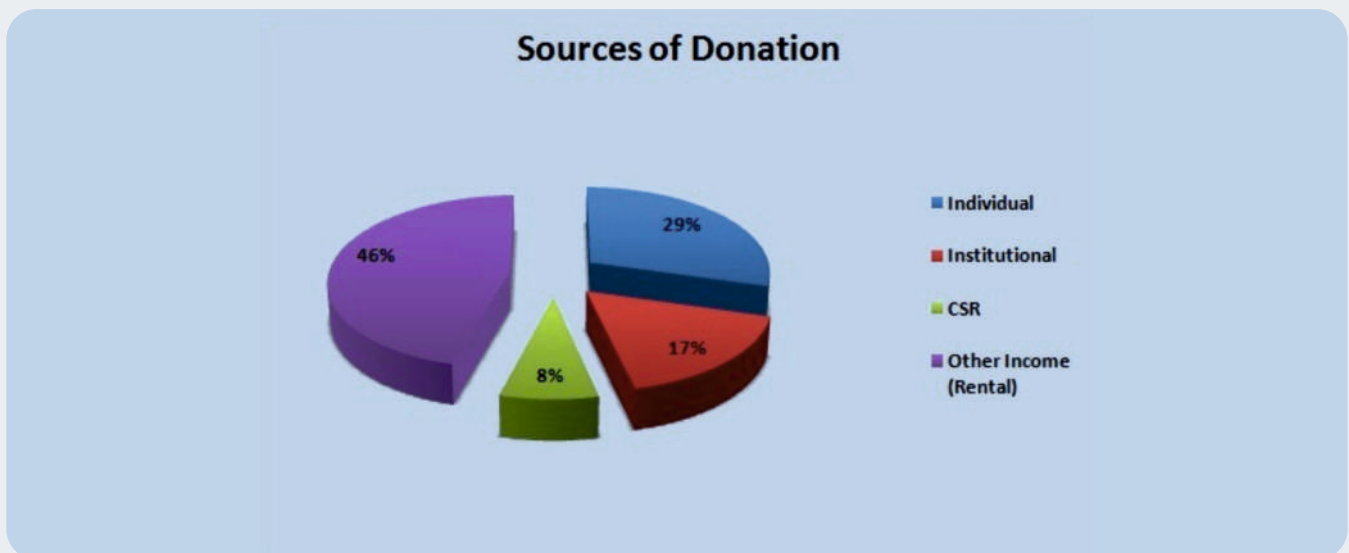
Social Media Progress



RESOURCE MOBILISATION INITIATIVE

SL.No.	Sources of Donation / Income	Amount Raised	Percentage
1	Individual	994051	29
2	Institutional	573130	17
3	CSR	259750	8
4	Rental	1545139	46
	Total Donation	3372070	100
5	Support in Kind Received Total (Total Value)	209835	
	Total Donation Raised During the year	3581905	

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



RESOURCE MOBILISATION INITIATIVE



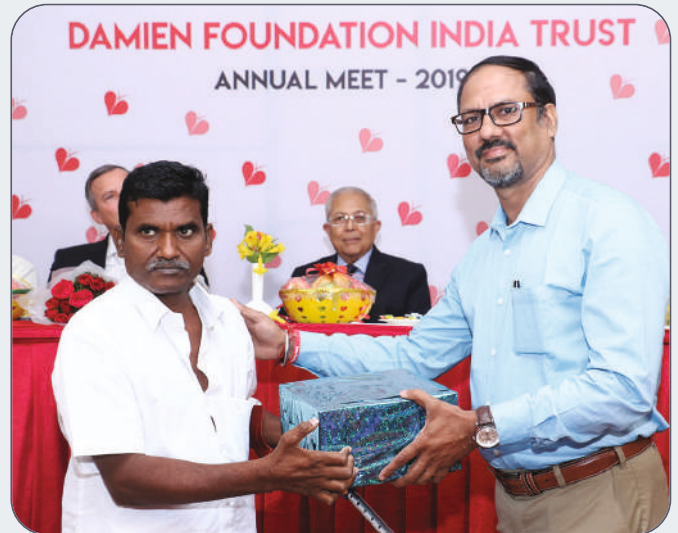
OTHER IMPORTANT EVENTS OF THE YEAR

Damien Foundation India Trust, Annual Partners Meet And Release Of Activity Report

Damien Foundation India Trust (DFIT) conducted its Annual partners and stakeholders meet on 30th March 2019 in hotel Ambika Empire, Vadapalani, Chennai. Mr. N. Ravi, Publisher, Hindu Group of Publications and Chairman, Press Trust of India was the Chief Guest, who received its first copy of the Activity Report 2018, which was unveiled by Mr.Xavier Ortegat, President of Damien Foundation in Belgium. During the occasion the donors shared their experience on what made them to come out and support the persons affected by leprosy and how they came in touch with Damien Foundation. Few beneficiaries who have witnessed and experienced the services of Damien Foundation India Trust shared their testimonials about how their lives were transformed with the support of DFIT. Dr.Shivakumar, Secretary DFIT welcomed the gathering and Dr.P. Krishnamurthy, Chairman, gave an introductory speech about DFIT various activities in India. Mr.R.Subramanian, Treasurer, DFIT gave a thought provoking speech about charity and philanthropy work carried out by DFIT for the underserved population. Mr.N.Ravi, Chief Guest in his concluding speech shared that there are very few organisation in India like DFIT which still works for neglected diseases like leprosy and TB which rehabilitates them medically as well as socially.



OTHER IMPORTANT EVENTS OF THE YEAR



OTHER IMPORTANT EVENTS OF THE YEAR

Visit of Mr. Xavier Ortegat, President, Damien Foundation Belgium

The president of Damien Foundation Belgium Mr. Xavier Ortegat visited India to get an overview on activities carried out by Damien Foundation India Trust. He was invited to attend the 74th Trust meeting held on 30th March 2019 at DFIT Chennai. He and his wife Mrs. Martine visited Anandapuram Rehabilitation Centre for elderly in Polambakkam, leprosy referral hospital in Fathimanagar and Pope John garden, referral hospital in Nellore and Delhi. He interacted with several beneficiaries and staff working in Damien Foundation. He appreciated and acknowledged the good work done by DFIT and its team.



CONFERENCES AND PAPER PRESENTATIONS

Conferences and Paper Presentations

20th International Leprosy Congress, Manila, Phillipines, 11-13 September 2019

ACTIVE SCREENING FOR LEPROSY IN HOUSEHOLD CONTACTS UNVEILS CLUSTERING AND YIELDS EARLY LEPROSY CASE DETECTION IN BIHAR, INDIA

A. Wagh¹, N. Ortuno-Gutierrez², B.C. de Jong³, S. Mugudalabetta¹, B. Pandey⁴, J.H.Richardus⁵, E. Hasker³
1Damien Foundation India Trust, 2 Damien Foundation Brussels, 3 Institute of Tropical Medicine, 4 National Leprosy Eradication Programme, 5 Erasmus MC, University Medical Centre, Rotterdam

Objectives : The Global Leprosy Strategy 2016-2020 recommends early case detection. Therefore, screening of contacts of leprosy patients is recommended. This is implemented passively in Bihar; where household members of leprosy patients are invited to a health facility for screening. In this study we implemented active household contacts screening. Our main goal was to enhance early case detection. We also aimed to document clustering of leprosy patients.

Methods : Two sub-districts (block) of Madhubani, Bihar with an average of 50 leprosy patients per year were included. An Android application allowing to record demographic data, clinical examination and household geographic coordinates was developed in 'Open Data Kit Collect' (ODK). We trained two community volunteers, supervised by a physiotherapist and a leprosy expert medical officer. They visited all new leprosy patients diagnosed in 2017 in their homes and line listed and examined their household contacts. For data collection we used the ODK app. We measured clustering at village level and numbers of new cases found per household screened. As denominator for incidence rates we used an existing dataset with village population estimates. Case households were plotted in Quantum GIS and analysis was performed using SaTScan and Stata 12 software.

Results : We report results of the first block in which home visits have been completed. In this block, 64 index leprosy patients were visited, and 334 contacts were listed. Cases were concentrated in 26 out of 94 villages. Out of 334 contacts identified, 164 (49%) were present and 163 accepted to be screened. Among those eight new leprosy patients were identified; none had visible deformities. Two clusters were identified, one made up of 33 villages with a total population of 153,268 (42% of total sub district population) and a relative risk (RR) of 3.6. The second cluster was made up of three villages with a total population of 11,419 and a RR of 4.9.

Conclusion : Active screening for leprosy of household contacts was well-accepted and had a high yield, and patients identified had no permanent disability. The app was useful for line listing all household contacts and mapping all households affected. In the smaller cluster the risk of leprosy was almost five time higher than average and it could be a rational candidate for door-to-door screening and/or post-exposure prophylaxis. Further improvement in targeting interventions could be achieved by attributing patients and populations to smaller units within villages.



CONFERENCES AND PAPER PRESENTATIONS

20th International Leprosy Congress, Manila, Phillipines, 11-13 September 2019

INVOLVEMENT OF LOCAL COMMUNITY VOLUNTEERS IN LEPROSY CASE DETECTION ACTIVITY IN MUSAHAR COMMUNITY IN TWO BLOCKS OF EAST CHAMPARAN DISTRICT IN BIHAR

S. Mugudalabetta¹, N. Ortuno-Gutierrez¹ A.K. Pandey¹, B. Pandey², A. Wagh¹, N.Singh¹, C. Dwivedi¹,
K. Padebettu¹

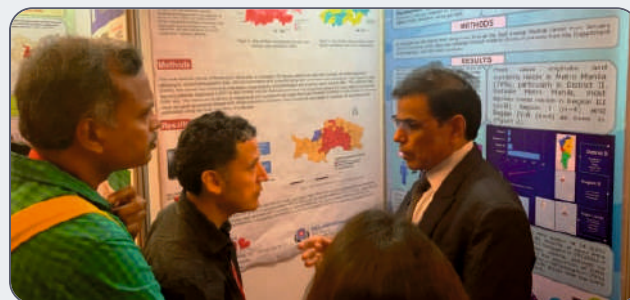
¹Damien Foundation India Trust, ² State Leprosy Officer, National Leprosy Eradication Programme Bihar.

