



foundation India Trust
damien 

ACTIVITY REPORT 2020

Damien Foundation India Trust

www.damienfoundation.in

BOARD MEMBERS



Dr. P. Krishnamurthy
Chairman



Mr. R. Subramanian
Treasurer



Mr. A.L. Somayaji
Member



Dr. Mannam Ebenezer
Member



Dr. S. Raja Samuel
Member



Mrs. Radhika Santhanakrishnan
Member



Dr. M. Shivakumar
Secretary - Member

CONTENTS

| SI. No | TABLE OF CONTENTS | PAGE NO. |
|--------|--|----------|
| 1. | FOREWORD | 1 |
| 2. | INTRODUCTION | 2 |
| 3. | HUMAN RESOURCES | 6 |
| 4. | ANDHRA PRADESH | 8 |
| 5. | BIHAR | 16 |
| 6. | CHHATTISGARH | 36 |
| 7. | DELHI | 39 |
| 8. | JHARKHAND | 43 |
| 9. | KARNATAKA | 50 |
| 10. | KERALA | 55 |
| 11. | MAHARASHTRA | 58 |
| 12. | TAMIL NADU | 62 |
| 13. | SPECIAL ACTIVITIES | 74 |
| 14. | SOCIO ECONOMIC REHABILITATION | 77 |
| 15. | RESOURCE MOBILISATION | 82 |
| 16. | AWARDS AND RECOGNITIONS | 85 |
| 17. | RESEARCH | 86 |
| 18. | FINANCIAL REPORT | 87 |
| 19. | MEETINGS / TRAININGS / WORKSHOPS AND VISITORS | 90 |
| 20. | ANNEXURES | 97 |
| 21. | GLOSSARY | 116 |

FOREWORD

I am pleased to present the DFIT's Annual activity report 2020. The COVID-19 pandemic has impacted all of us both directly and indirectly. The virus responsible for the COVID-19 pandemic has taken a horrific toll on individuals, communities, and societies, with the most vulnerable disproportionately affected especially persons suffering from tuberculosis and leprosy. The pandemic has demonstrated the inadequate health systems and gaps in social protection.

As you read this report you will see many examples of our team's commitment to serve persons affected by leprosy and tuberculosis during the COVID-19 pandemic. Our unique position to work together with the Government, making it easier for persons affected by Leprosy, Tuberculosis and COVID-19 to access the medical services.

When the COVID-19 crisis hit in March this year, our immediate priority was to follow up of TB and leprosy patients under treatment. DFIT's team did not hesitate to visit patient's houses during the lockdown period and supplied full courses of medicines to persons affected by leprosy and TB. At the same time, we took decisive steps to protect most vulnerable patients and their families from lack of food. The DFIT teams provided food supplements to 2000 families for 2 months, this helped to maintain good treatment adherence throughout.

On behalf of the Chairman and members of Damien Foundation India Trust, I would like to express my sincere gratitude to our team members for their exceptional and unwavering commitment, and the tremendous flexibility they have shown for continuing to provide all essential services to persons affected by leprosy and TB during the pandemic period. Together, we have ensured that DFIT emerges from this global crisis stronger than ever.

Finally, I would like to thank the Board Members and team of Damien Foundation Belgium for their incessant guidance and support. I would like to thank the Government of India, State Governments, District health authorities, volunteers from India and abroad for their continuous collaboration with us.



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 supported by Damien Foundation Belgium. It offers Leprosy and TB related services either directly through its own projects or through local NGO projects or through supporting elements of TB and leprosy control programme in selected regions.

The organisation started its chapter of leprosy control activities in a village in South India in 1955, TB control in 1998 and now covers a population of 20,19,85,606 across Nine states. The main objective of Damien Foundation is to provide quality care for persons affected by Leprosy or Tuberculosis, which are delivered in close partnership with the community and the Government.



FR. DAMIEN



DR. CLAIRE VELLUT

PROJECT LOCATION

STATE

PROJECT NAME

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, Rudrapura, Rohtas district
- ◆ Damien TB Research Centre, Darbhanga
- ◆ DPMR Support in 28 districts
- ◆ ILEP coordination
- ◆ DRTB support in 6 districts

Chhattisgarh

- ◆ DPMR support in 4 districts

Delhi

- ◆ Margaret Leprosy and TB Hospital, South West Delhi

Jharkhand

- ◆ Claver Social Welfare Centre, Amda
- ◆ Nirmala General and Leprosy Hospital, Dhanbad
- ◆ DPMR support in 12 districts

Karnataka

- ◆ Swami Vivekananda Integrated Rural Health Centre, Pavagada
- ◆ DPMR support in 3 districts

Kerala

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

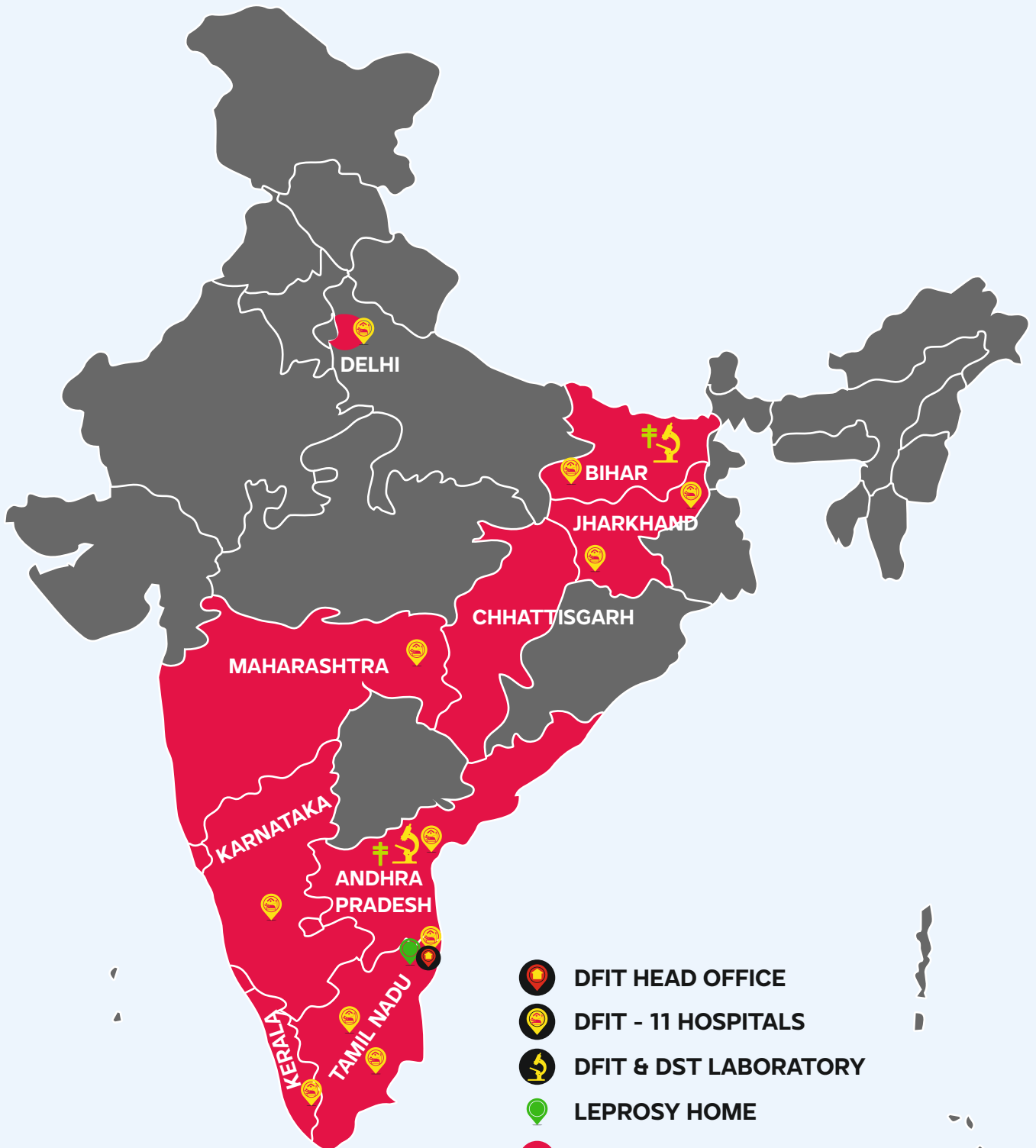
Maharashtra







- ◆ Assisi Sevasadan Hospital, Nagepalli. Gadchirolli 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 Hansensorium, Fathimanagar, Trichy
- ◆ DPMR support in 16 districts

DFIT IN INDIA



-  DFIT HEAD OFFICE
-  DFIT - 11 HOSPITALS
-  DFIT & DST LABORATORY
-  LEPROSY HOME
-  DPMR SUPPORT TO 72 DISTRICTS IN 6 STATES
-  DRTB SUPPORT TO 12 DISTRICTS IN 2 STATES

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 six 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 Andhra Pradesh and Bihar.
4. Eighteen expert teams to facilitate prevention of disability in 72 districts.
5. Rehabilitation Home for the persons affected by leprosy in Polambakkam, Tamil Nadu.

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 with disabilities on home based self care and has facilitated deformity correction surgeries (RCS) 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 through supporting income generating activities, construction and renovation of houses, 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 2020

Damien Foundation India Trust reaches out to its beneficiaries with its dedicated human resources. All the staffs of Damien Foundation are committed to their work to serve the persons affected by leprosy and TB. There are two types of staffs appointments one directly appointed by DFIT and others are appointed through the sponsored projects.

During the year 236 staffs was engaged to execute the project activities, out of which 173 were engaged directly under DFIT pay roll and 63 staffs under sponsored projects. Among the total human resources engaged 90 percent of the staff was programme and technical staff and 10 percent were administration and finance staff.

During the year 40 new staffs joined DFIT services and 24 Staffs were relieved from the services as part of the project completion and personal reasons.



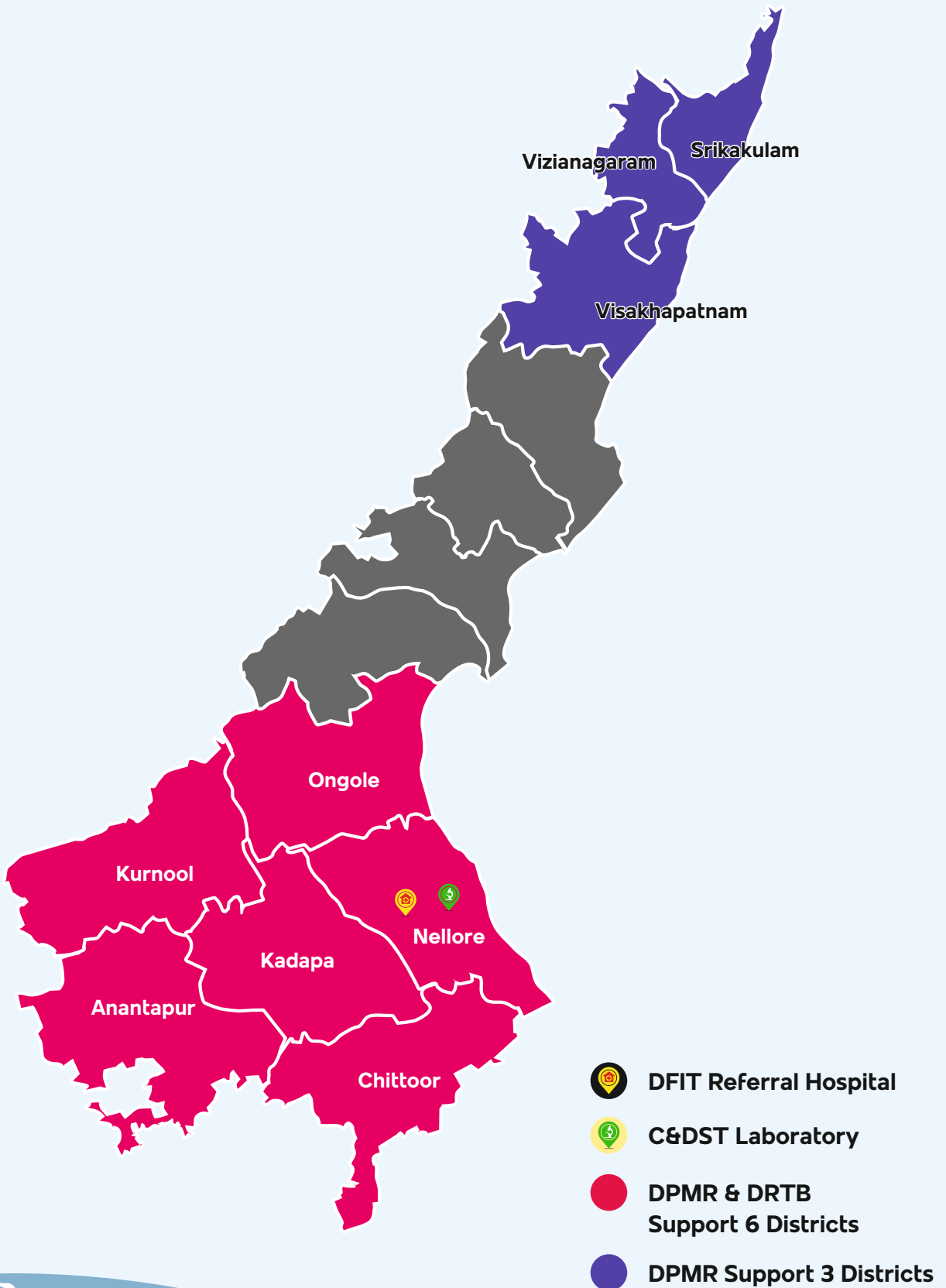
HUMAN RESOURCE REPORT 2020

The table below classifies the categories of staff appointed by DFIT during the year.

| Classification of staff | | Appointed under DFIT payroll | Appointed under Sponsored Project | Total |
|---------------------------|---|------------------------------|-----------------------------------|------------|
| Programme Technical Staff | Doctors | 7 | 8 | 15 |
| | Paramedical Staff | 73 | 21 | 94 |
| | Lab Technicians / STLS | 15 | 3 | 18 |
| | Staff Nurse | 8 | 6 | 14 |
| | Microbiologist | 3 | 0 | 3 |
| Programme Support Staff | Communication and Resource Mobilisation | 1 | 0 | 1 |
| | Others (Driver / Sweeper / Lab Assistant / Cook / Helper / Security etc.) | 50 | 18 | 68 |
| Total (A) | | 157 | 56 | 213 |
| Administration & Finance | Administration & Finance | 16 | 7 | 23 |
| Total (B) | | 16 | 7 | 23 |
| Grand Total (A+B) | | 173 | 63 | 236 |



ANDHRA PRADESH



Damien Foundation Urban Leprosy and TB Centre, Nellore

Damien Foundation Urban Leprosy & TB Centre (DFUL&TC) located in Nellore town, Potti Sri Ramulu Nellore district of Andhra Pradesh is directly operated by DFIT. The project started the leprosy services in 1993 and TB in 1998. Soon after the integration, the project continued to provide referral services for leprosy including reconstructive surgeries. The State has officially recognised the centre for RCS to cover 3 districts (Prakasham, Kadapa and Nellore). The centre has a microscopy facility covering a population of 130781 in Nellore urban to provide TB control services.

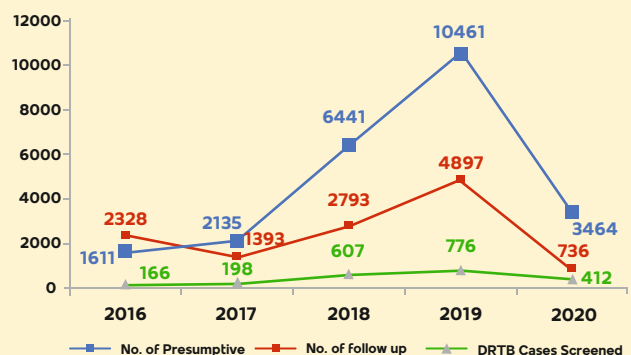


Damien TB Research Centre (DTRC), Nellore

Damien TB Research Centre (DTRC), a wing of DFUL&TRC in Nellore, established in 2008 has a 11bedded in-patient facility and a laboratory with Culture and Drug Susceptibility Test (DST) with the facilities for both Phenotype and Genotype tests for Mycobacterium TB. The main objectives of DTRC are diagnosis and management of drug-resistant TB and TB research. The lab started functioning in the last quarter of 2009 after the accreditation and currently providing diagnostic services in 7 districts and follow up services in 4 districts up to March. 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 Laboratories trend - Nellore IRL



MCR footwear unit, Nellore

Specialised footwear unit was established in 2014 to provide footwear made of micro cellular rubber (MCR) including customised footwear for persons affected by leprosy who are with deformed foot. This footwear unit is recognised by Central Leprosy Division and the three districts place orders for footwear purchase from this project. Around 2103 footwear supplied to three districts.



COVID-19 Diagnostic services

COVID -19 pandemic affected the referral services during the year 2020. The project could not achieve the targets but however all the services were made available even during lockdown period. This really helped many leprosy patients especially patients with lepra reactions to get the proper treatment and physiotherapy. The Government of Andhra Pradesh requested the project to facilitate COVID-19 diagnostic services through its reference laboratory in its collaboration by providing machines and human resource. Through this activity around 32000 presumptive cases were screened and around 2800 Covid cases were diagnosed.



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

| Leprosy care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|------|------|------|------|
| Out patients treated | 4495 | 4727 | 4757 | 4651 | 4707 |
| Among them skin patients treated | 1552 | 1690 | 1593 | 1734 | 1491 |
| New leprosy cases diagnosed and referred to PHCs | 70 | 89 | 64 | 45 | 46 |
| Reaction cases managed | 48 | 57 | 47 | 50 | 41 |
| Re-constructive surgeries | 33 | 23 | 32 | 23 | 6 |
| Other surgeries | 12 | 12 | 14 | 11 | 0 |
| Inpatients managed | 249 | 182 | 227 | 264 | 169 |
| Bed days | 3837 | 2369 | 2975 | 3663 | 2483 |
| Protective footwear (MCR) provided | 62 | 48 | 27 | 49 | 59 |
| MCR footwear supplied to districts | 830 | 1415 | 1177 | 2211 | 2103 |

ANDHRA PRADESH

| TB care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------------------------------------|----------------|----------------|----------------|----------------|----------------|
| Respiratory symptomatic treated | 2595 | 2772 | 2731 | 2497 | 2175 |
| Presumptive TB cases examined | 459 | 596 | 426 | 490 | 960 |
| Total TB cases registered | 85 | 105 | 110 | 123 | 97 |
| Total new TB cases registered | 64 | 73 | 85 | 92 | 71 |
| Among them new sputum positive cases | 36 | 40 | 39 | 45 | 27 |
| Sputum conversion rate for NSP cases | 39/42 (93%) | 34/37 (92%) | 28/38 (82%) | 36/48 (82%) | 23/25 (92%) |
| Cure rate for NSP cases | 43/46 (93%) | 30/40 (75%) | 38/41 (93%) | 25/30 (83%) | 34/44 (77%) |
| Sputum conversion rate for RT cases | 16/17 (94%) | 12/14 (86%) | 5/9 (56%) | 14/20 (70%) | 8/12 (67%) |
| Cure rate for RT cases | 15/16 (94%) | 9/11 (82%) | 11/17 (65%) | 5/7 (71%) | 9/15 (60%) |
| In-patients managed | 217 | 160 | 352 | 293 | 59 |
| MCR footwear supplied to districts | 830 | 1415 | 1177 | 2211 | 36 |
| Bed days | 1391 | 779 | 670 | 342 | 36 |



Before



After



Before



After

Support to DRTB and DPMR activities in Andhra Pradesh

DRTB support was provided in six districts with the support of one team who also provide DPMR services in those districts besides this a separate team provides only DPMR activities in additional three districts. The objective of DFIT's support was re-oriented in 2016 and it was mainly focused strengthening the referral system in the districts for managing leprosy and its complications. In TB, the focus was treatment adherence of DRTB patients. It was carried out through training of key staff involved in the programme and through patient provider meetings. The team besides medical rehabilitation also provides social rehabilitation for the persons affected by leprosy and TB under the livelihood enhancement programme.



The patients under reaction treatment were monitored through phone during the lockdown and facilitated the supply of medicines whenever required and food supplements were provided to needy patients. DFIT teams facilitated training on leprosy for 178 MOs, 42 NLEP staff and 1587 staff sensitised during the meetings on identification and referral of leprosy cases to health facilities for confirmation and treatment, this includes ANMs, MPHAs and ASHA workers.



ANDHRA PRADESH

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

| DPMR Support - 9 districts | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|------------------|------------------|------------------|------------------|------------------|
| Number of reaction cases taking regular treatment | 64/84 (76%) | 68/75 (91%) | 69/73 (94%) | 55/65 (85%) | 84/88 (95%) |
| Number of disability persons practicing self care regularly | 513/904 (57%) | 447/842 (53%) | 423/668 (63%) | 363/562 (64%) | 250/352 (71%) |
| Total POD camps conducted | 62 | 33 | 38 | 33 | 23 |
| No. of leprosy affected persons attended during POD camps | 1080 | 362 | 440 | 583 | 422 |
| Trainings conducted | 77 | 89 | 177 | 97 | 73 |
| No. of participants attended | 4976 | 4052 | 3527 | 2593 | 3174 |
| No. of PHCs meetings attended | 61 | 55 | 94 | 109 | 34 |
| No. of staff sensitised | 6397 | 2349 | 4216 | 3978 | 1587 |

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

| DRTB Support - 6 districts | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------------------|------------------|------------------|------------------|-----------------|
| No. of DRTB patients on DOT | 612/740 (83%) | 365/426 (86%) | 349/370 (94%) | 363/421 (87%) | 97/99 (99%) |
| No. of treatment supporters functioning correctly | 259/303 (85%) | 139/164 (85%) | 147/158 (93%) | 133/149 (89%) | 18/18 (100%) |
| Patients on irregular treatment retrieved | 76/97 (78%) | 34/37 (92%) | 27/28 (96%) | 29/30 (96%) | 7/7 (100%) |
| Defaulter patients retrieved | 15/16 (94%) | 2/6 (33%) | 3 / 4 (75%) | 3/3 (100%) | 2/2 (100%) |
| No. of Patients – providers interaction meetings conducted | 46 | 45 | 42 | 23 | 4 |
| No. of DRTB patients attended | 246 | 178 | 149 | 148 | 8 |
| No. of treatment supporters / GH staff attended | 255 | 195 | 65 | 115 | 15 |
| Trainings conducted | 11 | 15 | 39 | 127 | 16 |
| No. of participants attended | 275 | 508 | 963 | 960 | 865 |
| No. of PHCs meetings attended | 10 | 26 | 28 | 41 | 10 |
| No. of staff sensitised | 917 | 765 | 645 | 946 | 252 |

I never had imagined that i would lead a normal life

Koppala Penciliaiah is 58 years male hailing from Harijanawada, Rapur in Nellore town of Andhra Pradesh State had contracted leprosy in his childhood. As he was unaware about the disease he ignored the disease for first few years, then he got diagnosed and took Anti Leprosy treatment for 6 years yet he could not prevent clawing in both hands as the diagnosis was very late. He was counselled by DFIT team to undergo Reconstructive Surgery for correction of his claw hand. Heeding to the advice, he reported to Nellore DFIT hospital in September 2017, he was operated and his hand was corrected by surgery and followed by physiotherapy exercise and discharged after his hand become functional. He was so happy that as his hand become functional and he could perform all the work as normal like others.

Penciliaiah lived in his own thatched house, with 6 of his grand children but before the surgery he could not go to work, earlier he was working as a load cycle rickshaw puller, due to extreme poverty he lost his rickshaw too. He and six of his grandchildren survived only on the meagre disability pension of Rs. 1500/- per month.



Our DFIT field team assessed his condition to counsel him to take up a known work to support the family with financial sustainability. He came up with a proposal for Loading Cycle Rickshaw. DFIT graciously granted his request and supported. He has resumed his work and earns minimum of Rs.400/- per day. He is sending his grand children to school. His life is very much back to Normal. DFIT team visited as follow-up and found him continuing his work happily. His response is, "I never imagined that I would lead a normal life because DFIT Hospital has helped to recover functioning of my hand and restored my life with sustainable help. Penciliaiah is a contented man all cheer in his face when happen to see anyone from Damien Foundation.

Timely intervention has won patient's confidence

Mrs. Shakira 33 year old married woman hails from Rahamath Nagar, Nellore district of Andhra Pradesh. One day she felt numbness over her right little finger and complained to her husband. They consulted local doctor over phone because of Covid19 lockdown restrictions, the doctor prescribed some pain killer and vitamins, during the period of treatment she did not find any improvement rather she experienced difficulty in daily routine activities like combing of hair, buttoning, and other household work. One of her relatives advised her to consult a Neurologist in Nellore where the doctor referred her to Skin Specialist by then she had spent some money for her treatment. Skin specialist then referred her to Damien Foundation Nellore hospital for further treatment and management.

She reported to the Nellore hospital on 19/06/2020, was apprehensive about the mysterious disease of her hand. After examination it was diagnosed as early pure neuritis case of Leprosy with Right Ulnar thickening & tender this has led to the early weakness which was present by then for about one month duration. She was registered and treatment was initiated for leprosy (MB MDT) along with steroid for right Ulnar early weakness (Gr II). The diagnosis of leprosy was unacceptable for her, after brief counselling and explanation about the disease and its effects she accepted the diagnosis and agreed for treatment. Despite the peak of the Covid Lockdown showing our hospital ID card to the police in different checking points she attended daily physiotherapy sessions in the hospital regularly. At the end of the physiotherapy session to a greatest extent she recovered from her hand weakness and further she was advised to do regular exercise for her hand to strengthen her muscles to keep the hand functional.

As she comes from a poor socioeconomic condition Damien Foundation provided her Sewing Machine under social assistance for Livelihood considering her tailoring training. She and her family are happy today and thankful to Damien Foundation for the timely intervention to avert impending deformity and providing her a sustainable livelihood.

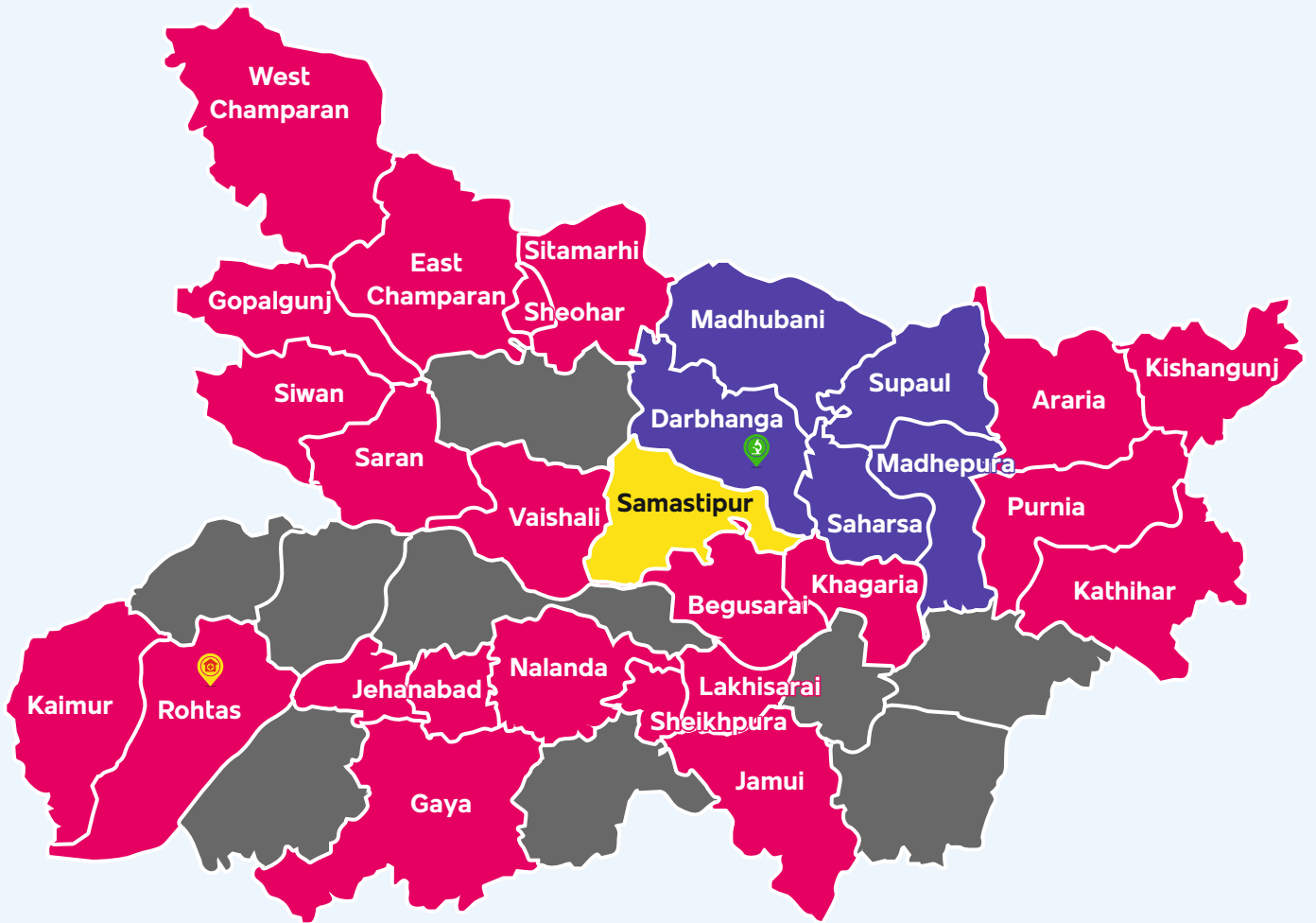







Correcting deformity by exercise



Providing Livelihood support

BIHAR



-  DFIT Referral Hospital
-  C&DST Laboratory
-  DPMR Support 23 Districts
-  DRTB Support 1 District
-  DPMR & DRTB Support 5 Districts

BIHAR

Damien Foundation has been supporting leprosy control programme in specific areas in Bihar since 1993 in selected districts and TB control programme since 2003. The activities in these districts were supported by DGD (Belgian Government) in different phases. The current phase is between 2017-2021 with a specific objective is to improve screening of presumptive DRTB cases, active screening of contacts and cure rate of DRTB, improve diagnostic and management skills of health staff on leprosy, medical social rehabilitation of persons affected by leprosy with disabilities in Bihar state (6 districts for TB and 28 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, 31, 23029 and persons affected by leprosy in 28 districts covering a population of 8, 02, 93720.

The Government, both the National and the State, who 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 district level, One District TB Officer is responsible for TB control programme and Additional Chief Medical Officer (ACMO) are responsible for Leprosy Programmes.



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 through NTEP (National TB Elimination Programme) Consultant and ILEP as a technical body is supporting through Technical Consultant. All the Government Medical Colleges are involved in both Leprosy and TB Control.

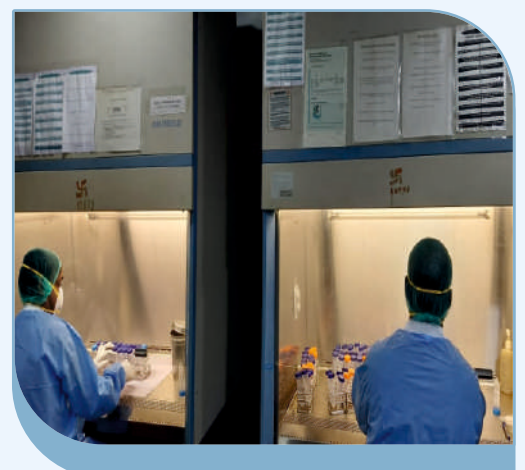
Progress made in reaching specific objective :

There was a progressive improvement seen in 8/9 indicators directed towards expected results aiming at specific objective while 3 indicators will be measured interim output in the middle and final output at the end of project period. It was observed that targets achieved for three out of four indicators set for DRTB programme in six districts (1) Screening of contacts of DRTB cases was and (2) treatment initiation of confirmed DRTB except (3) screening of presumptive DRTB cases. And one indicator set to measure the cure rate will be analysed after two years of treatment initiation but interim indicators like treatment adherence was monitored and found satisfactory towards expected target.

