



foundation India Trust  
**damien** 

**ACTIVITY REPORT 2021**

**Damien Foundation India Trust**

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# CONTENTS

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TABLE OF CONTENTS

PAGE NO.

1.	FOREWORD	1
2.	INTRODUCTION	2
3.	HUMAN RESOURCES	6
4.	ANDHRA PRADESH	8
5.	BIHAR	19
6.	CHHATTISGARH	47
7.	DELHI	50
8.	JHARKHAND	56
9.	KARNATAKA	60
10.	TAMIL NADU	63
11.	SPECIAL ACTIVITIES	68
12.	SOCIO ECONOMIC REHABILITATION	70
13.	PUBLIC ENGAGEMENT INITIATIVES	74
14.	RESEARCH	77
15.	FINANCIAL REPORT	78
16.	ANNEXURES	81
17.	GLOSSARY	100

# FOREWORD

I am pleased to introduce DFIT's annual activity report for the year 2021. The pandemic in the country had partially affected our leprosy and tuberculosis services during the year. The experience we gained during the first year of the pandemic helped us to accomplish most of the planned activities. The entire credit goes to our teams working determinedly in the field and referral centres. They were at the forefront and unwavering in providing appropriate services to persons affected by leprosy and tuberculosis during the covid crisis. The solidarity of our team was more than ever under these difficult conditions.

The report of external evaluation of five years project in Bihar gave us a good insight into the results of the project and enabled us to think of strengthening the referral system in the districts with a special focus on establishing referral services in district hospitals in coming years.

On behalf of the trust, I would like to express my sincere gratitude to Damien Foundation Belgium for their continuous guidance and support. I wish to thank all the local and international donors and all our team members. I would sincerely thank our trust members for their timely guidance and support.

On behalf of the trust, I would like to thank all our team members for their commitment.



**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 supporting elements of TB and leprosy control programmes in selected regions or through local Non-Governmental Organisations (NGOs). In 2021, DFIT stopped financial support to NGO projects since the provision of transferring funds from foreign countries from one organisation to another was restricted as per the new FCRA amendments in 2020. However, DFIT continue to provide technical support when required and financial support was directly given by DF Belgium from April 2021.



**FR. DAMIEN**

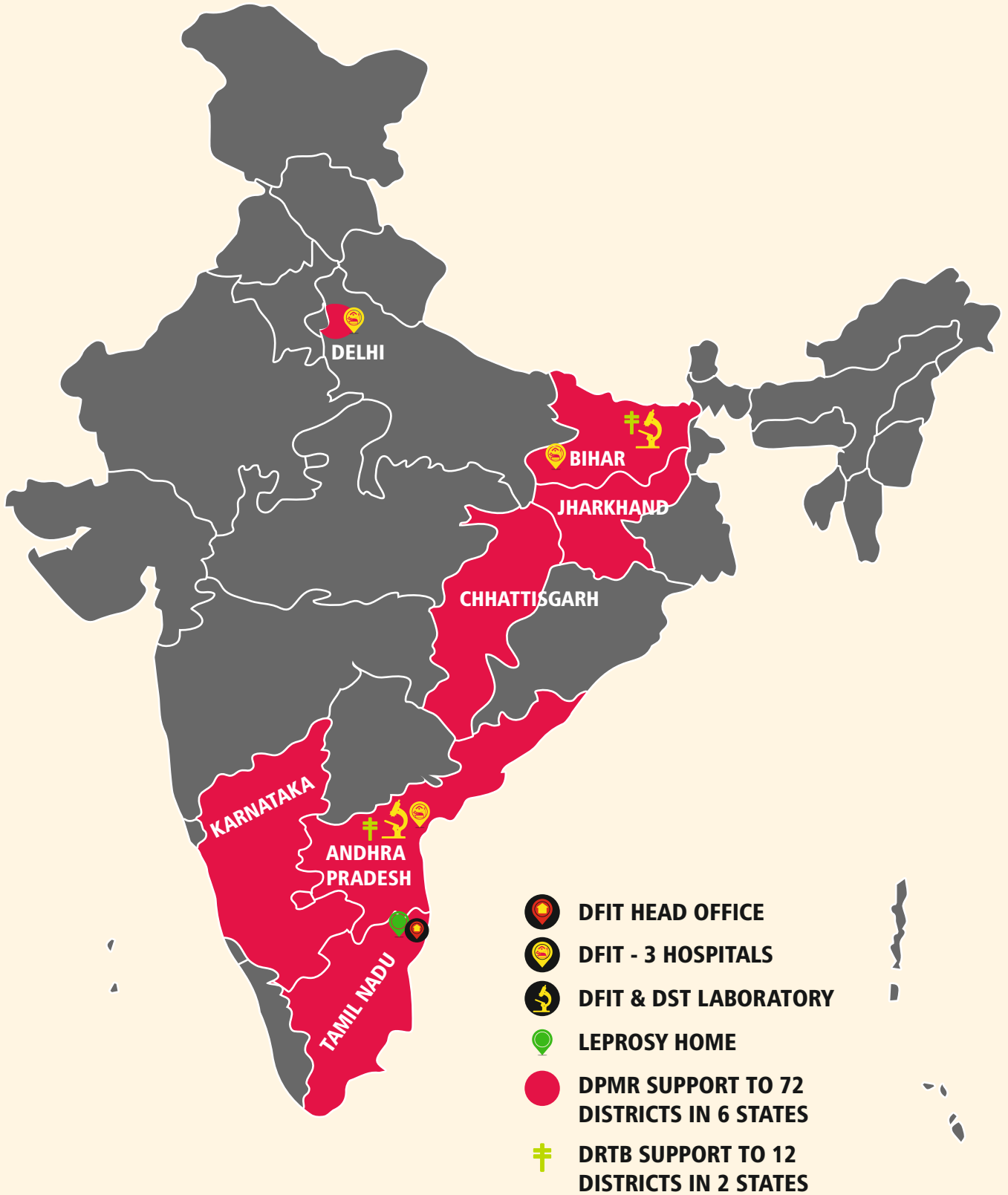


**DR. CLAIRE VELLUT**

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 19,94,16,682 across seven 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 Government.