Objectives : Leprosy Case Detection Campaign (LCDC) is one of the strategies followed in India every year to detect leprosy cases in high endemic districts. One of the challenge for such campaigns is to reach underserved population like Musahar community in Bihar. The objective of the study is does community volunteers from same community helps to improve leprosy case detection in two blocks of East Champaran district in Bihar.

Methods : 31 out of 104 villages were identified in two blocks of Piprakothi and MotihariSadar in East Champaran district where Musahar community are living and they constitute 8.6% of the population in selected villages. One male and one female volunteers from the Musahar community were involved in 31 villages for leprosy case detection activity. The volunteers were trained in identification of leprosy suspects. The volunteers examined the whole body of persons and reported leprosy suspects to local ASHA workers (Accredited Social Health Activist appointed by the Government). A small incentive of Rs 50 (less than 1 USD) was paid to the volunteers every day during the survey. The survey was carried out for a week in 3 phases in 2018 to cover maximum population among the Musahar community in 31 villages since they migrate temporarily for their livelihood. Suspects were examined and leprosy was confirmed by the doctor and non-medical supervisor trained in leprosy. Leprosy cases were diagnosed based on the WHO criteria.

Results : Among total population of 441065 in two blocks 12593 (around 3%) of them belong to Musahar community. The leprosy case detection campaign organized by the NLEP in 2016 detected 30 new leprosy cases in two blocks and only 2 new leprosy cases were detected among Musahar community in 31 villages. In 2018, with the special intervention of involving local community volunteers from the same community, 259 new case were detected of which 234 cases were detected among Musahar community in 31 villages. The MB proportion was 13%, child proportion was 34%, grade 2 disability was 3% and the female proportion was 50%. The new case detection during the campaign period in two blocks together was 6.8 new leprosy cases per 100000 population in 2016 and it was increased to 58.7 new leprosy cases per 100000 population with the intervention of involving local community volunteers.

Conclusion : Involvement of volunteers from the same community is highly effective in case detection especially among underserved population like Musahar community in Bihar.



CONFERENCES AND PAPER PRESENTATIONS

50th World Conference on Lung Health of the International Union Against Tuberculosis and Lung Disease (The Union)

Screening strategy for detection of pre-diabetes and diabetes among people affected by tuberculosis in slums of New Delhi

L P Gujral, 1. M Shivakumar, 2. C Bhan, 1N Ortuno-Gutierrez, 3. Damien Foundation India Trust, New Delhi-Project, New Delhi, India, 2Damien Foundation India Trust, DFIT Headquarters, Chennai, India, 3Damien Foundation, Training, Research, Technical Assistance and Monitoring & Evaluation (TREAT-ME), Brussels, Belgium. e-mail: admindelhi@damienfoundation.in

Background and challenges to implementation :

Diabetes mellitus (DM) increases three-times the risk of developing tuberculosis (TB). India has highest TB-burden worldwide (1,9million cases notified in 2017), along with 11% prevalence of DM in the urban-area. The Revised National Tuberculosis Control Programme (RNTCP) recommends bidirectional screening. There are different DM-screening approaches among TB-cases that documented effectiveness. Damien Foundation INDIA Trust (DFIT) implemented a systematic DM-screening in Ten TB clinics of New-Delhi. Our aim was to determine effectiveness of DM-screening and risk-factors associated to Pre-Diabetes and Diabetes.

Intervention or response : In 2017, all TB-susceptible diagnosed patients above 14-years of age were offered to have fasting blood-sugar glucometer-test. In case of glycaemia above 126 mg/dl, patients were referred to DM clinic for diabetes-management. A questionnaire for data- collection included clinical-data, socio-demographics and DM risk-factors.

Results and lessons learnt : 2014 (90%) from a total of 2236 susceptible TB-Patients were enrolled. Among not enrolled: 196 were children below 14-years and 26 because of other reasons. Known-DM were found in 745(37%) of all patients screened. Pre-diabetes was detected in 220(11%) and 156 were known diabetic

patients (8%). Among pre-diabetes, diabetes was newly confirmed in 43 cases (19%) and they were treated according to the national guidelines. In newly-diagnosed diabetes cases, there were positive family history of DM in 18.6%, sedentary occupation in 51%; smoking in 26% and monthly income varies from < Rs5000 in 23%, Rs5000-10000 in 28% and > Rs 10000 in 49%

Conclusions and key recommendations : In all TB-cases enrolled, diabetes was confirmed in around 2% (New diabetic-patients), however total prevalence was 39%. Also, diabetes was more frequent in patients with a monthly-income above Rs10000. Acceptability of our screening strategy was high (90%). We believe that this strategy could be useful for similar settings to increase coverage of screening of diabetes among people affected by tuberculosis.



During poster presentation

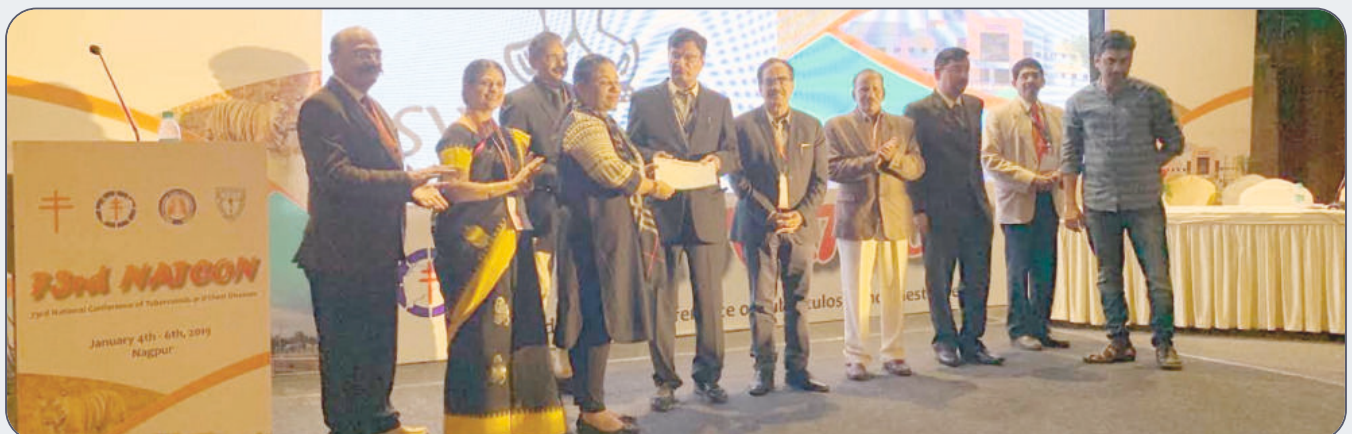
AWARDS AND RECOGNITIONS

Awards and Recognition in 2019

Best Health Care Excellence Award was provided to Damien Foundation for its Leprosy & TB services in Andhra Pradesh. Mr. Satheesh Sambasivam, Zonal Coordinator, received the award from Dr.A.Joseph National President of Human Care Human Rights Protection, during the occasion of Human Rights Day on commemoration of 40th State Human Rights Conference and Award Conferring Ceremony on 14th December 2019.



Dr. Loreen Gujral participated in National TB conference in January 2019 by TB Association of India at Nagpur and presented paper on “prevalence of diabetes and pre-diabetes and associated risk factors among tuberculosis patients in Delhi. The poster presentation was selected for the award in the conference.



AWARDS AND RECOGNITIONS



Best ICTC and Link ART Centre in the Tumkur district. Swami Vivekananda Integrated Rural Health Centre supported by Damien Foundation India Trust Chennai was declared as the best ICTC and Link ART Centre for the year 2019. The award was presented by Dr.Sanath Kumar, DTO and officer-in-charge of ICTC on 1st January 2020 at District Hospital Auditorium, Tumkur. Also Mr.N.Ashwathanarayana, STS has received the best STS of the district presented by the Joint Director, TB and Secretary, HFW Services of Government of Karnataka at Bangalore in March 2019.

Damien Foundation DPMR coordinator Mr. Francis Paul Durairaj, received award for best leprosy services during the year 2019 in Madurai District, on World Leprosy Day.



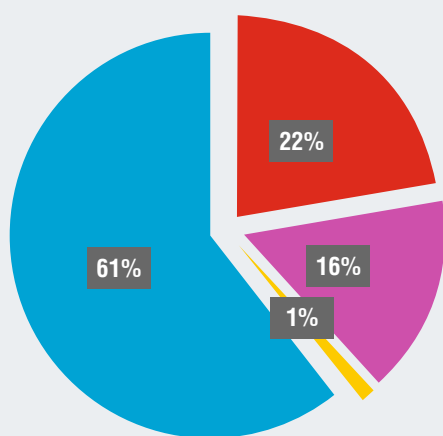
Damien Foundation received Best Performance Award for T.B services for NGO in Nellore district 2019. Mr.Nabi Thiagarajan, Administrative Officer, DFIT Nellore, received the award from Ms.Sadhana, Joint Collector II, during the occasion held at ACSR Medical College Hospital, Nellore on 24th March 2019.