It was observed that targets achieved for 3 out of five indicators set for leprosy programme in 23 districts during 4 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. And two indicators set to measure the long term impact on reduction of child cases with visible deformities and disabilities at the end of leprosy treatment does not present at 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 :

Overall 68% (6409/9462) of presumptive DRTB cases were screened in six districts supported by DFIT, among which 2/6 districts achieved 86% and above. Altogether 67% (3996/5943) of the male and 69% (2413/3519) of the female patients were screened in six districts. DFIT accomplished all the activities as per the plan. The reduction in screening of presumptive DRTB cases mainly due to two reasons. The first reason was implementation of Universal DST (UDST) for which all microbiologically confirmed TB cases would undergo DST for Rifampicin resistance by Gene Xpert. One district among DFIT supported did not have Gene Xpert machine to screen and the second reason was COVID 19 pandemic, there was a lockdown for nearly two months, general health services were restricted during the lockdown and lab technicians from the TB labs were deputed for Covid diagnostic services. But if we look at the number of presumptive cases screened for DRTB, it was almost two times increased compared to previous years (around 2400 in previous years and 6409 cases in 2020, this increase was mainly due to UDST).



DFIT facilitated the decentralized mechanism for sputum collection and transportation from TB unit (each TB unit covering 500000 population) level to district. 72 sputum samples were collected from patients were transported from TB units to the districts through community social workers and volunteers engaged by DFIT and a total of 41 Drug Susceptible TB cases (57% of 72) & 11 (15% of 72) DRTB cases were detected.

It has been observed after the interview (questionnaire prepared based on symptoms) conducted with 72% (1837/2565) of contacts of 69% (407/591) Drug resistant TB patients by our community social workers engaged by DFIT, that 44 contacts (2.4%) were identified with presumptive TB (19 males and 25 females) and were screened for TB; among them 17 were confirmed with Mycobacterium TB and 9 were confirmed with Rifampicin Resistant TB. It can be estimated that 925 cases per 100000 contact examination thus it illustrates the importance of contact examination. 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.

The set target for 2020 was revised to 85% but it could not be achieved due to COVID-19 pandemic the main challenge was 2 months of lockdown and TB staff were deputed for COVID pandemic control.

Overall, in six districts, 89% (400/450) of the confirmed DRTB patients were initiated on treatment and among them 88% (269/305) were male patients and 90% (131/145) were female patients. 4/6 districts could achieve more than 86% of treatment initiation of confirmed DRTB cases. DFIT teams retrieved 68 initial lost to follow up cases during the year.

The reasons for not initiating treatment for 54 (454-400) cases in 06 districts was analysed. 15 patients died most of them were serious at the time of screening for DRTB but there was no system delay, 25 were under treatment from private practitioners since they are more comfortable, 02 migrated to different cities and 04 patients could not be traced while 5 refused to take treatment and the results of treatment initiation of 3 patients are yet to be collected.

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 getting treatment from private sector were smaller number of pills compared to standard of TB care.

Result 2 : Cure of DRTB cases improves :

Treatment adherence will be reported every year according to the cohort.

Interim treatment outcome of patients registered in 2017 :

61% (250/408) of the patients registered in 2017 adhered to regular treatment and among them 61% (241/408) patients successfully completed the treatment. 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.



The other outcomes by disaggregated by sex were not analysed and it will be presented at the end of 2021. DF continued the support of Nutritional supplement to 65 patients registered in 2017. DF 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. The objective for 2021 has been reached already in 2019 and the success rate should be increased to 70% since the diagnosis criteria is revised over a period and also treatment regimens.

Interim treatment outcome of patients registered in 2018 :

The outcome of patients was observed and analysed at the end of 2020 for those registered in 2018. Short course MDRTB treatment was introduced in 4th quarter 2018. The outcomes of patients treated according to regimen are shared here.

In 2018, there were 407 patients treated with 24 months conventional regimen. It was observed that 49.4% (201/407) patients successfully completed the treatment, and 36 (8.8%) patients are still on treatment. Among them 47.6% (138/290) male patients and 53.8% (63/117) female patients completed treatment course. Around 16% of male and female patients were lost to follow up, around 17% of male and female patients died during the treatment course and around 5% treatment failures among both male and female patients.

In 2018, there were 155 patients treated with 9 months shorter MDR regimen. It was observed that 69.7% (108/155) patients successfully completed the treatment, among them 72.7% (80/110) male patients and 62.2% (28/45) female patients completed treatment course. Around 10% of male and 15% of female patients were lost to follow up, around 10% of male and 15% of female patients died during the treatment course and around 4% treatment failures among both male and female patients.

Treatment adherence was observed in more than 64% of cases in 1/6 districts. The reasons for non-adherence were due to 16% (96/612) of deaths, 15% (95/612) were lost to follow up, 2% (10/612) failure and 3% (18/612) were transferred out during the treatment.

Interim treatment outcome of patients registered in 2019 :

63% (532/842) of the patients registered in 2019 adhered to the regular treatment.

In 2019, there were 580 patients treated with 9 months shorter MDR regimen. It was observed that 60% (348/580) patients successfully completed the treatment, among them 59.4% (250/421) male patients and 61.6% (90/159) female patients completed treatment course. Around 17% of male and 8% of female patients were lost to follow up, around 15% of male and female patients died during the treatment course and around 6% among male and around 9% female patients failed to treatment.

In 2019, there were 204 patients treated with 24 months conventional regimen, among them 120 are male and 84 are female patients and they are still on treatment and outcome will be shared only at the end of 2021. (Interim report says around 65% of them on regular treatment. 3 out of 6 districts showed more than 60% treatment adherence. DFIT teams retrieved 60% (28/46) of absentees (Male: 21/31 and Female: 07/15) and motivated patients for regular treatment through counselling to family members and neighbourhood.

Interim treatment outcome of patients registered in 2020 :

89% (525/586) of the patients registered in 2020 adhered to the regular treatment (400 cases were detected and registered with in DFIT supported districts and 186 cases were referred from other districts and referral hospitals in the state to DFIT supported districts, $400+186=586$). 3 out of 6 districts showed more than 90% treatment adherence. The death rate was 5.8% (34/586), lost to follow up 4% (24/586), transfer out rate < 1% (5/586) and treatment failure was 0% (0/586).

DFIT provided Nutritional supplement to 85 needy patients registered in 2018/2019/2020 worth of (5 Euro) per month to encourage treatment regularity during entire course of treatment. DFIT also supported income generating activity for 07 needy patients as a socio-economic rehabilitation. Treatment outcomes by different regimens will be analysed and presented in 2021 report. DFIT teams retrieved 35/50 patients stopped treatment among the patients on shorter MDRTB regimen (Male: 18/30 and Female: 17/20) and retrieved 23/28 patients stopped treatment among the patients on 24 months conventional treatment regimen. Patients were motivated for regular treatment through counselling to 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. 183 patients were treated for moderate to severe adverse effects during 2020 including patients registered during 2017/2018/2019 also. 533 patients received patient information charter and 60 patients were helped to get treatment for adverse reactions in various specialities in Medical College. DFIT also supported transportation cost and medicine cost to needy patients.

293 Patients were given spittoons and disinfectant for sputum disposal. During the year, 448 sputum samples from patients of different cohorts were collected from patients under treatment for follow up examination (who were not willing to go on their own) and were transported to the reference laboratory in Darbhanga by DFIT.

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 57/147 health facilities among the districts supported in 2017 (these 57 HFs were already covered in 2017 but due to the administrative transfers of Medical Officers/Para medical staff, there was a need of full course training to be done in 2020) and provided 3 days training in 2020 to 14 medical officers and 75 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 to continue services, interest to learn and availability to provide services.

DFIT monitored 99% (146/147) of the health facilities with its intervention in 2017 during the year 2020 to ensure the availability of leprosy services including the quality of diagnosis and treatment of complications. DFIT teams visited sample of patients along with Nodal persons from the health facility to follow up which includes 112 suspects and 429 leprosy cases under treatment to ensure the quality of diagnosis in 146 HFs. It was found that 12% (17/146) of the health facilities reported cases under diagnosed (false negative) and 3 % (5/146) of health facilities reported over diagnosis (false positive). It was observed that around 3% (4/146) of the health facilities did not diagnose any leprosy cases at the time of visit to the health facility. Overall, among visited, 82% (112/146) of health facilities were able to diagnose leprosy cases correctly in 8 districts supported in 2017. The objective for 2021 has been reached already in 2020 and sustainability of the output needs to be maintained.

It was proposed to follow up a sample of patients (one male and one female leprosy patients preferably MB cases completed MDT from each health facility) for at least two years during and after completion of treatment to see the impact of DF's interventions in the project. Thus, the outcome of follow up sample of patients registered in 2017 will be available by the end of 2019 and similarly for rest of the years. It was observed that no one (0/106, 54 males and 52 females) has developed new disabilities for two years during follow up of sample of patients registered in 2017.

It was observed that 223 reaction cases were reported in 2020, 324 reaction cases were in 2019, 274 cases in 2018, 282 cases in 2017 compared to baseline 142 in 2016 (before DFIT's intervention). 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 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. DFIT team visited at least 2 patients per health facility preferably MB patients detected in the previous month of visit. 82% (350/429) of the patients visited had patient information cards received from health facility at the time of treatment initiation. It was observed that 69% (215/429) patients were aware about where and whom to report when they notice any signs and symptoms of reaction. It was noted that 85% of the health facilities (140/166 some HFs visited more than once) 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 80% (132/166 some HFs visited more than once) of health facilities maintained the stock of Prednisolone. DFIT supplied Prednisolone as a stop gap support to manage 21 cases with reactions.

DFIT team visited 90 patients who were on reaction treatment (visited patients on reaction treatment at the time of visit to health facility was the criteria) and it was observed that 91% (82 reaction cases on regular treatment) of cases were managed correctly as per the guidelines.

School health programme was initiated by Government of India under National Health Mission in 2016 but they were not involved in leprosy control. DFIT's one of the specific activities was involvement of School Health Programme and developing a network with leprosy control programme. 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 were 0% (0/257) child leprosy cases a reduction in grade 2 disabilities among new child cases detected in 2020 compared to <1% (1/398) in 2019 compared to 2.2% (22/987) in 2015 (baseline). DFIT team visited sample of 54 child cases with high risk (mostly MB) and found 4 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. School health programme was temporarily discontinued from March 2020 since the schools are shut down due to COVID-19 pandemic.

Progress report of districts supported in 2018 :

DFIT identified the need of training for nodal persons in 53/97 health facilities among the districts selected in 2018 and provided 3 days training in 2020 to 31 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 99% (95/96) of the health facilities during the year 2020 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 includes 76 suspects and 312 leprosy cases under treatment to ensure the quality of diagnosis. It was found that 2% (2/95) of the health facilities reported under diagnosed (false negative) cases and 5% (5/95) of health facilities reported over diagnosis (false positive) cases.

It was observed that around 4% (4/95) of the health facilities did not diagnose any leprosy cases at the time of visit. Overall, among visited, 88% (84/95) of health facilities were able to diagnose leprosy cases correctly in 8 districts supported in 2018. The objective for 2021 has been reached already in 2020 and sustainability of the output needs to be maintained.

It was proposed to follow a sample (one male and one female leprosy patients preferably MB cases completed MDT from each health facility) of patients for at least two years during and after completion of treatment to see the impact of DFIT's interventions in the project. Thus, the outcome of follow up sample of patients registered in 2018 are available at the end of 2020. No one (0/86, 50 males and 36 females) had developed any new disabilities during the second year of follow up among the sample of patients registered in 2018 and they have completed their treatment.

It was noted that 168 reaction cases were reported in 2020, 251 reaction cases in 2019, 241 in 2018 compared to baseline 185 in 2017 (before DFIT's intervention).

88% (275/312) patients among visited had patient information card received at the time of treatment initiation. 83% (259/312) patients were aware about where and whom to report when they noticed any signs and symptoms of reaction and It was noted that 88% (98/111 some HFs visited more than once) health facilities visited had a stock of patient information cards at the time of visit. Around 84% (93/111 some HFs visited more than once) of health facilities among those visited maintained the stock of Prednisolone and DFIT supplied Prednisolone as a stop gap support to manage 19 cases with reactions. DFIT team visited 92 patients under reactions treatment, and it was observed that 98% (90/92 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 and 168 Medical Officers from school health programme were trained in diagnosis and management of leprosy in 2018. From the district reports, 2% (3/134) child cases detected in 2020 reported with G2D compared to <1% (2/243) of child cases reported in 2019 and compared to 2.2% (22/987) in 2015 (baseline). DFIT team visited sample of 21 high risk child cases and did not find any G2D among them. School health programme was temporarily discontinued from March 2020 since the schools are shut down due to COVID-19 pandemic.

Progress report of districts supported in 2019 :

DFIT identified the need of training for nodal persons in 71/111 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 in 2020 for 10 Medical Officers and 97 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 all (111/111) health facilities during the year 2020 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 78 suspects and 339 leprosy cases under treatment to ensure the quality of diagnosis. It was found that 6% (7/111) of the health facilities reported under diagnosed (false negative) cases and 5% (5/111) of health facilities reported over diagnosed (false positive) cases. It was observed that around 3% (3/111) of the health facilities did not diagnose any leprosy case at the time of visit. Overall, 86% (96/111) of health facilities were able to diagnose leprosy cases correctly in 7 districts supported in 2019. The objective for 2021 has been reached already in 2019 and sustainability of the output needs to be maintained.

BIHAR

It was proposed to follow a sample (one male and one female leprosy patients preferably MB cases completed MDT from each health facility) of patients for at least two years during and after completion of treatment to see the impact of DFIT's interventions in the project. Thus, the outcome of follow up sample of patients registered in 2019 are available at the end of 2021. Here we could see the first year follow up results. No one (0/95, 55 males and 40 females) had developed any new disabilities during the second year of follow up among the sample of patients registered in 2019 and they have completed their treatment.



It was observed that 67% (299/444) patients were aware about where and whom to report when they notice signs and symptoms of reaction and, 81% (359/444) had patient information cards with them. All the health facilities 63% (133/208, some HFs visited more than once) had a stock of patient information cards at the time of visit. One of the challenges was patients were not explained about in the information available in the card. Prednisolone is the key drug for the management of reaction/neuritis. It was observed that 69% (143/208) of health facilities maintained the stock of Prednisolone and DFIT supplied Prednisolone as a stop gap support to manage 20 cases with reactions.

It was observed that 155 reaction cases managed in 2020 compared to 221 reaction cases in 2019 compared to baseline 76 cases in 2018 (before DFIT's intervention). DFIT team visited 100 patients under reactions treatment, and it was observed that 81% (81/100 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 and 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 and could not be accomplished in 2020 due to temporary discontinuation of school health programme due to COVID-19 pandemic. It was noted from the district reports that 1% (1/143) child cases reported with G2D in 2020 compared to <1% (1/259) of child cases reported in 2019 compared to 2.2% (22/987) in 2015 (baseline). Zero child cases were reported with disabilities in 6/7 districts. DFIT team visited sample of 48 high risk child cases and found no child cases with disabilities. School health programme was temporarily discontinued from March 2020 since the schools are shut down due to COVID-19 pandemic.

Progress report of districts supported in 2020 :

New 5 districts in south Bihar were added to the project during the year 2020. However, DF could not carry out the activities like trainings etc due to lockdown and other travel restrictions during the pandemic period. DFIT collected the baseline data in 51 health facilities in 5 districts and prepared the action plan. The planned activities were carried out in third and fourth quarter only due to pandemic restrictions. The 3 days training was given to Medical Officers and Nodal person from each Health facilities in 2/5 districts and remaining districts are covered in first quarter 2021.



In total 26 persons from 12 health facilities were trained in diagnosis and management of complications like identification and treatment of neuritis and lepra reactions and sensitisation on leprosy was done all the health staff in the health facilities 2 districts covered. 36 Medical Officers and 36 other health staff (Nurse, Pharmacist, Dresser) were sensitised on symptoms of leprosy and complications and request them to refer cases to Nodal person designated for managing leprosy in the Health facility. Assessment of health facilities will be carried out to see the outcome of trainings in 2021.

A sample of patients will be followed up till the end of 2021 and it will be reported in final report. (DFIT cannot follow up for two years like in other districts since project will be ended in 2021).

Training of school health staff was carried out due to the pandemic and all the schools are closed during the pandemic. Schools are not opened till February 2021. Training of staff working in school health programme will be accomplished in first quarter 2021.

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

Progress report of 8 districts supported in the first year (2017) of the phase.

It was noted that all the (147/147) blocks in 8 districts supported in 2017 were covered by the end of 2020. Among, 7330 persons affected by leprosy with disabilities assessed:

509 cases were eligible for deformity correction surgery among them 377 (74%) are male and 132 (26%) are female patients. RCS was done for 211(211/509 = 42% of the eligible cases) cases among them 151 male and 60 female patients. In total, 40% eligible patients among male and 45% of eligible patients among female patients benefitted from deformity corrections. The remaining cases will be mobilised from surgery on their willingness in the coming years. 3017 (41% of the total) required MCR footwear and all received MCR footwear.



BIHAR

3072 (42 %) are receiving disability pension. DFIT provided help in guiding the procedure to beneficiary on availing disability pension. It is a difficult procedure, the beneficiary must visit the offices and officials several times, and sometimes they will lose the interest. DFIT cannot support such handholding since Community Social Workers need to cover wider geographical region, however it is increased from less than 25% to 42%. Among the total, 137 were identified who are eligible for socio economic rehabilitation and 118 of them received the support. Among them 84% (82/97) males and 90% (36/40) female patients are the beneficiaries.



Progress report of 8 districts supported in the second year (2018) of the phase.

It was noted that all the (96/96) blocks in 8 districts supported in 2018 were covered by the end of 2020. Among, 4328 persons affected by leprosy with disabilities assessed :

373 cases were eligible for deformity correction surgery among them 281 (75%) are male and 92 (25%) are female patients. RCS was done for 185(185/373 = 50% of the eligible) cases among them 144 male and 41 female patients. In total, 51% eligible patients among male and 45% of eligible patients among female patients benefitted from deformity corrections. The remaining cases will be mobilised from surgery on their willingness in the coming years. 2212 (51% of the total) required MCR footwear and all received MCR footwear. 1038 (24 %) are receiving disability pension. DFIT provided help in guiding the procedure to beneficiary on availing disability pension. It is a difficult procedure, the beneficiary must visit the offices and officials several times, sometimes they will lose the interest. DFIT cannot support such handholding since Community Social Workers need to cover wider geographical region, however it is increased from less than 10% to 24%. Among the total, 109 were identified who are eligible for socio economic rehabilitation and 93 of them received the support. Among them 85% (78/92) males and 88% (15/17) female patients are the beneficiaries.

Progress report of 7 districts supported in the third year (2019) of the phase :

It was noted that all the (111/111) blocks in 8 districts supported in 2019 were covered by the end of 2020. Among, 5061 persons affected by leprosy with disabilities assessed :

268 cases were eligible for deformity correction surgery among them 198 (74%) are male and 70 (26%) are female patients. RCS was done for 104 (104/268 = 39% of the eligible) cases among them 76 male and 28 female patients. In total, 38% eligible patients among male and 40 % of eligible patients among female patients benefitted from deformity corrections. The remaining cases will be mobilised from surgery on their willingness in the coming years.

BIHAR

2177 (43% of the total) required MCR footwear and all received MCR footwear from the districts through health facilities. Among them 1068 (21 %) are receiving disability pension. DFIT provided help in guiding the procedure to beneficiary on availing disability pension. It is a difficult procedure, the beneficiary must visit the offices and officials several times, sometimes they will lose the interest. DFIT cannot support such handholding since Community Social Workers need to cover wider geographical region, however it is increased from less than 10% to 21%. Among the total, 95 were identified who are eligible for socio economic rehabilitation and 86 of them received the support. Among them 85% (65/76) males and 95% (18/19) female patients are the beneficiaries.



Progress report of 5 districts supported in the fourth year (2020) of the phase :



New 5 districts in south Bihar were added to the project during the year 2020. However, DFIT could not carry out the activities like trainings etc due to lockdown and other travel restrictions during the pandemic period. DFIT collected the baseline data in 51 health facilities in 5 districts and prepared the action plan. Only 11/ 51 blocks in 5 districts were covered by the end of 2020. Among 530 persons affected by leprosy with disabilities assessed and out of them, 59 cases were eligible for deformity correction surgery among them 47 (80%) are male and 12 (20%) are female patients. RCS was done for 4 (4/59 = 7% of the eligible) cases among them 4 male and 0 female patients. In total, only 8.5% eligible patients among male patients benefitted from deformity corrections.

The remaining cases will be mobilised from surgery on their willingness in the coming years. Among them 256 (48 % of the total) required MCR footwear and all received MCR footwear from the districts through health facilities and 138 (26 %) are receiving disability pension. DFIT provided help in guiding the procedure to beneficiary on availing disability pension. Among the assessed, 33 were identified who are eligible for socio economic rehabilitation and 8 of them received the support. Among them 25% (7/28) males and 20% (1/5) female patients are the beneficiaries. DFIT started its activities mainly in 4th quarter due to pandemic, so the proportion of beneficiaries is less compared to previous years.

The dream of owning a house becomes true

Mr. Sanjay Singh Kushwaha, aged 37 years is a resident of Shekhpura village in Khagaria district. Sanjay was affected by leprosy 10 years back. He developed deformities in both hands and ulcers in feet. He is staying with his wife and 3 children in a temporary shed. As his health condition worsened, he was not able to do any intensive work physically. He and his family were worried about their survival as he was the main earning member of the family. Life had become exceedingly difficult for him and his family. During the field visit DFIT community social worker (CSW) in Khagaria met Sanjay. Sanjay expressed his condition and requested for DFIT to help him in. DFIT field team visited Sanjay, assessed his condition, helped him to cure his ulcers and helped in starting a small cosmetic shop under livelihood program. DFIT CSW also helped him to avail disability pension of Rs.1500/- per month from the Government.

Sanjay along with his family was staying in a dilapidated shed, without any proper walls and roof with a fear of dog and snakes entering his house. His family never had a peaceful sleep at night his neighbours were not supportive. With all this problems he requested DFIT for help to repair his house. DFIT team visited him and assessed the situation; they felt it was necessary for Sanjay and his small children to have proper living condition by providing good housing. DFIT team prepared a house plan with one room and kitchen and completed the construction in August 2020. The district Civil Surgeon was happy with the work and expressed his gratitude to DFIT for timely help for persons affected by leprosy in his district and on request of the patient he volunteered to participate in the inauguration of the house.



Before



After

The dream of owning a house has become a reality for Sanjay and his family. He is now happily living with his family in his new house. He is very much thankful to DFIT for the timely support. He expressed that DFIT is a beacon of hope for him and his family and he thanked DFIT for all their work and commitment towards supporting leprosy affected persons in the society.

I have become stronger says Ranjit

Ranjit Singh a 35 years old young man is from Sondahi village of Darbhanga District, Bihar. He is with his wife and 7 year old daughter. In the year 2011, he had cough & fever as felt very week. He visited a private hospital for his condition where he was diagnosed with Tuberculosis. He was advised to take treatment for four months. After the treatment he felt better and went in search of work to Delhi as he was the sole bread winner of his family.

In Delhi, he started working as transporter of food items from one place to another. He worked for 3 years, thereafter he experienced the same symptoms which he had previously like cough & fever. He visited a government hospital in Delhi where the physician diagnosed him for Drug Resistant TB and advised him for DRTB treatment for one year. Day by day his physical condition worsened and he decided to go back to his native village in Bihar and he returned.

He was facing financial difficulties due to excessive expenses required for his treatment and towards managing his family. His health condition had also deteriorated. Many days his family would starve as they did not have anything to eat.

DFIT field team visited Ranjit Singh, along with key health staff after seeing his health and family condition the team had serious doubt about his recovery. DFIT team recommended for notorious support under livelihood programme and provided him with groceries to support treatment adherence. The field staff also provided him counselling and explained about the importance of treatment adherence, treatment completion and necessary precautions to be taken. This intervention by DFIT gave him support and strength to survive through his difficult times. His wife took good care of him, and with continuous treatment and frequent monitoring by the DFIT team, he was recovered from DRTB completely.

As part of the social rehabilitation by Damien Foundation, Ranjit Singh requested for a support of a small grocery shop for which Rs.20,000/- was provided. This start-up gave him support to sustain in difficult times and gradually his business flourished. Today, the shop is worth Rs. 40,000/-. Today he is able to manage his family needs and lead a normal life. He never believed that he would be alive after acquiring DRTB and going through such turmoil. Ranjit and his family expressed their heartfelt gratitude towards the help and support provided by Damien Foundation.



Before



After

Damien TB Research Centre (DTRC), Darbhanga :

Damien TB Research Centre (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.



Diagnostic algorithm was followed by the public sector by examining smear microscopy and referring to CBNAAT sites, thereby eligible presumptive patient's samples were referred for GeneXpert, but still the private sector are not following the diagnostic criteria's. DTRC Microbiologist was one of the facilitator to facilitate Diagnostic algorithm in NTEP at the district level Medical Officer's Orientation on PMDT guidelines organized through NGO partners (Doctors for You).

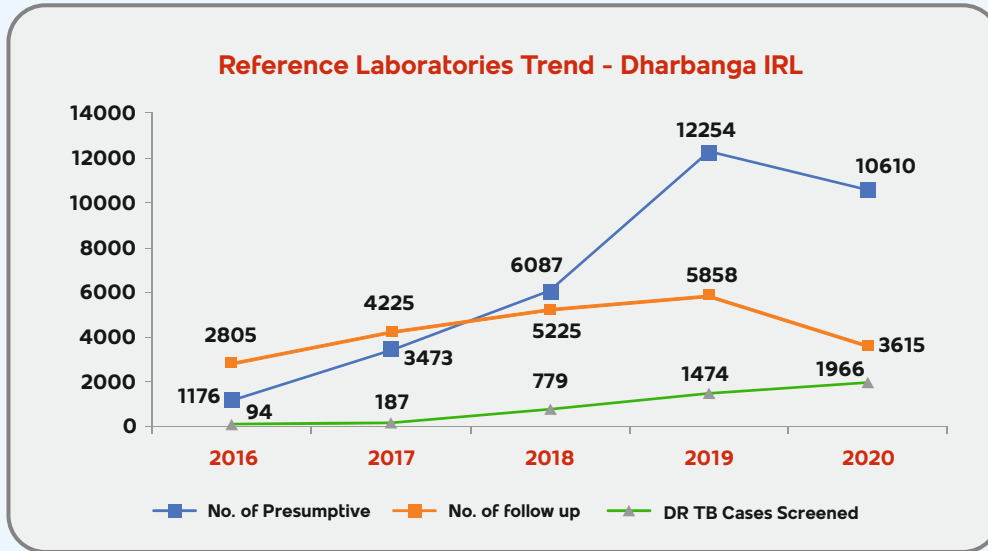
The percentage of UDST samples referred for LPA test was increased drastically. Target was given to all CBNAAT sites to send all Rifampicin Resistant (100%) samples to culture lab for SL-LPA and at least 50% of Rifampicin Sensitive samples for FL-LPA. Hence FL- LPA test was increased in compare to last year.

The percentage of Rifampicin Resistant, Isoniazid Resistant & both Resistant was increased significantly in FL-LPA. This was due to Rifampicin Resistant cases were subjected to FL-LPA to know the INH status as per NTEP-UDST Guidelines. DTRC Darbhanga initiated this activity from May 2020 onwards.

DTRC Darbhanga was identified as Covid 19 testing Lab through GeneXpert by CTD Delhi. One GeneXpert machine was placed to our centre for testing. Virtual training was given for sample collection and testing. Due to short supply of Covid 19 cartridges the test was not initiated. DTRC Microbiologist and one Lab Technician were identified as special team by Civil Surgeon Darbhanga, only to collect samples for District Magistrate, Deputy DM, and Superintendent of Police, etc on weekly basis for 6 months.



Quarterly Review meetings, online submission of reports and FIND consumables stock using Google sheet was conducted by State and Central level through Zoom/WebEx platforms.



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 the 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 reconstructive surgery, ulcer care and other medical services by upgrading the facilities in the project. The Covid 19 pandemic did not much affected the targets of the project compared to projects in south, the diagnosis and management of new leprosy cases and reactions was remaining the same except only 50% of the surgeries were conducted due to several restrictions during the pandemic.



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

| Leprosy care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|------|------|------|------|
| Out patients treated | 3538 | 3597 | 4066 | 3804 | 2542 |
| Among them skin patients treated | 3453 | 3520 | 3418 | 3445 | 2345 |
| New leprosy cases diagnosed and referred to PHCs | 101 | 58 | 57 | 91 | 87 |
| Reaction cases managed | 77 | 50 | 49 | 38 | 60 |
| Major Surgery done | 57 | 63 | 60 | 75 | 31 |
| Minor surgeries (Septic and nerve decompression) | 7 | 10 | 14 | 3 | 0 |
| In-patients managed | 223 | 168 | 188 | 201 | 100 |
| Bed days | 5489 | 5974 | 5121 | 4842 | 2803 |
| Protective footwear (MCR) provided | 106 | 54 | 132 | 111 | 22 |



State ILEP Coordination Activities in Bihar :



International Federation of Anti-Leprosy association (ILEP) was formed to co-ordinate the work of anti-leprosy organisations, supporting medical, scientific, social and rehabilitation activities for the benefits of persons affected by leprosy. An ILEP member is appointed to ensure coordination, initiate cooperation and maintains the flow of information among all partners, especially with the Government.

In the High Endemic States in India ILEP provides support with one technical consultant at the State level to focus on strengthening the functioning of the programme and to coordinate with other ILEP Partners in the State.

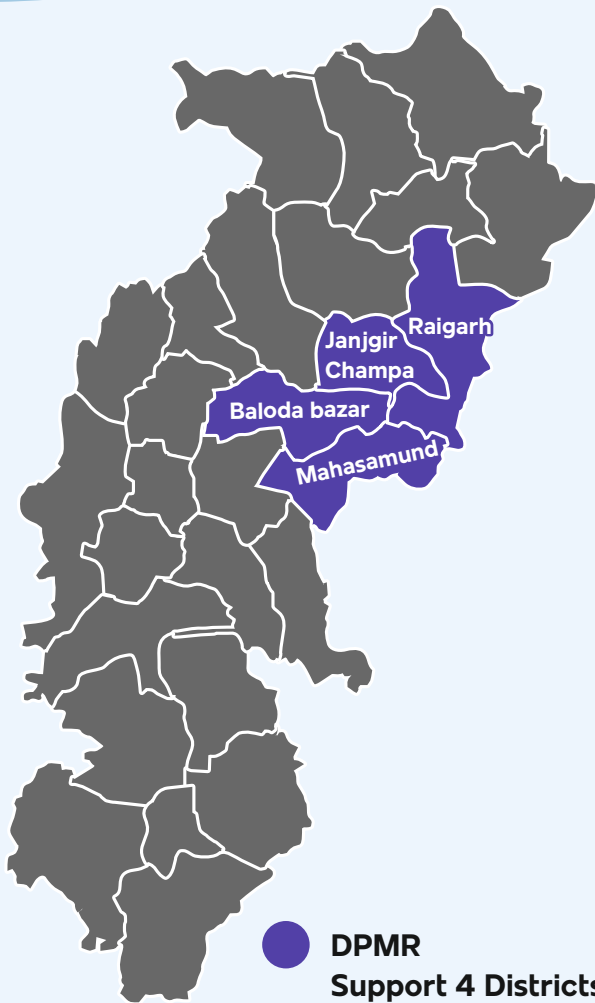
Damien Foundation India Trust is Coordinating ILEP activities in Bihar. NLEP consultant appointed by DFIT is accountable to ILEP coordination in the state. NLEP Consultant has visited 18 districts during the year 2020 as a part of Supervision and Monitoring activities, Feedback from the visits were shared with State programme Officer, Civil Surgeons and other officials for them to take corrective measures. 7 NLEP State Coordination meetings were organized to facilitate coordination between the ILEP partners, WHO and the State Government Officials for review and planning of the program. NLEP Consultant has attended 2 meetings conducted by Central Leprosy Division and 1 Meeting by Executive Director of Health, State Health Society, Bihar to review the NLEP program in Bihar for the Year 2019-2020. The Consultant was involved in organizing review meeting of NLEP programs in Bihar for all 38 districts in coordination with ILEP partners and WHO under the chairmanship of State Leprosy Officer; the meeting was conducted during December 2019 and January 2020 at DFIT Office Patna. Block wise Updating, review of records and reporting formats activity took place at DFIT Office, Patna during the month of February and March and compiled report of the activity was shared with the State Leprosy Office.