STATE	PROJECT NAME
<b>Andhra Pradesh</b>	<ul style="list-style-type: none"><li>▶ Damien Foundation Urban Leprosy and TB Research Centre, Nellore</li><li>▶ DRTB support in 6 districts</li><li>▶ DPMR support in 9 districts</li></ul>
<b>Bihar</b>	<ul style="list-style-type: none"><li>▶ Model Leprosy Control Unit, Dehri on Sone, Rudrapura, Rohtas district</li><li>▶ Damien TB Research Centre, Darbhanga</li><li>▶ DPMR Support in 28 districts</li><li>▶ ILEP coordination</li><li>▶ DRTB support in 6 districts</li></ul>
<b>Chhattisgarh</b>	<ul style="list-style-type: none"><li>▶ DPMR support in 4 districts</li></ul>
<b>Delhi</b>	<ul style="list-style-type: none"><li>▶ Margaret Leprosy and TB Hospital, South West Delhi</li></ul>
<b>Jharkhand</b>	<ul style="list-style-type: none"><li>▶ DPMR support in 12 districts</li></ul>
<b>Karnataka</b>	<ul style="list-style-type: none"><li>▶ DPMR support in 3 districts</li></ul>
<b>Tamil Nadu</b>	<ul style="list-style-type: none"><li>▶ Anandapuram Rehabilitation Centre, Polambakkam, Chengalpattu district</li><li>▶ DPMR support in 14 districts</li></ul>

# DFIT IN INDIA



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

1. Three tertiary level referral centres for managing complications related to leprosy out of which two referral centres are managing complications related to TB.
2. Eleven 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 the prevention of disability in 72 districts and one team for managing DRTB
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 NGO's, Civil Society Organisation and Government.



# HUMAN RESOURCE REPORT 2021

Good human resources are the pillars of any organisation. Damien Foundation India Trust has a very strong human resources pillar which helps to reach the milestones of its mission. All the staffs are appointed by Damien Foundation India Trust. During the year 179 staff were engaged among them 91% were programme and technical staff and 9% of them were administrative and finance staff.

Twenty five new staff have joined Damien Foundation India Trust during the year and twenty six staffs were relieved from the services due to project completion and for their personal development.

The human resources have various role to play in the organisation. Damien Foundation has classified the staff as programme technical staff, Programme support staff and Administrative & Finance staffs. The staff wise classification for the year are provided in the table listed below.

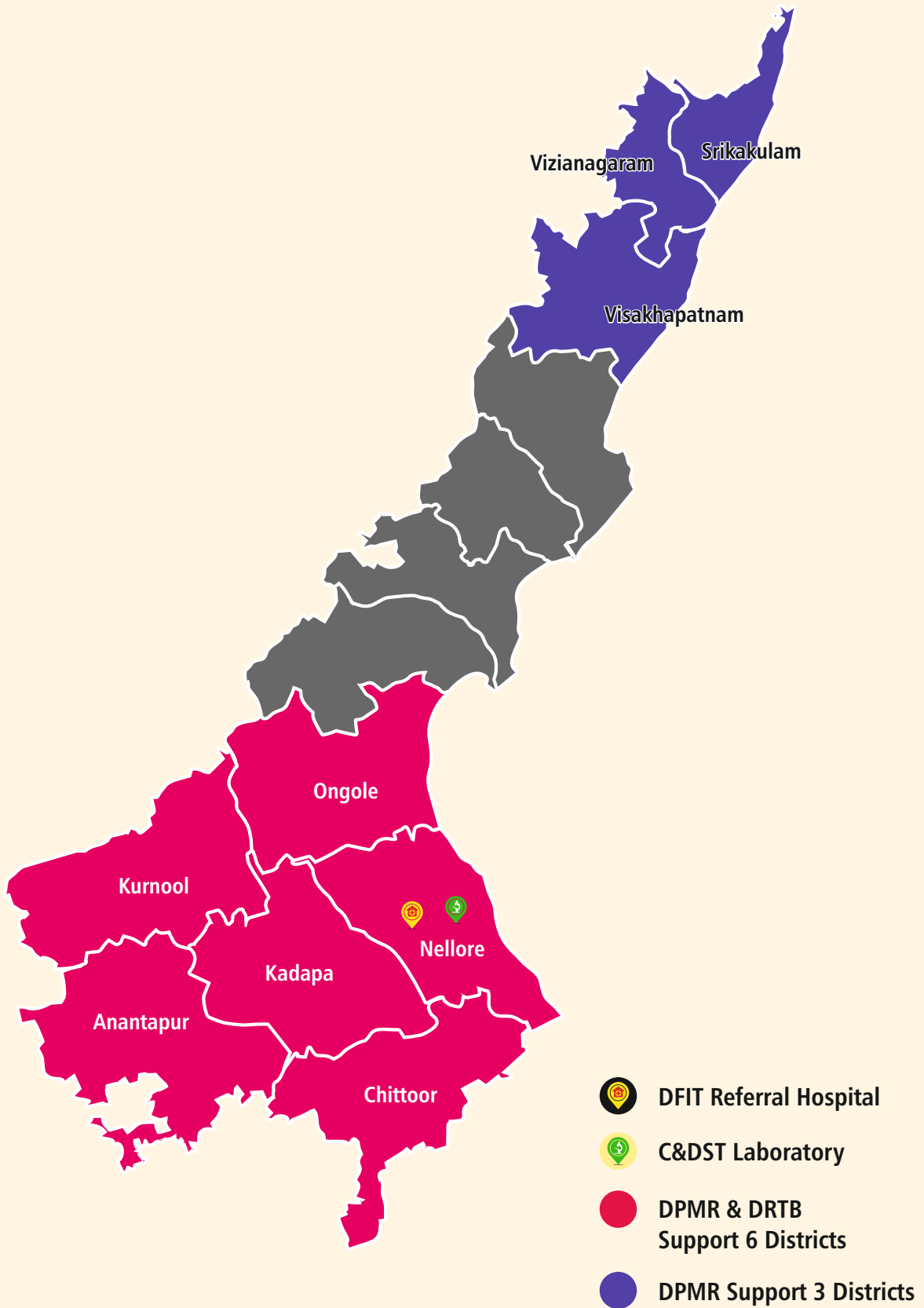


# HUMAN RESOURCE REPORT 2021



Classification of staff		Appointed under DFIT payroll
<b>Programme Technical Staff</b>	Doctors	7
	Paramedical Staff's	74
	Lab Technicians / STLS	17
	Staff Nurse	8
	Microbiologist	3
<b>Programme Support Staff</b>	Communication and Public Engagement	1
	Others (Driver / Sweeper / Lab Assistant / Cook / Helper / Security etc.)	52
	<b>Total (A)</b>	<b>162</b>
<b>Administration &amp; Finance</b>	Administration & Finance	17
	<b>Total (B)</b>	<b>17</b>
	<b>Grand Total (A+B)</b>	<b>179</b>

# 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 4 districts (Prakasam, Kadapa, Nellore and Chittoor). The centre has a microscopy facility covering a population of 1,33,736 in Nellore urban to provide TB control services.