FINANCIAL REPORT 2019

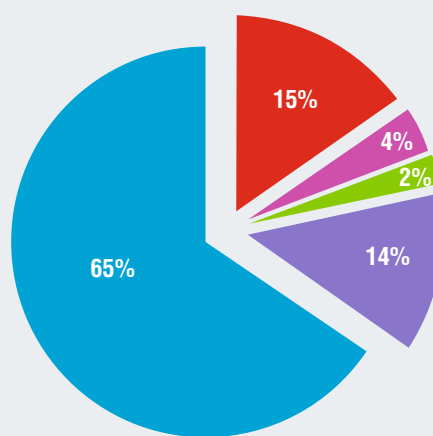
Damien Foundation Belgium (DFB) is the principle donor for DFIT and it continued its support for the year 2019. DFB provided Rs.113.65 million rupees for Leprosy and TB control activities, which includes a special grant 0.77 million rupees for Leprosy and TB affected persons in Gaja Cyclone in Tamil Nadu, 0.22 million for construction of compound wall in Polambakkam project, and 2.31 million rupees under Chantier Damien support for construction activities. DFIT adhered to all statutory requirements to its employees by payment of Provident Fund and Employee State Insurance to its staff. Statutory compliance of FCRA returns were filed in stipulated time, audit of accounts was done for calendar year as well as financial year. Income Tax has been recovered from Salaries, contractors and professional and remitted to Government. Income tax assessments have been completed for the assessment year 2017-18.

Source of Funds 2019 (Indian Rupees)

Foreign



Indian



- Opening Balance (2019)
- Damien Foundation Belgium (Bihar)
- Bank Interest & Miscellaneous A/c
- Damien Foundation Belgium (Project and NGO)

- Donations Received
- Bank Interest
- Opening Balance (2019)
- MCR Footwear
- Miscellaneous Receipts



FINANCIAL REPORT 2019

Source - Foreign	Income (IRS)	%
Opening Balance (2019)	33,058,610	22
Damien Foundation Belgium (Bihar)	23,679,520	16
Damien Foundation Belgium Contribution (DFB)	89,976,571	61
Bank Interest & Miscellaneous A/c	1,752,391	1
TOTAL	148,467,092	100

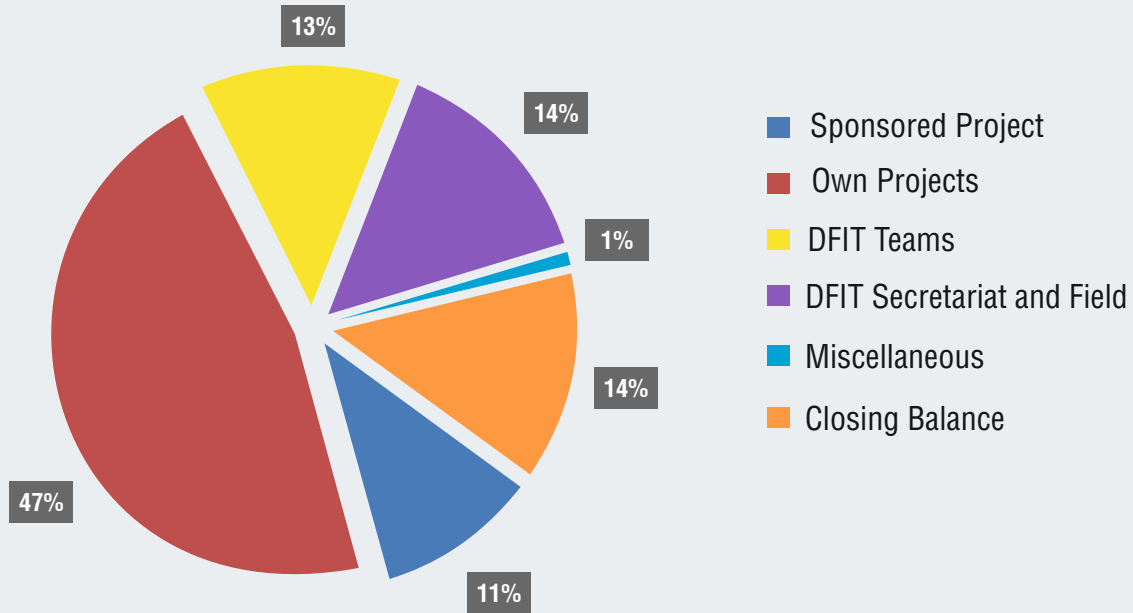
Source - Indian	Indian (IRS)	%
Opening Balance (2019)	10,631,606	65
Donations Received	2,504,444	15
MCR Footwear	629,100	4
Bank Interest	399,824	2
Miscellaneous Receipts	2,117,071	14
TOTAL	16,282,045	100



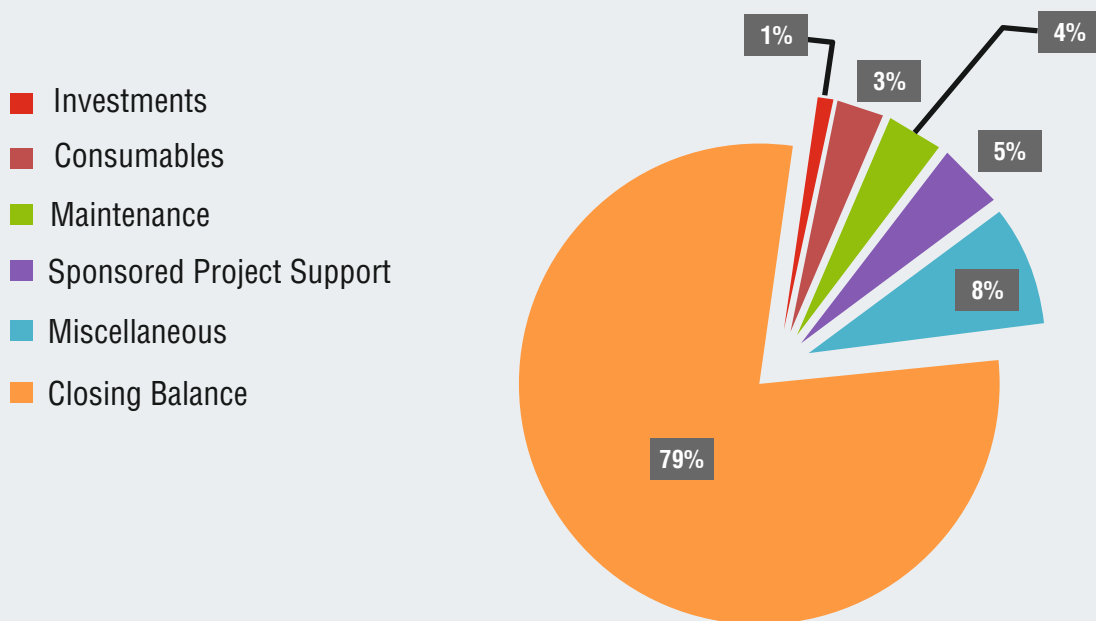
FINANCIAL REPORT 2019

Application of Funds 2019 (Indian Rupees)

Foreign



Indian



FINANCIAL REPORT 2019

Application - Foreign	Expenses	%
Sponsored Project Support	15,973,264	11
Own Projects	69,435,471	47
DFIT Teams	19,869,097	13
Miscellaneous	1,160,762	1
DFIT Secretariat and Field	21,525,894	14
Closing Balance 2019	20,502,604	14
TOTAL	148,467,092	100

Application - Indian	Expenses	%
Investments	161,436	1
Consumables	537,493	3
Maintenance	624,093	4
Sponsored Project Support	736,000	5
Miscellaneous	1,325,179	8
Closing Balance 2019	12,897,844	79
TOTAL	16,282,045	100

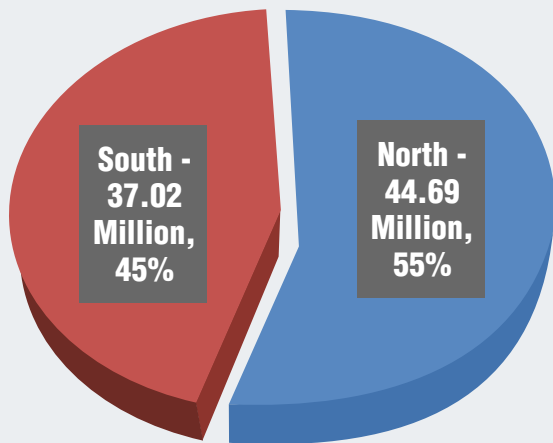
FINANCIAL REPORT 2019

Distribution of Funds in South & North India – 2019 (Indian Rupees)

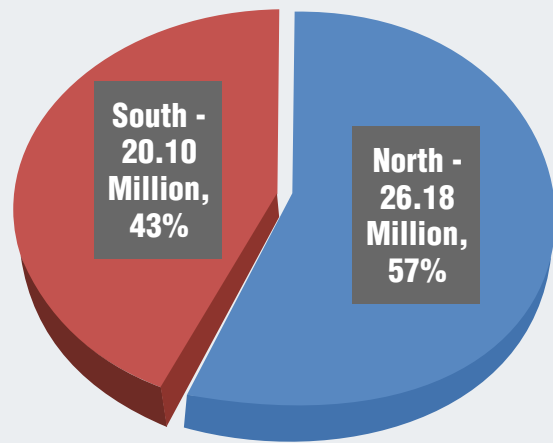
(Southern States of Tamil Nadu, Andhra Pradesh, Kerala and Karnataka)

(Northern States Bihar, Jharkhand, Maharashtra, Chhattisgarh, Delhi)