Consultant facilitated training for Medical officers and DNT staffs in 09 districts along with DFIT DPMR Coordinators, Consultant in coordination with other ILEP partners and WHO under the guidance of State Leprosy Officer facilitated State level training for RBSK AYUSH Medical Officers on Leprosy Screening and Referral, Total 78 RBSK doctors participated in the training. Consultant was involved in planning for the implementation of Active case detection and Regular Surveillance in Bihar State, Consultant was also involved in the implementation, Supervision and monitoring of Post Exposure Prophylaxis in Bihar.



During Covid-19 pandemic lockdown ILEP partners working in Bihar came together to help the Leprosy patients; DFIT, Lepra and NLR distributed food grains to the needy leprosy patients. During lockdown period DFIT played an important role in transporting MDT through their field coordinators from State to Districts and from Districts to Health facilities and also to irregular patients who were not able to reach PHCs due to no transportation facilities.

CHHATTISGARH



Damien Foundation India Trust 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.

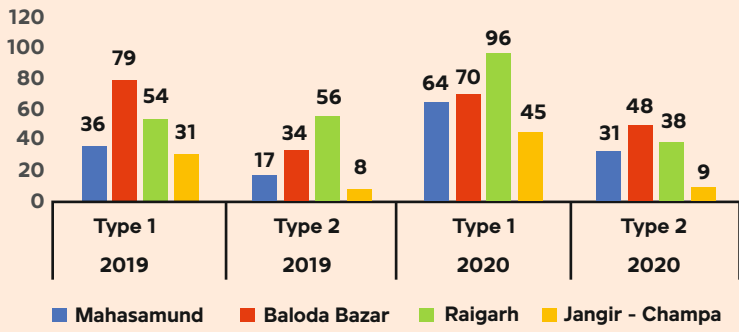
Damien Foundation India Trust in consultation with State Health Society and NLEP programme has proposed the strategies to strengthen the referral system in these 4 districts by enhancing the technical skills of health staff and building the referral network between the health facilities and the referral centres in the districts for the management of presumptive cases, management of complications, thereby improving early diagnosis, preventing disabilities and facilitating home based self-care and deformity correction surgeries. Damien Foundation India Trust do 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 Bailthalpur.

In 2020, DFIT teams trained 15 Medical Officers, 114 NLEP key staff and 702 health staff including staff nurses, ANMs and ASHA workers. Number of lepra reaction cases reported more in 2020 compared to 2019 because of improved skills in identification and management of nerve damage.

The following table describes the performance of DPMR services in Chhattisgarh :

| DPMR Services - 4 districts | 2020 |
|---|-----------------|
| Number of reaction cases taking regular treatment | 229/248 (93.3%) |
| Number of disability persons practicing self care regularly | 236/628 (37.6%) |
| Total POD camps conducted | 14 |
| No. of leprosy affected persons attended during POD camps | 197 |
| Trainings conducted | 40 |
| No. of participants attended | 970 |
| No. of PHCs meetings attended | 10 |
| No. of staff sensitised | 111 |

Lepra reactions reported in 2019 and 2020 in 4 districts



Purushottam is not alone anymore

The 26 years old Purushottam hails from Pussore Block, Raigarh District in Chhattisgarh. He is from a very poor family his father died when he was 8 years old and his mother was forced to work with whatever available job and took care of him. At the age of 12 he also lost his mother too and was orphaned. He has forced to depend on the villagers and some distance relatives for food, he grew up with struggle. When he was at the 20 year of age he had pain in his left elbow, tenderness, tingling in hand and feet. He took some treatment from a local doctor and there was no much improvement. Meanwhile he developed ulcer in his foot and clawing of his hand. The villagers started to avoid him due to the disease and his deformities. He felt further lonely in his life.

He was noticed by a social worker named Mr. Baikunta Gupta who took him to Pursuer Hospital where he was diagnosed as MB Leprosy case with deformity and ENL reaction too. They have started MB MDT treatment with Prednisolone, a steroid for his reaction management. He was regularly following the treatment and completed it in the year 2017. When Damien Foundation field staff indentified him and visited him, he was having ulcers in hands and feet. He was counseled and demonstrated self-care exercises by Damien Foundation staff. Slowly his ulcers disappeared and again the local people became close to him. He was staying in a dilapidated mud house, and faced lot of difficulties during rainy season and winter time.



Before

स्वास्थ्य लाभ के साथ पुरुषोत्तम भैया को मिला नया घर



» विद्यायक नायक ने किया मकान का लोकार्पण

सम्वाद/किरणदत्त

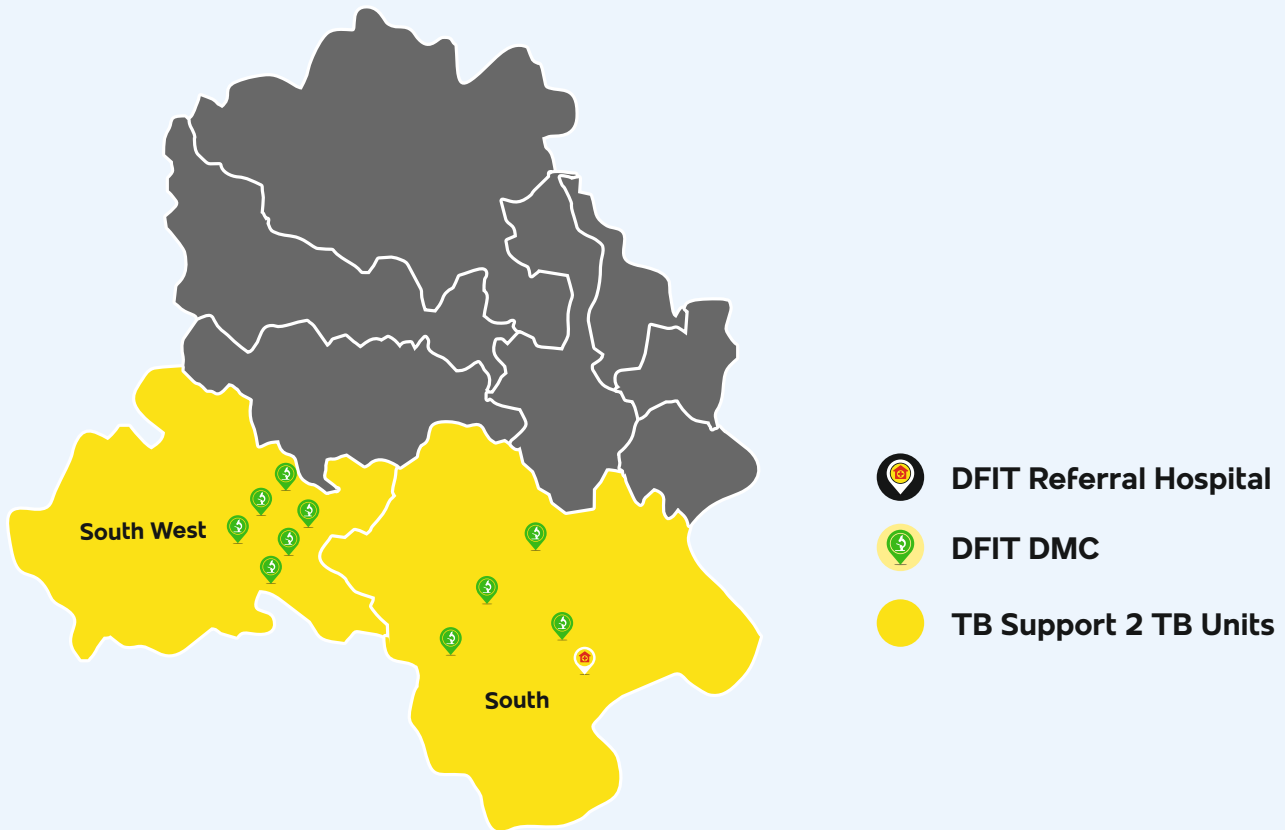
विभायक राणार प्रवरा नायक के मुख्य अतिथि में राष्ट्रीय कुल उत्पलन कार्यक्रम के तहत पुरीर विकासराणर के अंतर्गत नगर पंचायत वार्ड क्रमांक 5 में गत दिवस 19 दिसम्बर 2020 को स्वास्थ्य विभाग एवं डैमियन फाउण्डेशन द्वारा ड्राट के संयुक्त

गण। इन सरी मुक्तियों से जूझने के कारण वह अपने स्वास्थ्य का सही ख्यान नहीं रख पाया और वह कुछ गैंग से घेरित हो गया। शहर के बैकपुड गंगा के माध्या से स्वास्थ्य विभाग को इसकी जानकारी मिली। जानकारी के पश्चात स्वास्थ्य विभाग द्वारा उसे तत्काल चिकित्सा सुविधा उपलब्ध कराया गया। स्वास्थ्य विभाग एवं डैमियन फाउण्डेशन द्वारा उसके लिये पुनर्वास के लिये



After

Under the Livelihood support programme of DFIT, housing support was provided for him. A good-looking house was constructed and inaugurated in the handed over to Purushottam in the presence of local MLA, Secretary of DFIT, local health department officials and local well-wishers. The local community supported with house utensils and other items needed for his new house. He has also got a job on daily wages basis in a local gas agency and also hoping to get married soon. He is very much thankful to Damien Foundation for giving him a ray of hope in his life and which has brought him closer to the local community.



Margaret Leprosy and TB Hospital, South West Delhi

Damien Foundation India Trust 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 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 1159070. Project has established 10 microscopy centres including one referral hospital for managing complications related to leprosy and tuberculosis. 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, 4806 presumptive TB cases were screened for TB and 2382 TB cases of all types were registered for the treatment. The project has achieved a Cure rate of 87% among NSP cases and 81% among re treatment cases in both two TB Units respectively. The Government had established two HIV testing centres also. About 98.3% (2343/2382) of the TB patients are screened for HIV and only 5 cases were co-infected with HIV (0.2%). Project has provided Nutritional Supplement for 208 needy TB/DRTB patients and supported 13 patients for socio economic activity as part of livelihood support.

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

| Leprosy care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|-------|-------|-------|-------|-------|
| Out patients treated | 26621 | 24772 | 32524 | 21482 | 13562 |
| Among them skin patients treated | 1460 | 2162 | 6594 | 3164 | 2726 |
| New leprosy cases diagnosed and referred to PHCs | 11 | 14 | 9 | 19 | 4 |
| Reaction cases managed | 1 | 6 | 15 | 40 | 12 |
| Major Surgery done | 45 | 38 | 40 | 30 | 10 |
| Minor surgeries (Septic and nerve decompression) | 4 | 6 | 4 | 13 | 1 |
| In-patients managed | 123 | 123 | 102 | 137 | 49 |
| Bed days | 3075 | 2696 | 2795 | 2733 | 1232 |
| Protective footwear (MCR) provided | 5 | 0 | 0 | 5 | 15 |

| Tuberculosis care services Delhi | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------------------------------------|------------------|------------------|------------------|------------------|------------------|
| Respiratory symptomatic treated | 25181 | 7481 | 7672 | 21665 | 4806 |
| Presumptive TB cases examined | 7199 | 7481 | 8299 | 8231 | 4806 |
| Total TB cases registered | 2469 | 2236 | 2487 | 2867 | 2382 |
| Total new TB cases registered | 1933 | 1781 | 2012 | 2389 | 1996 |
| Among them new sputum positive cases | 777 | 741 | 780 | 847 | 660 |
| Sputum conversion rate for NSP cases | 708/784 (90%) | 653/734 (89%) | 646/785 (82%) | 697/852 (82%) | 605/699 (87%) |
| Cure rate for NSP cases | 702/769 (91%) | 700/777 (90%) | 654/741 (88%) | 692/780 (89%) | 767/87 (87%) |
| Sputum conversion rate for RT cases | 58/77 (77%) | 230/301 (76%) | 221/277 (80%) | 190/243 (78%) | 222/250 (89%) |
| Cure rate for RT cases | 227/287 (79%) | 256/327 (78%) | 223/277 (81%) | 225/273 (82%) | 206/255 (81%) |
| In-patients managed | 6 | 0 | 0 | 7 | 0 |
| Bed days | 6 | 0 | 0 | 7 | 0 |



Simple yet a life saving support

Poonam, 17 years old girl from Delhi city came to Damien Foundation project hospital in Delhi. She was suspected for having TB as the family history taken by the staff reveals that her elder sister also a known case of TB and taking treatment with Delhi project. She was very weak when the TB treatment was started at the Damien hospital. It is very essential to have good protein and nutritious food while taking TB treatment. Poonam hails from a very poor family and already having one known case of TB patient at home and Ms.Poonam was not taking proper nutritional food as her father who is a Dhobi (washer man) was not earning enough money due to Covid-19 lockdown. In this situation, DFIT analyzed her situation and decided to support for her protein rich Nutritional food support by giving her Milk & Egg in addition to regular food grains for about 6 months. She was taking regular treatment along with the Nutritional supplement. Poonam's health improved and she started to gain about 8 kg of weight during the course of treatment in 6 months. Her body weight was increased from 30kgs to 38kgs. She is happy and healthy today.

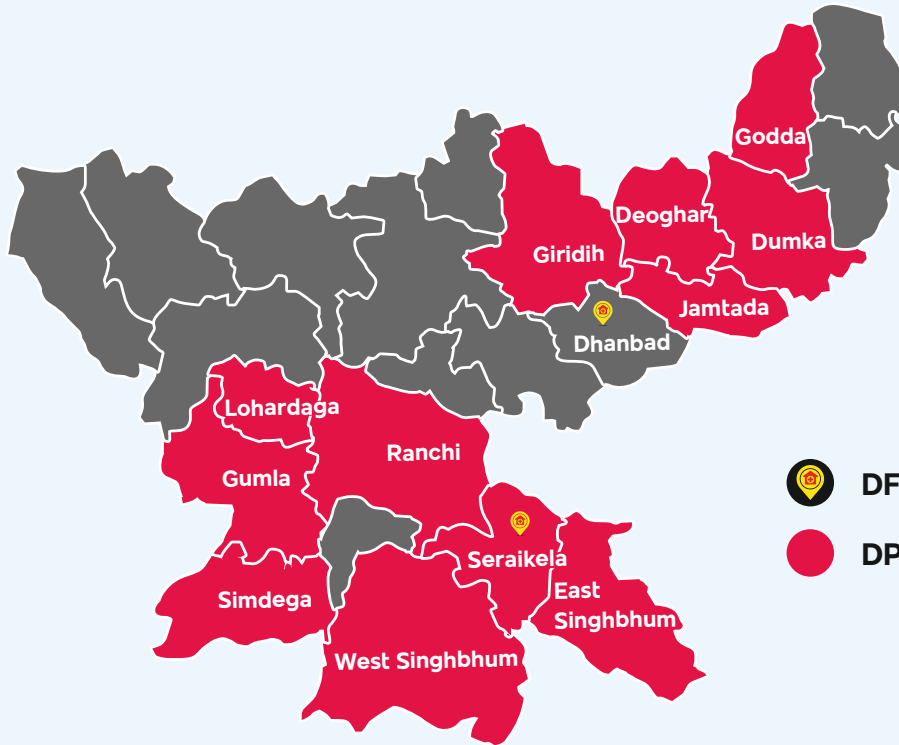


Before



After

JHARKHAND



DFIT Referral Hospital



DPMR Support 12 Districts

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 12 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 3 to 4 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.





The teams visited 364 Health facilities in 12 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 2% of the cases were over diagnosed and 11% of the cases were under diagnosed. This was discussed with concerned Medical Officers and Para medical workers and provided on the job training. Team visited 1040 persons affected by leprosy with disabilities and found that 64% of them were practicing self-care regularly. During the year 139 cases were identified for deformity correction surgery. Team provided training on leprosy for various category of staff including 570 Medical Officers, 301 NLEP staff and 1054 health staff including RBSK doctors, Ayush doctors, nurses, ANMs and ASHA workers. Team also assisted persons with disabilities to get their disability certificates for getting pension.

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

| DPMR Services – 12 districts | 2018 | 2019 | 2020 |
|---|--------------------|-------------------|-------------------|
| Number of reaction cases taking regular treatment | 378/401 (94.3%) | 372/379 (98%) | 356/368 (97%) |
| Number of disability persons practicing self care regularly | 1130/1694 (67%) | 943/1428 (66%) | 662/1040 (64%) |
| Total POD camps conducted | 8 | 14 | 8 |
| No. of leprosy affected persons attended during POD camps | 39 | 65 | 54 |
| Trainings conducted | 87 | 75 | 87 |
| No. of participants attended | 1949 | 1823 | 1912 |
| No. of PHCs meetings attended | 59 | 40 | 34 |
| No. of staff sensitised | 1732 | 937 | 718 |



Claver Social Welfare Centre, Amda, Saraikela District

The project has been upgraded to tertiary level care services in 2013. The project offers referral services for persons affected by leprosy with complications 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.



JHARKHAND



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

| Leprosy Care Services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|------|------|------|------|
| Out patients treated | 1538 | 1586 | 1811 | 1796 | 1244 |
| Among them skin patients treated | 1538 | 1586 | 1730 | 1738 | 1213 |
| New leprosy cases diagnosed and referred to PHCs | 53 | 37 | 35 | 34 | 21 |
| Reaction cases managed | 46 | 53 | 36 | 45 | 30 |
| Major Surgery done | 47 | 48 | 40 | 43 | 17 |
| Minor surgeries (Septic and nerve decompression) | 2 | 0 | 0 | 0 | 2 |
| In-patients managed | 175 | 138 | 175 | 110 | 44 |
| Bed days | 4890 | 4564 | 4289 | 4323 | 1411 |
| Protective footwear (MCR) provided | 41 | 53 | 97 | 80 | 38 |

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 for managing chronic ulcers. This is one of the three important referral centres in the state catering leprosy referral services.

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

| Leprosy Services | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|------|------|------|------|------|
| Re-constructive surgeries | 52 | 58 | 59 | 55 | 20 |
| Minor surgeries (Septic and nerve decompression) | 0 | 2 | 0 | 7 | 0 |
| In-patients managed | 56 | 76 | 86 | 79 | 40 |
| Bed days | 3045 | 3305 | 3498 | 3267 | 1686 |



Before



After



Before



After

The Story of Malindra Mahto

Malindra Mahto, aged 35, lives in Chhota Chirka village in East Singhbhum in Jharkhand State. He is the youngest son. He contracted leprosy in the year of 2011. Initially he had a patch on his right hand and secondly he felt the loss of sensation which slowly developed clawing. He went to Government health centre where he was provided MDT medicine for one year period along with steroids. It was difficult for him to do his routine activities due to his clawing of hand. DFIT field team came in contact with him in his village and counseled and motivated him to undergo reconstructive surgery. He agreed for the deformity corrective surgery and referred to DFIT project hospital in Amda. He underwent surgery on November 11, 2017. He was provided pre and post operative physiotherapy by the project. He showed good signs of improvement. To have a sustainable livelihood, DFIT supported for a small business (Mobile Fancy shop) under Livelihood Enhancement Program and now his business is running well and he earns Rs.400/- per day. He is now married and lives with Children and also has his own house and a piece of land for cultivation. He is happy with DFIT timely support and care which has changed his life.



Gangaram is integrated with his family

Mr. Gangaram Bari, is 27 years old male from Kuldiya village, West Singhbhum District from Jharkhand. In 2016, he got injury in his Right foot while doing the cultivation work in his field. Initially he neglected it as there was no pain due to loss of sensation in his Leg. Later the wound did not heal and it developed into ulcer. So he consulted the village practitioner and took treatment, but still his ulcer was not healed. In the meantime he went to Delhi with his brother in search of job. In December 2016, he developed paralysis in leg and developed disability and he consulted the doctor at Hindu Rao Hospital, Delhi where he was diagnosed as a case of Leprosy and treatment was provided (MB adult dose of MDT). He completed the full course of treatment and was cured of leprosy. He was counseled by the staff and he was ready to undergo reconstructive surgery for his right foot for deformity correction. In November 2017 he was admitted in NandNagri hospital, Delhi and underwent Surgery. Because of his recurrent ulcer in the foot he was not able to walk properly. He returned back to his native place where his own wife started isolating him because of ulcer with foul smell. He was not allowed to play with his children in the family. DFIT field team identified him and counselled him to undergo surgery in DFIT supported hospital in CSWC Amda. He accepted the advice of the field staff and got admitted in the hospital in 10th November 2020. His right greater toe was found to be infected, and it was amputated in order to avoid further damages. He was also thought self-care practice for his hand and feet by the hospital staff. As a result of this, his ulcer started to heal soon. He has also reunited with his wife and children. Gangaram is very happy and he could not express his happiness in words. He is thankful to the DFIT team for bringing back his normal life.

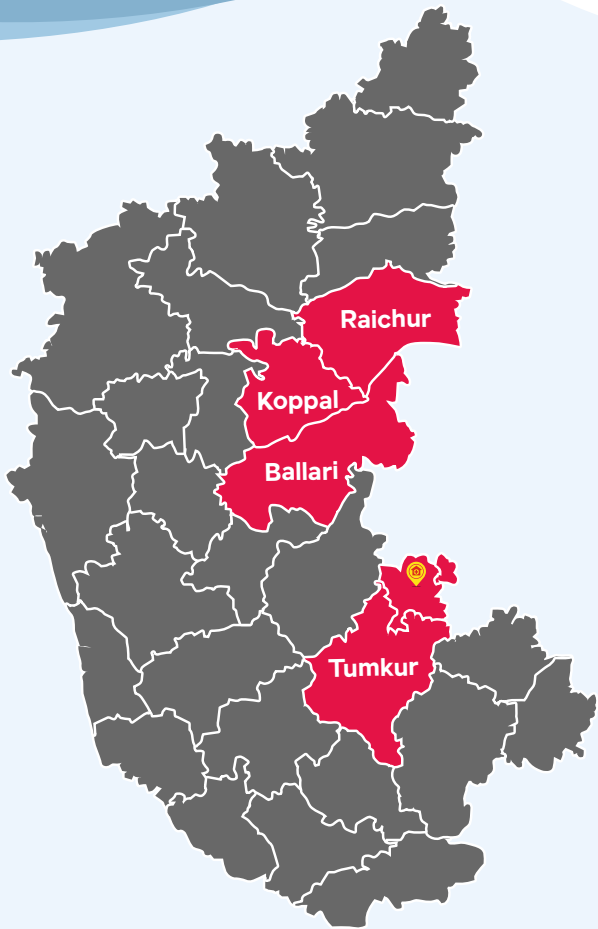


Pre - Amputation



Started healing after surgery





DFIT Referral Hospital



DPMR Support 3 Districts

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 re-constructive surgery, ulcer care and reaction management. The project supports TB control activities through Designated Microscopy Centre and other facilities like Gene Xpert and X-ray.



KARNATAKA

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

| Leprosy Care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|------|------|------|------|
| Outpatients treated | 7231 | 9501 | 9050 | 8240 | 5410 |
| Among them skin patients treated | 1026 | 1241 | 1178 | 1372 | 754 |
| New leprosy cases diagnosed and referred to PHCs | 23 | 17 | 22 | 17 | 7 |
| Reaction cases managed | 10 | 5 | 2 | 6 | 8 |
| Major Surgery done | 31 | 26 | 18 | 18 | 2 |
| Minor surgeries (Septic and nerve decompression) | 2 | 0 | 0 | 0 | 0 |
| In-patients managed | 73 | 117 | 27 | 59 | 13 |
| Bed days | 2250 | 1754 | 958 | 1064 | 323 |
| Protective footwear (MCR) provided | 43 | 120 | 80 | 84 | 80 |
| Tuberculosis Care services | 2016 | 2017 | 2018 | 2019 | 2020 |
| Respiratory symptomatic treated | 5615 | 2555 | 1906 | 1975 | 921 |
| Presumptive TB cases examined | 1751 | 2104 | 2504 | 2528 | 657 |
| Presumptive TB cases found positive | 240 | 257 | 243 | 216 | 46 |
| Follow up cases examination | 389 | 428 | 333 | 358 | 231 |
| Follow up cases found positive | 72 | 65 | 35 | 34 | 11 |

Support to DPMR activities in Karnataka :

Damien Foundation India Trust initiated Disability Prevention and Medical Rehabilitation activities in 3 districts (Bellary, Raichur and Koppal) from 2020. The main objective of the involvement is to improve the skills of health staff in identification and management of lepra reactions to prevent disabilities among new leprosy cases. Also updating the list of persons affected by leprosy with disabilities in the districts to facilitate deformity correction surgeries, Livelihood support and providing home based selfcare training to prevent the worsening of disabilities.

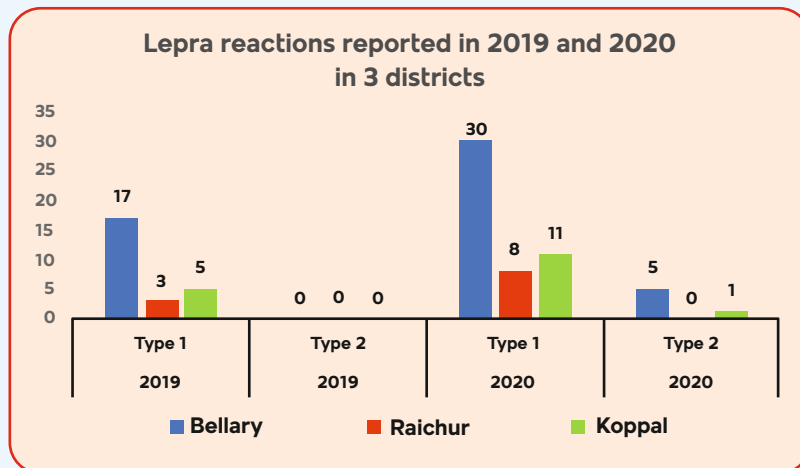


In 2020, all nodal persons providing leprosy services at HF level were trained in 3 districts which include 171 medical officers, 58 NLEP key staff and sensitised 1237 health staff like nurses, ANMs, and ASHA workers on leprosy signs and symptoms. It was observed that both type 1 and 2 reaction cases were doubled compared to the year 2019 and the numbers were increased despite lockdown and other restrictions due to pandemic. This is mainly due to improved skills of health personal in identification and reporting of lepra reactions. DFIT coordinator visited all the reaction patients to ensure the quality of diagnosis and treatment schedule.



The following table describes the performance of DPMR services in Karnataka :

| DPMR Services – 3 districts | 2020 |
|---|----------------|
| Number of reaction cases taking regular treatment | 64/65 (98.5%) |
| Number of disability persons practicing self care regularly | 70/147 (47.6%) |
| Total POD camps conducted | 1 |
| No. of leprosy affected persons attended during POD camps | 7 |
| Trainings conducted | 70 |
| No. of participants attended | 1466 |
| No. of PHCs meetings attended | 17 |
| No. of staff sensitised | 230 |



KARNATAKA



Reaction Management



Before Treatment



After Treatment



Before Treatment



After Treatment



Before Treatment

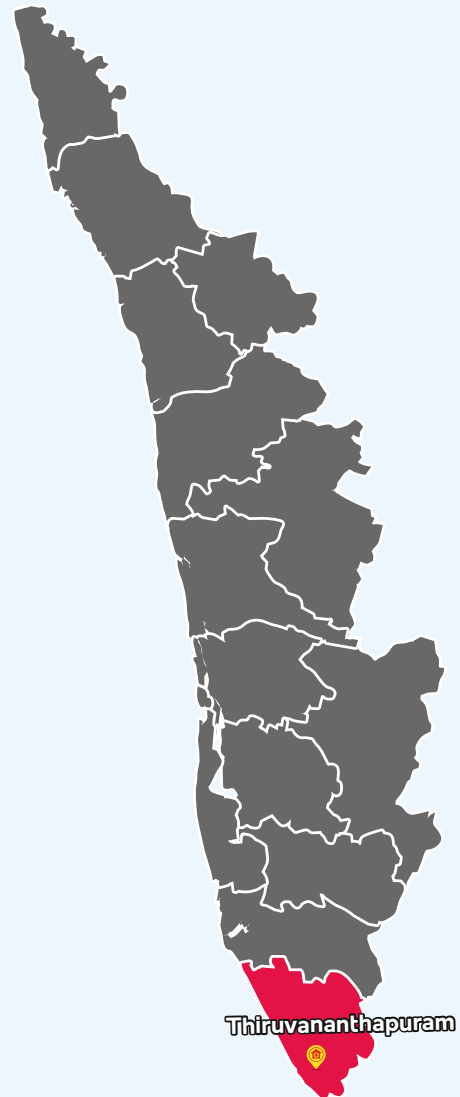


After Treatment

KERALA

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 reconstructive 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 good referral network in all 14 districts of Kerala and it is coordinated by the physiotherapist. A periodical RCS screening camps are organised to identify the eligible persons for deformity correction and other medical needs.



Thiruvananthapuram



DFIT Referral Hospital



KERALA

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

| Leprosy Care Services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|------|------|-------|-------|
| Out patients treated | 372 | 357 | 396 | 12455 | 14576 |
| Among them skin patients treated | 53 | 147 | 56 | 278 | 308 |
| New leprosy cases diagnosed and referred to PHCs | 3 | 2 | 1 | 1 | 0 |
| Reaction cases managed | 7 | 3 | 0 | 2 | 2 |
| Major Surgery done | 28 | 23 | 17 | 20 | 10 |
| Minor surgeries (Septic and nerve decompression) | 15 | 8 | 21 | 20 | 11 |
| In-patients managed | 137 | 141 | 134 | 160 | 131 |
| Bed days | 4595 | 4345 | 3946 | 5558 | 4693 |
| Protective footwear (MCR) provided | 451 | 469 | 448 | 230 | 167 |



A beautician becomes handsome

Manu aged 28 years belongs to a tribal community in Idukki district of Kerala State. He is married and having a son. His family is living with his mother and younger brother. He is the sole breadwinner of the family. For his livelihood he started to work as an assistant in a beauty parlour in a town. 4 years ago he had some problems in his right hand like numbness, muscle weakness and enlarged of nerves. He took medical consultation with 2 to 3 private hospitals, but it was in vain, there was no improvement. The doctors from the hospitals could not diagnose his real health issue. In mean time, he went to his home village which is in a forest area. While travelling in the truck he met with an accident and fell to a flume which is 200 ft deep. He was saved as he got stuck in a branch of roots. He was bedridden for some time, and with regular physiotherapy and Ayurvedic medicines he was able to walk and do small jobs. But soon he realised that he had problem with his right hand with more numbness and weakness and he could not do any work. He went to a Government hospital and was diagnosed with Leprosy, they prescribed MDT treatment for 12 months.

After two months, three health workers visited his house in his tribal village, two health workers from Damien Foundation supported project St. Johns Hospital, Pirappencode and the other health worker was from Government Hospital, Idukki. The health workers assessed his status of disease and counselled that he should undergo Reconstructive Surgery for his hands, and assured him that he will be able to do all the work as he did earlier.

Damien Foundation project staff counselled his family members and gave assurance that Manu's health issue will be resolved and he can carry out his work as he did earlier. After getting the consensus from family members Manu was admitted to Damien Foundation project at St. John's Leprosy Rehabilitation Centre from 18.02.2020. On 04.03.2020 he underwent reconstructive surgery of his hands. After 4 weeks of post-operative care and physiotherapy, Manu was happy and in immense joy he could feel that his hand was responding very well.