## DAMIEN TB RESEARCH CENTRE (DTRC), NELLORE

Damien TB Research Centre (DTRC), a wing of DFUL&TC in Nellore, established in 2008 has a 11 bedded in-patient facility and a laboratory with Culture and Drug Susceptibility Test (DST) with the facilities for both Phenotype and Genotype tests for Mycobacterium TB. The main objectives of DTRC are diagnosis and management of drug-resistant TB and TB research. The lab started functioning in the last quarter of 2009 after the accreditation and currently providing diagnostic services in 7 districts. All the procedures are done as per the National guidelines.

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



## MCR FOOTWEAR UNIT, NELLORE



A specialised footwear unit was established in 2014 to provide footwear made of microcellular rubber (MCR) including customised footwear for persons affected by leprosy who are with a deformed foot. This footwear unit is recognised by Central Leprosy Division and the three districts place orders for footwear purchase from this project. Around 1303 footwear was supplied to three districts.

## COVID-19 DIAGNOSTIC SERVICES

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 resources. Through this activity around 2040 presumptive cases were screened and around 639 Covid cases were diagnosed.



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

LEPROSY CARE SERVICES	2017	2018	2019	2020	2021
Out patients treated	4727	4757	4651	4707	4160
Among them skin patients treated	1690	1593	1734	1491	1162
New leprosy cases diagnosed and referred to PHCs	89	64	45	46	39
Reaction cases managed	57	47	50	41	48
Re-constructive surgeries	23	32	23	6	52
Other surgeries	12	14	11	0	4
Inpatients managed	182	227	264	169	265
Bed days	2369	2975	3663	2483	3126
Protective footwear (MCR) provided	48	27	49	59	69
MCR footwear supplied to districts	1415	1177	2211	2103	1303



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

TB CARE SERVICES	2017	2018	2019	2020	2021
Respiratory symptomatic treated	2772	2731	2497	2175	2583
Presumptive TB cases examined	596	426	490	960	1707
Total TB cases registered	105	110	123	97	66
Total new TB cases registered	73	85	92	71	66
Among them new sputum positive cases	40	39	45	27	33
Sputum conversion rate for NSP cases	34/37 (92%)	28/38 (82%)	36/48 (82%)	23/25 (92%)	34/34 (100%)
Cure rate for NSP cases	30/40 (75%)	38/41 (93%)	25/30 (83%)	34/44 (77%)	27/27 (100%)
Sputum conversion rate for RT cases	12/14 (86%)	5/9 (56%)	14/20 (70%)	8/12 (67%)	1/1 (100%)
Cure rate for RT cases	9/11 (82%)	11/17 (65%)	5/7 (71%)	9/15 (60%)	8/10 (80%)
In-patients managed	160	352	293	36	55
Bed days	779	670	342	36	75

## Thanks note from a RCS patient – Nellore

I am Guna from Andhra Pradesh. I initially lost the sensation of my left little finger region, and for treatment I went to a most prestigious hospitals, after spending a huge amount of money and time they confirmed me as a case of leprosy. Meanwhile my fingers got clawing. After taking treatment for Leprosy (MDT) one year, I contacted many doctors for correction of my fingers but none of them able to show the right path. I came to know about Damien Foundation Hospital, Nellore and I met Mr. Piet Paul sir, Physiotherapist sir, and asked him about correction of my claw fingers. He explained the process in clear manner. I was admitted in the hospital and given pre surgical exercises. And special mention to the chief surgeon Dr. Pramod. M for bringing his vast experience and performed the surgery in safe and secured manner. I found DFIT is best non-profit organization in India who performs this types of RCS surgeries without expecting single rupee from any patient. Apart from these, the nurses, supporting staff, doctors and cleaning staff each one of them will look after for our wellbeing. I hope that in future also DFIT will perform this types of service to as many as possible.

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 the additional three districts. The objective of DFIT's support was re-oriented in 2016 and it was mainly focused on 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 538 MOs, 103 NLEP staff and 2542 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.

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

DPMR Support (9 Districts)	2017	2018	2019	2020	2021
Number of reaction cases taking regular treatment	68/75 (91%)	69/73 (94%)	55/65 (85%)	84/88 (95%)	94/106 (89%)
Number of disability persons practicing self care regularly	447/842 (53%)	423/668 (63%)	363/562 (64%)	250/352 (71%)	306/445 (69%)
Total POD camps conducted	33	38	33	23	27
No. of leprosy affected persons attended during POD camps	362	440	583	422	293
Trainings conducted	89	177	97	73	94
No. of participants attended	4052	3527	2593	3174	3183
No. of PHCs meetings attended	55	94	109	34	28
No. of staff sensitised	2349	4216	3978	1587	965



## Training of Physiotherapists in the State :

The physiotherapist's role is very essential in managing leprosy related complications. Early diagnosis of nerve function impairment and its management is key to preventing the occurrence of permanent disabilities. There were many changes that happened in the health system after the introduction of the National Health Mission in India. Mental and Physical rehabilitation has been included in the routine health programme. In Andhra Pradesh, one physiotherapist is appointed at each block level hospital under NCD and RBSK. This has been an opportunity for the NLEP programme to train them in managing leprosy related complications like reactions, neuritis and ulcers and other deformities. At the request of the Additional Director of NLEP & Joint Director of Leprosy with the approval of Commissioner of Health and Family Welfare and Mission Director (NHM), AP. A training on DPMR for Physiotherapists who are working under NCD & RBSK was proposed in collaboration with DFIT resources. It was intended that at the depleting trend of NLEP PT's to augment Leprosy DPMR services, the state has a plan to utilize the services of PT's working in another programme in the Government as leprosy integrated into general health care services. The concerned Additional DM&HO(A&L) and Team arranged training hall, intimated participants, projector, mike, mobilized patient's for physical demonstration. Damien Foundation India Trust (DFIT) supported and sponsored for facilitating training, providing training materials, working lunch, refreshments and travelling allowance for patients. Totally 173 physiotherapists and 58 NLEP key staff in 13 districts of Andhra Pradesh were trained in DPMR activities with a focus on identification of reactions and its management for the prevention of disabilities, management of ulcers by demonstrating home based self-care and identification of eligible cases for deformity correction surgeries. The State Leprosy Officer interacted through online with every participant about the importance of the role of PT's in NLEP. At the end of each session, all the trainees were evaluated about their learning experience, and they expressed their satisfaction in learning leprosy and its management and thanked the SLO, District teams and DFIT.