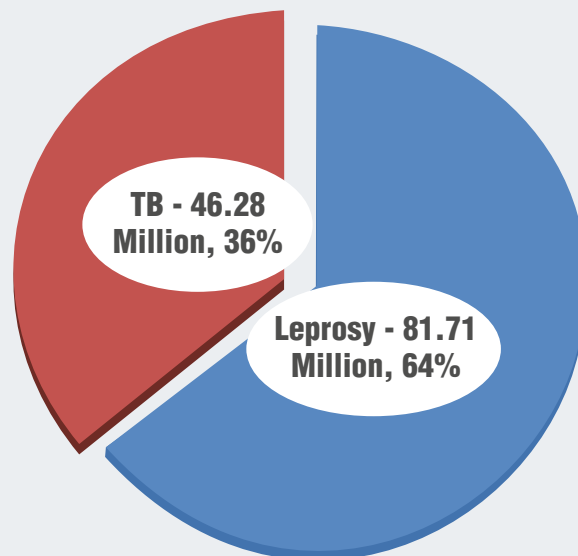
Leprosy



TB



Distribution of Funds under Leprosy and TB activities - 2019



MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

MEETINGS

- A) Meeting with SLO & RLTRI at Raipur to discuss about the new district support at Chhattisgarh on 7th & 8th January 2019 - Dr.M. Shivakumar participated.
- B) State level Coordination meeting for SPARSH LEPROSY AWARENESS CAMPAGAIN (SLAC), organised by State Leprosy Officer, AP on 23rd January 2019 at Vijayawada, Mr. S. Satheesh participated
- C) Meeting with SLO Andhra Pradesh at Vijayawada regarding extension of DPMR activity in new district Visakhapatnam on 5th February 2019 - Dr.M. Shivakumar participated.
- D) Anti-Leprosy fortnight celebration - quiz competition at Chengalpattu organised by CLTRI, Tirumani on 11th February 2019 - Dr. M. Shivakumar participated as external judge.
- E) Dr. Ahil Kumar, DDG (Leprosy), Dr. Rupali Roy, ADDG (Leprosy), Dr.Bijoy Pandey, SPO (Leprosy), Dr. Shilpi Sinha, SC, Bihar and ILEP partners participated in the review meeting of Patna zone at Patna on 14th March, 2019.
- F) World Leprosy Day observed at Chavan's College of Pharmacy, Nellore on 30th March, 2019. Dr. Dillip Sahoo, Principal and Dr. Preema, Director of Research and 400 students attended along with DFIT Nellore Team.
- G) Mr. Nabi Thiagarajan of DFIT Nellore represented the inaugural function meeting of Belgium consulate at Hyderabad for Andhra Pradesh & Telangana State on 12th April, 2019, organised by Reddy's Lab.
- H) ILEP meeting at Delhi organised by ILEP India on 24th April 2019 - Dr.M. Shivakumar participated.
- I) Meeting on proof of concept "Ending NTDs through women led WASH" project in Vizianagaram and Nayagarh districts, a joint venture organised by LEPRO Society and American Leprosy Missions at Vizianagaram on 29th April 2019 - Mr.Siva Rama Krishna participated.
- J) Meeting with State Leprosy Officer, Raipur regarding new districts support in Chhattisgarh on 30th April and 1st May 2019 - Dr. Shivakumar participated.
- K) Public-Private Partnership Model meeting in Delhi was organised by RNTCP Delhi on 2nd and 3rd May, 2019 - Dr.G.Venkataprasad, DTO Nellore was represented for DFIT presentation.
- L) Meeting with State Leprosy Officer, Raipur to discuss the establishment of new DPMR activities at 3 districts in Chhattisgarh from 17th to 19th July 2019 - Dr.M. Shivakumar, Mr.Goutam Kumar and Mr.Pradip Kumar Kundu participated.
- M) CDC-GHSA Project meeting conducted by NIRT, Chennai on 25th July, 2019 was attended by Dr.P.V. Giri Prasad - DFIT Nellore.

MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

MEETINGS

- N) State level LCDC Training programme for DLO's & DNMO's was organised by SLO, AP on July,30th 2019 was attended by Mr. S. Satheesh, Mr. K. Sudhakar and Mr. P. Siva Rama Krishna.
- O) ECHO meeting conducted by STO, AP on 31st July, 2019 at Vijayawada was attended by Dr.P.V. Giri Prasad - DFIT Nellore.
- P) DFIT 75th Trust Meeting at Chennai on 1st & 19th August 2019 - Trust Members participated.
- Q) Action Plan Meeting for 2020 organised by DFIT Chennai from 20th to 22nd August 2019 - 30 key staff from DFIT & supported projects participated.
- R) Annual Budget meeting for 2020 organised by DFIT Chennai on 27th & 28th August 2019 - Projects Holders of DFIT & supported projects participated.
- S) DFIT Annual Review Meeting and Continuing Medical Education held at Mahaveer Vardhman Medical College, Pawapuri, Nalanda - Bihar from 14th October to 18th October, 2019. 52 members from DFIT project & Head office participated.

TRAININGS / WORKSHOPS / SEMINARS

- A) CSR Workshop at Chennai organised by Navjivan Centre for Development on 3rd February 2019 - Mrs.Preethi and Ms.Kanchana resource mobilisation team participated.
- B) Leprosy Training at Naini organised by TLM from 4th to 8th March 2019 Mr.Khagendra Nath Dasgupta participated.
- C) Supportive visit to Damien Foundation, Nepal from 25th February to 8th March 2019 - Mr.Luc Comhaire, Dr.M. Shivakumar and Mr.Premkumar Velu participated.
- D) Physiotherapist training at Nellore organised by DFIT, Nellore on 15th & 16th April 2019 - All 9 DFIT physiotherapist participated. Dr.Jacob Mathew, Dr.M. Shivakumar, Dr.Sathish Paul, SLRTC, Karigiri and Mr.Somasekhara Reddy facilitated.
- E) Mr.P.N.Thiagarajan attended 'Workshop on RNTCP - NGO partners meet' held at Commissionerate of Health, Vijayawada on 23rd April, 2019, meeting was conducted by STO, Andhra Pradesh.
- F) Consultation workshop for revision of partnership guidelines under RNTCP at Delhi organised by Government of India on 3rd May 2019 - Dr.M. Shivakumar participated.
- G) Training programme on 'revised interpretation and reporting of LPA' at Bangalore organised by NTI Bangalore on 6th and 7th May 2019 - Dr.P.V.Giri Prasad, Microbiologist and Mr.Maheswar, Lab Technician from Damien TB Research Centre, Nellore participated.



MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

TRAININGS / WORKSHOPS / SEMINARS

- H) Training programme on 'revised interpretation and reporting of LPA' at Bangalore organised by NTI Bangalore on 9th and 10th May 2019 - Mr.Moses Anandaraj, Microbiologist and Mr.Chandan Kumar Tripathy, Lab Technician from Damien TB Research Centre, Darbhanga participated.
- I) RNTCP Key staff training at Kadapa organised by DFIT on 28th and 29th May 2019. All RNTCP key staff participated. Dr.M. Shivakumar, Mr.Somasekhara Reddy, Mr.Satheesh and Mr.Sudhakara facilitated.
- J) LPA-1 & II Combo Training at NIRT, Chennai organised by ICMR-NIRT Chennai from 10th to 14th June 2019 – Mr.K.V.S.Mrutyunjaya Rao, Lab Technician from DFIT Nellore participated.
- K) LPA-1 & II Combo Training at NIRT, Chennai organised by ICMR-NIRT Chennai from 24th to 28th June 2019 – Mr.Maheswar, Lab Technician and Mr.K.Sivaji, Lab Technician from DFIT Nellore participated.
- L) Management seminar for Charitable and Religious organisation at Chennai organised by Christian Institute of Management from 9th to 11th July 2019 – Mr.Premkumar Velu and Mr.Narayana Reddy participated.
- M) Government Physiotherapist training at Nellore organised by DFIT, Nellore on 23rd & 24th July 2019 – All 13 districts physiotherapist (29) from Andhra Pradesh participated. Dr. M. Shivakumar, Dr.Akbar Khan, Mr.Somasekhara Reddy, Mr.Piet Paul Hemerijckx and Mr.Satheesh facilitated.
- N) Workshop on Leadership skills in Health & Development sectors at Delhi organised by Indian Institute of Public Health, Delhi from 23rd to 26th July 2019 – Dr. L. Camillus Rajkumar, attended the training.
- O) Endowment Prize Exam on Leprosy (Theory) held on 11th July 2019 for 16 medical colleges and 314 final year medical students participated. Among them, 40 students selected and participated for practical exam at Holy Family Hansensorium, Fathima nagar, Trichy organised by DFIT, Chennai on 17th August 2019.
- P) 'The Indian Association of Leprologists - Midterm Symposium 2019' on the theme 'Leprosy Scenario post elimination and the way forward'- at Mumbai organised by India Association of Leprologists on 17th & 18th August 2019 – Dr. P. Krishnamurthy, Chairman-DFIT participated.
- Q) Training of 'LCDC roles of Central Implementer' organised by DGHS (Leprosy), New Delhi on 6th September 2019 - DPMR Coordinators from South and North participated.
- R) Certificate course in Leprosy at Naini organised by TLM Naini from 5th to 9th August 2019 – Dr.H.N.Pandey, Mr.Satya Deo Yadav & Mr.Pradip Kumar Kundu participated.
- S) CEBU Leprosy and Tuberculosis Research Foundation and Dept. of Health Philippines organised 20th International Leprosy Congress held at Philippine International Convention Centre at Manila, Philippines from 10th to 13th September, 2019 attended by Dr.M. Shivakumar, Dr.P. Krishnamurthy and Dr. Aashish Wagh.

MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

TRAININGS / WORKSHOPS / SEMINARS

- T) Training on Sputum Microscopy in RNTCP for Lab Technicians at Guntur, Andhra Pradesh was organised by DTCO, Guntur from 9th to 14th September 2019 – 15 Lab Technicians participated & Mr. R.Jaishankar facilitated.
- U) State Level training on Slit Skin Smear in Leprosy for Lab Technicians working under NLEP in Government of Andhra Pradesh was organised by Government of Andhra Pradesh & DFIT, Nellore on 16th & 17th September 2019 - 21 Lab Technicians from 13 district participated. Mr. R.Jaishankar, Mr.Satheesh and Dr.P.V.Giri Prasad facilitated.
- V) Training of NLEP Staff at Erode organised by DFIT on 29th September 2019 – NLEP staff of Erode district participated. Dr.M. Shivakumar and Mr.Naresh Kumar facilitated.
- W) Training of NLEP Staff at Madurai organised by DFIT on 25th September 2019 – NLEP staff of Madurai district participated. Dr.M. Shivakumar and Mr.Francis Paul Durai Raj facilitated.
- X) Dr. Claire Vellut Endowment Prize Exam on Leprosy (Theory & Practical) held on 18th October 2019 at Mahaveer Vardhman Medical College, Pawapuri, Nalanda-Bihar on 18th October, 2019, and 31 students participated.
- Y) Mr. Y. Somasekhara Reddy, Mr. S. Satheesh, Mr. Naresh Kumar and Mr. Francis participated in Internal Evaluation of Bihar activities from 19th to 26th October, 2019.
- Z) The 50th Union Conference on Lung Health organised by the International Union Against Tuberculosis and Lung Disease at Hyderabad from 30th October to 2nd November,2019 was attended by Dr. Loreen, Dr.M.Shivakumar from DFIT and Mr. Patrick Koenraad Suykerbuyk, Dr. NimerOrtuno Gutierrez from DFB.
-
- Aa) Dr. Ashish Wagh attended the ILEP India meeting organised by Lepra India at Lepra Society, Secundrabad on 13th December 2019.
- Bb) Delhi Project Staff and Government Leprosy Health Staff of Delhi attended the Training on Leprosy case management- Facilitated by Dr.M.Shivakumar – Organised by DFIT Delhi on 17th December,2019 and Facilitated by Dr.M.Shivakumar.
- Cc) Mr.Y.Somasekhara Reddy, Mr. S. Satheesh and Dr. P.V. Giri Prasad attended 74th National Conference of Tuberculosis and Chest Diseases at Chennai on 21st & 22nd December,2019.
- Dd) RNTCP Key staff Reorientation Training (18th and 19th February) at Prakasam, Nellore (17th & 18th April), Chittoor (20th & 21st May) - Facilitated by Dr.M.Shivakumar, Local DTO, WHO Consultant Dr. Mahesh, Mr. Y.Somasekhara Reddy, Mr. Satheesh, 127 NLEP and Field staff attended.
- Ee) Training on Leprosy for Medical Officer, NLEP and Field staff - 4053 attended. DFIT Bihar Supported District team organised 177 days training from January to December, 2019.

VISITORS TO PROJECTS

National Visitors :

- A) Dr. G. Mahesh, WHO consultant visited Nellore project on 12th March, 2019 to review the activities.
- B) Dr. Susheela, Dept. of Zoology, Kavali & Dr. Uday visited DFIT Nellore on 9th February, 2019 for Sparsh awareness programme.
- C) RDO along with MRO, VAO & RI visited DFIT Nellore on 8th November, 2019 for inspection.
- D) Nellore District Mental Health Team with Clinical Psychologist, Psychiatric Nurse and Social worker visited DFIT Nellore Project on 27th September 2019 for counselling MDR TB patient.
- E) Mr. Srikanth, Microbiologist and team from State Internal Evaluation visited DFIT Nellore Lab on - and carried out panel test.

International Visitors :

- A) Mr. Xavier Ortegat Francois M, President Damien Foundation Belgium and his wife Mrs. Martine Albert G visited India and attended Trust Meeting in Chennai and followed by Project visit in Tamil Nadu, AP and Delhi from 29th March to 9th April, 2019.
- B) Mr. Luc Comhaire, Project Manager, DFB visited India from 19th to 25th February 2019 to review project activities in Delhi, Patna and Ranchi.
- C) Mr. Jean Pierrie Wellens & Team (10 volunteers) from Belgium visited DFIT Chennai on 4th March 2019.
- D) H.E. Mr. Francois Delhaye, Ambassador from Belgium along with his wife and Ms. Evy visited DFIT Delhi hospital for exposure visit on 23rd April 2019.
- E) Mrs. Layla Aerts, Consultant and Mrs. Helena Schalenbourg from DFB visited India from 4th to 12th July 2019 for field visits and documentation of activities in Ranchi, Patna, Darbhanga and Delhi.
- F) Dr. Attoumane Ben Ali, Surgeon from Comoros visited India from 18th to 6th October 2019 for Deformity Correction Surgery on Leprosy Training at Nellore, Fathimanagar and Pope John Garden, Chennai – Dr. Jacob Mathew, Consultant Surgeon facilitated.
- G) Mr. Luc Comhaire, Project Manager from DFB Visited DFIT Chennai, Bihar, Chhattisgarh and Delhi project from 27th September to 5th October, 2019.
- H) Dr. Nimer Ortuno Gutierrez, Medical Advisor from DFB visited Delhi and Bihar project from 24th to 29th October, 2019 for project review.
- I) Mr. Patrick Suykerbuyk, DFB visited Delhi and Bihar Project from 3rd to 8th November, 2019.

Annexure - 1 Hospital Services - Annual Leprosy Report - 2019

Name of the state	Name of the project	Outpatients 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 provided with MCR footwear			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	Total number of persons underwent RCS			Total number of beds available for leprosy patients								
		PB	MB	Total	PB	MB	Total							Male	Female	Total		Male			Female	Total			
Andhra Pradesh	Nellore	6	32	38	1	6	7	45	8	1	9	28	22	14	9	23	8	3	11	49	17	264	3663	60.0	
Delhi	Delhi	0	19	19	0	0	0	19	4	0	4	38	2	23	7	30	7	6	13	5	14	137	2733	54.2	
Bihar	Dehri-On-sone	36	48	84	7	4	11	95	28	1	29	21	25	65	10	75	1	2	3	111	30	201	4842	45.0	
	Muzaffarpur													66	36	102	0	0	0						
Jharkhand	Pawapuri, Nalanda													13	8	21	0	0	0						
	Amda	5	26	31	3	0	3	34	7	1	8	28	17	36	7	43	0	0	0	80	22	110	4323	54.5	
Tamil Nadu	Dhanbad													41	14	55	3	4	7		18	79	3267	50.5	
	Arisipalayam	19	33	52	0	2	2	54	9	0	9	15	25				0	0	0	480	19	160	5217	76.0	
	Fathimanagar	6	20	26	1	0	1	27	9	0	9	36	13	36	6	42	40	10	50	390	75	382	16054	59.5	
	Pope John Garden	0	0	0	0	0	0	0	0	0	0	0	0	0	15	5	20	4	1	5	44	38	40	1045	7.6
Karnataka	Polambakkam											2									30	81	7639	71.0	
	Pavagada	6	11	17	0	0	0	17	2	0	2	3	3	13	5	18	0	0	0	84	10	59	1064	30.0	
Maharashtra	Nagepalli	43	44	87	7	4	11	98	7	0	7	32	7							69	5	64	774	43.0	
	Trivandrum	0	1	1	0	0	0	1	0	0	0	2	0	17	3	20	14	6	20	230	30	160	5558	51.5	
Total		121	234	355	19	16	35	390	74	3	73	205	114	339	110	449	77	32	109	1542	308	1737	56179	50.7	

Annexure - 2 Total 11 RCS Centres Age and Sex Wise RCS and Septic Surgery Report - 2019

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	6	7	13	0	0	0	0	0	0	6	7	13	0	0	0
14 -20	71	37	108	10	0	10	1	0	1	82	37	119	0	1	1
21 - 25	49	20	69	11	2	13	0	1	1	60	23	83	6	2	8
26 - 30	25	10	35	10	0	10	2	2	4	37	12	49	11	4	15
31 - 40	53	19	72	15	1	16	3	0	3	71	20	91	14	10	24
41 -54	24	8	32	21	1	22	6	0	6	51	9	60	12	6	18
55 -65	14	2	16	11	0	11	4	0	4	49	2	31	20	3	23
> 66	2	0	2	1	0	1	0	0	0	3	0	3	14	6	20
Total	244	103	347	79	4	83	16	3	19	339	110	449	77	32	109

ANNEXURES

Annexure -3 POD Programme Annual Report - 2019

Name of the State	Name of the project/ districts covered	Total disability persons living 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	428	118	98	56	61	4	4	4	148	53	128	34	47	78	43	14	6	24	705	13	665	8	51	38	
	Krishnagiri	501	6	3	4	4	2	2	0	5	0	0	0	0	2	2	2	0	0	0	0	0	0	0	0	
	Dharmapuri	289	10	5	7	7	2	2	1	8	0	0	0	0	2	2	2	0	0	0	0	0	0	0	0	
	Erode	864	167	90	120	116	28	28	4	118	4	43	2	26	41	41	41	0	6	211	0	0	0	0	0	
	Thiruvannamalai	479	300	123	205	187	28	28	3	223	1	24	0	4	64	64	63	2	2	104	1	122	1	21	20	
	Thiruvannur	96	50	20	39	36	12	12	2	40	0	5	1	0	9	4	4	0	2	63	1	8	2	57	31	
	Negapattanam	89	150	73	117	113	25	25	3	107	0	13	0	5	32	32	32	1	2	69	0	0	3	25	24	
	Perambalur	135	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Ariyalur	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	472	13	6	7	7	3	3	3	4	0	0	0	2	0	4	3	0	0	8	715	2	62	4	0	0
	Karur	246	3	3	3	3	1	0	3	3	3	0	0	0	2	0	0	0	0	2	131	0	1	19	5	
	Thanjavur	417	118	80	97	86	6	6	6	6	92	1	3	3	4	36	27	1	0	4	219	2	40	9	137	16
	Madurai	965	188	100	165	139	10	5	4	145	2	10	4	13	33	23	0	0	0	5	180	8	524	29	3091	133
	Virudhunagar	274	56	34	48	40	5	5	4	52	0	4	0	3	10	8	8	0	0	7	408	3	45	17	460	69
	Pudukottai	461	9	8	5	5	2	2	2	4	0	0	0	0	1	2	2	0	0	1	43	0	0	1	17	5
	Salem	1347	750	563	750	583	4	4	3	587	4	600	1	117	213	209	77	0	0	5	143	4	714	8	389	40
	Namakkal	365	365	48	365	105	8	7	1	267	15	35	6	11	0	0	0	0	0	1	22	0	0	2	44	8
Andhra Pradesh	Nellore Urban	97	95	87	81	81	10	11	1	44	17	11	17	62	0	0	0	1	10	68	2	27	6	270	0	
24 districts	Total	7701	2398	1341	2069	1571	149	147	44	1847	97	876	70	295	526	460	236	10	76	3081	36	2207	91	4581	389	