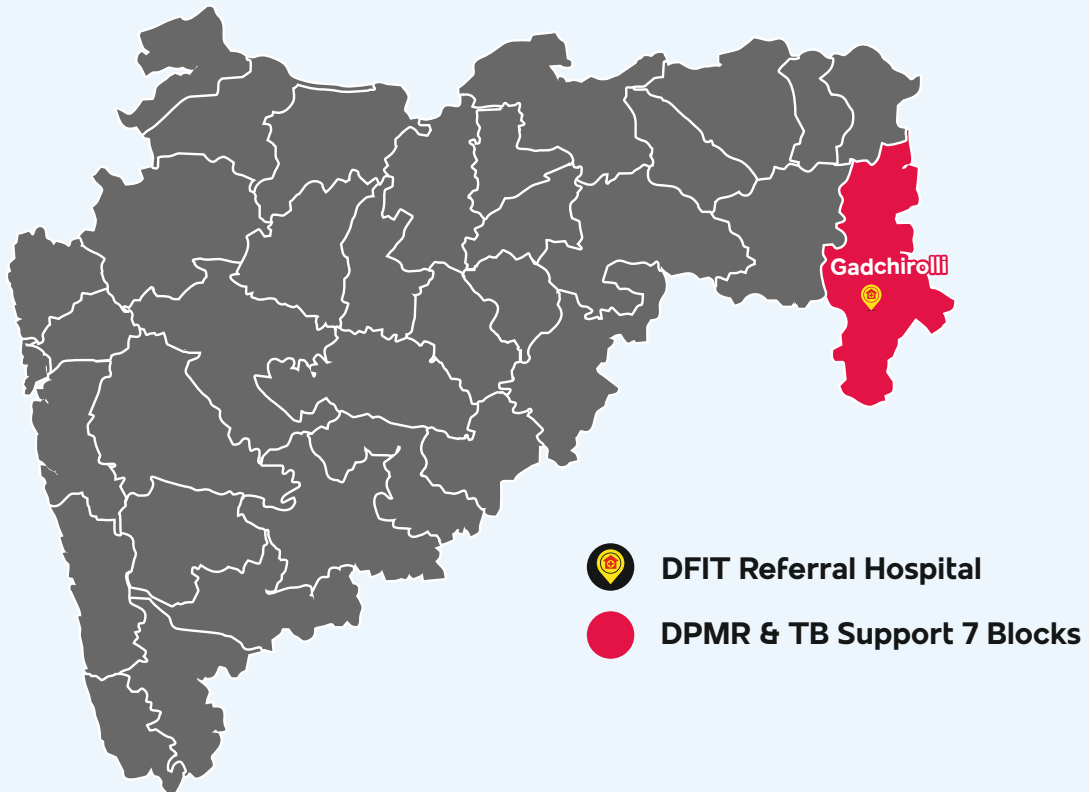
Manu started to do small work as usual and got back to normal life. As it was Covid-19 lockdown period the beauty parlour was not opened, but Manu is eagerly looking forward to re-join his work as Beautician assistant. The timely medical support received from Damien Foundation through St. John's Leprosy and Rehabilitation Centre has changed his life.



Before



After



Assisi Sevasadan Hospital, Nagepalli, Gadchiroli District

The project is located in the tribal district and serves the population among difficult to reach areas with the help of dedicated team. The project has engaged 5 field staff from the tribal population who can speak the tribal dialect and they are supporting TB and leprosy related activities in 7 blocks (31 PHCs) covering the population of 646652. The project has OPD services for leprosy and TB related services. There are 459 leprosy affected persons with deformities living in its jurisdiction and among them 88% are practicing self-care regularly and 17 of them were provided MCR footwear. The project has covering 19 DMCs area and achieved 90% cure rate among cases (NSP) registered in the year 2019. One of the main strengths of the project is the involvement of local community leaders in the leprosy and TB control programmes. Besides medical rehabilitation the project provides social rehabilitation to enhance the livelihood of persons affected by leprosy and TB.

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

| Leprosy Care Services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|-------|-------|-------|-------|-------|
| Out patients treated | 25005 | 26945 | 11281 | 19810 | 21772 |
| Among them skin patients treated | 552 | 888 | 279 | 383 | 257 |
| New leprosy cases diagnosed and referred to PHCs | 37 | 68 | 58 | 98 | 92 |
| Reaction cases managed | 17 | 29 | 15 | 39 | 26 |
| In-patients managed | 42 | 57 | 44 | 64 | 51 |
| Bed days | 310 | 431 | 620 | 774 | 647 |
| Protective footwear (MCR) provided | 66 | 77 | 76 | 69 | 17 |

| Tuberculosis Care services (19 DMCS) | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------------------------------------|------------------|------------------|------------------|------------------|------------------|
| Respiratory symptomatic treated | 177273 | 128241 | 161791 | 272488 | 257970 |
| Presumptive TB cases examined | 2934 | 3053 | 3341 | 7554 | 8274 |
| Total TB cases registered | 409 | 498 | 487 | 397 | 805 |
| Total new TB cases registered | 336 | 424 | 409 | 962 | 676 |
| Among them new sputum positive cases | 208 | 301 | 261 | 449 | 333 |
| Sputum conversion rate for NSP cases | 176/198 (89%) | 246/284 (87%) | 238/272 (88%) | 329/385 (85%) | 352/395 (89%) |
| Cure rate for NSP cases | 189/226 (84%) | 180/208 (87%) | 281/301 (93%) | 237/261 (91%) | 403/449 (90%) |
| Sputum conversion rate for RT cases | 35/44 (80%) | 49/52 (94%) | 44/54 (81%) | 52/85 (79%) | 54/61 (89%) |
| Cure rate for RT cases | 31/49 (63%) | 38/51 (75%) | 48/57 (84%) | 45/56 (80%) | 46/58 (79%) |
| In-patients managed | 75 | 74 | 53 | 52 | 31 |
| Bed days | 186 | 229 | 163 | 178 | 133 |

SUCCESS STORY

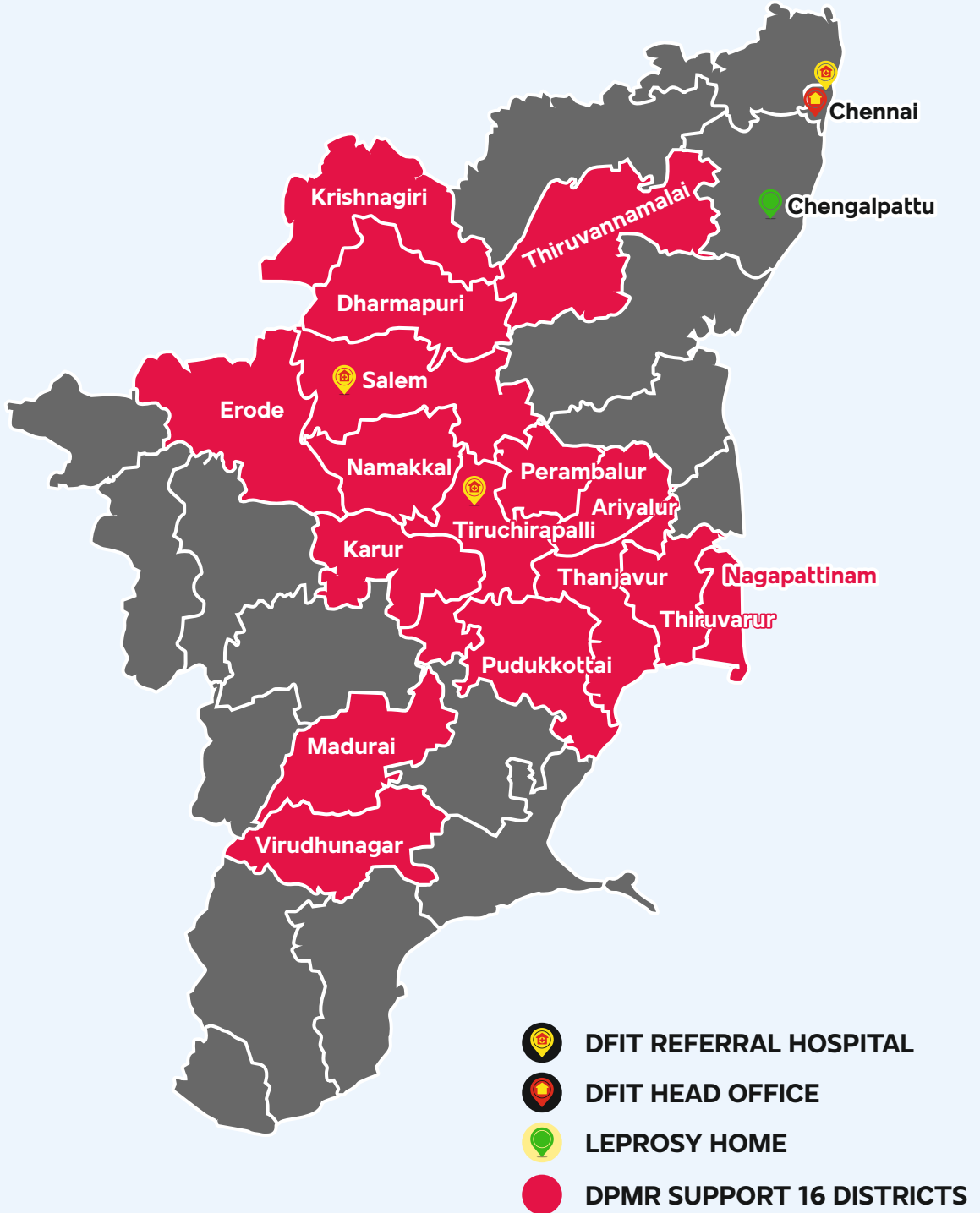
Mr.Chinna Mailla Sadmekan ordinary man from a tribal village in Gadchirolli district in Maharashtra was diagnosed of TB. The 38 year Chinna has studied up to 12th class. In the year 2016, he had severe fever and was getting weak. He visited Assisi hospital a project supported by Damien Foundation where he was diagnosed with TB and started on TB treatment and was cured. After few years he again developed the signs and symptom of TB and the hospital stafft his time referred him for CBNAAT diagnosis at Aheri hospital where he was found positive for with Drug Resistant TB and this time he was started on with DRTB treatment for a period of one year. During the follow up visit by the staff they found Chinna very much discouraged and disappointed in his life also he was irregular on treatment. After a lot of counseling and awareness he was willing to continue the DRTB medication. During the period of treatment he was provided socio-economic rehabilitation as part of Livelihood support programme to start a small grocery shop according to his interest, were his family members were supportive in running the business. While everything was going smoothly lockdown was announced due to Corona Pandemic everywhere, again he became discouraged of his condition. Through phone regular follow-up was done by the staff and motivated to continue treatment regularly. Then by the end of April 2021 he began his shop again, by then his treatment also was complete. Today he is earning daily around Rs. 500 to 1000 per day through his business supported by DFIT. His wife is supporting him verymuch. Now he is happy and contented in his life and he plans to expand his shop further.



MAHARASHTRA



TAMIL NADU



TAMIL NADU

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 leprosy/TB care services. The project in Anandapuram is providing care for terminally ill persons affected by leprosy. DFIT is facilitating DPMR activities in implementing care after cure services in sixteen districts with the collaboration of district leprosy programme. The main objective of DFIT in these districts is updating the list of persons affected by leprosy with disabilities, providing them home based self-care, identification, and referral of eligible persons for re-constrictive surgery, facilitating Government entitlements and income generating activity support to needy persons.

Holy Family Hansensorium, Fathimanagar, Trichy District

This referral centre 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 by the DFIT District teams from all the neighboring districts. The project is also involved in TB control since 1998 supporting 126492 populations through its Designated Microscopy Centre. Besides DFIT support, the hospital also has counseling facility for HIV and a weaving centre for rehabilitating persons affected by leprosy.



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

| Leprosy care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|-------|-------|-------|-------|------|
| Out patients treated | 4494 | 4116 | 3501 | 3704 | 2806 |
| Among them skin patients treated | 3189 | 2229 | 1646 | 1924 | 1800 |
| New leprosy cases diagnosed and referred to PHCs | 25 | 28 | 24 | 27 | 9 |
| Reaction cases managed | 81 | 75 | 54 | 49 | 23 |
| Major Surgery done | 39 | 34 | 26 | 42 | 8 |
| Minor surgeries (Septic and nerve decompression) | 58 | 47 | 51 | 50 | 21 |
| In-patients managed | 455 | 404 | 398 | 382 | 235 |
| Bed days | 18516 | 17615 | 19562 | 16054 | 8898 |
| Protective footwear (MCR) provided | 378 | 325 | 354 | 390 | 199 |

TAMIL NADU

| Tuberculosis care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------------------------------------|----------------|-----------------|----------------|-----------------|----------------|
| Respiratory symptomatic treated | 4494 | 1378 | 1580 | 1674 | 981 |
| Presumptive TB cases examined | 725 | 915 | 1145 | 1030 | 536 |
| Total TB cases registered | 31 | 16 | 26 | 17 | 8 |
| Total new TB cases registered | 30 | 11 | 21 | 22 | 7 |
| Among them new sputum positive cases | 24 | 10 | 15 | 15 | 6 |
| Sputum conversion rate for NSP cases | 12/14 (86%) | 12/14 (86%) | 15/16 (94%) | 16/16 (100%) | 6/6 (100%) |
| Cure rate for NSP cases | 10/16 (63%) | 12/12 (100%) | 6/9 (967%) | 16/18 (89%) | 13/16 (81%) |
| Sputum conversion rate for RT cases | | | 2/2 (100%) | 3/3 (100%) | 1/1 (100%) |
| Cure rate for RT cases | | | 4/4 (100%) | | |
| In-patients managed | 8 | 0 | 7 | 2 | 0 |
| Bed days | 125 | 0 | 186 | 39 | 0 |



Before



After

St. Mary's Leprosy and TB Centre, 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 6071743 in the project are facilitated by its one coordinator for entire Salem and Namakkal districts.



The main objective of DPMR activities is to follow up of reaction cases, on the job training to health staff, training on self care through organising POD camps to prevent further worsening of deformities, identifying and mobilising persons eligible for RCS and providing socio economic assistance. Project has a Designated Microscopic Centre covering urban population of around 131220.

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

| Leprosy care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|------|-------|------|------|
| Out patients treated | 9102 | 8892 | 10318 | 9110 | 6018 |
| Among them skin patients treated | 1050 | 1059 | 1315 | 1472 | 1333 |
| New leprosy cases diagnosed and referred to PHCs | 51 | 36 | 72 | 54 | 25 |
| Reaction cases managed | 20 | 29 | 33 | 40 | 27 |
| Minor surgeries (Septic and nerve decompression) | 12 | 5 | 0 | 2 | 0 |
| In-patients managed | 180 | 153 | 168 | 160 | 64 |
| Bed days | 5724 | 5910 | 5599 | 5217 | 3271 |
| Protective footwear (MCR) provided | 426 | 434 | 276 | 480 | 395 |

TAMIL NADU

| Tuberculosis care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--------------------------------------|------------------|-----------------|-----------------|----------------|----------------|
| Respiratory symptomatic treated | 23640 | 2529 | 3273 | 2345 | 1274 |
| Presumptive TB cases examined | 1751 | 893 | 1458 | 1478 | 475 |
| Total TB cases registered | 70 | 71 | 88 | 69 | 48 |
| Total new TB cases registered | 55 | 55 | 70 | 59 | 42 |
| Among them new sputum positive cases | 28 | 26 | 36 | 44 | 22 |
| Sputum conversion rate for NSP cases | 30/32 (94%) | 24/24 (100%) | 32/32 (100%) | 38/43 (88%) | 28/29 (97%) |
| Cure rate for NSP cases | 134/182 (74%) | 24/28 (86%) | 26/26 (100%) | 31/36 (86%) | 35/44 (80%) |
| Sputum conversion rate for RT cases | 8/8 (100%) | 12/15 (80%) | 12/14 (86%) | 7/8 (88%) | 4/5 (80%) |
| Cure rate for RT cases | 27/51 (53%) | 7/8 (88%) | 12/14 (86%) | 11/14 (79%) | 8/10 (80%) |



Before



After

TAMIL NADU



Before Housing Support



After Housing Support



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 care services for leprosy through the collaboration from the year 2013 by supporting infrastructure like operation theatre, physiotherapy and human resource. The project provides re-constructive surgery and ulcer care management for the patients referred by general health system and DFIT District Consultancy Teams. At present this is the only leprosy centre in and around Chennai providing leprosy referral services.

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

| Leprosy care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|-------|-------|-------|------|
| Out patients treated | 6747 | 10601 | 10359 | 10527 | 8657 |
| Among them skin patients treated | 6473 | 10405 | 10149 | 10144 | 8449 |
| New leprosy cases diagnosed and referred to PHCs | 1 | 3 | 4 | 0 | 3 |
| Reaction cases managed | 0 | 5 | 3 | 2 | 1 |
| Major Surgery done | 23 | 21 | 13 | 20 | 1 |
| Minor surgeries (Septic and nerve decompression) | 45 | 1 | 4 | 5 | 1 |
| In-patients managed | 82 | 34 | 30 | 40 | 10 |
| Bed days | 3626 | 1151 | 1235 | 1045 | 222 |
| Protective footwear (MCR) provided | 13 | 6 | 34 | 44 | 0 |

TAMIL NADU



Before



After

Anandapuram Rehabilitation Centre, Polambakkam, Kanchipuram 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 a capacity to accommodate 30 inmates and during the year there were 18 persons benefitted by the project. During the year 2015, the project started providing terminal care for persons affected by leprosy are referred by Government hospitals,

leprosy homes and DFIT field staff. Ambulance facility is available for shifting patients to nearby hospitals during emergencies. General Physiotherapy services were initiated in the project in 2015 to cater physiotherapy services for general population including person affected by leprosy and these services were stopped till December due to COVID-19 pandemic. Nearly 189 patients benefitted from the physiotherapy in 2020.

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

| Leprosy care services | 2016 | 2017 | 2018 | 2019 | 2020 |
|--|------|------|------|------|------|
| Number of Patients attended Physiotherapy OPD | 1220 | 516 | 974 | 971 | 189 |
| Number of new inmates' admissions | 11 | 1 | 7 | 6 | 5 |
| Number of inmates deleted (Died, Others) | 7 | 3 | 9 | 11 | 3 |
| Number of inmates living end of the year | 24 | 22 | 21 | 16 | 18 |
| Number of beds available | 30 | 30 | 30 | 30 | 30 |
| Number of bed days occupied | 7690 | 7312 | 7373 | 7639 | 6619 |
| Bed occupancy rate | 70% | 67% | 67% | 71% | 61% |



Disability Prevention and Medical Rehabilitation Program

One of the major challenges in leprosy control is prevention of disabilities and prevention of worsening of disabilities due to the disease. National Leprosy Eradication Programme developed guidelines and strategies with the support of ILEP in 2005 for Disability Prevention and Medical Rehabilitation. At present DFIT is facilitating DPMR activities through different strategies in 16 districts of Tamil Nadu. The main objective of DPMR programme is to improve the capacity of general health staff in managing complications like reaction, updating the list of persons affected by leprosy with disabilities, identification and referral of eligible persons for re-constructive surgery, providing customised footwear, facilitating Government entitlements and socio-economic support. DFIT teams involving 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.

TAMIL NADU

During the year 2020, it was noted that 7369 persons affected by leprosy with disabilities are living in DFIT supported 16 districts. The teams visited 2467 persons to see whether they are practicing self-care, it was found that 62% of them were practicing self-care regularly. It was observed that 75% of them using protective footwear. The team identified, 53 cases eligible for RCS and only 6 persons underwent surgical correction during the year due to the pandemic. The teams also identified 26 patients with reaction during the monitoring of disability cases and ensured that 306 cases under treatment for reaction completed the course of prednisolone through regular contact. Around 1800 persons affected were trained in self-care through the demonstration in 55 POD camps organised by the PHC and help them to get disability certificates if they are eligible. The teams facilitated leprosy training to 279 medical officers, 116 NLEP staff and sensitised 578 health staff including nurses, ANMs and ASHA workers on identification and referral of leprosy suspects to health facilities for the confirmation and treatment.



TAMIL NADU

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

| DPMR Support- 14 districts | 2016 | 2017 | 2018 | 2019 | 2020 |
|---|--------------------|--------------------|--------------------|--------------------|----------------------|
| Number of reaction cases taking regular treatment | 223/224 (99%) | 227/229 (99%) | 128/128 (100%) | 186/186 (100%) | 304/306 (99%) |
| Number of disability persons practicing self care regularly | 3337/5722 (58%) | 3316/5347 (62%) | 2346/3500 (67%) | 1156/2185 (53%) | 1542/2467 (62.5%) |
| Total POD camps conducted | 84 | 109 | 77 | 77 | 55 |
| No. of leprosy affected persons attended during POD camps | 2310 | 2358 | 2054 | 4260 | 1799 |
| Trainings conducted | 146 | 125 | 143 | 45 | 36 |
| No. of participants attended | 3580 | 2526 | 3853 | 2308 | 964 |
| No. of PHCs meetings attended | 92 | 82 | 62 | 21 | 31 |
| No. of staff sensitised | 3926 | 4516 | 3877 | 1515 | 2561 |



Anbazhagan has turned into a volunteer today

Anbazhagan, 22 Years, is self-employed as a Tailor. He hails from Mettur near Salem district in Tamil Nadu. He noticed patches on his foot but neglected it. He took native medicine under the advice of his neighbors. His patches began to get worse, and further he then went to a Siddha hospital treatment. They identified his disease as Leprosy and advised him to visit the Government Centre. The Government Centre after checking him referred him to DFIT supported project at St. Mary's Leprosy Centre, Arisipalayam, Salem for confirmation of Leprosy. But he did not report to the centre immediately; he reached almost after 5 years to St. Mary's Leprosy Centre. He visited at the age of 27 years; he was confirmed as Leprosy case and put on MB drugs. After 3 doses of treatment, he developed severe repeated reaction and was very much frustrated of his condition. From 2018 to 2019 he was admitted 3 times towards the management of this lepra reaction. Through regular counseling and drugs, he got well soon.

Anbazhagan has come out of his frustration and has gained a positive attitude to towards life. This process of his transformation has motivated him to work as a community volunteer for leprosy affected which helps in early case detection of Leprosy cases and helping other Leprosy affected patients. He has referred several leprosy suspects to the hospital towards diagnosis and treatment. In 2020 he brought a new MB Leprosy case from his area and he was put on treatment. He is also following up the leprosy patients in his area who are undergoing treatment and also counseling/motivating.

He developed enough courage and went back to the old tailor shop. He is totally healthy now and is leading a normal and a happy life.



Before



After

45 years of suffering comes to an end

Kandan is married and lives with his wife in Trichy city. He was suffering with deformity in hands and feet for the past 45 years due to Leprosy. He was cured of Leprosy but his ulcers in the feet never healed for the past 45 years. His toes in both feet shortened one by one because of ulcers and bad odour started from it. He himself hated the bad smell that prevailed around him due to the bad ulcers. He had to go to hospital for this frequently. DFIT field staff taught him to how to practice self care for his feet and hands and he was practicing it regularly. The ulcers started slowly healing.

Kandan for his livelihood go around the streets to sell the flowers every day by cycle. Due to this continues cycling and no rest to the feet, his ulcer got recurrence.

DFIT field staff as part of follow-up visit assessed Kandan's ulcer condition and suggested to give a pushcart to upgrade his business and also to find a solution for healing of his ulcers on his feet. DFIT provided pushcart as part of livelihood support. After he received the pushcart, he started selling fruits along with flowers. His business has picked up and his ulcers also started healing. His wife supports in managing his business by going to market daily to buy flowers and fruits for his business. Until his wife arrives he looks after the shop. Then he goes for rest and come back again by 11am and goes back to home by 3pm again he comes back after rest at 5pm. This is his routine schedule and he is able to give adequate rest for his feet and does self care regularly.

He is happy today, that his ulcers are healed. Now, he has planned to extend his business with one more push cart to sell vegetables along with the fruits and flowers. Kandan today lives a dignified life.



SPECIAL ACTIVITIES

DFIT's Special activities during the COVID-19 pandemic :



We all have been affected by the current COVID-19 pandemic. However, the impact of the pandemic and its consequences are felt differently depending on the status of individuals and as members of society. The Central and State Governments have taken several measures and formulated several protocols to control it. Moreover, the Indian Government implemented a 55-days lockdown throughout the country that started on March 25th, 2020, to reduce the transmission of the virus. This outbreak is indistinguishably linked to the health and economy of the individuals. As we all know that both TB and Leprosy are poverty related diseases. Majority of persons affected by leprosy or TB are earning their livelihood on daily work. Both leprosy and TB case diagnostic services were seriously affected due to lack of transportation and availability of health services in public and private sectors. Treatment adherence was another big challenge since the treatment course in both diseases is six months to more than a year. The patients are expected to collect monthly medicines from respective health facilities. There was a frequent shortage of leprosy and TB medicines at health facilities due to non-availability of transportation from districts to health facilities.



Follow up of patients through tele communication:

DFIT's team communicated to each individual patients every week through mobile phone and counselled them about treatment regularity, precautions to be taken against COVID infection and advised treatment for side effects and complications also teams visited them if it is an emergency.

Transportation of MDT and DRTB drugs from districts to peripheral health facilities and Delivery of medicines to leprosy and TB patients at their doorsteps :

DFIT facilitated the delivery of MDT and TB drugs from districts to peripheral health facilities by providing transportation. During the lockdown period and supplied a full course of medicines to patients who could not come to health facilities for drug collection.

DFIT teams retrieved 1073 leprosy patients and 31 MDRTB patients who stopped medicines during the pandemic especially during the lockdown period and given them remaining full course of treatment. Around 170 sputum samples from individual MDRTB patients were collected and transported to reference laboratory for the follow up test and this helped in deciding the continuation or change of the regimen.

SPECIAL ACTIVITIES

Food grains support to needy persons affected by leprosy and TB :

DFIT identified the needy persons affected by leprosy and TB in its project areas and supported food grains and other essentials for two months to 1019 persons affected by leprosy living in 10 leprosy colonies and 730 persons affected by TB including DRTB. This support was very essential for the survival of the persons and their families and treatment adherence during lockdown period.

DFIT would acknowledge the financial support received from Belgium Embassy in New Delhi and Belgium Consulate General in Chennai for the purchase and distribution of food grains.

Mobile medical camps in Leprosy settlements in Nellore district (Andhra Pradesh)

Damien Foundation Urban leprosy and TB hospital in Nellore organised mobile clinic services in leprosy colonies in Nellore district. DFIT teams provided awareness about prevention of covid 19 infection and provided masks. The persons with chronic ulcers were motivated for daily selfcare and demonstrated selfcare at their doorsteps.

Diagnosis of new leprosy cases and new reaction cases during field visits :

DFIT teams requested the in charge of leprosy programme at PHC level to call each patient under treatment to ensure that patient is on regular treatment and occurrence of lepra reaction. Health workers informed teams to visit patients with any complications and absent for MDT. DFIT teams visited patients at their residence and not only retrieved patients on MDT but diagnosed 279 new lepra reaction cases. All patients with lepra reaction were assessed for nerve function and started on steroid, full course of steroids was given along with clear instructions to be followed. They were followed up through phone call. DFIT teams provided awareness to the public about the signs and symptoms of Leprosy, Covid and TB during their field visits. Teams diagnosed 399 new leprosy cases and initiated MDT through the concerned health staff.

COVID-19 Diagnostic Services

The Government of Andhra Pradesh requested DFIT to support its reference lab in Nellore to provide facilities for testing COVID-19 and provided all the logistics required for the diagnosis of COVID infection and human resources to facilitate the diagnosis of COVID-19. This laboratory worked 18 hours a day in shifts for nearly 5 months. Around 30200 samples from presumptive COVID 19 were screened and confirmed 2833 cases.



SPECIAL ACTIVITIES



SOCIO ECONOMIC REHABILITATION

Livelihood Enhancement Programme

Care after cure is one of the important aspects of rehabilitation for persons affected by leprosy and TB. In this regard DFIT adopted to provide social rehabilitation for persons affected by leprosy and TB since the year 2007. The social rehabilitation services were named as Livelihood Enhancement Programme (LEP). Under this programme DFIT provides socio economic rehabilitation by providing seed money to start small business and Livestock support. Secondly DFIT provides educational support for children affected by leprosy / TB or children of parents affected by leprosy / TB. Further under the LEP programme DFIT provides support for house construction / renovation for poor persons affected by leprosy. DFIT also provides medical assistance during emergency as part of humanitarian support to persons affected by leprosy / TB. Under this social rehabilitation support DFIT since the year 2007 was able to provide support to more than 1800 persons. The beneficiaries for the programme are identified by the field workers who are in direct contact with them, assess the need of person affected by Leprosy and TB with a well-structured questionnaire type application with the person 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.

During the year 2020 beside lockdown due to Covid-19 pandemic DFIT was able to reach out to 174 beneficiaries. Among the LEP support majority 65% of the beneficiaries were provided for small business, 23% of the beneficiaries received educational support, 9% of the beneficiaries received housing support and 3% of them received medical assistance under Livelihood support programme. Among the total beneficiaries 91% of the beneficiaries were affected by leprosy and 9% of the beneficiaries were affected by TB.

Details of supports provided in DFIT projects during 2020

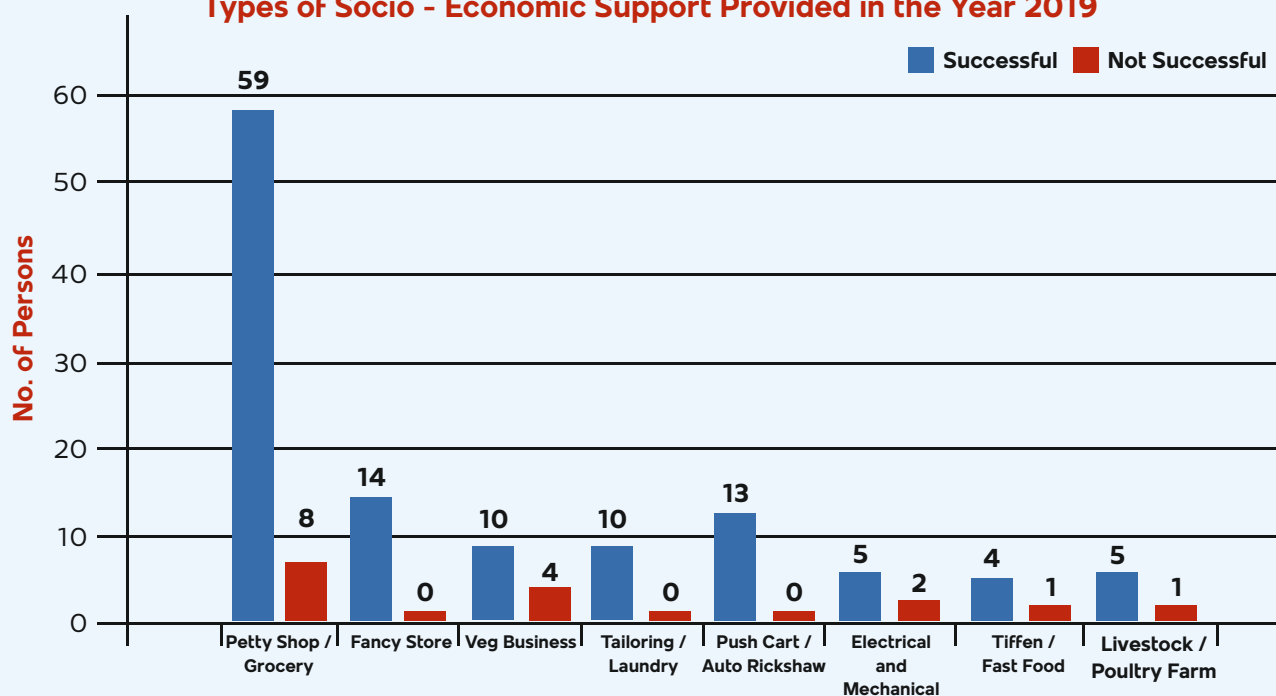
| Name of the State | Socio-economic support | Medical Treatment Support / other | Live Stock | House construction and renovation | Education | Total |
|-------------------|------------------------|-----------------------------------|------------|-----------------------------------|-----------|------------|
| Andhra Pradesh | 14 | 00 | 00 | 01 | 03 | 18 |
| Bihar | 40 | 01 | 02 | 02 | 12 | 57 |
| Chhattisgarh | 08 | 00 | 00 | 02 | 04 | 14 |
| Delhi | 10 | 00 | 00 | 00 | 02 | 12 |
| Jharkhand | 23 | 00 | 00 | 06 | 06 | 35 |
| Karnataka | 03 | 00 | 00 | 00 | 00 | 03 |
| Maharashtra | 04 | 00 | 00 | 03 | 00 | 07 |
| Tamil Nadu | 12 | 02 | 00 | 01 | 13 | 28 |
| Total | 114 | 03 | 02 | 15 | 40 | 174 |

SOCIO ECONOMIC REHABILITATION

LEP 2019 Follow-up Evaluation

During the year 2019, DFIT supported 136 persons for socio-economic rehabilitation under livelihood support programme. Among them support was provided to 115 persons affected by leprosy and 21 persons affected by TB. The follow-up of the socio-economic support is done for a period of 1 year from the date of support provided to the beneficiary in an interval of every 3 months. During the visit, DFIT field team generally provides guidance, counselling and motivation to the beneficiary to develop the business and accesses the situation.