## Prevention of disability - contribution by teams :

DFIT teams identified 30 new reaction patients during their field visits and started appropriate treatment for managing the reactions. The teams also informed concerning health facilities for follow up about the new reaction patients identified and treatment initiation. The teams also closely followed all these reaction patients through physical visits and telephonic monitoring. It was observed that 12 of the patients had already developed G2D, 29/30 patients completed a full course of steroids. The most important observation was 9/12 (75%) patients completely recovered from G2D.

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

DRTB Support (6 Districts)	2017	2018	2019	2020	2021
No. of DRTB patients on DOT	365/426 (86%)	349/370 (94%)	363/421 (87%)	97/99 (99%)	68/68 (100%)
No. of treatment supporters functioning correctly	139/164 (85%)	147/158 (93%)	133/149 (89%)	18/18 (100%)	5/5 (100%)
Patients on irregular treatment retrieved	34/37 (92%)	27/28 (96%)	29/30 (96%)	7/7 (100%)	8/8 (100%)
Lost to follow up patients retrieved	2/6 (33%)	3/4 (75%)	3/3 (100%)	2/2 (100%)	1/1 (100%)
No. of patients - providers interaction meetings conducted	45	42	23	4	3
No. of DRTB patients attended	178	149	148	8	5
No. of treatment supporters / GH staff attended	195	65	115	15	9
Trainings conducted	15	39	127	16	18
No. of participants attended	508	963	920	825	757
No. of PHCs meetings attended	26	28	41	10	6
No. of staff sensitised	765	645	946	252	55

## Story of Mrs. Jammu Suryudu

Smt. Jammu Suryudu, 48/F resident of Vizianagaram town in Andhra Pradesh is residing with her husband and 2 children. Ten years back she noticed a large patch on Rt.leg with tingling and numbness, she ignored it did not give pain. After 3 months she developed ulcer in Rt. Foot and gradually it became infected. She went to the district hospital where the dermatologist examined her and referred to nearby Referral Centre at Vizianagaram. There the Physiotherapist examined her and diagnosed her as a Leprosy (Multibacillary) case and referred to respective PHC for initiation of treatment. He also counselled her and advised to adopt self-care (SSOD) practice at home for healing her ulcer and if required she can visit the centre for dressing her wound.

Suryudu is housewife and getting Rs. 2500/- as a deformity pension. Her husband is working earns about 6,000/- but spends it for drinking, hence she is forced to take up the responsibility of family and children education.

Local health worker referred her to DFIT Coordinator for support under LEP. After review by DFIT worker, LEP support was given for small business (vegetable vending for Rs. 18,000/-). There was an appreciable improvement in her business and economic improvement during follow up review after 6 months. She now earns a profit of Rs. 300 -350/- per day through selling vegetables in the pushcart.

Smt. Suryudu is very happy and expressed her gratitude to DFIT for providing social assistance in right time which greatly helped her family economic condition and her children's are able to continue their education successfully.





## Story of Kuppili Ramasamy

Kuppili Ramaswamy 66 years old male resides in Srikakulam district of Andhra Pradesh. He is married and having 2 daughters & a son. There is no history of leprosy in the family. Few months back Ramaswamy noticed a big hazy & dry lesion on Right leg. Ramaswamy is a habit of taking bath in the pond use to scrap the body with cotton towel. One day while taking bath as usual scraping with towel and found that skin was removed ( As Patient did notice that he developed blister on the patch area) on the patch area and with continuous bleeding. He immediately approached a local private medical practitioner and he gave treatment for ulcer and got healed after 10 days.



Two months later, he noticed new lesions on legs, chest and upper extremities. He took Iron & MVT tablets as advised by a doctor. Even after 3 months treatment he found no improvement, moreover he developed the raised red and swollen patches all over the body, hands and feet also swollen. The Local Practitioner referred him to Srikakulam where he was diagnosed as Leprosy MB Case and put on MB MDT, but not recognized his reaction and given any treatment for it. There was no improvement, his family members took him to a local tribal village doctor, the quack suggested taking herbal treatment and stopped the Leprosy Treatment.

Kuppili stopped taking herbal treatment after 2 weeks as there was not improvement. His wife remembered a house-to-house survey was conducted in her village, and they examined the population and enquired about patches. She immediately went and informed to ASHA worker who immediately took him to PHC. There they examined the patient, registered him as a MB case and gave MB MDT. The Patient was in severe type I reaction but the DPMO did not initiate any treatment for reaction.








Meanwhile DFIT Coordinator during his visit to local PHC was informed about this case by the local health worker and he visited the patient, examined and noticed that he has severe type I reaction. He took him to local PHC by his vehicle and in consultation with the Medical Officer started steroid treatment immediately and also admitted in the hospital for follow up. Within 15 days, the reaction has partially subsided and the patient has shown remarkable improvement. He completed the MDT and steroid treatment successfully.



The patient was very happy with the improvement. The wife of the patient too was extremely happy and expressed his gratitude to DFIT Coordinator for the excellent services provided to the patient.

# BIHAR



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

Damien Foundation has been supporting leprosy control programme in specific areas of Bihar since 1993 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 (DTO) 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 Consultant NTEP (National TB Elimination Programme) and ILEP as a technical body is supporting through Technical Consultant. All the Government Medical Colleges are involved in both Leprosy and TB programme.