Annexure - 4 Andhra Pradesh and Jharkhand DPMR Activities Cases Visited Annual Report -2019

Name of the State	Name of districts covered	PHC Visit Record verification Maintained														Reaction Cases	Availability of Tab. Prednisolone				
		NO, of PHCs visited	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			Patient ID Card	Adequate stock of MDT available		
Andhra Pradesh	Anantapur	71	1122	721	118	59	64	1	63	63	63	0	0	63	0	0	64	0	64	0	
	Kurnool	64	1036	741	118	57	60	0	60	60	60	0	0	60	0	0	61	1	61	1	
	Kadapa	43	902	385	70	31	33	0	33	33	33	0	0	31	0	0	38	2	37	2	
	Nellore	38	1016	519	45	35	37	0	32	33	33	0	35	33	0	0	36	2	37	2	
	Chittoor	30	1400	600	29	26	29	1	21	22	27	29	27	25	1	1	26	1	29	1	
	Prakasam	27	713	228	27	25	26	4	26	25	26	26	26	26	1	0	25	8	23	8	
	Srikakulam	77	3823	1536	77	72	77	0	70	77	77	0	0	77	0	0	4	0	77	0	
	Vizianagaram	49	1500	1453	49	40	49	0	37	49	49	0	0	31	0	0	4	1	49	1	
	Visakhapatnam	24	691	135	24	23	24	0	6	24	24	0	0	24	0	0	2	1	24	1	
	Total	423	12203	6318	557	368	399	6	348	386	393	92	88	370	2	1	260	16	401	16	
Jharkhand	Gumla	48	4797	3204	355	48	48	47	48	48	20	0	48	47	47	48	106	43	106	43	
	Lohardaga	33	1699	1230	140	32	32	32	32	32	0	0	32	32	31	31	49	23	49	23	
	Simdega	37	1604	1186	168	34	37	35	36	37	36	35	0	33	37	37	36	53	34	53	34
	Godda	42	7905	2285	133	42	42	42	42	42	42	9	5	35	13	3	42	75	40	75	40
	Deoghar	65	7938	3906	227	65	65	35	65	64	65	0	0	65	65	59	64	123	58	123	58
	E. Singhbhum	36	3247	6539	174	35	36	34	34	36	36	7	0	35	34	35	35	87	32	87	32
	W. Singhbhum	50	7686	1760	226	46	50	47	47	50	47	49	0	45	50	50	50	101	47	101	47
	Saraikeela	44	6564	3679	186	40	43	42	42	43	40	42	0	41	43	43	43	108	39	108	39
	Total	355	41440	23789	1609	342	353	344	345	352	346	162	5	334	321	305	349	702	316	702	316
	Chhattisgarh	Mahasamund	19	63	568	42	2	14	13	12	15	8	0	7	9	8	6	64	11	64	11
Baloda Bazar		13	0	244	20	0	11	3	11	11	5	0	6	5	5	0	71	10	71	10	
Raigarh		6	0	569	14	0	6	6	6	6	5	1	0	6	2	5	2	39	6	39	6
Jangir-Champa		3	0	52	3	0	3	1	2	3	2	0	0	3	1	0	1	3	2	3	2
Total		41	63	1433	79	2	34	23	31	35	20	1	0	22	17	18	9	177	29	177	29
Grand Total	819	53706	31540	2245	712	786	373	724	773	759	255	93	726	340	324	618	895	746	895	746	

24 districts

Annexure -4a Andhra Pradesh and Jharkhand DPMR Activities Cases Visited Annual Report -2019

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 diagnosed 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	VMT	ST	Improved	Patient Not Improved
Andhra Pradesh	Anantapur	71	882	120	6	67	66	57	63	62	63	7	7	7	7	3	0
	Kurnoor	64	925	128	4	59	59	42	59	56	59	1	1	1	1	0	0
	Kadapa	43	856	54	0	31	30	23	31	31	30	6	6	6	6	4	0
	Nellore	63	833	38	0	107	107	107	104	107	105	25	23	25	25	24	1
	Chittoor	77	945	15	0	144	142	144	142	144	144	9	8	8	8	7	2
	Prakasham	33	503	28	0	57	57	57	55	57	56	8	7	7	7	6	2
	Srikakulam	77	2593	44	2	121	121	57	122	122	104	4	1	6	6	0	1
	Vizianagaram	49	1340	31	3	90	90	77	90	89	77	4	1	3	3	1	2
	Vishakapatnam	24	630	7	0	35	35	25	34	35	32	1	1	4	4	1	0
	Total	501	9507	465	15	711	707	589	700	703	670	65	55	67	67	46	8
Jharkhand	Gumla	47	4052	106	6	116	112	92	104	57	60	58	55	53	54	8	8
	Lohardaga	32	1119	53	2	67	63	48	64	33	34	33	33	26	25	33	3
	Simdega	41	1186	79	1	97	92	70	89	50	51	52	52	31	28	49	0
	Godda	44	6459	51	5	92	90	42	77	61	58	23	23	19	18	23	0
	Deoghar	68	6528	77	12	204	201	96	181	96	93	75	71	61	61	72	0
	E. Singhbhum	40	497	67	1	82	80	71	77	41	28	38	38	30	30	34	2
	W. Singhbhum	61	6584	131	2	162	160	135	149	86	85	67	66	44	42	67	3
	Saraikeela	45	5095	142	1	131	123	107	125	80	55	53	53	38	38	51	1
	Total	378	31520	706	30	951	921	661	866	504	464	399	391	302	295	383	17
	Chhattisgarh	Mahasamund	24	0	3	0	41	41	16	39	31	17	12	10	4	4	7
Baloda Bazar		22	0	8	1	42	40	12	37	23	14	16	11	4	4	13	3
Raigarh		7	0	0	0	24	24	14	22	20	6	11	11	7	7	10	0
Jangir-Champa		5	0	12	0	14	14	6	14	12	7	1	1	0	0	1	0
Total		58	0	23	1	121	119	48	112	86	44	40	33	15	15	31	8
Grand Total	937	41027	1194	46	1783	1747	1298	1678	1293	1178	504	479	384	377	460	33	

Annexure -4b Andhra Pradesh and Jharkhand DPMR Training Activities Annual Report - 2019

States	Districts	Self Care								Special activities									
		NO. of PHCs visited	Number Disability patients Visited	Practising Self Care	Number having planter or G2 anaesthesia or ulcer or G2	Using Appropriate Footwear	Eligible for RCS	Willing for RCS	Disability Certificate Issued	Receiving Disability Pension	PHCs level one day Trainings		Meetings		POD camps		Other activities		
											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
Andhra Pradesh	Anantapur	71	70	46	20	20	3	3	39	37	18	274	19	465	2	10	14	1	0
	Kurnool	64	63	47	21	21	0	0	49	44	9	50	27	698	1	2	6	1	0
	Kadapa	43	68	39	24	24	21	16	56	49	10	68	15	466	3	14	12	1	0
	Nellore	44	82	61	60	58	11	10	24	28	22	557	13	1101	3	49	108	5	8
	Chittoor	16	19	12	15	14	0	0	3	3	8	304	3	70	2	2	8	2	6
	Prakasam	19	27	19	14	13	7	7	7	6	13	313	5	174	1	21	9	2	0
	Srikulam	77	100	61	65	65	2	2	52	72	7	326	12	382	3	60	17	8	0
	Vizianagaram	49	90	59	56	56	2	1	48	61	6	283	10	301	11	265	31	5	0
	Vishakapatnam	24	43	19	27	27	5	4	17	28	4	418	5	321	7	160	32	3	0
	Total	407	562	363	302	298	51	43	295	328	97	2593	109	3978	33	583	237	28	14
Jharkhand	Gumla	47	165	121	109	100	33	12	72	45	11	258	6	174	5	31	77	8	9
	Lohardaga	37	96	76	60	55	19	7	31	18	7	202	5	238	0	0	0	6	11
	Simdega	49	161	104	112	99	28	11	56	41	6	276	6	228	1	3	54	5	0
	Godda	46	108	67	49	48	14	7	13	10	10	192	3	52	2	3	48	2	56
	Deoghar	83	315	195	130	105	35	18	40	38	14	192	1	11	4	10	116	8	104
	E. Singhbhum	40	119	91	84	68	32	14	71	47	8	207	6	167	3	21	40	6	14
	W. Singhbhum	72	280	182	173	154	38	13	123	36	11	274	7	77	1	6	66	8	0
	Saraikela	56	243	148	137	115	42	19	91	32	9	267	10	147	1	5	9	10	0
	Total	430	1487	984	854	744	241	101	497	267	76	1868	44	1094	17	79	410	53	194
	Chhattisgarh	Mahasamund	25	62	42	54	22	27	27	8	4	4	126	12	197	0	0	0	3
Baloda Bazar		21	69	54	47	19	27	28	0	0	4	103	0	0	0	0	0	0	0
Raigarh		7	11	3	8	4	4	4	0	1	3	99	0	0	0	0	0	0	0
Jangji-Champa		5	7	4	6	3	3	3	0	0	4	149	0	0	0	0	0	0	0
Total		58	149	103	115	48	61	62	8	5	15	477	12	197	0	0	0	3	0
Grand Total	895	2198	1450	1271	1090	353	206	800	600	188	4938	165	5269	50	662	647	84	208	