Types of Socio - Economic Support Provided in the Year 2019

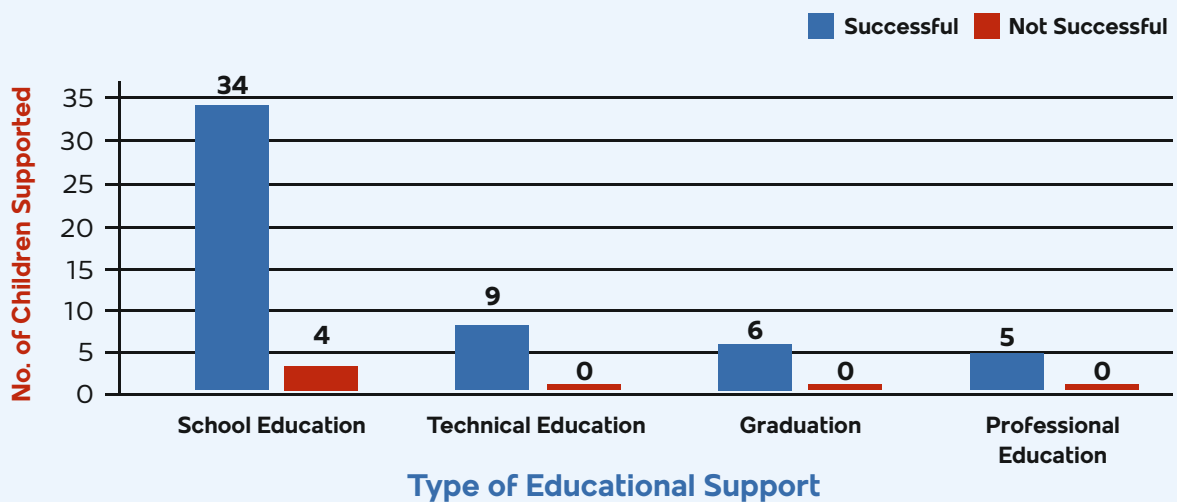


Among the total support rendered under Socio-economic, 67(49%) persons were provided grocery shop among them 59 (88%) of the beneficiaries were doing the business successfully. Cosmetic and Fancy shop support was provided to 14 (10%) of the beneficiary and all of them are doing their business successfully. Vegetable business support was provided to 14 (10%) of the beneficiaries and among them the beneficiaries who were doing the business successfully were 71%. Tailoring and Laundry business support was provided to 10 persons (7%) and all the beneficiaries were doing their business successfully. Auto Rickshaw and Push Cart support was provided to 13 beneficiaries (9.6%) and all of them were successful in their business. DFIT provided start up of electrical and mechanical shop to 7 beneficiaries (5%) among them 71% of the beneficiary were doing their business successfully. Food business like fast food and Tiffin shop support was provided to 5 beneficiaries (3.7%) among them 80% of them were successful in their business. Livestock support and Poultry farming business support was provided to 6 beneficiaries (4.4%) among them 83% of them were doing their business successfully. Among the total 136 beneficiaries support provided, 120 beneficiaries (88%) were successful in their respective business and were able to maintain their livelihood.

SOCIO ECONOMIC REHABILITATION

During the year 2019, DFIT provides education support to 58 children affected by leprosy and children of parent affected by leprosy under the livelihood support programme. School education support was provided to 38 children (65.6%) among them the children who completed the schooling in the year 2019 was 89%. Technical education sponsorship support was provided to 9 children (15.5%) and all the children passed out successfully. College education support for under graduation and post graduation was provided for 6 children (10.3%) and all the children successfully completed the course during the year. Under professional education like engineering, alternative medicine and para-medical courses, 5 children (8.6) were supported and the children were promoted successfully during the year.

Education Support Provided for Children / Parents Affected by Leprosy in 2019



Bringing back smile in the family

Preethi, 13 year young girl is from Sulemanpur village in Jehanabad District of Bihar. She lives with her parents and she has 2 siblings who are elder to her. Her father works as agricultural labourer and her mother is a homemaker.

Preethi, is the only daughter in the family, her parents were very fond of her. Little did they knew what the future is about to unfold and bring worries in their lives. Preethi was good at her studies from the very beginning, when her elder brothers used to study, Preethi used to join them and would paint pictures and scribble in the books. She liked to write alphabets and numbers.

SOCIO ECONOMIC REHABILITATION

When she turned six her parents noticed she was not able to hold the pencil in her hand. In the beginning her parents thought that she is too small for her age to hold a pencil. As she grew older, soon they realized something is wrong with her hand and they got worried. They took her to a private medical practitioner; the doctor examined her and referred her to the Government hospital for further investigations and treatment. There, she was diagnosed as a case of leprosy and was immediately put on treatment. Her parents were completely unaware of the disease (Leprosy) and they felt much stressed. Preethi completed her course of treatment, but she had weakness in her hand, often the pencil would slip from her hands. She tried to hide her hand from her friends as she was worried if her friends noticed her problem they will not accept her. Meantime, during routine field visit Damien Foundation Coordinator and CSW (Community Social Worker) visited her house. They heard Preethi's problem from her parents and explained them about the disease, they counseled Preethi and her parents about benefits of Re-constructive Surgery (RCS) and asked them to visit DFIT supported hospital in Rudrapura, Rothas district in Bihar for treatment and surgery.



Before



After



After

She underwent RCS of her right hand. Damien Foundation team at the hospital took special interest on her, as she was the child patient. After surgery and physiotherapy, within a few weeks she started gaining her strength in her hand back. Today, she is able to hold pen in her hand and can write many pages with ease like others. She gained self-confidence and even helps her mother in cooking and other household work. Her parents are very happy as she got back to her normal life which they dreamed for her. Later she was also considered for the educational support by Damien Foundation's Livelihood Enhancement Program (LEP). All this was possible due to the continuous and relentless support from dedicated staff of Damien Foundation. The family is thankful for all the efforts from Damien Foundation for the love and care they received for their daughter.

SOCIO ECONOMIC REHABILITATION



RESOURCE MOBILISATION INITIATIVE

Damien Foundation India Trust as part of public engagement initiated local resource mobilization activities since 2010. The strategy adopted for resource mobilization was to approach individuals by telephone with the database, meeting the individual "face to face" and collecting donation through donation boxed and corporate support through CSR partnership. During the year DFIT mobilized an amount of Rs.9,99,325/-from the above initiatives. For public engagements Damien Foundation uses the social media as a tool to mobilize individual donations.

Through individuals DFIT was able to mobilize donation worth of Rs. 8,49,325/-. As part of CSR fund raising Global Logistics Solutions Private Limited, donated for leprosy care services Rs. 1,50,000/- for Anandapuram Rehabilitation Centre, Polambakkam Project. There were few generous donors who came forward to support the needs of the patients by providing materials in kind. The following project, Nellore project received groceries and food for patients worth of about Rs.1,52,941/- Delhi received groceries worth of Rs.1,750/-, and Polambakkam project received food, groceries and other materials worth of about Rs.91,080/-.

Social Media Initiative :

DFIT engages public interaction through social media strategy 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 wanted to spread awareness about its service and spread the campaign to the well-wishers and stakeholders. The likeminded persons who were engaged with DFIT initiative in social media platform is considerably increased which is visible in the table presented below.

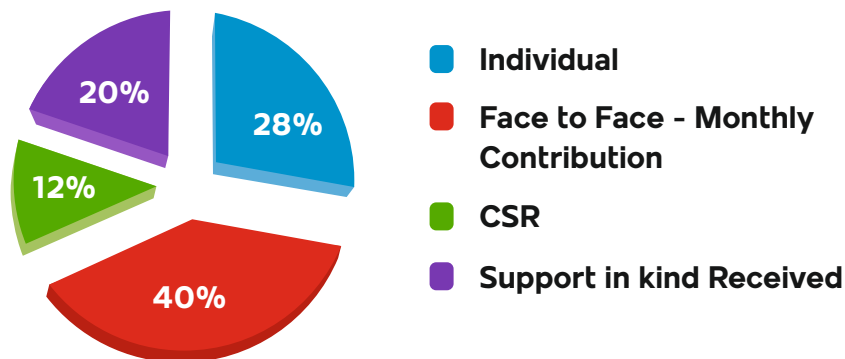
| S.No | Social Media | 2017 | 2018 | 2019 | 2020 |
|------|--------------|------|------|------|------|
| 1 | WhatsApp | Nil | 820 | 1123 | 1461 |
| 2 | Facebook | 1996 | 3989 | 4453 | 4672 |
| 3 | LinkedIn | 43 | 1483 | 2064 | 2313 |
| 4 | Twitter | 3 | 83 | 110 | 128 |
| 5 | Instagram | Nil | 81 | 124 | 158 |
| 6 | YouTube | Nil | 9 | 289 | 321 |
| 7 | Email | 245 | 580 | 1480 | 1550 |

RESOURCE MOBILISATION INITIATIVE

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

| S.No | Types of Donations and Sources | 2020 | % |
|------|-----------------------------------|------------------|-------------|
| 1 | Individual | 3,47,275 | 28% |
| 2 | Face to Face-Monthly Contribution | 5,02,050 | 40% |
| 3 | CSR | 1,50,000 | 12% |
| | Total Donations | 9,99,325 | |
| 4 | Support in kind | 2,45,771 | 20% |
| | Total Donations Worth | 12,45,096 | 100% |

Types of Donations and Sources 2020



RESOURCE MOBILISATION INITIATIVE



AWARDS AND RECOGNITIONS



St. Mary's Leprosy / TB center Arisipalayam, Salem, received Best Participation in NLEP Programme Award. DDL, Namakkal given the Award for the year 2020, Dr. Sr. Francina, project holder, Arisipalayam, Salem, received the Award on 30-01-2021

Mr. Francis Baul Durai Raj of DPMR Coordinator, DFIT - Madurai Zone received Award on behalf of DFIT for the best NLEP service provided by DFIT in Trichy District during the year 2020. It was presided by Joint Director for District Health Services and organised by Deputy Director for Leprosy, Trichy on 30-02-2021.



Anandapuram Rehabilitation Centre, Polambakkam (Damien Foundation India Trust's own project) received an Award for the service provided during Covid-19 period to the special people. On behalf of DFIT, Mr. K. Ilango Yesu, Project Incharge of Anandapuram Rehabilitation Centre received the Appreciation certificate and Award from the District Collector of Chengalpattu on 14 - 12 - 2020.



Comparison study of Second Line LPA Samples processed and Resistant Reported in DTRC Labs Nellore, Andhra Pradesh and Darbhanga, Bihar

| Second Line LPA Resistant reported in DTRC Nellore Lab (Andhrapradesh)-2019 | | | | | | Second Line LPA Resistant reported in DTRC Darbhanga Lab (Bihar) – 2019 | | | | | |
|---|-------------------|----------------------------|------------------|------------|------------|---|-------------------|----------------------------|------------------|------------|-------------|
| District | Diagnosis Samples | Tested for Second Line LPA | No. of Resistant | | | District | Diagnosis Samples | Tested for Second Line LPA | No. of Resistant | | |
| | | | FLQ | SLID | FLQ & SLID | | | | FLQ | SLID | FLQ & SLID |
| Nellore | 2752 | 350 | 28 | 4 | 3 | Darbhanga | 5705 | 329 | 140 | 9 | 16 |
| Kadapa | 1044 | 67 | 2 | 2 | 0 | Madhubani | 1336 | 271 | 132 | 4 | 30 |
| Anantapur | 2248 | 149 | 20 | 0 | 2 | Saharsa | 17 | 20 | 9 | 0 | 2 |
| Kurnool | 1879 | 156 | 18 | 4 | 1 | Supaul | 88 | 35 | 11 | 2 | 2 |
| Chittoor | 1614 | 124 | 10 | 2 | 0 | Madhepura | 6 | 39 | 9 | 1 | 9 |
| Prakasam | 924 | 108 | 11 | 0 | 0 | Samastipur | 372 | 156 | 79 | 0 | 12 |
| | | | | | | Muzaffarpur | 86 | 242 | 134 | 3 | 42 |
| | | | | | | Sitamarhi | 107 | 258 | 133 | 2 | 46 |
| | | | | | | Sheohar | 4 | 52 | 16 | 0 | 10 |
| | | | | | | E.Champaran | 0 | 101 | 61 | 0 | 10 |
| | | | | | | W.Champaran | 0 | 63 | 34 | 1 | 1 |
| Total | 10461 | 954 | 89 | 12 | 6 | Total | 7721 | 1566 | 758 | 22 | 180 |
| Resistance Percentage | | | 9.3 | 1.3 | 0.6 | Resistance Percentage | | | 48.4 | 1.4 | 11.5 |

It has been noticed that the resistant reported in Second Line LPA in DTRC Nellore Lab Vs DTRC Darbhanga Lab is 9.3 % Vs 48.4 % for Fluoroquinolones (FLQ) and 0.6 % Vs 11.5% for Fluoroquinolones (FLQ) & Second Line injectable Drug (SLID). Detailed analysis will be done for this variation notice between DTRC Nellore Lab Vs DTRC Darbhanga Lab and also pattern of mutations, age and gender wise distribution.



FINANCE REPORT

Damien Foundation Belgium (DFB) being the principle donor for DFIT continued its support for the year 2020. DFB Provided Rs.128.38 million rupees for Leprosy and TB Control Activities in India, which includes a special grant of Rs.0.25 million rupees in COVID-19 related support to Leprosy and TB.

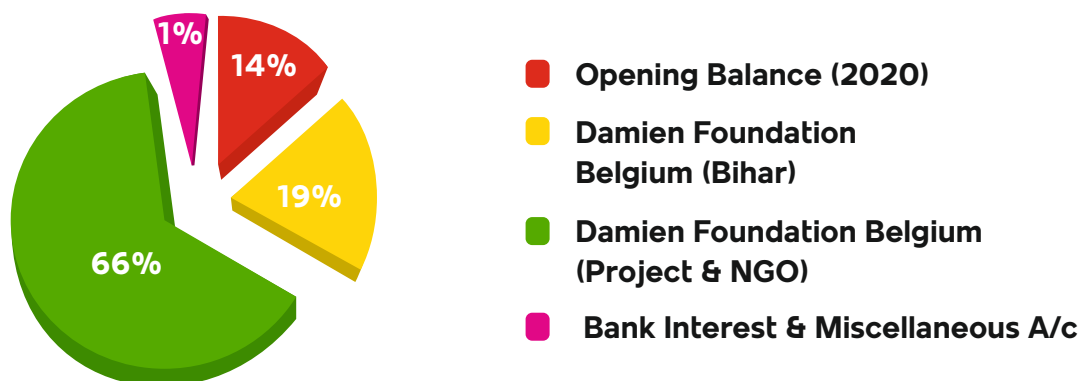
COVID related lockdowns caused a marked reduction in the field activities; however, our own hospitals continued to function and supported the efforts of Government to identify the cases through our Labs and hospital services in Nellore, Delhi and Darbhanga. DFIT also supported COVID-19 relief activities under socio economic support in Tamilnadu, Andhra Pradesh, Delhi and Bihar. The expenditure and activities foreseen in the budget could not be achieved to the full extent due to the pandemic and remaining unspent budget for the sponsored projects was reduced accordingly.

DFIT adhered to all statutory requirements like 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 for 2019-20. Income Tax has been recovered from Salaries, Contractors and Professional and remitted to Government. Income Tax assessments have been completed for the assessment year 2019-2020.

Source of Funds 2020 (Indian Rupees)

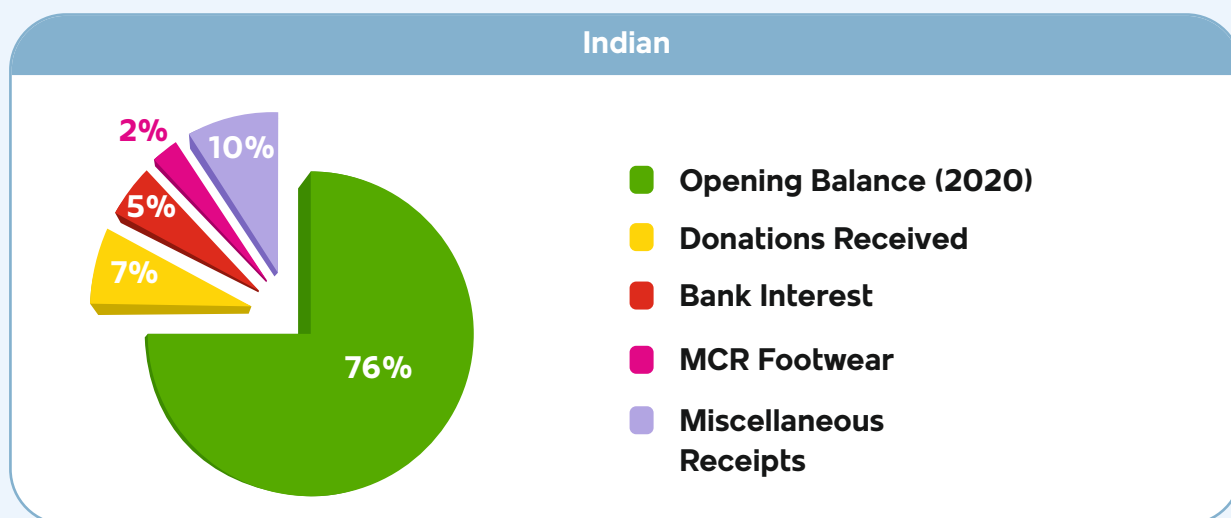
| Source – Foreign (FCRA) | Income (IRS) | % |
|---|---------------------|------------|
| Opening Balance (2020) | 2,05,02,604 | 14 |
| Damien Foundation Belgium (Bihar) | 2,94,33,689 | 19 |
| Damien Foundation Belgium (Project & NGO) | 9,89,49,400 | 66 |
| Bank Interest & Miscellaneous A/c | 21,47,257 | 1 |
| Total | 15,10,32,950 | 100 |

Foreign



FINANCE REPORT

| Source - Indian | Income (IRS) | % |
|------------------------|--------------------|------------|
| Opening Balance (2020) | 1,28,97,844 | 76 |
| Donations Received | 12,68,550 | 7 |
| Bank Interest | 8,66,228 | 5 |
| MCR Footwear | 4,11,500 | 2 |
| Miscellaneous Receipts | 16,23,370 | 10 |
| Total | 1,70,67,492 | 100 |

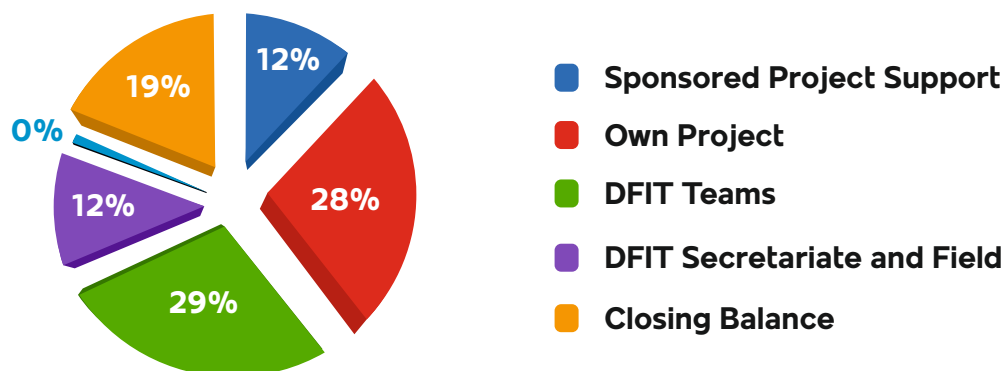


Utilisation of Funds in 2020 (Indian Rupees)

| Foreign Account -2020 | | |
|---|---------------------|------------|
| Application and Closing balance - Foreign | Income (IRS) | % |
| Sponsored Project Funding | 1,76,38,464 | 12 |
| Own project | 4,22,09,861 | 28 |
| DFIT teams | 4,36,68,899 | 29 |
| DFIT Secretariate (Office, Field, Reconstructive Surgeries) | 1,82,21,050 | 12 |
| Miscellaneous | 4,32,398 | 0 |
| Closing Balance (2020) | 2,88,62,279 | 19 |
| Total | 15,10,32,950 | 100 |

FINANCE REPORT

Foreign

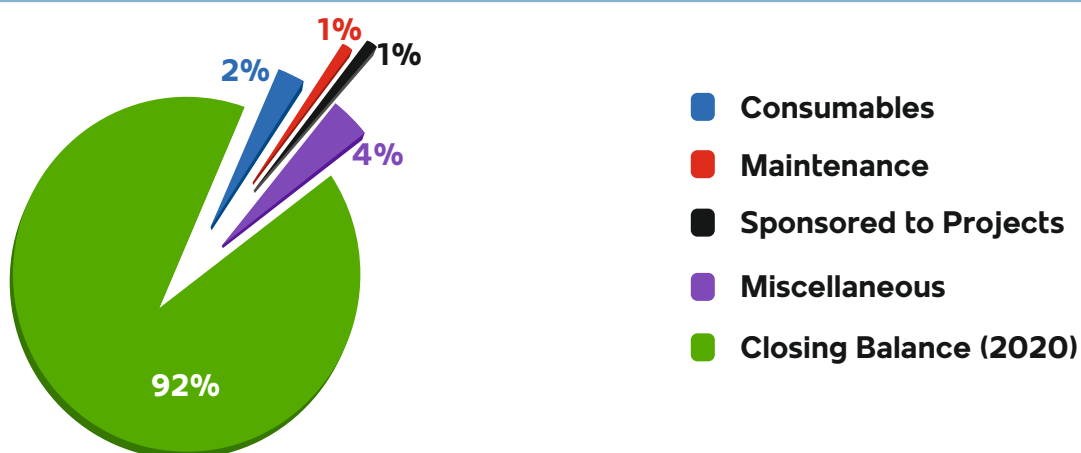


Utilization of Funds 2020 (Indian Rupees)

Indian Account -2020

| Application of Funds - Indian | Income (IRS) | % |
|-------------------------------|--------------------|------------|
| Consumables | 3,84,445 | 2 |
| Maintenance | 1,37,606 | 1 |
| Sponsored to Projects | 1,64,000 | 1 |
| Miscellaneous | 6,66,500 | 4 |
| Closing Balance (2020) | 1,57,14,941 | 92 |
| Total | 1,70,67,492 | 100 |

Indian



MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

Meetings

| Month | Date | Particulars | Organised by | Participants |
|----------|-----------------|---|-------------------|---|
| January | 6-10 | DFIT Bihar Review meeting and NLEP meeting with ILEP partners | DFIT | Reviewed by Dr.M.Shivakumar, Dr. Ashish Wagh, Dr. Sarbartha Roy, DPMR/TB Co-ordinators, Bihar and all ILEP partners |
| February | 14 | Management Seminar for Charitable and Religious Organisations at Hotel Vestin Park, Chennai | CIM India | Mr. L. Camillus Rajkumar, CAO and Mrs. S. Susheela, Adm.Asst. participated |
| | 15 | Inauguration of new houses to Gaja Cyclone Victims at Nagapattinam District , Tamilnadu | DFIT and DDL | Honourable TN Handloom and Textile minister O.S. Manian, District Collector Sr.Praveen P. Nair, I.A.S., Mr. D.V. Premkumar, CFO and DLO,Nagapattinam and 122 Nos from Health Dept & Local |
| | 24 | Delhi Project Review meeting with Mr.Luc Comhaire, Project Manager, DFB. | DFIT Delhi | Project activities Reviewed by Mr.Luc Comhaire, Project Manager –DFB & Dr.M. Shivakumar. Dr. Loreen P. Gujral and key staff of Delhi participated. |
| | 27 to 1st March | Review of Nepal Project Accounts | DFB/DF Nepal/DFIT | Mr. D.V. Premkumar, CFO Reviewed. |
| | 28 | DFIT Bihar Project Review meeting with Mr. Luc Comhaire, Project Manager, DFB | DFIT | Project activities reviewed by Mr.Luc Comhaire, Project Manager –DFB, Dr.M. Shivakumar. DFIT Bihar key staff participated. |
| March | 1-8 | Review of DF Nepal project | DFB/DF Nepal/DFIT | Nepal Project activities Reviewed by Mr.Luc Comhaire, Project Manager –DFB, Dr. P. Krishnamurthy & Dr.M. Shivakumar. |
| | 13 | Action plan meeting at DFIT Chennai | DFIT | Key staff from supported projects and team participated |

MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

| Month | Date | Particulars | Organised by | Participants |
|-----------|----------------|---|--------------|--|
| August | 12 | Zoom Meeting for key staff | DFIT | Key staff from supported projects and team participated. |
| | 26 | Budget Virtual Meeting | DFIT | DFIT Official facilitated & DFIT Projects accountants & Project holders participated |
| September | 1 | DFIT Virtual Review Meeting (Zoom) | DFIT | Key staff from DFIT supported Projects, DPMR Co-ordinators participated. |
| December | 2 | Zoom meeting on LEP program | DFIT | DFIT officials and projects, TB/DPMR Co-ordinators participated. |
| Quarterly | All IV Quarter | Zoom Meeting to Review Bihar Activities | DFIT | Dr. M. Shivakumar Reviewed and all the Key staff of Bihar participated. |

Trainings / Workshops / Seminars

| Month | Date | Particulars | Organised by | Facilitator(s) / Participants |
|---------|------|--|---------------------------|--|
| January | 11 | NPEL Training to Medical Officers of Erode District | DDL Erode | Facilitator : District Nucleus Team and Mr. K. Naresh Kumar, DPMR Co-ordinator of DFIT. No.of. Participants : 27 |
| | 22 | CSW's training at JD office Mahasamund , Chhattisgarh | DFIT | Facilitators : Dr.Sarbartha Roy , Mr.Goutam Kumar No. of Participants : 15 |
| | 23 | NCD – P,T,'s and NLEP – DPMR Training to SPSR Nellore District at DFIT Nellore | DLO SPSR Nellore district | Facilitators : Mr. S. Satheesh, Mr. Piet Paul of DFIT Facilitated. No. of Participants : 13 |
| | 31 | District level training at Sheohar, Madhubani | DFIT | Facilitators : Dr.Sarbartha Roy , Mr.N.K.Singh , Mr.K.N.Das Gupta No. of Participants : 52 |

MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

| Month | Date | Particulars | Organised by | Facilitator(s) / Participants |
|----------|-------------------------|--|---|--|
| February | 10,11,12, 13,18 & 19 | Arwal , Kishanganj,East Champaran – M.O's and RP's Training | DFIT | Facilitators : Dr.Sarbartha Roy , Mr.C.P.Dwivedi, Mr.N.K.Singh, Mr.Satyadeo Yadav, Mr. Umesh Kharkar No. of Participants : 65 |
| | 11 | Medical Officers training at Ballari District, Karnataka | DFIT | Facilitators : Dr. M. Shivakumar, Mr.Y.Somasekhara Reddy, Mr. K .S .Sudhakar and DLO facilitated , No. of Participants : 21 |
| | 14 | Medical Officers training at Raichur District, Karnataka | DFIT | Facilitators : Dr. M. Shivakumar, Mr.Y.Somasekhara Reddy, Mr. K .S .Sudhakar and DLO facilitated , No. of Participants :16 |
| | 16-20 | "Certificate course in Leprosy" for Doctors at TLM Naini | TLM/DFIT | Dr. Sarbartha Roy, Mr. Hem Narayan, Mr. Dilip Gope & Mr. Jagat Chandra Mahato participated . |
| | 17 & 18 | NLEP staff training at Ballari, Karnataka | DFIT | Facilitators : Mr.Y. Somasekhara Reddy, Mr. K .S .Sudhakar and DLO, Bellari No. of Participants : 8 |
| | 19 & 20 | NLEP staff training at Koppal, Karnataka | DFIT | Facilitators : Mr.Y.Somasekhara Reddy, Mr. K .S .Sudhakar and DLO, Koppal No. of Participants : 7 |
| March | 19 | NTEP Key staff Reorientation Training - Chittoor District, Andhra Pradesh | DFIT | Facilitators : Dr.B. Ramesh Babu DTO Chittoor , Mr.S. Satheesh No. of Participants : 55 |
| April | 10 | Training for Covid-19 Testing at DTRC Nellore lab, Andhra Pradesh | Joint Director AP DTC cum Nodal Officer Nellore & DFIT | Facilitators : Dr.Rajendra Prasad , JD& Special Medical Officer – Covid-19 , Vijayawada , AP Microbiologist No. of Participants : 10 LT's |

MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

| Month | Date | Particulars | Organised by | Facilitator(s) / Participants |
|-----------|----------|--|------------------|--|
| September | 10 & 11 | CSW's training at Mahasamund , Chhattisgarh, | DFIT | Facilitators : Mr.Goutam Kumar, DFIT Co-ordinators, NLEP Consultants No. of Participants : 30 |
| | 17,18,19 | Saran District, Bihar M.O's and RP's Training | DFIT | Facilitators: Dr. Ashish Wagh, Mr.C.P.Dwivedi, Mr.N.K.Singh, Mr. Umesh Kharkar No. of Participants : 26 |
| October | 21, 22 | Sheikhpura, Bihar District level Medical Officers training | DFIT | Facilitators: Mr.L.V.Ramana Rao Mr.N.K.Singh, No. of Participants : 10 |
| | 29 | Medical Officers training on Leprosy at Virudhunagar, Tamil Nadu | DDL Virudhunagar | Facilitators : Dr. Shivakumar, Mr. Francis Paul Durai Raj No. of Participants : 30 |
| November | 10 | CME Program (Leprosy) | DFIT | Facilitators : Dr. P. Krishnamurthy, Chairman, Participants : Key members of DFIT supported Projects, DPMR Co-ordinators |
| | 11 | CME Program (TB) | DFIT | Facilitators : Dr. P. Krishnamurthy, Chairman, DFIT facilitated. Participants : Key members of DFIT supported Projects, DPMR Co-ordinators |
| | 10 - 12 | NTEP Key staff induction and Reorientation training at Anantapur, Andhra Pradesh | DFIT, Chennai | Facilitators : Dr. Thippaiah, DDT M.O., Mr.Y.Somasekhara Reddy and Mr. S.Satheesh No. of Participants : 25 |

MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

| Month | Date | Particulars | Organised by | Facilitator(s) / Participants |
|----------|------|--|----------------------|---|
| December | 3 | Reorientation Training to ASHA's and Health staff (Leprosy and TB) Chittoor District, Andhra Pradesh | DM AND HO, Chittoor. | Facilitators : Dr. M. Shivakumar and Mr. S .Satheesh No.of Participants : 160 |
| | 16 | NTEP Key staff Reorientation training at Kurnool District, Andhra Pradesh | DFIT | Facilitators : Dr. P. Moksheswarudu, DTO, Mr. Y. Somasekhara Reddy and Mr. S. Satheesh No.of Participants : 60 |
| | 16 | NLEP MO's, RMA's , RHO, Supervisors and all CHE staffs of Baloda Bazar District , Chhattisgarh | DFIT | Facilitators : Dr.M. Shivakumar, DLO - Baloda Bazar , Mr.Goutam Kumar & DPMR Co-ordinators No. of Participants : 86 |
| | 17 | NTEP Key staff Reorientation training at Prakasam District, Andhra Pradesh | DFIT | Facilitators : Dr .Suresh Kumar, DTO Prakasam District Mr.Y.Somasekhara Reddy and Mr. .S.Satheesh No. of Participants : 40 |
| | 19 | NTEP Key staff Reorientation training at SPSR Nellore District, Andhra Pradesh | DFIT | Facilitators : Dr. G.Venkata Prasad, DTO SPSR Nellore, Mr.Y.Somasekhara Reddy and Mr. S.Satheesh No. of Participants : 45 |
| | 22 | NTEP Key staff Reorientation training at YSR Kadapa District, Andhra Pradesh | DFIT | Facilitators : Dr.L.Baskar, DTO YSR Kadapa, Mr.Y.Somasekhara Reddy and Mr. S.Satheesh facilitated. No. of Participants : 45 |
| | 29 | NLEP - Medical officers training on Leprosy at Virudhunagar District, Tamil Nadu | DDL Virudhunagar | Facilitators : Dr. Shivakumar, Mr. Francis Paul Durai Raj No. of Participants : 30 |
| | 30 | NLEP - Medical officers training on Leprosy at Thuthookudi District, Tamil Nadu | DDL Thuthookudi | Facilitators : Dr. M. Shivakumar, Mr. Francis Paul Durai Raj No.of Participants : 29 |

MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

| Month | Date | Particulars | Organised by | Facilitator(s) / Participants |
|----------|--------------------|---|--------------|--|
| December | 2-5,9-12, 16-19 | District Level Leprosy and TB Training to health staff of Jehanabad , Sheikhpura, Lakhisarai , Katihar Districts in Bihar | DFIT | Facilitators : Dr.Sarbartha Roy , Mr. Umesh Kharkar, Mr. L.V.Ramana Rao, Mr.N.K.Singh , Mr.Satyadeo Yadav No.of Participants : 169 |

VISITORS

| Particulars | No. of persons | Period | Place of visit & Purpose |
|---|----------------|----------------------------|--|
| Dr.Epco Haskar & Ms. Kristein Cloots from DFB | 2 | 20/02/2020 | Field visit in Madhubani regarding ODK. |
| Mr. Luc Comhaire (DFB) | 1 | 24/02/2020- 29/02/2020 | DFIT- Delhi project, Sitamarhi, Viashali Districts in Bihar to review the project activities |
| Sri.K.Sathyanarayana raju, Donar, Nellore | 1 | 09/01/2020 | Visited Nellore Project to donate Steel Bench for patient use. |
| St. Joseph's College of Nursing students, Nellore and faculty members | 49 | 31/01/2020 | DFULTC, Nellore for Orientation on Leprosy & TB and observe various hospital activities. |
| Students of D.Pharm College, Nellore | 3 | 12/03/2020 | Visited DFULTC, Nellore project regarding Placement visit |
| DLO Kadapa | 1 | 12/03/2020 | Visited DFULTC, Nellore – to see the RCS patients from Kadapa |
| Dr. Rajendra Prasad, Joint Director Cum SMO for Covid-19 , AP | 1 | 10-13/04/2020 | DFULTC Nellore Lab for Clinical Case management, Community surveillance and initiation of Covid-19 test. |
| Dr.V.Vinod Kumar, I.A.S., Joint Collector, Nellore | 1 | 12/04/2020 & 03/08/2020 | Visited DFIT Nellore Lab for Supervision & Monitoring of Covid19 testing. |
| Dr. Rajya Lakshimi, Dist. Medical & Health Officer, Nellore | 1 | 14/04/2020 & 12/6/2020 | Visited DFIT Covid19 testing lab., Nellore for Supervision & Monitoring |

MEETINGS / TRAININGS / WORKSHOPS AND VISITORS

| Particulars | No. of persons | Period | Place of visit & Purpose |
|---|----------------|---------------------------|--|
| ACN TV News and Sakshi, Nellore | 4 | 13/04/2020 | Media Coverage of Covid19 testing at DFULTC, Nellore |
| Dr. Neethu Chandran, HOD Pulmonologist ACSR- Medical College , Nellore | 1 | 07/05/2020 | To Observe SOP of Covid19 testing at DFULTC, Nellore |
| ICMR Survey Team | 4 | 20/05/2020& 27-28/08/2020 | Visited DFIT Covid19 testing lab, Nellore and Covid19 Survey in Sulurpet, Nellore |
| Dr.Pitti Vinayak Sundeep, 1st Yr PG- from Narayana Medical College, Nellore | 1 | 10/11/2020 | Visited DFIT Nellore project to discuss a Research Proposal on Mono Drug Resistance with DTRC, Nellore |
| Mr.Blakrishna, Dist. Supply Officer (Deputy Collector) , Nellore | 1 | 23/11/2020 | Visited DTRC, Nellore Project Covid19 Testing Facility. |
| Eleven member of Sai Samithy (Mr.Pundriya Kaksham & Co.,) | 11 | 20/12/2020 | Visited DFIT Nellore Project for donating 126 bedsheets for PALS |

Retirement Felicitation



Mrs. M. Rani, House Maker of Damien Foundation India Trust, Chennai Office is superannuated and relieved from service on 31st December, 2020. She joined in the year of 1996 and worked about 25 years. She is very energetic, reliable and sincere in her work. DFIT thanks for her dedicated service and wish her for a happy retirement life.

| Annexure - 1 | | Hospital Services - Annual Leprosy Report - 2020 | | | | | | | | | | | | | | | | | | | | | | | | | |
|-------------------|---------------------|--|-----------------------------------|-------|----|--------------------------------------|-------|-------|--|-------------|--|---------------------|-------|---|---|---|--|-------|------|--------|-------|--|---|---|---|--|--|
| Name of the state | Name of the project | Outpatients services | | | | | | | | | | Inpatients services | | | | | | | | | | | | | | | |
| | | Total number of outpatients treated | No. of new leprosy cases detected | | | Total no. of new grade II disability | | | Total number of new reaction cases managed | | Total number of persons provided with MCR footwear | | | Total number of beds available for leprosy patients | Total number of leprosy patients admitted | Total number of bed days occupied by leprosy patients | Bed occupancy for leprosy [S.No. 11/(S.no.9X30days)]*100 | | | | | | | | | | |
| | | PB | MB | Total | PB | MB | Total | Adult | Children (0-14 years) | Grand Total | Adult Grade II | Child Grade II | Total | Type I | Type II | Male | Female | Total | Male | Female | Total | Total number of persons provided with MCR footwear | Total number of beds available for leprosy patients | Total number of leprosy patients admitted | Total number of bed days occupied by leprosy patients | Bed occupancy for leprosy [S.No. 11/(S.no.9X30days)]*100 | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Andhra Pradesh | Neilore | 2 | 37 | 39 | 5 | 2 | 7 | 46 | | | 14 | 0 | 14 | 29 | 12 | 4 | 2 | 6 | 0 | 0 | 0 | 59 | 17 | 169 | 2483 | 40.5 | |
| Delhi | Delhi | 0 | 3 | 3 | 0 | 1 | 1 | 4 | | | 0 | 0 | 0 | 12 | 0 | 8 | 2 | 10 | 1 | 0 | 1 | 15 | 14 | 49 | 1232 | 24.5 | |
| Bihar | Delhi-On-sona | 43 | 37 | 80 | 4 | 3 | 7 | 87 | | | 11 | 1 | 12 | 46 | 14 | 27 | 4 | 31 | 0 | 0 | 0 | 22 | 30 | 100 | 2803 | 26.0 | |
| | Muzaffarpur | | | | | | | | | | | | | | | 44 | 20 | 64 | 0 | 0 | 0 | | | | | | |
| Jharkhand | Anda | 4 | 13 | 17 | 2 | 2 | 4 | 21 | | | 10 | 2 | 12 | 22 | 8 | 11 | 6 | 17 | 2 | 0 | 2 | 38 | 22 | 44 | 1411 | 18.0 | |
| | Dhanbad | | | | | | | | | | | | | | | 13 | 7 | 20 | 0 | 0 | 0 | | 18 | 40 | 1686 | 26.0 | |
| Tamil Nadu | Arisipalayam | 5 | 19 | 24 | 1 | 0 | 1 | 25 | | | 4 | 0 | 4 | 16 | 11 | | | | | | | 395 | 19 | 64 | 3271 | 48.0 | |
| | Fahimanagar | 1 | 8 | 9 | 0 | 0 | 0 | 9 | | | 5 | 0 | 5 | 14 | 9 | 6 | 2 | 8 | 16 | 5 | 21 | 199 | 75 | 235 | 8898 | 33.0 | |
| | Pope John Garden | 1 | 1 | 2 | 0 | 1 | 1 | 3 | | | 1 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 38 | 10 | 222 | 1.6 | |
| Karnataka | Polambakkam | | | | | | | | | | | | | | | | | | | | | | 30 | 74 | 6619 | 61.0 | |
| | Pavagada | 1 | 6 | 7 | 0 | 0 | 0 | 7 | | | 0 | 0 | 0 | 2 | 6 | 2 | 0 | 2 | 0 | 0 | 0 | 80 | 10 | 13 | 323 | 9.0 | |
| Maharashtra | Nagepalli | 41 | 42 | 83 | 4 | 5 | 9 | 92 | | | 5 | 0 | 5 | 16 | 10 | | | | | | | 17 | 5 | 51 | 647 | 36.0 | |
| | Trivandrum | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | 0 | 0 | 0 | 1 | 1 | 10 | 0 | 10 | 7 | 4 | 11 | 167 | 30 | 131 | 4693 | 43.5 | |
| Total | | 98 | 166 | 264 | 16 | 14 | 30 | 294 | 50 | 3 | 53 | 159 | 71 | 126 | 43 | 169 | 27 | 9 | 36 | 992 | 308 | 980 | 34288 | 30.6 | | | |

| Annexure - 2 Total 11 RCS centres Age and sex wise RCS and Septic surgery report - 2020 | | | | | | | | | | | | | | | |
|---|------------|-----------|------------|-----------|----------|-----------|----------|----------|-----------|-------------|-----------|------------|------------------|----------|-----------|
| 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 | 4 | 4 | 8 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 8 | 0 | 0 | 0 |
| 14 -20 | 27 | 20 | 47 | 1 | 2 | 3 | 0 | 1 | 1 | 28 | 23 | 51 | 0 | 0 | 0 |
| 21 - 25 | 23 | 4 | 27 | 6 | 1 | 7 | 0 | 0 | 0 | 29 | 5 | 34 | 0 | 0 | 0 |
| 26 - 30 | 19 | 2 | 21 | 2 | 1 | 3 | 0 | 1 | 1 | 21 | 4 | 25 | 1 | 0 | 1 |
| 31 - 40 | 12 | 4 | 16 | 1 | 1 | 2 | 2 | 0 | 2 | 15 | 5 | 20 | 3 | 2 | 5 |
| 41 -54 | 17 | 1 | 18 | 0 | 1 | 1 | 2 | 0 | 2 | 19 | 2 | 21 | 6 | 3 | 9 |
| 55 -65 | 3 | 0 | 3 | 1 | 0 | 1 | 4 | 0 | 4 | 8 | 0 | 8 | 8 | 1 | 9 |
| > 66 | 1 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 2 | 0 | 2 | 9 | 3 | 12 |
| Total | 106 | 35 | 141 | 11 | 6 | 17 | 9 | 2 | 11 | 126 | 43 | 169 | 27 | 9 | 36 |

Annexure -3 POD Programme Annual Report - 2020

| 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 POD camps conducted. | No. of disability persons attended. | No. of CSOs/Govt staff/others are attended. |
|-------------------|--|--|---|--|-------------------------------------|---|------------------------------------|----------------------------------|------------------------------|--|---|--|---|--|--|---|--|--|-----------------------------|-------------------------------------|---|
| Maharashtra | Nagepalli | 459 | 177 | 157 | 84 | 100 | 0 | 0 | 0 | 115 | 34 | 163 | 42 | 46 | 147 | 80 | 64 | 22 | 33 | 108 | 43 |
| | Krishnagiri | 501 | 6 | 3 | 4 | 4 | 1 | 1 | 0 | 5 | 0 | 0 | 0 | 0 | 3 | 3 | 3 | 0 | 0 | 0 | 0 |
| | Dharmapuri | 289 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Erode | 876 | 110 | 54 | 75 | 67 | 8 | 8 | 0 | 64 | 9 | 41 | 3 | 37 | 36 | 36 | 36 | 0 | 5 | 94 | 92 |
| | Thiruvannamalai | 501 | 415 | 190 | 289 | 258 | 23 | 23 | 0 | 328 | 12 | 174 | 3 | 57 | 105 | 105 | 105 | 0 | 4 | 88 | 28 |
| | Thiruvavur | 98 | 24 | 13 | 20 | 18 | 2 | 2 | 0 | 18 | 0 | 2 | 0 | 2 | 10 | 10 | 10 | 0 | 0 | 0 | 0 |
| | Nagapattanam | 93 | 56 | 29 | 45 | 40 | 13 | 13 | 0 | 42 | 1 | 5 | 0 | 0 | 3 | 18 | 18 | 0 | 1 | 4 | 2 |
| | Perambalur | 135 | 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 |
| | Trichy | 483 | 88 | 68 | 44 | 17 | 5 | 0 | 0 | 72 | 0 | 1 | 2 | 10 | 3 | 4 | 1 | 0 | 0 | 0 | 0 |
| | Karur | 249 | 6 | 3 | 2 | 1 | 1 | 0 | 0 | 0 | 3 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 |
| | Thanjavur | 428 | 77 | 48 | 54 | 31 | 3 | 3 | 3 | 45 | 0 | 6 | 1 | 16 | 11 | 5 | 0 | 0 | 6 | 105 | 21 |
| | Madurai | 1016 | 234 | 129 | 184 | 146 | 7 | 2 | 1 | 179 | 2 | 13 | 4 | 23 | 30 | 27 | 0 | 0 | 23 | 1080 | 105 |
| | Virudhunagar | 296 | 123 | 77 | 96 | 82 | 0 | 0 | 0 | 100 | 0 | 6 | 5 | 14 | 6 | 5 | 5 | 1 | 11 | 259 | 59 |
| | Pudukottai | 461 | 54 | 43 | 27 | 24 | 1 | 1 | 1 | 2 | 30 | 0 | 0 | 1 | 22 | 2 | 2 | 0 | 1 | 18 | 6 |
| | Salem | 1359 | 1117 | 816 | 1117 | 822 | 0 | 0 | 0 | 986 | 11 | 327 | 5 | 116 | 551 | 543 | 46 | 2 | 4 | 151 | 15 |
| Namakkal | 408 | 157 | 69 | 157 | 76 | 0 | 0 | 0 | 91 | 7 | 23 | 1 | 5 | 43 | 32 | 0 | 0 | 0 | 0 | 0 | |
| Nellore Urban | 98 | 52 | 48 | 44 | 44 | 4 | 2 | 4 | 33 | 42 | 11 | 24 | 81 | 0 | 0 | 0 | 2 | 3 | 18 | 2 | |
| 24 districts | Total | 7926 | 2696 | 1747 | 2242 | 1730 | 67 | 55 | 10 | 2111 | 118 | 772 | 92 | 433 | 965 | 870 | 284 | 26 | 91 | 1925 | 373 |

Annexure -3A DPMR training and meeting activities annual report - 2020

| Name of the State | Name of the districts | District level giving Trainings | | | | | | | | | | | Health facilities level Trainings | | | | | | | | | | | Meetings | | | | | |
|-------------------|-----------------------|--|------------|-----------|-------------|------------------------------------|--------|-------|-----|--|-----------|-------------|------------------------------------|--------|-------|-----|--|------|-------|--------|------------------------------------|-----|------|----------|-----|--|--|--|--|
| | | Total No. of Trainings Conducted / facilitated at PHCs Level | | | | Total No. of Participants Attended | | | | Total No. of Trainings Conducted / facilitated at HF's Level | | | Total No. of Participants Attended | | | | Total No. of Meetings Conducted / Attended | | | | Total No. of Participants Attended | | | | | | | | |
| | | Mos | NLEP Staff | PHC Staff | Field Staff | ASHAs | Others | Total | Mos | NLEP Staff | PHC Staff | Field Staff | ASHAs | Others | Total | Mos | NLEP Staff | ANMs | ASHAs | Others | Total | | | | | | | | |
| Maharashtra | Nagepalli | 5 | 10 | 5 | 55 | 15 | 247 | 0 | 332 | 13 | 4 | 13 | 46 | 26 | 277 | 20 | 386 | 18 | 6 | 12 | 20 | 293 | 19 | 350 | | | | | |
| | Krishnagiri | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | Dharmapuri | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | Erode | 2 | 82 | 12 | 0 | 0 | 0 | 8 | 102 | 5 | 19 | 14 | 46 | 45 | 39 | 89 | 252 | 4 | 7 | 58 | 0 | 15 | 26 | 106 | | | | | |
| | Thiruvannamalai | 1 | 2 | 17 | 12 | 0 | 0 | 4 | 35 | 4 | 0 | 7 | 8 | 0 | 0 | 122 | 137 | 3 | 3 | 42 | 48 | 0 | 22 | 115 | | | | | |
| | Thiruvavur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 6 | 0 | 0 | 3 | 10 | | | | | |
| | Nagapattanam | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 12 | 0 | 22 | 6 | 41 | | | | | |
| | Perambalur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | Ariyalur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | Trichy | 2 | 102 | 0 | 0 | 0 | 0 | 0 | 102 | 2 | 3 | 1 | 3 | 2 | 0 | 0 | 9 | 0 | 5 | 6 | 21 | 4 | 0 | 221 | 252 | | | | |
| Tamil Nadu | Karur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 2 | 3 | 2 | 4 | 7 | 18 | | | | | |
| | Thanjavur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 0 | 15 | 0 | 0 | 2 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | Madurai | 1 | 0 | 8 | 0 | 0 | 0 | 0 | 8 | 6 | 6 | 4 | 11 | 8 | 0 | 4 | 33 | 10 | 7 | 58 | 54 | 0 | 484 | 603 | | | | | |
| | Virudhunagar | 4 | 59 | 0 | 30 | 30 | 0 | 0 | 119 | 1 | 0 | 12 | 0 | 0 | 0 | 0 | 12 | 3 | 3 | 20 | 23 | 0 | 24 | 70 | | | | | |
| | Pudukottai | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 2 | 0 | 7 | 3 | 0 | 14 | 26 | 1 | 2 | 4 | 3 | 0 | 33 | 42 | | | | | |
| | Salem | 1 | 0 | 21 | 0 | 5 | 0 | 62 | 88 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 10 | 25 | 40 | 0 | 1229 | 1304 | | | | | |
| | Namakkal | 1 | 1 | 20 | 0 | 0 | 0 | 0 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | Nellore Urban | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | | |
| | Grand Total | 17 | 256 | 83 | 97 | 50 | 247 | 74 | 807 | 37 | 37 | 51 | 136 | 84 | 316 | 251 | 875 | 49 | 48 | 261 | 194 | 334 | 2074 | 2911 | | | | | |
| | Andhra Pradesh | | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | | | | |

Annexure - 4 Andhra Pradesh, Karnataka, Jharkhand and Chhattisgarh DPMR activities annual report at PHC level -2020

| Name of the State | Name of districts covered | NO. of PHCs visited | PHC Visit Record verification Maintained | | | | | | | | | | | | | Number of under treatment Reaction Cases | Availability of Tab. Prednisolone | | | |
|--------------------|---------------------------|---------------------|--|--|--------------------------|-------------------|--------------------|-------------------|---------------------|--------------------------|--------------------|----------------|----------------|-----------------|-------------------|--|-----------------------------------|-----------------|---------------------------------|-----------|
| | | | Number of Suspects registered | Total Number of G II Disability Patients In the register | Number of trained person | Suspects Register | Treatment Register | Reaction Register | Disability Register | Monthly Progress reports | MDT Stock Register | Referral Slips | Feedback Slips | Treatment Cards | Prednisolone Card | | | Patient ID Card | Adequate stock of MDT available | |
| Andhra Pradesh | Anantapur | 9 | 370 | 147 | 9 | 8 | 9 | 3 | 8 | 9 | 9 | 9 | 9 | 9 | 9 | 1 | 1 | 9 | 8 | 9 |
| | Kurnool | 10 | 222 | 105 | 10 | 7 | 10 | 1 | 9 | 10 | 10 | 7 | 10 | 10 | 10 | 0 | 0 | 10 | 11 | 10 |
| | Kadapa | 13 | 145 | 117 | 13 | 8 | 12 | 0 | 12 | 12 | 13 | 8 | 11 | 0 | 0 | 0 | 0 | 12 | 1 | 13 |
| | Nellore | 71 | 1829 | 1500 | 69 | 63 | 68 | 1 | 69 | 70 | 68 | 70 | 70 | 0 | 0 | 0 | 0 | 67 | 19 | 70 |
| | Chittoor | 16 | 1055 | 308 | 16 | 15 | 16 | 4 | 16 | 16 | 16 | 10 | 16 | 4 | 0 | 0 | 0 | 16 | 3 | 13 |
| | Prakasam | 14 | 283 | 148 | 14 | 14 | 14 | 1 | 14 | 14 | 14 | 14 | 14 | 1 | 0 | 0 | 0 | 14 | 1 | 13 |
| | Srikakulam | 51 | 3191 | 860 | 51 | 43 | 49 | 0 | 49 | 49 | 49 | 0 | 42 | 0 | 0 | 0 | 0 | 4 | 9 | 41 |
| | Vizianagaram | 51 | 1914 | 1362 | 47 | 40 | 45 | 2 | 43 | 45 | 45 | 0 | 28 | 0 | 0 | 0 | 0 | 4 | 10 | 47 |
| | Visakhapatnam | 101 | 3836 | 1174 | 81 | 52 | 80 | 4 | 79 | 80 | 80 | 0 | 80 | 0 | 0 | 0 | 0 | 3 | 9 | 84 |
| | Total | 336 | 12845 | 5721 | 310 | 250 | 303 | 16 | 299 | 305 | 304 | 118 | 118 | 280 | 5 | 1 | 139 | 71 | 300 | |
| | Karnataka | Ballari | 117 | 609 | 272 | 91 | 37 | 93 | 6 | 16 | 84 | 84 | 0 | 65 | 0 | 0 | 0 | 57 | 69 | 56 |
| | | Raichur | 37 | 74 | 0 | 33 | 6 | 30 | 1 | 0 | 18 | 30 | 0 | 18 | 0 | 0 | 0 | 14 | 8 | 11 |
| | | Koppal | 54 | 17 | 24 | 34 | 7 | 40 | 0 | 4 | 39 | 40 | 0 | 29 | 0 | 0 | 0 | 25 | 10 | 15 |
| | | Total | 208 | 700 | 296 | 158 | 50 | 163 | 7 | 20 | 141 | 154 | 0 | 112 | 0 | 0 | 0 | 96 | 87 | 82 |
| Gumla | | 56 | 6216 | 3479 | 284 | 53 | 55 | 55 | 55 | 54 | 55 | 0 | 53 | 53 | 29 | 25 | 33 | 60 | 32 | |
| Lohardaga | | 14 | 1078 | 663 | 62 | 14 | 14 | 14 | 14 | 14 | 14 | 1 | 14 | 14 | 14 | 14 | 14 | 14 | 29 | 14 |
| Simdega | | 8 | 268 | 264 | 90 | 8 | 8 | 8 | 8 | 8 | 8 | 5 | 3 | 8 | 8 | 8 | 8 | 7 | 8 | |
| Jharkhand | Godda | 33 | 6547 | 1682 | 124 | 31 | 33 | 33 | 33 | 33 | 0 | 0 | 33 | 29 | 25 | 33 | 60 | 32 | | |
| | Deoghar | 53 | 13401 | 3886 | 165 | 53 | 53 | 53 | 53 | 53 | 0 | 0 | 53 | 53 | 53 | 53 | 137 | 53 | | |
| | E. Singhbhum | 14 | 3510 | 1936 | 38 | 14 | 14 | 14 | 14 | 14 | 14 | 0 | 14 | 14 | 14 | 14 | 14 | 88 | 14 | |
| | W. Singhbhum | 48 | 2293 | 2169 | 555 | 46 | 48 | 48 | 48 | 48 | 43 | 0 | 47 | 48 | 48 | 48 | 46 | 86 | 43 | |
| | Saraikela | 30 | 2827 | 2439 | 325 | 30 | 30 | 29 | 30 | 30 | 28 | 28 | 2 | 29 | 30 | 30 | 30 | 89 | 30 | |
| | Giridih | 13 | 4 | 96 | 22 | 4 | 13 | 8 | 12 | 13 | 10 | 2 | 6 | 2 | 8 | 13 | 13 | 3 | 8 | |
| | Dumka | 19 | 192 | 487 | 25 | 4 | 18 | 17 | 18 | 18 | 18 | 0 | 11 | 0 | 5 | 17 | 12 | 0 | | |
| | Jamtaiada | 7 | 87 | 99 | 8 | 1 | 7 | 7 | 7 | 7 | 7 | 0 | 7 | 1 | 1 | 7 | 3 | 3 | | |
| | Ranchi | 26 | 0 | 492 | 57 | 0 | 26 | 25 | 26 | 24 | 23 | 5 | 0 | 34 | 14 | 19 | 23 | 45 | 16 | |
| | Total | 321 | 36423 | 17692 | 1755 | 258 | 319 | 311 | 316 | 316 | 311 | 84 | 5 | 309 | 266 | 278 | 312 | 691 | 273 | |
| Chhattisgarh | Mahasamund | 31 | 0 | 1462 | 78 | 2 | 30 | 25 | 26 | 28 | 22 | 6 | 0 | 30 | 27 | 30 | 21 | 169 | 26 | |
| | Baloda Bazar | 27 | 0 | 1020 | 35 | 1 | 23 | 9 | 23 | 23 | 15 | 0 | 0 | 23 | 19 | 23 | 18 | 139 | 21 | |
| | Raigarh | 55 | 585 | 1658 | 63 | 20 | 56 | 31 | 34 | 50 | 55 | 0 | 0 | 56 | 8 | 56 | 41 | 189 | 48 | |
| | Jangir-Champa | 35 | 4 | 663 | 114 | 5 | 35 | 15 | 20 | 26 | 29 | 4 | 0 | 34 | 10 | 15 | 28 | 104 | 20 | |
| | Total | 148 | 589 | 4803 | 290 | 28 | 144 | 80 | 103 | 127 | 121 | 10 | 0 | 143 | 64 | 124 | 108 | 601 | 115 | |
| Grand Total | 1013 | 50557 | 28512 | 2513 | 586 | 929 | 414 | 738 | 889 | 890 | 212 | 123 | 844 | 335 | 403 | 655 | 1450 | 770 | | |



| Annexure - 4A | | Andhra Pradesh, Karnataka, Jharkhand and Chhattisgarh DPMR activities cases visited annual report - 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|----------------|--|---|-----------------------------|--|--------------------------|---|-------------------------------------|------------------------------------|---|---|--|----|-----|-------|--------------|---|--------|---------|-------|--|--------------------------------|-----------------------------|-----|---------------------|-------------------|-----|---|
| States | Districts | Suspects | | | | | Under treatment patients visit | | | | | New and reaction cases diagnosed by the team | | | | | Reaction patients visit | | | | | | | | | | | |
| | | NO. of PHCs visited | Number of suspects in the register (Other than leprosy cases) | Number of Suspects Verified | Number suspects diagnosed as a Leprosy | Number UT Patients visit | No. of patients had family history of leprosy | 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 | MB | PB | Total | How many GPD | No. of patients had family history of leprosy | Type I | Type II | Total | No. of New leprosy reaction cases diagnosed by the team during field visit | Number reaction patients visit | Number of regular treatment | VMT | Assessment done for | Patient Condition | | |
| Andhra Pradesh | Anantapur | 12 | 230 | 0 | 0 | 20 | 8 | 20 | 20 | 20 | 20 | 20 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 5 | 5 | 5 | 5 | 4 | 2 |
| | Kurnoor | 8 | 211 | 15 | 0 | 6 | 1 | 6 | 6 | 6 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 3 | 3 | 2 | 1 | |
| | Kadapa | 16 | 142 | 19 | 0 | 31 | 0 | 30 | 24 | 27 | 29 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 0 | 0 | 1 | 1 | |
| | Nellore | 88 | 465 | 3 | 0 | 144 | 12 | 143 | 143 | 137 | 142 | 1 | 5 | 6 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 43 | 43 | 43 | 43 | 42 | 1 | |
| | Chittoor | 13 | 480 | 9 | 0 | 24 | 3 | 23 | 24 | 22 | 24 | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 2 | 2 | 2 | 1 | 0 |
| | Prakasham | 16 | 210 | 19 | 5 | 34 | 4 | 34 | 34 | 33 | 34 | 31 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 3 | 7 | 8 | 8 | 5 | 0 | 3 |
| | Srikakulam | 37 | 2228 | 25 | 1 | 85 | 0 | 84 | 69 | 82 | 77 | 75 | 2 | 1 | 3 | 1 | 0 | 1 | 0 | 1 | 0 | 1 | 10 | 9 | 9 | 9 | 6 | 3 |
| | Vizianagaram | 35 | 1128 | 14 | 0 | 73 | 2 | 73 | 65 | 73 | 71 | 3 | 10 | 13 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 7 | 6 | 7 | 7 | 3 | 4 |
| | Vishakhapatnam | 73 | 2692 | 17 | 0 | 418 | 1 | 83 | 67 | 82 | 81 | 80 | 2 | 8 | 10 | 0 | 1 | 1 | 0 | 1 | 0 | 1 | 8 | 8 | 8 | 8 | 4 | 4 |
| | Total | 298 | 7786 | 121 | 6 | 835 | 31 | 496 | 452 | 476 | 481 | 477 | 9 | 24 | 33 | 1 | 5 | 4 | 1 | 5 | 5 | 88 | 84 | 85 | 85 | 68 | 16 | |
| Karnataka | Ballari | 113 | 576 | 103 | 22 | 102 | 13 | 100 | 68 | 93 | 91 | 80 | 6 | 3 | 9 | 2 | 5 | 2 | 4 | 2 | 4 | 2 | 47 | 47 | 45 | 46 | 37 | 0 |
| | Raichur | 37 | 83 | 17 | 12 | 30 | 5 | 30 | 16 | 29 | 28 | 26 | 1 | 0 | 1 | 1 | 1 | 0 | 1 | 0 | 1 | 0 | 6 | 6 | 6 | 6 | 5 | 0 |
| | Koppal | 54 | 92 | 18 | 2 | 48 | 14 | 48 | 29 | 48 | 48 | 48 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 11 | 12 | 12 | 9 | 0 | |
| | Total | 204 | 751 | 138 | 36 | 180 | 32 | 178 | 113 | 170 | 167 | 154 | 8 | 3 | 11 | 3 | 6 | 3 | 2 | 5 | 2 | 65 | 64 | 63 | 64 | 51 | 0 | |
| | Gumla | 58 | 6806 | 88 | 9 | 154 | 29 | 148 | 130 | 148 | 97 | 88 | 7 | 6 | 12 | 0 | 6 | 13 | 2 | 15 | 0 | 81 | 81 | 74 | 72 | 85 | 8 | |
| | Lohardaga | 15 | 810 | 24 | 1 | 25 | 3 | 25 | 20 | 25 | 17 | 16 | 1 | 0 | 1 | 0 | 1 | 2 | 0 | 2 | 0 | 16 | 16 | 13 | 13 | 14 | 2 | |
| | Simdega | 12 | 250 | 23 | 4 | 19 | 2 | 18 | 17 | 18 | 14 | 15 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 11 | 9 | 9 | 10 | 1 | |
| | Godda | 36 | 5313 | 43 | 7 | 70 | 1 | 68 | 38 | 60 | 42 | 37 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 30 | 28 | 24 | 24 | 27 | 2 | |
| | Deoghar | 64 | 10217 | 49 | 10 | 149 | 12 | 148 | 91 | 139 | 54 | 53 | 6 | 6 | 12 | 1 | 2 | 3 | 0 | 3 | 0 | 61 | 60 | 43 | 43 | 57 | 4 | |
| | E. Singhbhum | 12 | 1636 | 15 | 0 | 29 | 5 | 28 | 20 | 22 | 17 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 15 | 10 | 10 | 14 | 2 | |
| W. Singhbhum | 63 | 3432 | 108 | 8 | 176 | 9 | 174 | 156 | 143 | 121 | 135 | 3 | 0 | 3 | 1 | 0 | 0 | 3 | 3 | 1 | 69 | 66 | 62 | 62 | 64 | 4 | | |
| Saralkela | 35 | 2103 | 50 | 3 | 96 | 2 | 94 | 87 | 85 | 63 | 67 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 39 | 38 | 32 | 32 | 34 | 3 | | |
| Giridih | 14 | 11 | 13 | 4 | 22 | 4 | 21 | 5 | 20 | 8 | 10 | 1 | 2 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 5 | 4 | 0 | 0 | 5 | 0 | | |
| Dumka | 19 | 88 | 3 | 0 | 33 | 12 | 33 | 0 | 31 | 14 | 10 | 1 | 5 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 8 | 0 | 0 | 5 | 3 | | |
| Jambada | 7 | 67 | 1 | 0 | 13 | 1 | 12 | 3 | 12 | 5 | 5 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 | 1 | 6 | 4 | 3 | 3 | 5 | 1 | | |
| Ranchi | 29 | 9 | 25 | 4 | 79 | 21 | 78 | 27 | 69 | 24 | 18 | 6 | 6 | 12 | 1 | 16 | 4 | 20 | 3 | 26 | 25 | 11 | 12 | 23 | 3 | | | |
| Total | 364 | 30742 | 442 | 50 | 865 | 101 | 847 | 594 | 772 | 476 | 470 | 26 | 25 | 50 | 4 | 11 | 37 | 9 | 45 | 5 | 368 | 356 | 281 | 280 | 343 | 33 | | |
| Chhattisgarh | Mahasamund | 30 | 0 | 43 | 22 | 69 | 0 | 69 | 43 | 66 | 33 | 24 | 10 | 12 | 22 | 8 | 6 | 6 | 0 | 6 | 5 | 39 | 36 | 34 | 34 | 24 | 15 | |
| | Baloda Bazar | 28 | 0 | 33 | 17 | 78 | 3 | 78 | 34 | 74 | 35 | 31 | 4 | 10 | 14 | 1 | 1 | 0 | 0 | 0 | 34 | 30 | 28 | 28 | 22 | 12 | | |
| | Raigarh | 82 | 0 | 106 | 50 | 271 | 9 | 268 | 185 | 259 | 178 | 119 | 21 | 13 | 34 | 2 | 0 | 39 | 4 | 43 | 6 | 101 | 97 | 94 | 94 | 45 | 56 | |
| | Jangir-Champa | 57 | 15 | 43 | 16 | 215 | 15 | 213 | 208 | 204 | 179 | 182 | 13 | 5 | 18 | 3 | 3 | 16 | 2 | 14 | 10 | 74 | 66 | 70 | 68 | 47 | 23 | |
| | Total | 197 | 15 | 225 | 105 | 633 | 27 | 628 | 470 | 603 | 425 | 356 | 48 | 40 | 88 | 14 | 10 | 61 | 6 | 63 | 21 | 248 | 229 | 226 | 224 | 138 | 106 | |
| Grand Total | 1063 | 39294 | 926 | 197 | 2513 | 191 | 2149 | 1629 | 2021 | 1549 | 1457 | 91 | 92 | 182 | 22 | 30 | 105 | 18 | 118 | 33 | 769 | 733 | 655 | 653 | 600 | 155 | | |