## Specific objective :

There was an achievement of 8/9 indicators directed towards expected results aiming at specific objective. It was observed that targets achieved for three out of four indicators set for DRTB programme in six districts except the screening of presumptive DRTB cases, remaining indicators (1) Screening of contacts of DRTB cases (2) treatment initiation of confirmed DRTB (3) Treatment success rate among DRTB cases were achieved as per the set targets.

It was observed that while targets achieved all five indicators set for leprosy programme in 23 districts, only first indicator is achieved in 5 additional districts taken up in 2020. i.e., (1) Primary health centres able to diagnose leprosy cases (2) Prevention of disabilities among new leprosy cases (3) Reducing disabilities among new leprosy cases in children (4) Medical rehabilitation of persons affected by leprosy (5) Socio economic rehabilitation of persons affected by leprosy.

## RESULT 1: SCREENING OF PRESUMPTIVE DRTB IMPROVES :

### Screening of presumptive DRTB cases :

Overall, 71% (6858/9726) of presumptive DRTB cases were screened in six districts supported by DFIT, among which 216 districts achieved 80% and above. Altogether 71% (4031/5678) of the male and 70% (2827/4048) of the female patients were screened in six districts. DFIT accomplished all the activities as per the plan. The reduction in the screening of presumptive DRTB cases was mainly due to two reasons. All the Lab Technicians in the health facilities were involved in Covid 19 duties for nearly 5 months (March to July). Their involvement in TB control improved from August. The supply of cartridges for Gene Xpert was stopped by the Centre and asked the States to procure on their own, this did not happen due to several administrative reasons, the situation was the same in other states also. Meanwhile, NTEP procured and supplied TruNaat (an Indian made machine an alternative to Gene Xpert) in the second quarter but Lab technicians could perform fewer TB tests since they were engaged in Covid tests and its related work. The efforts of the DFIT team were continuous with District TB Officers to solve the issues related to the screening of presumptive cases. DFIT facilitated the decentralized mechanism for sputum collection and transportation from the TB unit (each TB unit covering 500000 population) level to the district. 51 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 3 Drug Susceptible TB cases (3/51) & 1 (1/51) DRTB cases were detected.

## THE TREND FROM 2017 - 21 :

It was observed that 86%, 89%, 89%, 68% and 71% of presumptive DRTB cases were screened from 2017, 2018, 2019, 2020 and 2021 respectively. The number of DRTB cases screened were 2523, 2257, 2050, 6409 and 6858 respectively from 2017-21. An average of 80% of male and 80% of the female presumptive DRTB cases were screened among identified in the supported districts. The decline of screening in 2020 and 2021 was mainly for 3 reasons: (1) change in the NTEP policy of definition of presumptive DRTB in 2020, this increased the number of presumptive DRTB cases, according to that all TB cases need to be screened for DRTB but there was limited number of lab facilities for screening in the districts. (2) the emergence of the Covid 19 pandemic from March 2020, disrupted the entire health system for several weeks during the years 2020 and 2021. The transportation was affected, people were fearful to visit health facilities for contracting Covid, fear of isolation if diagnosed with Covid etc, health workers especially lab technicians were engaged in Covid related work, health workers and volunteers hesitated to transport sputum samples from patients residence to laboratory due to the fear of Covid (3) In 2021, the NTEP decided to stop procurement of cartridges for Gene Xpert and asked states to procure on their own but later NTEP decided to procure Indian made TruNaat (similar to Gene Xpert) and supplied to districts, but the installation took few months due to pandemic.

There were multiple factors involved in the reduction of screening of presumptive DRTB cases, The risk analysis did not include the pandemic situation and also change in the policy of definitions. However, DFIT continuously focused on screening of household contacts of DRTB cases, sputum transportation from DRTB patients and their family members.



## THE TREND FROM 2017 - 21 :

In conclusion: Change in the policy of screening of presumptive DRTB cases had facilitated early detection of DRTB cases but it was observed that there is no much yield in a number of DRTB cases detected after changing the policy in 2020, this is probably due to a reduction in reporting of TB cases in the districts due to Covid 19 pandemic, several restrictions in transportation, health staff were engaged in covid duties and limited TB services for a few months during lockdown period. We must observe the situation in the coming years. Another challenge was the mode of investigation for the diagnosis of DRTB, initially, Gene Xpert was used at the district level in 2020 but the Government stopped the supply of cartridges in early 2021, asked the state to procure from its funds as a part of decentralised procurement. This did not happen in most of the state's due to several administrative issues in procurement and meanwhile, the NTP decided to use Indian made Trunaat (alternative to Gene Xpert) and supplied the machines to districts, this took a few weeks for implementation.

## CONTACT SCREENING :

It has been observed after the interview (questionnaire prepared based on symptoms) conducted for 74% (3101/4163) contacts 92% (595/642) Index DRTB patients under treatment by DFIT's community social workers engaged by DFIT. 4/6 districts screened around 80% of the contacts. Among 3101 contacts interviewed and found that 53 contacts (1.7%) were identified with presumptive TB (25 males and 28 females) and were screened for TB; among them, 23 were confirmed with Mycobacterium TB and among them, 9 were confirmed with Rifampicin Resistant TB.

It can be estimated that 741 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 active contact screening was a part of NTP guidelines, only a passive screening is routinely followed in the programme.



## THE TREND FROM 2017-21

It was observed that 81%, 76%, 73%, 69% and 74% of the contacts of confirmed DRTB cases were screened for TB through a questionnaire based on the symptoms in 2017, 2018, 2019, 2020 and 2021 respectively and DFIT facilitated sputum examination and transportation of sample if required. There were 17528 households interviewed and identified 349 contacts with symptoms of presumptive TB, facilitated sputum examination and other investigations. 22% (76/349) of them were confirmed with tuberculosis and among them, 43 were confirmed with Rifampicin resistance. Overall, it can be estimated that 433 confirmed TB cases and among them 245 RR TB cases per screening of 100000 contacts of DRTB cases. It clearly illustrates the importance of contact examination for early detection of TB including DRTB.

## IN CONCLUSION :

This is a very useful strategy to detect TB cases among household contacts of index TB/DRTB cases since the contacts have a higher risk of getting infection and disease compared to the general population. NTP introduced the mandatory screening of contacts in 2018 through revised guidelines. It was observed that the programme followed the only passive screening of household contacts but DFIT supported districts followed physical interviews of contacts, helped in counselling and mobilising presumptive TB cases among household contacts.