ANNEXURES

Annexure - 5 Bihar DPMR Activities Annual Report at PHC Level -2019

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 registerd	Total Number of G II Disability Patients In the register	Number of trained person	Suspects Register	Treatment Register	Reaction Register	Disability Register	Monthly Progress reports	MDT Stock Register	Referral Slips	Feedback Slips	Treatment Cards	Prednisolone Card	Patient ID Card					
Arwal	9	774	584	20	8	9	8	8	8	8	8	8	8	8	8	8	8	8	31	7
Rohtas	21	160	1337	41	11	21	14	20	21	16	18	4	16	3	21	21	21	24	24	21
Gopalganj	18	363	733	5	14	18	18	18	18	15	13	0	12	14	17	13	23	23	23	13
Siwan	20	895	1115	22	20	20	19	20	20	20	19	2	19	20	20	17	28	28	28	18
Madhepura	5	476	112	10	5	5	5	3	3	5	5	0	5	5	5	5	6	6	6	5
Sheohar	5	72	134	6	4	5	4	4	5	4	4	0	4	4	4	5	4	4	4	3
Araria	9	774	584	8	8	9	8	8	8	8	8	1	8	8	8	8	31	31	31	7
Kishanganj	12	377	560	10	12	12	11	12	12	11	10	4	7	9	12	11	12	12	12	11
Total	99	3891	5159	122	82	99	87	93	95	87	85	12	79	71	95	88	159	159	85	85
Gaya	18	363	733	58	14	18	18	18	18	15	13	0	12	14	17	13	23	23	23	13
Jehanabad	11	356	331	20	9	10	9	8	10	9	10	7	11	1	11	11	3	3	3	9
E. Champaran	22	812	1401	28	22	21	21	22	22	21	4	21	15	22	22	21	21	21	21	0
W. Champaran	1	34	0	18	1	0	0	0	1	0	0	0	0	0	1	1	2	2	2	1
Madhubani	18	373	456	23	17	16	10	12	14	12	7	1	9	9	11	13	5	5	5	13
Sitamarhi	12	158	255	14	9	12	5	7	7	7	9	0	3	4	5	11	4	4	4	6
Purnea	12	575	787	19	12	12	11	11	12	12	11	4	10	12	11	12	15	15	15	12
Katihar	12	114	244	8	9	12	6	10	12	10	8	2	10	7	11	11	5	5	5	5
Total	106	2785	4207	188	93	101	80	88	96	86	62	35	70	69	89	93	78	78	59	59
Darbhanga	28	197	453	32	18	26	10	18	22	18	15	1	12	16	17	24	15	15	15	19
Khagaria	12	377	560	15	12	12	11	12	12	11	10	4	7	9	12	11	12	12	12	11
Nalanda	33	993	2433	66	29	33	28	30	32	29	31	20	22	0	33	33	26	26	26	33
Saharsa	15	274	449	21	10	15	4	2	15	14	9	1	12	13	15	13	19	19	19	8
Saran	43	1014	1186	301	38	39	32	25	38	32	37	0	21	22	39	34	28	28	28	16
Supaul	13	129	105	15	9	13	4	5	11	9	9	0	10	12	12	13	13	13	13	3
Vaishali	43	50	342	38	12	18	9	9	16	14	7	0	2	0	14	35	17	17	17	34
Total	187	3031	5528	488	128	156	98	101	146	127	118	26	86	72	142	163	130	130	124	124
Grand Total	392	9707	14894	798	303	356	265	282	337	300	265	73	235	212	326	344	367	367	367	268

Annexure - 5a Bihar DPMR Activities Cases Visited Annual Report -2019

Districts	NO. of PHCs visited	Suspects			Under treatment patients visit						Reaction patients visit				Patient Condition		
		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	Assessment done for			
Arwal	10	29	10	0	17	16	9	16	0	0	9	9	7	7	7	0	0
Rohitas	21	68	16	0	53	53	45	53	5	4	12	10	10	10	10	12	0
Gopalganj	18	111	26	2	40	39	21	32	0	2	8	8	2	2	2	4	2
Siwan	20	533	37	2	57	56	39	55	18	30	14	13	8	8	8	7	6
Madhepura	5	64	6	0	8	7	8	8	0	1	5	5	5	5	5	5	0
Sheohar	5	7	4	0	10	10	8	10	2	1	4	4	4	4	4	4	0
Araria	9	478	15	3	27	27	27	27	0	0	15	7	7	7	7	13	2
Kishanganj	8	42	7	0	17	16	11	16	0	0	4	2	2	2	2	2	2
Total	96	1332	121	7	229	224	168	217	25	38	71	58	45	45	45	54	12
Gaya	31	686	34	0	81	80	57	81	30	19	18	18	15	15	15	18	0
Jehanabad	11	130	12	0	30	30	27	29	11	9	3	3	3	3	3	3	0
E. Champaran	22	218	23	0	51	51	43	48	5	3	11	11	11	11	11	10	1
W. Champaran	17	167	18	0	34	30	11	32	0	0	10	10	4	4	4	4	5
Madhubani	18	54	19	0	37	37	5	31	0	0	8	9	0	0	0	4	4
Sitamarhi	12	32	3	1	22	21	3	19	0	0	4	3	3	3	3	3	1
Purnea	12	310	22	4	27	26	22	27	0	0	10	9	10	10	10	7	3
Katihar	12	52	2	2	20	18	16	18	1	2	2	1	1	1	1	2	0
Total	135	1649	133	7	302	293	184	285	47	33	66	64	47	47	47	51	14
Darbhanga	28	16	10	2	70	70	9	61	0	0	17	14	11	11	11	11	4
Khagaria	12	182	5	1	19	18	19	19	1	2	7	6	7	7	7	6	4
Nalanda	33	560	43	1	69	67	56	67	2	25	16	16	16	16	16	16	0
Saharsa	15	125	15	7	37	36	24	34	4	5	10	4	3	3	3	8	0
Saran	43	495	45	4	79	77	33	67	1	0	14	11	5	5	5	4	8
Supaul	13	17	5	0	41	41	1	34	3	0	14	13	6	6	6	12	1
Vaishali	43	25	13	0	46	46	12	44	9	9	14	13	9	9	9	13	0
Total	187	1420	136	15	361	355	154	326	20	41	92	77	57	57	57	70	17
Grand Total	418	4401	390	29	892	872	506	828	92	112	229	199	149	149	149	175	43

Bihar DPMR Training Activities Annual Report - 2019

Annexure -5b

Districts	Self Care										Special activities						Other activities			
	NO. of PHCs visited	Number Disability patients Visited	Practising Self Care	Number having planter anaesthesia or ulcer or G2	Using Appropriate Footwear	Eligible for RCS	Willing for RCS	Disability Certificate Issued	Receiving Disability Pension	District level 3 days Trainings		PHCs level one day Trainings		Meetings		POD camps		Total No. of district meetings attended	Total no. of CSOs/ Vol/ Govt staff/ others are attended	
										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			
Arwal	10	1	0	1	1	1	0	0	0	0	0	0	0	2	50	0	0	0	2	0
Rohtas	21	6	3	3	1	3	1	1	2	52	0	0	2	28	2	0	0	0	1	0
Gopalganj	18	21	14	15	16	7	0	0	1	14	0	0	11	154	0	0	0	0	10	0
Siwan	20	17	10	9	8	6	0	0	1	80	12	130	2	23	0	0	0	0	2	1
Madhepura	5	1	1	0	0	0	1	1	0	0	0	0	1	17	0	0	0	0	1	0
Sheohar	5	5	3	0	3	0	1	3	2	56	0	0	0	0	0	0	0	0	0	0
Araria	9	11	11	6	5	2	0	3	1	42	0	0	2	50	0	0	0	0	2	0
Kishanganj	8	5	4	1	1	2	1	1	0	0	0	0	1	9	0	0	0	0	1	0
Total	96	67	46	35	35	21	19	6	9	7	244	12	130	21	331	0	0	0	19	0
Gaya	31	10	4	3	0	8	0	0	1	21	0	0	7	171	0	0	0	0	4	0
Jehanabad	11	4	2	0	0	4	0	0	0	0	0	0	1	31	0	0	0	0	2	0
E. Champaran	22	19	13	12	13	1	0	0	1	14	0	0	11	154	0	0	0	0	4	0
W. Champaran	17	14	9	10	10	4	4	1	1	26	0	0	4	29	0	0	0	0	4	0
Madhubani	18	4	0	2	1	1	1	1	1	0	0	0	4	62	0	0	0	0	3	0
Sitamarhi	12	9	0	4	5	3	3	2	1	0	0	0	1	27	0	0	0	0	1	0
Purnea	12	8	7	1	1	4	1	0	0	1	0	0	1	15	0	0	0	0	1	0
Katihar	12	3	1	3	2	0	0	2	2	30	0	0	2	31	0	0	0	0	2	0
Total	135	71	36	35	32	25	21	6	5	4	91	0	0	32	520	0	0	0	21	0
Darbhanga	28	16	9	6	6	6	1	1	2	48	18	303	4	76	0	0	0	0	4	0
Khagaria	12	13	13	11	13	2	0	8	0	3	66	0	2	41	0	0	0	0	2	0
Nalanda	33	5	1	1	0	4	4	2	1	4	136	12	209	7	281	0	0	0	4	0
Saharsa	15	26	20	15	19	5	2	9	8	2	33	4	70	1	62	0	0	0	1	0
Saran	43	68	48	35	37	29	27	6	2	3	84	22	303	7	343	1	2	80	4	1
Supaul	13	13	5	6	8	11	10	1	0	3	80	12	130	2	23	0	0	0	2	0
Vaishali	43	33	21	7	8	27	25	21	8	3	93	16	200	11	303	0	0	0	3	0
Total	187	174	117	81	91	84	74	48	20	20	540	84	1215	34	1129	1	2	80	20	1
Grand Total	418	312	199	151	158	130	114	60	34	31	875	96	1345	87	1980	1	2	80	60	1