Annexure

Annexure - 4B Andhra Pradesh, Karnataka, Jharkhand and Chhattisgarh DPMR Activities Annual Report - 2020

| States | Districts | NO. of PHCs visited | Number Disability patients Visited | Any Health Staff visited at least once in last 3 Months | Self Care | | | | | | | | | | POD camps | | | |
|--------------------|---------------|---------------------|------------------------------------|---|----------------------|-----------------------------------|----------------------|-----------------------------|----------------------------|---------------------------------|------------------|-----------------|-------------------------------|------------------------------|----------------------------------|--------------------------------|---|----|
| | | | | | Practising Self Care | Is Self Care materials available? | Practicing Exercises | Number having planter or G2 | Using Appropriate Footwear | Number need customised Footwear | Eligible for RCS | Willing for RCS | Disability Certificate Issued | Receiving Disability Pension | Total No. of POD camps conducted | Total no. of patients attended | Total no. of CSOs / Vol / Govt staff/ others are attended | |
| Andhra Pradesh | Anantapur | 4 | 9 | 9 | 7 | 8 | 7 | 5 | 5 | 5 | 5 | 1 | 1 | 6 | 6 | 1 | 19 | 48 |
| | Kurnool | 2 | 3 | 3 | 3 | 3 | 3 | 2 | 2 | 2 | 2 | 1 | 1 | 2 | 2 | 0 | 0 | 0 |
| | Kadapa | 11 | 35 | 35 | 18 | 24 | 18 | 27 | 22 | 22 | 22 | 4 | 4 | 29 | 28 | 1 | 2 | 8 |
| | Nellore | 53 | 73 | 69 | 53 | 59 | 50 | 46 | 43 | 44 | 8 | 8 | 8 | 30 | 29 | 5 | 102 | 16 |
| | Chittoor | 3 | 15 | 9 | 9 | 14 | 9 | 11 | 10 | 10 | 0 | 0 | 0 | 9 | 9 | 2 | 21 | 11 |
| | Prakasam | 14 | 31 | 30 | 22 | 22 | 22 | 24 | 24 | 21 | 12 | 12 | 0 | 0 | 19 | 1 | 45 | 3 |
| | Srikakulam | 51 | 72 | 14 | 50 | 56 | 13 | 48 | 48 | 48 | 2 | 0 | 41 | 55 | 1 | 35 | 11 | |
| | Vizianagaram | 35 | 57 | 10 | 44 | 52 | 12 | 40 | 40 | 40 | 2 | 1 | 29 | 43 | 6 | 99 | 50 | |
| | Vishakapatnam | 35 | 57 | 10 | 44 | 52 | 12 | 40 | 40 | 40 | 2 | 1 | 29 | 43 | 6 | 99 | 50 | |
| | Total | 208 | 352 | 189 | 250 | 290 | 146 | 243 | 234 | 232 | 32 | 28 | 194 | 234 | 23 | 422 | 197 | |
| Karnataka | Baillari | 114 | 91 | 89 | 47 | 51 | 14 | 47 | 47 | 2 | 15 | 15 | 20 | 20 | 1 | 1 | 6 | |
| | Raichur | 37 | 19 | 17 | 8 | 9 | 3 | 9 | 9 | 0 | 4 | 4 | 2 | 2 | 0 | 0 | 0 | |
| | Koppal | 54 | 37 | 36 | 15 | 21 | 4 | 23 | 23 | 0 | 4 | 4 | 6 | 9 | 0 | 0 | 0 | |
| | Total | 205 | 147 | 142 | 70 | 81 | 21 | 79 | 79 | 2 | 23 | 28 | 31 | 1 | 1 | 6 | | |
| | Total | 59 | 173 | 103 | 128 | 144 | 125 | 94 | 92 | 8 | 28 | 12 | 79 | 56 | 5 | 35 | 22 | |
| Jharkhand | Lohardaga | 15 | 43 | 22 | 30 | 32 | 27 | 25 | 24 | 1 | 6 | 2 | 20 | 10 | 1 | 6 | 6 | |
| | Simdega | 10 | 45 | 32 | 29 | 33 | 11 | 31 | 30 | 9 | 3 | 2 | 11 | 10 | 0 | 0 | 0 | |
| | Godda | 36 | 79 | 41 | 57 | 59 | 54 | 47 | 52 | 6 | 11 | 4 | 18 | 14 | 0 | 0 | 0 | |
| | Deoghar | 61 | 150 | 70 | 98 | 97 | 95 | 46 | 43 | 5 | 16 | 12 | 14 | 12 | 0 | 0 | 0 | |
| | E. Singhbhum | 13 | 55 | 24 | 40 | 43 | 39 | 29 | 29 | 1 | 4 | 3 | 28 | 24 | 0 | 0 | 0 | |
| | W. Singhbhum | 73 | 236 | 153 | 149 | 171 | 93 | 152 | 144 | 38 | 26 | 18 | 58 | 39 | 0 | 0 | 0 | |
| | Saraikela | 41 | 126 | 78 | 75 | 84 | 59 | 71 | 68 | 7 | 17 | 9 | 33 | 12 | 1 | 10 | 7 | |
| | Giridih | 12 | 19 | 1 | 6 | 8 | 6 | 8 | 10 | 2 | 6 | 3 | 2 | 2 | 0 | 0 | 0 | |
| | Dumka | 15 | 24 | 8 | 6 | 6 | 5 | 13 | 13 | 4 | 6 | 2 | 5 | 5 | 1 | 3 | 8 | |
| | Jamtada | 8 | 21 | 4 | 11 | 11 | 6 | 12 | 12 | 3 | 4 | 2 | 3 | 2 | 0 | 0 | 0 | |
| Ranchi | 27 | 69 | 16 | 33 | 39 | 23 | 31 | 27 | 1 | 12 | 7 | 11 | 6 | 0 | 0 | 0 | | |
| Total | 370 | 1040 | 552 | 662 | 727 | 543 | 559 | 544 | 85 | 139 | 76 | 282 | 192 | 8 | 54 | 43 | | |
| Chhattisgarh | Mahasamund | 31 | 137 | 64 | 40 | 60 | 28 | 121 | 113 | 8 | 12 | 7 | 19 | 13 | 3 | 42 | 35 | |
| | Baloda Bazar | 28 | 129 | 24 | 30 | 41 | 14 | 90 | 94 | 4 | 22 | 16 | 1 | 0 | 4 | 42 | 68 | |
| | Raigarh | 73 | 200 | 110 | 106 | 111 | 87 | 128 | 60 | 6 | 19 | 17 | 0 | 0 | 3 | 67 | 34 | |
| | Jangir-Champa | 39 | 162 | 80 | 60 | 63 | 50 | 85 | 33 | 3 | 23 | 21 | 4 | 3 | 4 | 46 | 34 | |
| Total | 171 | 628 | 278 | 236 | 275 | 179 | 424 | 300 | 21 | 76 | 61 | 24 | 16 | 14 | 197 | 171 | | |
| Grand Total | 954 | 2167 | 1161 | 1218 | 1373 | 889 | 1305 | 1157 | 340 | 270 | 188 | 528 | 473 | 46 | 674 | 417 | | |



Annexure - 4C DPMR training and meeting activities annual report - 2020

| Name of the State | Name of the districts | District level giving Trainings | | | | | | | | | | Health Facilities level Trainings | | | | | | | | | | Meetings | | | | | | | | | | | |
|--------------------|-----------------------|--|------------|------------|-------------|------------|--|-------------|-------------|-------------|------------|------------------------------------|-------------|-------------|-------------|-------------|------------------------------------|-------------|-------------|------------|------------|--|------------|-------------|-------------|-------------|------------|------------|------------|-------------|-------------|-------------|----|
| | | Total No. of Trainings Conducted / Facilitated at PHCs Level | | | | | Total No. of Trainings Conducted / Facilitated at HF's Level | | | | | Total No. of Participants Attended | | | | | Total No. of Participants Attended | | | | | Total No. of Meetings Conducted / Attended | | | | | | | | | | | |
| | | Mos | NLEP Staff | PHC Staff | Field Staff | Others | Mos | NLEP Staff | PHC Staff | Field Staff | Others | Mos | NLEP Staff | PHC Staff | Field Staff | ASHAs | Others | Total | Mos | NLEP Staff | ASHAs | Others | Total | Mos | NLEP Staff | ASHAs | Others | Total | | | | | |
| Andhra Pradesh | Anantapur | 2 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 77 | 81 | 3 | 2 | 2 | 0 | 18 | 69 | 2 | 93 | 1 | 3 | 0 | 0 | 2 | 6 | 1 | 3 | 0 | 0 | 2 | 6 | | |
| | Kurumool | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 9 | 2 | 2 | 2 | 1 | 3 | 30 | 0 | 0 | 36 | 2 | 2 | 4 | 3 | 18 | 28 | 1 | 2 | 4 | 3 | 18 | 28 | | |
| | Kadapa | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 247 | 247 | 1 | 1 | 1 | 1 | 0 | 2 | 3 | 5 | 12 | 1 | 0 | 0 | 0 | 78 | 78 | 0 | 0 | 0 | 0 | 78 | 78 | | |
| | Nellore | 5 | 47 | 0 | 0 | 74 | 0 | 68 | 189 | 12 | 14 | 8 | 15 | 113 | 62 | 10 | 222 | 9 | 222 | 9 | 17 | 62 | 29 | 197 | 316 | 11 | 17 | 62 | 29 | 197 | 316 | | |
| | Chittoor | 5 | 0 | 0 | 0 | 30 | 448 | 18 | 496 | 5 | 7 | 2 | 0 | 79 | 189 | 5 | 282 | 3 | 282 | 3 | 0 | 2 | 0 | 428 | 430 | 0 | 0 | 2 | 0 | 428 | 430 | | |
| | Prakasam | 2 | 76 | 6 | 0 | 0 | 0 | 55 | 137 | 1 | 1 | 1 | 1 | 10 | 18 | 0 | 31 | 6 | 31 | 6 | 1 | 9 | 2 | 8 | 180 | 200 | 1 | 9 | 2 | 8 | 180 | 200 | |
| | Srikakulam | 3 | 0 | 8 | 83 | 0 | 0 | 0 | 91 | 6 | 8 | 2 | 111 | 31 | 181 | 0 | 333 | 7 | 333 | 7 | 6 | 4 | 84 | 125 | 15 | 234 | 6 | 4 | 84 | 125 | 15 | 234 | |
| | Vizianagaram | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 6 | 1 | 95 | 53 | 148 | 4 | 307 | 1 | 307 | 1 | 1 | 1 | 21 | 48 | 0 | 71 | 1 | 1 | 21 | 48 | 0 | 71 | |
| | Vishakhapatnam | 2 | 0 | 2 | 99 | 0 | 0 | 0 | 101 | 11 | 13 | 5 | 158 | 46 | 282 | 3 | 507 | 4 | 507 | 4 | 6 | 1 | 72 | 145 | 0 | 224 | 6 | 1 | 72 | 145 | 0 | 224 | |
| | Total | 23 | 124 | 19 | 182 | 104 | 448 | 474 | 1351 | 50 | 54 | 23 | 383 | 382 | 952 | 29 | 1823 | 34 | 1823 | 34 | 27 | 37 | 247 | 358 | 918 | 1587 | 27 | 37 | 247 | 358 | 918 | 1587 | |
| | Karnataka | Ballari | 3 | 54 | 16 | 0 | 0 | 0 | 70 | 24 | 37 | 11 | 80 | 400 | 465 | 6 | 999 | 11 | 999 | 11 | 8 | 15 | 55 | 43 | 1 | 122 | 8 | 15 | 55 | 43 | 1 | 122 | |
| | | Rajchur | 1 | 14 | 4 | 10 | 0 | 0 | 0 | 28 | 16 | 12 | 1 | 37 | 55 | 26 | 4 | 135 | 4 | 135 | 4 | 3 | 0 | 6 | 4 | 8 | 21 | 3 | 0 | 6 | 4 | 8 | 21 |
| | | Koppal | 3 | 40 | 21 | 0 | 38 | 0 | 1 | 100 | 23 | 14 | 5 | 53 | 43 | 17 | 2 | 134 | 2 | 134 | 2 | 2 | 1 | 16 | 61 | 7 | 87 | 2 | 1 | 16 | 61 | 7 | 87 |
| Total | | 7 | 108 | 41 | 10 | 38 | 0 | 1 | 198 | 63 | 63 | 17 | 170 | 498 | 508 | 12 | 1268 | 17 | 1268 | 17 | 13 | 16 | 77 | 108 | 16 | 230 | 13 | 16 | 77 | 108 | 16 | 230 | |
| Gumla | | 5 | 55 | 22 | 35 | 52 | 0 | 13 | 177 | 7 | 25 | 13 | 4 | 12 | 4 | 8 | 68 | 6 | 68 | 6 | 15 | 23 | 9 | 114 | 32 | 193 | 15 | 23 | 9 | 114 | 32 | 193 | |
| Jharkhand | Lohardaga | 8 | 83 | 20 | 46 | 53 | 0 | 64 | 270 | 3 | 54 | 12 | 0 | 1 | 0 | 0 | 67 | 2 | 67 | 2 | 4 | 6 | 10 | 2 | 26 | 4 | 6 | 10 | 2 | 26 | | | |
| | Simdega | 2 | 9 | 14 | 16 | 0 | 0 | 2 | 41 | 1 | 0 | 1 | 3 | 0 | 65 | 0 | 69 | 4 | 69 | 4 | 2 | 8 | 0 | 38 | 23 | 71 | 2 | 8 | 0 | 38 | 23 | 71 | |
| | Godda | 1 | 26 | 1 | 0 | 0 | 0 | 1 | 28 | 1 | 2 | 1 | 8 | 3 | 3 | 6 | 23 | 5 | 23 | 5 | 4 | 20 | 0 | 25 | 2 | 51 | 4 | 20 | 0 | 25 | 2 | 51 | |
| | Deoghar | 3 | 47 | 6 | 0 | 7 | 0 | 5 | 65 | 11 | 21 | 16 | 6 | 8 | 52 | 17 | 120 | 3 | 120 | 3 | 1 | 21 | 0 | 0 | 6 | 28 | 1 | 21 | 0 | 0 | 6 | 28 | |
| | E. Singbhum | 7 | 93 | 12 | 11 | 95 | 0 | 40 | 251 | 1 | 2 | 2 | 1 | 0 | 0 | 1 | 6 | 2 | 6 | 2 | 6 | 3 | 2 | 23 | 2 | 36 | 6 | 3 | 2 | 23 | 2 | 36 | |
| | W. Singbhum | 6 | 20 | 64 | 11 | 0 | 0 | 20 | 115 | 1 | 0 | 1 | 0 | 5 | 2 | 0 | 8 | 3 | 8 | 3 | 2 | 16 | 12 | 53 | 23 | 106 | 2 | 16 | 12 | 53 | 23 | 106 | |
| | Saraikela | 4 | 33 | 28 | 11 | 19 | 0 | 0 | 91 | 1 | 0 | 1 | 0 | 0 | 6 | 10 | 17 | 4 | 17 | 4 | 4 | 13 | 38 | 17 | 54 | 126 | 4 | 13 | 38 | 17 | 54 | 126 | |
| | Giridih | 2 | 17 | 21 | 1 | 0 | 0 | 5 | 44 | 2 | 2 | 2 | 2 | 5 | 193 | 1 | 205 | 1 | 205 | 1 | 0 | 2 | 0 | 20 | 0 | 22 | 0 | 2 | 0 | 20 | 0 | 22 | |
| | Dumka | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 10 | 6 | 6 | 2 | 2 | 2 | 28 | 2 | 28 | 2 | 2 | 14 | 0 | 16 | 0 | 32 | 2 | 14 | 0 | 16 | 0 | 32 | |
| | Jamtai | 1 | 0 | 4 | 0 | 0 | 0 | 1 | 5 | 3 | 3 | 5 | 6 | 0 | 1 | 1 | 16 | 0 | 16 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Ranchi | 5 | 49 | 40 | 4 | 5 | 0 | 29 | 127 | 8 | 19 | 9 | 23 | 11 | 0 | 9 | 71 | 2 | 71 | 2 | 3 | 15 | 0 | 0 | 9 | 27 | 3 | 15 | 0 | 0 | 9 | 27 | |
| | Total | 44 | 432 | 232 | 135 | 231 | 0 | 180 | 1214 | 43 | 138 | 69 | 59 | 47 | 328 | 55 | 698 | 34 | 698 | 34 | 43 | 139 | 67 | 316 | 153 | 718 | 43 | 139 | 67 | 316 | 153 | 718 | |
| | Chhattisgarh | Mahasamund | 1 | 2 | 19 | 0 | 2 | 0 | 4 | 27 | 4 | 3 | 7 | 14 | 80 | 3 | 110 | 5 | 110 | 5 | 3 | 8 | 19 | 0 | 12 | 42 | 3 | 8 | 19 | 0 | 12 | 42 | |
| Baloda Bazar | | 1 | 7 | 9 | 6 | 0 | 0 | 1 | 23 | 5 | 19 | 12 | 23 | 62 | 5 | 150 | 5 | 150 | 5 | 5 | 9 | 14 | 8 | 23 | 59 | 5 | 9 | 14 | 8 | 23 | 59 | | |
| Rajgarh | | 4 | 59 | 19 | 0 | 77 | 0 | 1 | 156 | 11 | 24 | 12 | 16 | 149 | 49 | 8 | 258 | 0 | 258 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Jangli-Champa | | 3 | 37 | 15 | 9 | 0 | 0 | 21 | 82 | 11 | 3 | 21 | 5 | 56 | 49 | 30 | 164 | 0 | 164 | 0 | 0 | 1 | 1 | 10 | 0 | 10 | 0 | 1 | 1 | 10 | 0 | 10 | |
| Total | 9 | 105 | 62 | 15 | 79 | 0 | 27 | 288 | 31 | 49 | 52 | 58 | 347 | 106 | 70 | 682 | 10 | 682 | 10 | 8 | 18 | 34 | 18 | 35 | 111 | 8 | 18 | 34 | 18 | 35 | 111 | | |
| Grand Total | 83 | 769 | 354 | 342 | 452 | 448 | 682 | 3051 | 187 | 304 | 161 | 670 | 1274 | 1894 | 166 | 4471 | 95 | 4471 | 95 | 91 | 210 | 425 | 800 | 1122 | 2646 | 91 | 210 | 425 | 800 | 1122 | 2646 | | |

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 registered | Total Number of GI Disability Patients in the register | Number of trained person | Suspects Register | Treatment Register | Reaction Register | Disability Register | Monthly Progress reports | MDT Stock Register | Referral Slips | Feedback Slips | Treatment Cards | Prednisolone Card | | | |
| Arwal | 5 | 64 | 280 | 10 | 2 | 5 | 4 | 5 | 1 | 4 | 4 | 1 | 1 | 0 | 5 | 4 | 5 |
| Rohtas | 21 | 1092 | 1409 | 36 | 10 | 19 | 17 | 20 | 19 | 12 | 18 | 13 | 13 | 1 | 20 | 20 | 18 |
| Gopalganj | 21 | 363 | 753 | 31 | 15 | 16 | 15 | 19 | 9 | 13 | 14 | 4 | 9 | 9 | 15 | 13 | 25 |
| Siwan | 25 | 1081 | 1249 | 47 | 21 | 24 | 24 | 23 | 23 | 24 | 24 | 7 | 20 | 15 | 24 | 22 | 35 |
| Madhepura | 14 | 311 | 566 | 22 | 13 | 13 | 13 | 13 | 12 | 13 | 13 | 1 | 13 | 13 | 13 | 13 | 22 |
| Sheohar | 6 | 16 | 119 | 7 | 3 | 4 | 4 | 4 | 4 | 4 | 4 | 2 | 4 | 4 | 4 | 4 | 4 |
| Araria | 10 | 82 | 808 | 20 | 9 | 10 | 10 | 10 | 10 | 10 | 10 | 0 | 10 | 10 | 10 | 10 | 12 |
| Kishanganj | 9 | 10 | 269 | 13 | 2 | 9 | 5 | 6 | 7 | 7 | 6 | 0 | 5 | 7 | 7 | 7 | 10 |
| Total | 111 | 3019 | 5453 | 186 | 75 | 100 | 92 | 100 | 85 | 87 | 93 | 28 | 75 | 59 | 98 | 93 | 131 |
| Gaya | 27 | 674 | 986 | 48 | 20 | 23 | 23 | 21 | 21 | 21 | 20 | 10 | 16 | 0 | 24 | 24 | 26 |
| Jehanabad | 7 | 295 | 298 | 14 | 4 | 7 | 6 | 5 | 7 | 5 | 3 | 1 | 4 | 0 | 6 | 7 | 4 |
| E. Champaran | 28 | 1189 | 2096 | 55 | 22 | 28 | 27 | 26 | 26 | 21 | 20 | 4 | 17 | 28 | 28 | 26 | 36 |
| W. Champaran | 21 | 335 | 1179 | 38 | 15 | 21 | 18 | 20 | 4 | 7 | 15 | 0 | 7 | 18 | 21 | 17 | 31 |
| Madhubani | 28 | 265 | 726 | 45 | 23 | 26 | 24 | 24 | 22 | 26 | 22 | 0 | 20 | 22 | 22 | 25 | 21 |
| Sitamarhi | 19 | 171 | 862 | 22 | 12 | 19 | 7 | 17 | 10 | 17 | 11 | 1 | 7 | 12 | 12 | 19 | 12 |
| Purnea | 17 | 127 | 754 | 31 | 9 | 15 | 12 | 12 | 13 | 13 | 12 | 0 | 13 | 15 | 15 | 15 | 12 |
| Katihar | 19 | 92 | 396 | 17 | 14 | 18 | 8 | 13 | 14 | 15 | 13 | 1 | 11 | 11 | 12 | 14 | 11 |
| Total | 166 | 3148 | 7297 | 270 | 119 | 157 | 125 | 138 | 117 | 125 | 116 | 17 | 95 | 106 | 140 | 147 | 153 |
| Darbhanga | 27 | 158 | 868 | 50 | 24 | 27 | 24 | 26 | 21 | 26 | 25 | 4 | 24 | 25 | 25 | 27 | 25 |
| Khagaria | 7 | 64 | 281 | 9 | 4 | 7 | 6 | 7 | 6 | 6 | 6 | 0 | 6 | 6 | 6 | 6 | 7 |
| Nalanda | 23 | 903 | 1674 | 40 | 19 | 23 | 23 | 23 | 23 | 21 | 23 | 21 | 18 | 7 | 23 | 23 | 13 |
| Saharsa | 15 | 86 | 502 | 28 | 7 | 15 | 11 | 14 | 14 | 14 | 14 | 4 | 9 | 13 | 14 | 14 | 16 |
| Saran | 23 | 742 | 1319 | 42 | 19 | 22 | 21 | 23 | 22 | 20 | 17 | 1 | 11 | 13 | 23 | 20 | 21 |
| Supaul | 12 | 180 | 414 | 20 | 11 | 12 | 9 | 11 | 10 | 11 | 9 | 1 | 8 | 11 | 11 | 12 | 17 |
| Vaishali | 24 | 228 | 814 | 33 | 10 | 18 | 16 | 18 | 18 | 12 | 16 | 2 | 8 | 1 | 17 | 18 | 17 |
| Total | 131 | 2361 | 5872 | 222 | 94 | 124 | 110 | 122 | 114 | 110 | 110 | 33 | 84 | 76 | 119 | 120 | 116 |
| Lakhisarai | 17 | 14 | 358 | 11 | 1 | 11 | 1 | 11 | 4 | 7 | 0 | 0 | 0 | 0 | 0 | 8 | 6 |
| Sheikhpura | 12 | 0 | 126 | 8 | 0 | 4 | 2 | 11 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 11 | 3 |
| Jamui | 9 | 0 | 8 | 2 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| Begusarai | 28 | 23 | 385 | 24 | 2 | 21 | 6 | 21 | 18 | 20 | 1 | 0 | 17 | 0 | 13 | 16 | 11 |
| Kaimur | 11 | 0 | 172 | 6 | 0 | 7 | 1 | 9 | 3 | 4 | 0 | 0 | 0 | 0 | 1 | 7 | 1 |
| Total | 77 | 37 | 1049 | 51 | 3 | 44 | 10 | 54 | 25 | 31 | 1 | 0 | 17 | 0 | 14 | 45 | 21 |
| Grand Total | 485 | 8565 | 19671 | 729 | 291 | 425 | 337 | 414 | 341 | 353 | 320 | 78 | 271 | 241 | 371 | 405 | 421 |

| Annexure - 5A | | Bihar DPMR activities cases visited annual report - 2020 | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---------------|-----|--|---|-----------------------------|--|--------------------------|---|-------------------------------------|------------------------------------|---|---|--|----|----|-------|--------------|---|--------|---------|----------|-------|--------------|--------------------------------|-----------------------------|---------------------|-----|----------|--------------|-------------------|
| | | Suspects | | | | | Under treatment patients visit | | | | | New and reaction cases diagnosed by the team | | | | | Reaction patients visit | | | | | | | | | | | | |
| | | NO. of PHCs visited | Number of suspects in the register (Other than leprosy cases) | Number of Suspects Verified | Number suspects diagnosis as a Leprosy | Number UT Patients visit | No. of patients had family history of leprosy treatment | 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 | MB | PB | Total | How many GAD | No. of patients had family history of leprosy treatment | Type I | Type II | Neuritis | Total | How many GAD | Number reaction patients visit | Number of regular treatment | Assessment done for | ST | Improved | Not Improved | Patient Condition |
| Arwal | 5 | 23 | 2 | 0 | 10 | 0 | 10 | 4 | 10 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 3 | 3 | 3 | 3 | 0 | 0 |
| Rohas | 21 | 423 | 7 | 0 | 63 | 6 | 63 | 46 | 62 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 12 | 11 | 11 | 11 | 11 | 0 | 0 |
| Gopalganj | 21 | 82 | 14 | 0 | 56 | 5 | 55 | 27 | 42 | 0 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 4 | 4 | 2 | 19 | 19 | 9 | 9 | 9 | 9 | 7 | 8 | 0 |
| Siwan | 25 | 669 | 30 | 1 | 73 | 8 | 72 | 64 | 63 | 22 | 41 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 5 | 6 | 2 | 30 | 29 | 29 | 29 | 29 | 19 | 9 | 0 |
| Madhepura | 14 | 67 | 17 | 0 | 52 | 3 | 52 | 39 | 48 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 12 | 12 | 12 | 12 | 12 | 12 | 0 | 0 |
| Sheohar | 6 | 2 | 2 | 0 | 12 | 0 | 12 | 10 | 12 | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 0 |
| Araria | 10 | 9 | 0 | 0 | 27 | 0 | 26 | 26 | 26 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 8 | 0 | 0 |
| Kishanganj | 9 | 4 | 4 | 4 | 19 | 0 | 16 | 12 | 12 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 4 | 4 | 4 | 4 | 4 | 4 | 0 | 0 |
| Total | 111 | 1279 | 76 | 5 | 312 | 22 | 306 | 228 | 275 | 29 | 45 | 0 | 2 | 2 | 0 | 1 | 2 | 0 | 11 | 13 | 4 | 92 | 90 | 80 | 80 | 80 | 64 | 21 | 0 |
| Gaya | 27 | 329 | 24 | 0 | 65 | 4 | 62 | 45 | 62 | 6 | 10 | 0 | 2 | 2 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 16 | 15 | 15 | 15 | 16 | 16 | 0 | 0 |
| Jehanabad | 7 | 68 | 4 | 0 | 18 | 3 | 18 | 12 | 18 | 0 | 0 | 4 | 2 | 6 | 1 | 1 | 0 | 0 | 1 | 1 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 0 | 0 |
| E. Champaran | 28 | 491 | 24 | 2 | 79 | 9 | 79 | 32 | 62 | 2 | 7 | 1 | 1 | 2 | 1 | 2 | 0 | 4 | 6 | 2 | 20 | 19 | 7 | 7 | 7 | 7 | 12 | 6 | 0 |
| W. Champaran | 21 | 123 | 13 | 1 | 59 | 12 | 59 | 18 | 45 | 2 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 2 | 2 | 1 | 10 | 8 | 4 | 4 | 4 | 8 | 0 | 0 |
| Madhubani | 28 | 24 | 15 | 6 | 60 | 2 | 60 | 20 | 41 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 16 | 15 | 6 | 6 | 6 | 13 | 3 | 0 |
| Sitamarhi | 19 | 26 | 17 | 9 | 40 | 3 | 39 | 5 | 33 | 0 | 0 | 2 | 4 | 6 | 1 | 2 | 1 | 0 | 4 | 5 | 1 | 10 | 8 | 1 | 1 | 6 | 3 | 0 | |
| Purnea | 17 | 72 | 9 | 1 | 55 | 5 | 55 | 53 | 52 | 1 | 1 | 1 | 1 | 2 | 0 | 0 | 0 | 0 | 1 | 1 | 0 | 7 | 7 | 7 | 7 | 7 | 7 | 0 | 0 |
| Katihar | 19 | 17 | 6 | 2 | 53 | 2 | 52 | 28 | 37 | 0 | 0 | 1 | 0 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 1 | 9 | 8 | 8 | 8 | 8 | 5 | 3 | 0 |
| Total | 166 | 1150 | 112 | 21 | 429 | 40 | 424 | 213 | 350 | 11 | 18 | 9 | 12 | 21 | 4 | 5 | 3 | 1 | 13 | 17 | 7 | 90 | 82 | 50 | 50 | 69 | 15 | 0 | |
| Darbhanga | 27 | 13 | 10 | 3 | 57 | 0 | 56 | 32 | 33 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 18 | 13 | 10 | 10 | 12 | 6 | 0 | 0 |
| Khagaria | 7 | 40 | 1 | 1 | 17 | 3 | 17 | 17 | 12 | 0 | 0 | 2 | 5 | 7 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 5 | 5 | 5 | 5 | 5 | 0 | 0 | 0 |
| Nalanda | 23 | 420 | 22 | 0 | 53 | 9 | 51 | 48 | 51 | 0 | 0 | 1 | 2 | 3 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 8 | 8 | 8 | 8 | 8 | 0 | 0 | 0 |
| Saharsa | 15 | 88 | 14 | 8 | 51 | 1 | 51 | 47 | 49 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 1 | 0 | 9 | 5 | 7 | 7 | 6 | 4 | 0 | 0 |
| Saran | 23 | 333 | 18 | 0 | 83 | 14 | 81 | 23 | 64 | 5 | 6 | 1 | 1 | 2 | 0 | 0 | 0 | 2 | 5 | 7 | 1 | 19 | 15 | 2 | 2 | 3 | 12 | 0 | 0 |
| Supaul | 12 | 33 | 6 | 0 | 28 | 2 | 28 | 8 | 21 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 9 | 7 | 1 | 1 | 7 | 2 | 0 | 0 |
| Vaishali | 24 | 80 | 7 | 0 | 50 | 3 | 49 | 18 | 48 | 0 | 6 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 | 1 | 14 | 12 | 10 | 10 | 14 | 0 | 0 | 0 |
| Total | 131 | 1007 | 78 | 12 | 339 | 32 | 333 | 193 | 278 | 7 | 12 | 4 | 8 | 12 | 0 | 5 | 3 | 2 | 7 | 12 | 2 | 82 | 65 | 43 | 43 | 55 | 24 | 0 | |
| Lakhisarai | 17 | 8 | 0 | 0 | 21 | 1 | 21 | 5 | 15 | 2 | 1 | 0 | 3 | 3 | 0 | 0 | 0 | 0 | 3 | 3 | 1 | 3 | 3 | 3 | 3 | 1 | 0 | 0 | 0 |
| Sheikhpura | 12 | 0 | 0 | 0 | 12 | 1 | 11 | 1 | 10 | 0 | 0 | 1 | 2 | 3 | 0 | 2 | 0 | 1 | 3 | 1 | 2 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 |
| Jamui | 9 | 0 | 0 | 0 | 9 | 2 | 5 | 0 | 4 | 0 | 0 | 1 | 2 | 3 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Begusarai | 28 | 14 | 0 | 0 | 46 | 3 | 45 | 5 | 39 | 7 | 3 | 0 | 4 | 4 | 0 | 1 | 0 | 1 | 0 | 1 | 2 | 11 | 10 | 10 | 10 | 10 | 10 | 0 | 0 |
| Kaimur | 11 | 0 | 0 | 0 | 17 | 1 | 13 | 0 | 13 | 1 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 1 | 2 | 2 | 1 | 0 | 0 | |
| Total | 77 | 22 | 0 | 0 | 105 | 8 | 95 | 11 | 81 | 10 | 5 | 2 | 12 | 14 | 2 | 4 | 3 | 0 | 5 | 8 | 2 | 18 | 16 | 17 | 17 | 14 | 0 | 0 | |
| Grand Total | 485 | 3458 | 266 | 38 | 1185 | 102 | 1158 | 645 | 984 | 57 | 80 | 15 | 34 | 49 | 6 | 15 | 11 | 3 | 36 | 50 | 15 | 282 | 253 | 190 | 190 | 202 | 60 | 0 | |