## TREATMENT INITIATION :

Overall, in six districts, 91% (499/551) of the confirmed DRTB patients were initiated on treatment and among them, 89% (313/350) were male patients and 93% (186/201) were female patients. 4/6 districts could achieve 100% of treatment initiation of confirmed DRTB cases. DFIT teams retrieved 131(131/551 = 23.7%) initial lost to follow up cases during the year and started on treatment.

The reasons for not initiating treatment for 52 (551-499) cases in 06 districts were analysed. 12 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 confident with the private health system, 02 migrated to different cities and 02 patients could not be traced while 2 refused to take treatment either from private or public and the results of treatment initiation of 8 patients are yet to be collected. DFIT assisted 4 needy patients for transportation from their residence to the DRTB centre and 3 needy patients for pre-treatment investigations.

Treatment from the private sector, death before treatment initiation and wrong addresses were the major factors for initial lost to follow up cases. The main reason for treatment refusal and getting treatment from the private sector since they receive a smaller number of pills compared to the standard of TB care. In India, TB is a notifiable disease, and all private doctors should follow the standards of TB care NTP also provide incentives to private doctors for notifying each TB case and for successful treatment completion. But this is not strictly followed by all private practitioners.

## THE TREND FROM 2017-21 :

It was observed that 83%, 84%, 85%, 88% and 91% of the confirmed DRTB cases were initiated on appropriate treatment regimens in 2017, 2018, 2019, 2020 and 2021 respectively. Altogether 86% (2291/2659) of DRTB cases were initiated on treatment in five years. Overall, 86% of (1837) male and 85% of (822) female patients were initiated on treatment. The reasons were identified for the 368 initial lost to follow up patients, 27% (98) died before the availability of test results, 34% (125) of the patients prefer to take treatment from the private sector, 9% (31) of the patients could not be traced since the address given by them was not correct (some patients give wrong address due to stigma), 7% (25) patients were referred to other districts/states for treatment initiation but the status of treatment initiation was not known. 10% (35) patients refuse to take treatment either in the public or private sector, these patients were visited and counselled by DFIT team along with local health staff more than two times, but they finally refused to take any treatment and among the remaining patients 13% (54) 7 of them were re-detected in other labs (were already on treatment) & 47 of them migrated to other cities for livelihood.

## THE TREND FROM 2017-21 :

DFIT retrieved 225 patients (around 10% of total cases in five years) Initial lost to follow up and started on treatment through counselling, providing transportation cost to 33 patients to reach DRTB centre.

## RESULT 2: CURE OF DRTB CASES IMPROVES :

### Treatment outcome of patients registered in 2017 :

In 2017, 397 of the patients were registered for 24 months conventional regimen and among them, 61% (243/397) patients successfully completed the treatment (NTP, the treatment success rate is considered as in the final outcome which includes cure + completion rate). The death rate was 19% (77/397); lost to follow up 12% (47/397) and transfer-out rate 5% (20/397) while treatment failure was less than 2.5% (10/397). It was noted that 62% (188/302) of male and 58% (55/95) of female patients completed the treatment successfully. Around 13% of male and 8.4% of female patients were lost to follow up, around 18% of male and 24% of female patients died during the treatment course and around 2% male and 4% female patients were treatment failure and 5% of male and female patients were transferred out. During the year, 11 patients were registered for XDR treatment and among them, 27% (3) successfully completed treatment, 45% (5) died and 9% (1) Lost to follow up remaining were failed and transferred out. DFIT provided food grain support to 60 needy patients during the entire course of treatment, 74% (44) of them successfully completed treatment, 16% died and 3% were lost to follow up. DFIT provided income-generating activity support to 8 patients and found all beneficiaries adhered to treatment and were successful in enhancing their livelihood by generating income locally after one year of follow up visit.

## 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 the 4th quarter of 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 56% (228/407) patients successfully completed the treatment, among them 57% (165/290) male patients 54% (63/117) female patients completed the treatment course. Around 17% of male and 13% female patients were lost to follow up, around 16% of male and 23% female patients died during the treatment course and around 7% and 6% treatment failures among male and female patients respectively.

In 2018, there were 155 patients treated with 9 months shorter DRTB regimen. It was observed that 69.7% (108/155) patients successfully completed the treatment, among them 72.7% (80/110) male patients 62.2% (28/45) female patients completed the 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 OUTCOME OF PATIENTS REGISTERED IN 2018 :

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.

In 2018, 40 XDRTB cases and 611 H mono resistance cases were registered for treatment and observed that 50% (20/40) XDR TB patients and 50% (5/10) H mono resistance cases successfully completed treatment.

DFIT provided foodgrain support to 71 needy patients during the entire course of treatment, 66% (47/71) of them successfully completed treatment, 21% died and 10% were lost to follow up and 3% failed. DFIT provided income-generating activity support to 13 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.



## TREATMENT OUTCOME OF PATIENTS REGISTERED IN 2019 :



In 2019, there were 580 patients treated with 9 months shorter DRTB regimen. It was observed that 59% (340/580) patients successfully completed the treatment, among them 58.4% (246/421) male patients 59% (98/159) female patients completed the treatment course. Around 16% of male and 9% of female patients were lost to follow up, around 13% of male and 15% of female patients died during the treatment course and around 10% among male and around 11% 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 61% (125/204) were successfully completed treatment.

In 2019, 30 XDRTB cases and 28 H mono resistance cases were registered for treatment and observed that 63% (19/30) XDRTB patients and 89% (25/28) H mono resistance cases successfully completed treatment.

DFIT provided food grain support to 41 needy patients during the entire course of treatment, 66% (27/41) of them successfully completed treatment, 24% died and 5% were lost to follow up and 2.4% failures. DFIT provided income-generating activity support to 12 patients and found 92% (11/12) beneficiaries adhered to treatment and were successful in enhancing their livelihood by generating income locally after one year of follow up visit

## TREATMENT OUTCOME OF PATIENTS REGISTERED IN 2020 :

In 2020, there were 398 patients treated with 9 months shorter MDR regimen. It was observed that 57% (228/580) patients successfully completed the treatment, among them 60% (162/271) male patients 52% (66/127) female patients completed the treatment course. Around 15% of male and 10% of female patients were lost to follow up, around 11% of male and 13% of female patients died during the treatment course and around 12% among male and around 23% female patients failed to treatment.