Annexure - 6

Involvement of Community Social Workers (CSWs) in DPMR Programme - 2019

Parameters	Jharkhand	Bihar	Total
Total No. of districts covered	3	23	26
Total No. of CSO/Vols involved	3	15	18
Number of Persons affected by leprosy with disabilities at the beginning of the quarter/annual	2546	1332	3878
Number of Persons affected by leprosy with disabilities deleted from the list	201	814	1015
Number of Persons affected by leprosy with disabilities added to the list	679	3583	4262
Number of Persons affected by leprosy with disabilities at the end of the quarter/annual	3024	4101	7125
Number of Persons affected by leprosy with disabilities visited during the quarter/annual	4017	4996	9013
Number of persons with plantar ulcers (among Patients visited)	833	1319	2152
Number practising self care	2204	1769	3973
Number of them required foot wear	2029	2814	4843
Number of them wearing appropriate foot wear	1804	1849	3653
No. of patients having Disability Certificate.	817	718	1535
No. of patients receiving Pension.	589	442	1031
No. of patients identified for RCS.	523	462	985
No. of patients RCS done	65	102	167
Number referred to hospital/PHC for any problems	127	135	262
Total number of persons identified for LEP support during quarter/annual	354	284	638
Total number of persons received LEP support during quarter/annual	62	62	124
Number of LEP beneficiaries monitored during quarter/annual	246	70	316
Number of suspects referred to PHC for diagnosis during quarter/annual	407	544	951
Number of leprosy cases confirmed during quarter/annual	275	418	693

ANNEXURES

Annexure- 7		Projects Annual TB Report- 2019													
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	490	84	123	92	45	31	75%	70%	83%	71%	7	293	342	13.6
Delhi	Delhi	8231	1141	2867	2389	847	478	82%	78%	89%	82%	3	7	7	0.6
Karnataka	Pavagada	2528	216									5			
Tamil Nadu	Salem	1478	75	69	59	44	10	88%	88%	86%	79%				
	Fathimanagar	1030	17	22	22	15	0	100%	100%	89%	100%	5	2	39	2
Maharashtra	Nagepalli	7554	397	962	832	449	130	85%	79%	91%	80%	5	52	178	10
Total		21311	1930	4043	3394	1400	649	83%	78%	89%	82%	25	354	566	6.2

ANNEXURES

Andhra Pradesh District Consultancy Team DR TB Annual Report - 2019

Annexure - 8

States	Name of the district	No. of patients counselled in admission time in DOTS plus site	Patients interaction meetings				Patients visited			Patients on DOT				Irregular DR TB patients motivated	Irregular 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 CH staff attended	MDR TB	XDR TB	Total	MDR TB	XDR TB	Total	(%)												
Andhra Pradesh	Anantapur	3	10	73	33	17	88	13	101	65	11	76	75	6	5	1	1	45	40	89	4	140	5	90	
	Kurnool	37	3	27	5	11	96	6	102	74	4	78	76	8	8	1	1	57	48	84	4	118	16	345	
	Kadapa	4	2	27	6	6	43	6	49	39	5	44	90	0	0	0	0	20	18	90	1	16	4	122	
	Nellore	48	1	2	1	4	69	4	73	67	4	71	97	7	7	0	0	10	10	100	11	230	5	212	
	Chittoor	7	3	12	1	10	43	9	52	43	9	52	100	6	6	0	0	9	9	100	4	208	3	69	
	Prakasam		4	7	7	14	41	3	44	39	3	42	95	3	3	1	1	8	8	100	103	208	8	108	
	Total	99	23	148	53	62	380	41	421	327	36	363	86	30	29	3	3	149	133	89	127	920	41	946	
	Darbhanga						137	3	140	114	3	117	84	23	12			12	6	50	4	83			
	Saharsa						34	1	35	31	1	32	91	3	2			16	13	81	1	12			
	Samasipur						159	14	173	126	13	139	80	33	19			17	7	41	4	179			
Madhubani						246	8	254	231	7	238	94	16	8			110	91	83	5	210				
Supaul						74	1	75	71	1	72	96	4	2			32	23	72	2	30				
Madhepura						49	4	53	41	3	44	83	9	5			18	14	78	3	152				
Total	0	0	0	0	0	699	31	730	614	28	642	88	88	48	0	0	205	154	75	19	666	0	0		
Grand Total		99	23	148	53	62	1079	72	1151	941	64	1005	87.3	118	77	3	3	354	287	81	146	1586	41	946	

Annexure - 9										
Delhi MDR TB cases registered and out comes from 2010 to 2019										
Particulars	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
<i>MDR TB Cases registered</i>	19	31	88	43	58	59	46	70	103	147
<i>12 months Culture Conversion</i>	14	13	64	38	32	20	38	46	65	
<i>Cured</i>	14	19	40	28	28	24	26	39		
<i>Completed</i>	0	2	5	1	2	6	4	3		
<i>Defaulter</i>	0	2	20	8	5	8	7	9		
<i>Died</i>	3	3	17	4	11	8	3	8		
<i>Failure</i>	1	5	3	1	11	9	3	5		
<i>Transfer Out</i>	1	0	3	1	1	4	3	2		
<i>Total outcome cases</i>	19	31	88	43	58	59	46	66		
<i>Treatment success rate</i>	74%	68%	51%	67%	52%	51%	65%	60%		

Annexure 10

Annual Report 2019

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		Total	Diagnosis samples			1st line LPA				2st line LPA						
			Total	Culture positive		Total	Smear Positive	Smear Negative	Total	Inconclusive	Both Sensitive	RIF & INH	RIF	INH	RIF & INH	Total	Inconclusive	Both Sensitive	FLO
Nellore	3373744	3373744	673	2	2752	1864	888	1762	29	1486	10	209	28	350	34	281	28	4	3
Kadapa	3194121		0	0	1044	568	476	554	10	491	1	47	5	67	15	48	2	2	0
Anantapur	4521580		1	0	2248	1484	764	1440	27	1309	4	93	7	149	10	117	20	0	2
Kurnool	4381896		2	0	1879	1138	741	1086	16	966	3	88	13	156	8	125	18	4	1
Chittoor	4618088		1	0	1614	918	696	882	8	786	6	76	6	124	7	105	10	2	0
Prakasam		3756911	1434	1	924	592	332	558	5	480	3	66	4	108	17	80	11	0	0
Krishna		4634364	1930	4															
Guntur		5098277	855	3															
West Godavari			1	0															
Total	20089429	16863296	4897	10	10461	6564	3897	6282	95	5518	27	579	63	954	91	756	89	12	6

Annexure 11

Annual Report 2019

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

District	Population covered for diagnosis & Follow up	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	RIF	INH	RIF & INH	Total	Inconclusive	Both sensitive	FLQ	SLID	FLQ & SLID
Darbhanga	4689760	925	161	764	210	5705	1578	277	752	32	676	2	35	7	329	15	149	140	9	16
Madhubani	5352303	845	141	704	188	1336	352	69	467	35	409	0	18	5	271	16	89	132	4	30
Saharsa	2268490	52	20	32	35	17	10	1	50	0	50	0	0	0	20	1	8	9	0	2
Supaul	2664643	148	28	120	41	88	11	2	229	8	213	0	7	1	35	1	19	11	2	2
Madhepura	2385098	72	14	58	30	6	1	0	207	4	200	0	2	1	39	4	16	9	1	9
Samastipur	5087725	836	164	672	221	372	100	20	210	6	189	2	8	5	156	7	58	79	0	12
Muzaffarpur	5714101	1191	240	951	297	86	20	8	257	14	225	2	14	2	242	7	56	134	3	42
Sitamarhi	4089069	931	196	735	247	107	27	8	383	14	342	6	16	5	258	12	65	133	2	46
Sheohar	785518	223	46	177	52	4	1	0	69	2	64	0	2	1	52	3	23	16	0	10
E.Champaran	6077923	360	85	275	73	0	0	0	136	4	128	0	4	0	101	3	27	61	0	10
W.Champaran	4690727	275	38	237	69	0	0	0	207	11	185	0	10	1	63	5	22	34	1	1
Total	43805357	5858	1133	4725	1463	7721	2100	358	2967	130	2681	12	116	28	1566	74	532	758	22	180

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 Centre
DCT	District Consultancy Team
DFB	Damien Foundation Belgium
DFIT	Damien Foundation India Trust. (One of the ILEP members in India supporting leprosy and TB control)
DFUL&TC	Damien Foundation Urban Leprosy & TB Centre, Nellore: NGO Project directly run by DFIT, Chennai
DGD	Directorate General for Development
DOTS Plus	The strategy for management of Multi Drug Resistant TB is called DOTS Plus.
DMC	Designated Microscopy Centre one for every 100000 population for diagnosis of TB cases through sputum microscopy
DOT	Directly Observed Treatment. Treatment of a TB case under direct supervision by a person other than a family member
DOTS	Directly Observed Treatment 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

GLOSSARY

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	LöwensteinJensen
LP A	Line Probe Assay
L T	Laboratory Technician
MB	Multi Bacillary leprosy
MCR	Micro Cellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected person with anaesthesia or deformity in the foot
MDR TB	Multi Drug Resistant Tuberculosis
MDT	Multi Drug Therapy
MTB	Mycobacterium Tuberculosis

GLOSSARY

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)
NTEP	National Tuberculosis Elimination Program
OPD	Outpatient 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

Mr. Perumal - a Success Story



Mr. Perumal (name changed), male and 24 years old belongs to schedule tribe in Nellore district. He developed small swellings in the face in 2015 and gradually spread to other parts of the body. He got scared about this and visited nearby primary health centre and got some medicines and ointment but there was no response to treatment. The swellings on his face gradually got increased in size and he and his mother were afraid about the disfigurement of the face. He was suspected for leprosy by the local health worker and mobilised him to concerned PHC for the confirmation. The medical officer of the health facility examined and referred him to Damien Foundation's hospital in Nellore for confirmation. He was examined and smear was taken from the skin lesions and

found positive for M.Leprae. He was counselled and treatment was started in December 2016. He was followed up regularly to ensure completion of treatment and was monitored for complications like reactions and side effects of drugs. He successfully completed the 12 months course of treatment and did not develop any reaction. The swellings in the face and body gradually reduced. He is extremely happy with the results and he wanted to share his picture along with his mother to Damien Foundation. They expressed special regards to the government health worker and Damien Foundation for the care and support provided.



(Cover Page - Story)

in Partnership with



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