Annexure

| Annexure - 5B Bihar DPMPR activities annual report - 2020 | | | | | | | | | | | | | | | | | |
|---|---------------------|------------------------------------|---|----------------------|-----------------------------------|----------------------|--|----------------------------|---------------------------------|------------------|-----------------|-------------------------------|------------------------------|----------------------------------|--------------------------------|---|----------|
| Districts | NO. of PHCs visited | Number Disability patients Visited | Any Health Staff visited at least once in last 3 Months | Self Care | | | | | | | | | | POD camps | | | |
| | | | | Practising Self Care | Is Self Care materials available? | Practicing Exercises | Number having planter anaesthesia or ulcer or G2 | Using Appropriate Footwear | Number need Customised Footwear | Eligible for RCS | Willing for RCS | Disability Certificate Issued | Receiving Disability Pension | Total No. of POD camps conducted | Total no. of patients attended | Total no. of CSOs / Vol / Govt staff/ others are attended | |
| Arwal | 5 | 2 | 0 | 2 | 2 | 2 | 1 | 0 | 1 | 1 | 1 | 1 | 0 | 0 | 1 | 0 | 3 |
| Rohtas | 21 | 9 | 3 | 6 | 6 | 4 | 2 | 1 | 3 | 8 | 8 | 1 | 0 | 0 | 0 | 0 | 0 |
| Gopalganj | 21 | 31 | 0 | 26 | 31 | 24 | 21 | 21 | 0 | 12 | 11 | 2 | 0 | 1 | 1 | 2 | 4 |
| Siwan | 25 | 27 | 11 | 22 | 24 | 21 | 20 | 19 | 1 | 3 | 3 | 2 | 1 | 1 | 1 | 3 | 15 |
| Madhepura | 14 | 10 | 6 | 3 | 3 | 1 | 4 | 10 | 2 | 7 | 7 | 3 | 2 | 0 | 0 | 0 | 0 |
| Sheohar | 6 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Araria | 10 | 3 | 0 | 2 | 3 | 2 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kishanganj | 9 | 3 | 0 | 0 | 0 | 0 | 1 | 3 | 0 | 0 | 0 | 0 | 0 | 1 | 8 | 11 | 0 |
| Total | 111 | 86 | 21 | 62 | 70 | 55 | 53 | 58 | 8 | 32 | 30 | 8 | 3 | 4 | 13 | 33 | 0 |
| Gaya | 27 | 17 | 3 | 11 | 12 | 9 | 8 | 3 | 6 | 9 | 9 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jehanabad | 7 | 6 | 0 | 5 | 5 | 5 | 2 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 | 0 | 0 |
| E. Champaran | 28 | 30 | 3 | 24 | 30 | 19 | 18 | 18 | 0 | 5 | 5 | 3 | 0 | 1 | 4 | 50 | 0 |
| W. Champaran | 21 | 25 | 1 | 20 | 25 | 17 | 12 | 12 | 0 | 10 | 9 | 1 | 1 | 2 | 6 | 100 | 0 |
| Madhubani | 28 | 10 | 0 | 2 | 1 | 1 | 1 | 9 | 0 | 5 | 5 | 3 | 2 | 2 | 8 | 82 | 0 |
| Sitamarhi | 19 | 10 | 0 | 1 | 0 | 0 | 1 | 8 | 2 | 2 | 2 | 2 | 1 | 0 | 0 | 0 | 0 |
| Purnea | 17 | 3 | 0 | 0 | 0 | 0 | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Katihar | 19 | 11 | 0 | 1 | 1 | 1 | 8 | 9 | 0 | 1 | 1 | 0 | 0 | 1 | 15 | 6 | 0 |
| Total | 166 | 112 | 7 | 64 | 74 | 52 | 51 | 63 | 10 | 34 | 33 | 9 | 4 | 6 | 33 | 238 | 0 |
| Darbhanga | 27 | 15 | 1 | 6 | 1 | 1 | 3 | 11 | 3 | 2 | 2 | 2 | 2 | 0 | 0 | 0 | 0 |
| Khagaria | 7 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Nalanda | 23 | 3 | 0 | 3 | 3 | 3 | 2 | 2 | 2 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Saharsa | 15 | 1 | 0 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 1 | 1 | 0 | 0 | 0 | 0 |
| Saran | 23 | 34 | 3 | 27 | 33 | 25 | 23 | 22 | 0 | 7 | 7 | 0 | 0 | 0 | 0 | 0 | 0 |
| Supaul | 12 | 4 | 1 | 2 | 1 | 1 | 1 | 4 | 1 | 3 | 3 | 0 | 0 | 0 | 0 | 0 | 0 |
| Vaishali | 24 | 13 | 1 | 9 | 10 | 8 | 8 | 5 | 6 | 4 | 4 | 1 | 0 | 1 | 1 | 3 | 0 |
| Total | 131 | 71 | 6 | 48 | 48 | 39 | 38 | 46 | 12 | 17 | 17 | 5 | 3 | 1 | 1 | 3 | 0 |
| Lakhisaral | 17 | 15 | 0 | 2 | 2 | 2 | 14 | 5 | 5 | 8 | 7 | 5 | 2 | 0 | 0 | 0 | 0 |
| Sheikhpura | 12 | 7 | 0 | 0 | 0 | 0 | 6 | 0 | 4 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 0 |
| Jamui | 9 | 9 | 0 | 0 | 0 | 0 | 8 | 1 | 5 | 2 | 2 | 4 | 4 | 0 | 0 | 0 | 0 |
| Begusaral | 28 | 27 | 2 | 3 | 3 | 3 | 24 | 19 | 10 | 8 | 6 | 8 | 3 | 0 | 0 | 0 | 0 |
| Kaimur | 11 | 9 | 0 | 2 | 1 | 1 | 6 | 4 | 2 | 7 | 7 | 3 | 2 | 0 | 0 | 0 | 0 |
| Total | 77 | 67 | 2 | 7 | 6 | 6 | 58 | 29 | 26 | 26 | 23 | 21 | 11 | 0 | 0 | 0 | 0 |
| Grand Total | 485 | 336 | 36 | 181 | 198 | 152 | 200 | 196 | 56 | 109 | 103 | 43 | 21 | 11 | 47 | 274 | 0 |



Annexure - 5C activities annual report - 2020

| Name of the districts | District level giving Trainings | | | | Health facilities level Trainings | | | | | Meetings | | | | | | | | | |
|-----------------------|--|-----|------------------------------------|-------|--|------------|------------------------------------|-------------|-------|--|-------|------------------------------------|------------|-------|-------|--------|-------|-----|------|
| | Total No. of Trainings Conducted / facilitated at PHCs Level | | Total No. of Participants Attended | | Total No. of Trainings Conducted / facilitated at HF's Level | | Total No. of Participants Attended | | | Total No. of Meetings Conducted / Attended | | Total No. of Participants Attended | | | | | | | |
| | Mos | Nps | Others | Total | Mos | NLEP Staff | PHC Staff | Field Staff | ASHAs | Others | Total | Mos | NLEP Staff | ANMIs | ASHAs | Others | Total | | |
| Gaya | 1 | 0 | 18 | 2 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 54 | 0 | 0 | 6 | 60 | |
| Jehanabad | 1 | 0 | 19 | 0 | 19 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 | 7 | 1 | 20 | |
| E. Champaran | 1 | 3 | 8 | 17 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 40 | 44 | 20 | 0 | 104 | |
| W. Champaran | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 100 | 0 | 100 | |
| Madhubani | 1 | 11 | 13 | 0 | 24 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 26 | 0 | 5 | 46 | |
| Sitamarhi | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 16 | 20 | 0 | 1 | 37 | |
| Purnea | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 19 | 0 | 4 | 24 | |
| Katihar | 1 | 0 | 17 | 0 | 17 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 20 | 0 | 4 | 24 | |
| Total | 5 | 14 | 75 | 19 | 108 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 81 | 186 | 20 | 107 | 21 | 415 |
| Darbhanga | 1 | 0 | 18 | 2 | 20 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 22 | 0 | 0 | 5 | 27 |
| Khagaria | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| Nalanda | 2 | 0 | 51 | 18 | 69 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 73 | 0 | 0 | 6 | 79 |
| Saharsa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 5 | 28 | 0 | 0 | 2 | 35 |
| Saran | 1 | 2 | 11 | 0 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 15 | 28 | 0 | 0 | 0 | 43 |
| Supaul | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 9 | 22 | 0 | 0 | 1 | 32 |
| Vaishali | 1 | 8 | 17 | 0 | 25 | 1 | 17 | 0 | 0 | 0 | 0 | 17 | 3 | 18 | 27 | 0 | 42 | 6 | 93 |
| Total | 5 | 10 | 97 | 20 | 127 | 1 | 17 | 0 | 0 | 0 | 0 | 17 | 15 | 47 | 200 | 0 | 42 | 20 | 309 |
| Lakhisarai | 1 | 8 | 5 | 0 | 13 | 6 | 21 | 15 | 12 | 0 | 4 | 52 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sheikhpura | 2 | 7 | 21 | 10 | 38 | 6 | 15 | 17 | 14 | 0 | 6 | 52 | 1 | 0 | 0 | 0 | 92 | 0 | 92 |
| Jamui | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Begusarai | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Kaimur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Total | 3 | 15 | 26 | 10 | 51 | 12 | 36 | 32 | 26 | 0 | 10 | 104 | 1 | 0 | 0 | 0 | 92 | 0 | 92 |
| Grand Total | 21 | 70 | 259 | 83 | 412 | 13 | 53 | 32 | 26 | 0 | 10 | 121 | 61 | 258 | 550 | 43 | 302 | 64 | 1217 |

Annexure

Annexure - 6

Involvement of Community Social Workers (CSWs) in DPMR Programme - 2020

| Parameters | Jharkhand | Bihar | Chhattisgarh | Total |
|--|-----------|-------|--------------|-------|
| Total No. of districts covered | 12 | 28 | 4 | 44 |
| Total No. of CSO/Vols involved | 6 | 24 | 7 | 37 |
| Number of Persons affected by leprosy with disabilities at the beginning of the quarter/annual | 2817 | 10336 | 862 | 14015 |
| Number of Persons affected by leprosy with disabilities deleted from the list | 167 | 380 | 138 | 685 |
| Number of Persons affected by leprosy with disabilities added to the list | 396 | 2747 | 764 | 3907 |
| Number of Persons affected by leprosy with disabilities at the end of the quarter/annual | 3046 | 12703 | 1352 | 17101 |
| Number of Persons affected by leprosy with disabilities visited during the quarter/annual | 2864 | 3610 | 2022 | 8496 |
| Number of persons with plantar ulcers (among Patients visited) | 742 | 838 | 354 | 1934 |
| Number of them practising self care | 1621 | 1399 | 921 | 3941 |
| Number of them required foot wear | 1441 | 1603 | 723 | 3767 |
| Number of them wearing appropriate foot wear | 1302 | 1169 | 594 | 3065 |
| No. of patients having Disability Certificate. | 620 | 1121 | 76 | 1817 |
| No. of patients receiving Pension. | 484 | 755 | 62 | 1301 |
| No. of patients identified for RCS. | 293 | 336 | 96 | 725 |
| No. of patients RCS done | 24 | 58 | 19 | 101 |
| Number referred to hospital/PHC for any problems | 121 | 97 | 82 | 300 |
| Total number of persons identified for LEP support during quarter/annual | 256 | 131 | 53 | 440 |
| Total number of persons received LEP support during quarter/annual | 18 | 31 | 10 | 59 |
| Number of LEP beneficiaries monitored during quarter/annual | 135 | 110 | 22 | 267 |
| Number of suspects referred to PHC for diagnosis during quarter/annual | 127 | 311 | 201 | 639 |
| Number of leprosy cases confirmed during quarter/annual | 78 | 191 | 61 | 330 |

Annexure

| Annexure - 7 | | Projects Annual TB Report - 2020 | | | | | | | | | | | | | |
|--------------------|----------------------|------------------------------------|-------------------------------|--------------------------------------|--|--|---|--|---|-----------------------------|----------------------------|--|--|---|--------------------------------|
| 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 | 960 | 65 | 97 | 71 | 27 | 26 | 92% | 67% | 77% | 60% | 7 | 36 | 36 | 5.7 |
| Delhi | Delhi | 4806 | 853 | 2382 | 1996 | 660 | 386 | 87% | 89% | 87% | 81% | 3 | 0 | 0 | 0 |
| Karnataka | Pavagada | 657 | 46 | | | | | | | | | 5 | | | |
| Tamil Nadu | Salem | 475 | 39 | 48 | 42 | 22 | 6 | 97% | 80% | 80% | 80% | | | | |
| | Fathimanagar | 536 | 10 | 8 | 7 | 6 | 1 | 100% | 100% | 81% | | 5 | 0 | 0 | 0 |
| Maharashtra | Nagepalli | 8274 | 379 | 805 | 676 | 333 | 129 | 89% | 89% | 90% | 79% | 5 | 31 | 133 | 7.3 |
| Total | | 15708 | 1392 | 3340 | 2792 | 1048 | 548 | 93% | 85% | 83% | 75% | 25 | 67 | 169 | 2.6 |

Annexure

| Annexure - 8 Andhra Pradesh District Consultancy Team DR TB Annual report - 2020 | | | | | | | | | | | | | | | | | | | |
|--|----------------------|-------------------------------|--------------------------|-----------------------------|-------------------------|------------------|------------|------------|-----------------|------------|------------|------------------------------------|------------------------------------|------------------------------------|------------------------------------|------------------------------|---|-----------|-------------|
| States | Name of the district | Patients interaction meetings | | | | Patients visited | | | Patients on DOT | | | Irregular DR TB patients motivated | Irregular DR TB patients retrieved | Defaulter DR TB patients motivated | Defaulter DR TB patients retrieved | No. of DOT Providers visited | No. of DOT Ps functioning correctly (%) | | |
| | | No. of meeting conducted | No. of patients attended | No of DOT provider attended | No of GH staff attended | MDR TB | XDR TB | Total | MDR TB | XDR TB | Total | | | | | | | (%) | Total |
| Andhra Pradesh | Anantapur | 1 | 1 | 1 | 3 | 7 | 4 | 11 | 7 | 4 | 11 | 7 | 4 | 11 | 0 | 0 | 0 | 1 | 100 |
| | Kurnool | 0 | 0 | 0 | 0 | 15 | 6 | 21 | 15 | 6 | 21 | 15 | 6 | 21 | 1 | 1 | 4 | 4 | 100 |
| | Kadapa | 1 | 5 | 2 | 1 | 5 | 0 | 5 | 5 | 0 | 5 | 5 | 0 | 5 | 0 | 0 | 0 | 0 | 0 |
| | Nellore | 2 | 2 | 2 | 4 | 29 | 5 | 34 | 27 | 5 | 32 | 27 | 5 | 32 | 2 | 1 | 6 | 6 | 100 |
| | Chittoor | 0 | 0 | 0 | 2 | 9 | 1 | 10 | 9 | 1 | 10 | 9 | 1 | 10 | 0 | 0 | 4 | 4 | 100 |
| | Prakasam | 0 | 0 | 0 | 0 | 13 | 5 | 18 | 13 | 5 | 18 | 13 | 5 | 18 | 4 | 1 | 3 | 3 | 100 |
| | Total | 4 | 8 | 5 | 10 | 78 | 21 | 99 | 76 | 21 | 97 | 76 | 21 | 97 | 7 | 2 | 18 | 18 | 100 |
| Bihar | Darbhanga | | | | | 73 | 6 | 79 | 69 | 6 | 75 | 69 | 6 | 75 | 4 | 3 | 31 | 22 | 71 |
| | Saharsa | | | | | 11 | 0 | 11 | 10 | 0 | 10 | 10 | 0 | 10 | 1 | 1 | 8 | 4 | 50 |
| | Samastipur | | | | | 57 | 0 | 57 | 55 | 0 | 55 | 55 | 0 | 55 | 2 | 1 | 22 | 14 | 64 |
| | Madhubani | | | | | 46 | 1 | 47 | 44 | 1 | 45 | 44 | 1 | 45 | 3 | 2 | 27 | 25 | 93 |
| | Supaul | | | | | 27 | 2 | 29 | 26 | 2 | 28 | 26 | 2 | 28 | 2 | 2 | 15 | 11 | 73 |
| | Madhepura | | | | | 23 | 3 | 26 | 18 | 2 | 20 | 18 | 2 | 20 | 8 | 5 | 6 | 3 | 50 |
| Total | 0 | 0 | 0 | 0 | 237 | 12 | 249 | 222 | 11 | 233 | 222 | 11 | 233 | 20 | 14 | 0 | 109 | 79 | 67 |
| Grand Total | 4 | 8 | 5 | 10 | 315 | 33 | 348 | 298 | 32 | 330 | 298 | 32 | 330 | 27 | 21 | 2 | 127 | 97 | 83.5 |

| Annexure - 8A | | Andhra Pradesh and Bihar NTEP training and meeting activities annual report - 2020 | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|-----------------------|--|------------|------------------------------------|-------------|------------|------------|--|------------------------------------|----------|------------|-----------------------------------|-------------|-----------|--|------------------------------------|-----------|-----------|------------|------------|-----------|------------|------------|-----------|-----------|------------|------------|
| State | Name of the districts | District level giving Trainings | | | | | | | | | | Health facilities level Trainings | | | | | | Meetings | | | | | | | | | |
| | | Total No. of Trainings Conducted / Facilitated at PHGs Level | | Total No. of Participants Attended | | | | Total No. of Trainings Conducted / Facilitated at HF's Level | Total No. of Participants Attended | | | | | | Total No. of Meetings Conducted / Attended | Total No. of Participants Attended | | | | | | | | | | | |
| | | Mos | NTEP Staff | PHC Staff | Field staff | ASHAs | Others | | Total | Mos | NTEP Staff | PHC Staff | Field Staff | ASHAs | | Others | Total | Mos | NTEP Staff | ANMs | ASHAs | Others | Total | | | | |
| Andhra Pradesh | Anantapur | 2 | 0 | 31 | 0 | 0 | 0 | 0 | 0 | 0 | 31 | 2 | 2 | 0 | 0 | 17 | 67 | 0 | 86 | 1 | 0 | 42 | 0 | 0 | 0 | 42 | |
| | Kurnool | 1 | 0 | 60 | 0 | 0 | 0 | 0 | 0 | 0 | 60 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 61 | 0 | 0 | 0 | 61 |
| | Kadapa | 1 | 0 | 45 | 0 | 0 | 0 | 0 | 0 | 0 | 45 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 3 | 11 | 0 | 16 | |
| | Nellore | 2 | 0 | 47 | 0 | 0 | 0 | 0 | 0 | 0 | 47 | 2 | 2 | 0 | 2 | 15 | 0 | 0 | 19 | 0 | 2 | 0 | 16 | 29 | 2 | 51 | |
| | Chittoor | 3 | 0 | 55 | 0 | 24 | 298 | 0 | 377 | 0 | 377 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 1 | 10 | 0 | 0 | 22 | 35 |
| | Prakasam | 1 | 0 | 40 | 0 | 0 | 0 | 0 | 40 | 2 | 2 | 0 | 2 | 2 | 0 | 32 | 84 | 0 | 120 | 2 | 1 | 0 | 7 | 18 | 21 | 47 | |
| | Total | 10 | 0 | 278 | 0 | 24 | 298 | 0 | 600 | 6 | 6 | 0 | 225 | 10 | 5 | 113 | 26 | 58 | 45 | 252 | 17 | 14 | 218 | 26 | 58 | 71 | 392 |
| Bihar | Darbhanga | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 4 | 48 | 0 | 0 | 11 | 63 | |
| | Saharsa | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Samaslipur | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Machubani | 2 | 0 | 26 | 0 | 0 | 0 | 18 | 44 | 0 | 44 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 3 | 42 | 0 | 0 | 13 | 58 | |
| | Supaul | 1 | 1 | 7 | 0 | 0 | 0 | 15 | 23 | 0 | 23 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 2 | 15 | 0 | 0 | 2 | 19 | |
| | Machhepura | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | |
| | Total | 3 | 1 | 33 | 0 | 0 | 0 | 33 | 67 | 0 | 0 | 0 | 225 | 7 | 9 | 105 | 0 | 0 | 0 | 225 | 17 | 14 | 218 | 26 | 58 | 71 | 392 |
| Grand Total | 13 | 1 | 311 | 0 | 24 | 298 | 33 | 667 | 6 | 6 | 0 | 225 | 17 | 14 | 218 | 26 | 58 | 71 | 392 | 17 | 14 | 218 | 26 | 58 | 71 | 392 | |

| Annexure - 9 Delhi MDR TB cases registered and out comes from 2010 to 2020 | | | | | | | | | | | |
|--|------|------|------|------|------|------|------|------|------|------|------|
| Particulars | 2010 | 2011 | 2012 | 2013 | 2014 | 2015 | 2016 | 2017 | 2018 | 2019 | 2020 |
| MDR TB Cases registered | 19 | 31 | 88 | 43 | 58 | 59 | 46 | 70 | 103 | 147 | 150 |
| 12 months Culture Conversion | 14 | 13 | 64 | 38 | 32 | 20 | 38 | 46 | 65 | 83 | 32 |
| Cured | 14 | 19 | 40 | 28 | 28 | 24 | 26 | 40 | 57 | 73 | 30 |
| Completed | 0 | 2 | 5 | 1 | 2 | 6 | 4 | 4 | 6 | 10 | 2 |
| Defaulter | 0 | 2 | 20 | 8 | 5 | 8 | 7 | 12 | 20 | 19 | 3 |
| Died | 3 | 3 | 17 | 4 | 11 | 8 | 3 | 8 | 7 | 6 | 11 |
| Failure / (Reg. Change) | 1 | 5 | 3 | 1 | 11 | 9 | 3 | 4 | 9 | 10 | 14 |
| Transfer Out | 1 | 0 | 3 | 1 | 1 | 4 | 3 | 2 | 4 | 3 | 3 |
| Still under treatment | | | | | | | | | | 26 | 87 |
| Total outcome cases | 19 | 31 | 88 | 43 | 58 | 59 | 46 | 70 | 103 | 147 | 150 |
| Treatment success rate | 74% | 68% | 51% | 67% | 52% | 51% | 65% | 63% | 61% | | |

| Annual Report 2020 | | | | | | | | | | | | | | | | | | | | | |
|--|----------------------------------|---------------------------|-----------|---|------------------|--------------------------------|----------------|----------------|----------------|--------------|----------------|-----------|-----|-----------------|-----------|-------|--------------|----------------|-----|------|------------|
| Diagnostic and follow up samples processed at DTRC Nellore - Andhra Pradesh. | | | | | | | | | | | | | | | | | | | | | |
| District | Population covered for diagnosis | SARS - COVID 19 Diagnosis | | Tuberculosis Follow up samples received and inoculated in L-J media | | Tuberculosis Diagnosis samples | | | First line LPA | | | | | Second Line LPA | | | | | | | |
| | | Total tests conducted | Positives | Total | Culture positive | Total | Smear Positive | Smear Negative | Total | Inconclusive | Both Sensitive | RIF & INH | RIF | INH | RIF & INH | Total | Inconclusive | Both Sensitive | FLQ | SLID | FLQ & SLID |
| Nellore | 3449990 | 29843 | 2821 | 126 | 0 | 1448 | 1029 | 419 | 1029 | 5 | 878 | 7 | 101 | 38 | 146 | 12 | 114 | 20 | 0 | 0 | 0 |
| Kadapa | 3266308 | 0 | 0 | 0 | 0 | 791 | 481 | 310 | 481 | 4 | 426 | 1 | 36 | 14 | 51 | 8 | 38 | 5 | 0 | 0 | 0 |
| Chittoor | 4722456 | 0 | 0 | 0 | 0 | 1190 | 728 | 462 | 728 | 1 | 668 | 10 | 36 | 13 | 59 | 4 | 54 | 0 | 1 | 0 | 0 |
| Prakasam | 3841817 | 0 | 0 | 0 | 0 | 1028 | 711 | 312 | 711 | 1 | 622 | 8 | 61 | 19 | 88 | 5 | 67 | 16 | 0 | 0 | 0 |
| Krishna | 4634364 | 0 | 0 | 263 | 0 | 86 | 86 | 0 | 86 | 3 | 67 | 0 | 11 | 5 | 16 | 0 | 13 | 3 | 0 | 0 | 0 |
| Guntur | 5098277 | 0 | 0 | 222 | 0 | 12 | 12 | 0 | 12 | 0 | 10 | 0 | 1 | 1 | 2 | 0 | 1 | 1 | 0 | 0 | 0 |
| West Godavari | | 0 | 0 | 125 | 0 | 51 | 51 | 0 | 51 | 1 | 46 | 0 | 3 | 1 | 4 | 0 | 4 | 0 | 0 | 0 | 0 |
| Total | 25013212 | 29843 | 2821 | 736 | 0 | 4606 | 3098 | 1503 | 3098 | 15 | 2717 | 26 | 249 | 91 | 366 | 29 | 291 | 45 | 1 | 0 | 0 |

Annexure 11

Annual Report 2020

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

| District | Population covered for diagnosis & Follow up | Follow up samples received and inoculated in Liquid/Solid media | | | | CBNAAT | | | First line LPA | | | | Second 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 |
| Darbhanga | 4795748 | 659 | 224 | 435 | 187 | 3613 | 1271 | 168 | 31 | 654 | 8 | 99 | 129 | 319 | 41 | 130 | 118 | 15 | 15 |
| Madhubani | 5556964 | 613 | 211 | 402 | 168 | 955 | 284 | 51 | 29 | 661 | 7 | 94 | 115 | 254 | 43 | 96 | 105 | 1 | 9 |
| Saharsa | 2360586 | 90 | 11 | 79 | 28 | 17 | 6 | 2 | 0 | 6 | 2 | 2 | 6 | 13 | 2 | 9 | 2 | 0 | 0 |
| Supaul | 2806872 | 45 | 8 | 37 | 19 | 94 | 32 | 3 | 3 | 179 | 1 | 24 | 14 | 53 | 6 | 35 | 12 | 0 | 0 |
| Madhepura | 2438999 | 33 | 2 | 31 | 13 | 10 | 3 | 0 | 2 | 81 | 1 | 10 | 5 | 24 | 3 | 15 | 4 | 0 | 2 |
| Samastipur | 5163860 | 381 | 61 | 320 | 90 | 250 | 64 | 13 | 13 | 207 | 9 | 25 | 52 | 137 | 24 | 51 | 55 | 3 | 4 |
| Muzaffarpur | 5843239 | 542 | 94 | 448 | 144 | 92 | 27 | 3 | 19 | 309 | 10 | 41 | 89 | 165 | 18 | 62 | 73 | 2 | 10 |
| Sitamarhi | 4181480 | 667 | 93 | 574 | 176 | 45 | 10 | 6 | 17 | 417 | 7 | 59 | 115 | 225 | 42 | 74 | 92 | 1 | 16 |
| Sheohar | 820739 | 174 | 28 | 146 | 52 | 6 | 2 | 1 | 0 | 41 | 0 | 4 | 13 | 37 | 2 | 14 | 16 | 1 | 4 |
| E.Champaran | 6215283 | 317 | 54 | 263 | 115 | 1 | 0 | 0 | 13 | 194 | 6 | 27 | 17 | 131 | 19 | 41 | 59 | 1 | 11 |
| W.Champaran | 4796736 | 94 | 21 | 73 | 36 | 3 | 3 | 0 | 14 | 143 | 9 | 12 | 55 | 66 | 5 | 40 | 19 | 1 | 1 |
| Total | 44980506 | 3615 | 807 | 2808 | 1028 | 5086 | 1702 | 247 | 141 | 2892 | 60 | 397 | 610 | 1424 | 205 | 567 | 555 | 25 | 72 |

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 |
| DR TB | Drug Resistant Tuberculosis |
| DTO | District Tuberculosis Officer |

GLOSSARY

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

GLOSSARY

| | |
|---------------|---|
| 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 Centre. The main health facility in rural area covering a population of 25000 to 200000 and responsible for implementing curative and preventive services in the designated population |
| PMDT | Programmatic Management of Drug Resistant TB |
| POD | Prevention of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability |
| RMP | Rural Medical Practitioner |
| RIF | Rifampicin |
| RNTCP | Revised National TB Control Programs |
| RCS | Re-Constructive Surgery |
| STLS | Senior TB Laboratory Supervisor- Laboratory supervisor in TB unit for guiding laboratory work in the 5 designated microscopy centres. |
| STO | State TB Officer. 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 |



in Partnership with



Damien Foundation India Trust

No.14, Venugopal Avenue, Spur tank Road, Chetpet, Chennai - 600 031.

Phone : 044 - 2836 0496 / 2836 1910 / 4214 8401

Email : info@damienfoundation.in / Web : www.damienfoundation.in

www.facebook.com/damienDFIT