In 2020, there were 136 patients treated with 24 months conventional regimen, among them 91 are male and 45 are female patients. The treatment outcome will be available at the end of 2022.

In 2020, 7 XDRTB cases and 45 H mono resistance cases were registered for treatment. 94% (42/45) H mono resistance cases successfully completed treatment and the treatment outcome of XDR patients will be available at the end of 2022.

DFIT provided food grain support to 28 needy patients during the entire course of treatment, 54% (15/28) of them successfully completed treatment, 18% died and 11% were lost to follow up and 18% are still under treatment. DFIT provided income-generating activity support to 3 patients and found all of them successfully completed treatment and were successful in enhancing their livelihood by generating income locally after one year of follow up visit.

## INTERIM TREATMENT OUTCOME OF PATIENTS REGISTERED IN 2021 :

In 2021, there were 452 patients treated with 9 months shorter MDR regimen.

In 2021, there were 224 patients treated with 24 months conventional regimen,

In 2021, 5 XDRTB cases and 45 H mono resistance cases were registered for treatment.

DFIT provided food grain support to 3 needy patients during treatment and provided income-generating activity support to 14 patients who are still under treatment. Complete treatment outcomes will be available at the end of 2023.

## THE TREND OF TREATMENT OUTCOME FROM 2017-21 :

In DFIT supported 6 districts, altogether 3174 all types of DRTB cases were registered between 2017-21. Among them 1368 patients were started on 24 months conventional regimen; 1585 patients on a short course MDRTB regimen; 93 patients on XDRTB regimen and 128 patients on H mono resistance regimen. The treatment outcome was available for 2309 (73%) of the cases at the end of 2021. The overall treatment success rate of all types of DRTB cases was 60% (1386/2309). It was noted that 78% of patients with H mono resistance, 60% of patients with 24 months conventional regimen, 62% of patients on short course MDRTB regimen and 47% of patients on XDRTB regimen successfully completed the treatment. The treatment outcome of the remaining 869 patients will be available by the end of the year 2022/23.

## THE TREND OF TREATMENT OUTCOME FROM 2017-21 :

DFIT provided Nutritional supplements to 203 needy patients registered between 2017-2021 worth of (5 Euro / per patient) per month to encourage patients to adhere to regular treatment. The treatment outcome of 195 patients was available at the end of 2021. It was observed that 65% (127/195) of patients successfully completed treatment. DFIT also supported income-generating activity for 49 needy patients as a socio-economic rehabilitation. It was observed that 96% (47/49) of patients successfully completed the treatment.

In total, 248 DRTB patients of various types were retrieved from irregular treatment, 2243 sputum samples were collected from patients' residences and transported to the reference laboratory for follow up culture examination. It was done for the patients who could not travel due to the severity of the disease. DFIT facilitated and supported the management of adverse drug reactions for 621 patients in five years period. DFIT supported patient information charter to all confirmed DRTB cases at the time of initial visit and counselling time and spittoons with disinfectant for sputum disposal. It was observed that there was a shortage of clofazimine in 2017 and 2018, DFIT supplied 15400 capsules of 100 mg Clofazimine as a stop-gap arrangement.

## CONCLUSION :

DFIT could achieve a treatment success rate as per its target. It was observed that the treatment success rate of DFIT supported districts were higher than the state's average especially among XDRTB patients and patients on 24 months conventional regimen by 15-20%. The treatment success among patients with short course MDRTB regimen was also higher among DFIT supported districts by 5%, one of the main observations was more failures among patients with short-course regimens due to initial drug resistance to second-line drugs like quinolones. DFIT will continue to focus on treatment adherence in the next phase to overcome challenges in achieving higher treatment success rates.

## RESULT 3: DISABILITIES AMONG ALL CONFIRMED LEPROSY CASES REDUCES.

### LEPROSY SERVICES AT BLOCK LEVEL HEALTH FACILITIES :

DFIT identified the need for a full course of 3 days training for nodal persons (Medical Officers and Para Medical staff like Pharmacist, Nurse, Dresser etc) in 275/404 health facilities. This was very much needed since administrative transfers and the retirement of nodal persons happened in many health facilities. In total, 240 Medical Officers and 239 Para Medical staff were trained for 3 days in clinical and programmatic management of leprosy. 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 97% (394/404) health facilities in 28 districts during the year 2021. It was observed that 87% (343/394) of health facilities were able to diagnose leprosy correctly. DFIT monitored a sample of new leprosy cases and presumptive leprosy cases along with nodal persons to re-examine the patients to ensure the quality of diagnosis. It was observed that 1.6% of 1345 new leprosy patients were found to be over diagnosed (false positive) and 3.7% of 347 presumptive leprosy cases were found to be under-diagnosis (false negative). It was noted that overdiagnosis was observed in 6.3% (25/394) health facilities and underdiagnosis were observed in 4% (15/394) health facilities and 2.5% (10/394) health facilities did not diagnose any leprosy cases during the year.

## THE TREND FROM 2017-21 :

**Eight districts supported in 2017 :** Every year DFIT assessed more than 90% of the 147 health facilities in 8 districts to evaluate the capacity of nodal persons in the diagnosis of leprosy by examining a sample of presumptive leprosy cases and new leprosy cases on treatment. It was observed that 64%, 85%, 80%, 82% and 86% of the health facilities were able to diagnose leprosy cases correctly at the end of 2017, 2018, 2019, 2020 and 2021 respectively.

**Eight districts supported in 2018 :** Every year DFIT assessed more than 90% of the 96 health facilities in 8 districts to evaluate the capacity of nodal persons in the diagnosis of leprosy by examining a sample of presumptive leprosy cases and new leprosy cases on treatment. It was observed that 78%, 84%, 88% and 92% of the health facilities were able to diagnose leprosy cases correctly at the end of 2018, 2019, 2020 and 2021 respectively.



**Seven districts supported in 2019 :** Every year DFIT assessed more than 90% of the 111 health facilities in 7 districts to evaluate the capacity of nodal persons in the diagnosis of leprosy by examining a sample of presumptive leprosy cases and new leprosy cases on treatment. It was observed that 83%, 86% and 88% of the health facilities were able to diagnose leprosy cases correctly at the end of 2019, 2020 and 2021 respectively.

**Five districts supported in 2020 :** DFIT expanded the similar strategies in 5 new districts but could not accomplish the activities like training and visits due to Covid 19 pandemic restrictions till July 2020, so DFIT assessed 51 health facilities in 5 districts to evaluate the capacity of nodal persons in the diagnosis of leprosy by examining a sample of presumptive leprosy cases and new leprosy cases on treatment. It was observed that 78% of the health facilities were able to diagnose leprosy cases correctly at the end of 2021.

## IN CONCLUSION :



This indicator was achieved as per the set target. Every year nearly 20% of the nodal persons were reidentified and trained since they were transferred for administrative reasons or retired from the service or were not interested to continue leprosy services (but rare). So, one of the challenges was the sustainability of the indicator in the absence of external support like DFIT's support. It is important to continue support in the next phase with minimum support to focus on training need assessment on regular basis and organise on the job training for Nodal persons at health facilities to sustain the leprosy services.

## DISABILITY PREVENTION AMONG NEWLY DIAGNOSED CASES :

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 during treatment and two years after completion of treatment to see the impact of DFIT's interventions in the project. The outcome of follow up sample of patients registered between 2017-2019 was observed for two years during treatment and for two years after treatment completion. It was observed from the sample of 287 patients followed during the treatment and two years after treatment completion only one of them developed Grade-1 Deformity (G1D). Among the sample, 159 male patients and 128 female patients were included. It was observed that 17 patients developed reactions during two years of follow up, all the patients were successfully managed by the concerned health facilities.

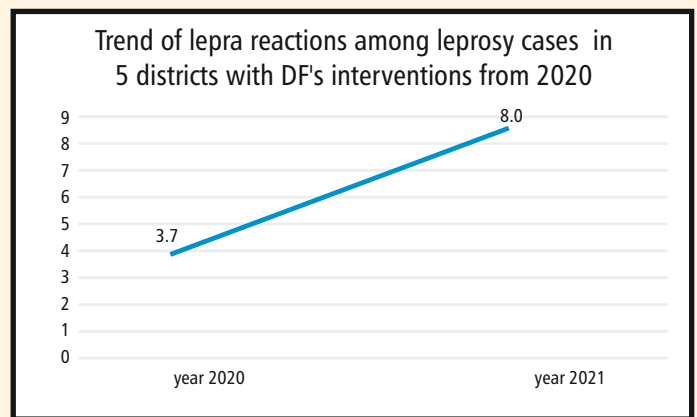
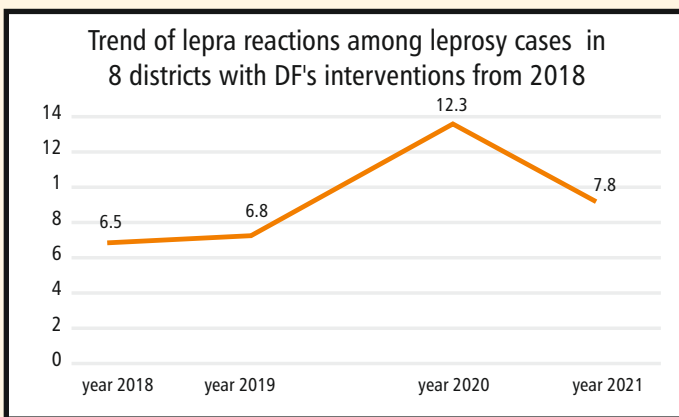
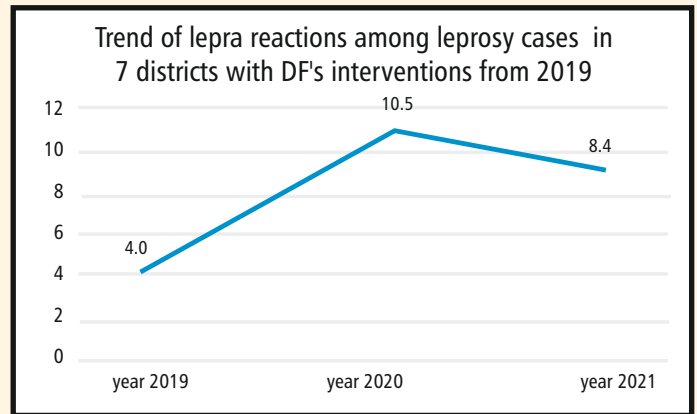
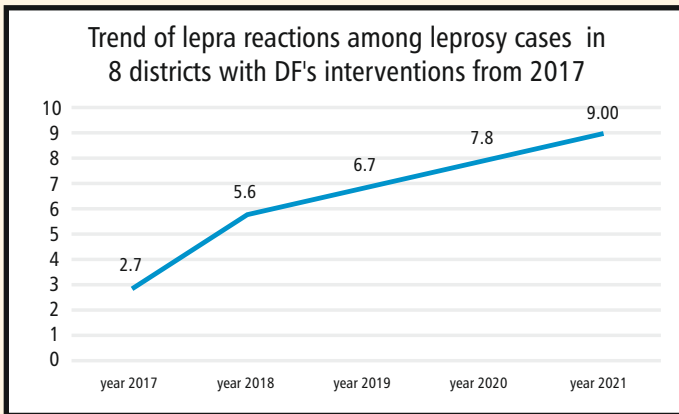
It was observed that there was an increase in the number of reaction cases reported in the supported districts after DFIT's interventions, around the increase of 33% to 45% of reaction cases reported compared to baseline information in 28 supported districts (including 5 new districts expanded in 2020). In 8 districts, DFIT started its intervention in 2017, it has been observed that the percentage of reaction cases among new leprosy cases detected was 2.7% in 2017; 5.6% in 2018; 6.7% in 2019; 7.8% in 2020 and 12% in 2021. In 8 districts, DFIT started its intervention in 2018, it has been observed that the percentage of reaction cases among new leprosy cases detected was 6.5% in 2018; 6.8% in 2018; 12.3% in 2020; 7.8% in 2020 and 9% in 2021. In 7 districts, DFIT started its intervention in 2019, it has been observed that the percentage of reaction cases among new leprosy cases detected was 4 % in 2019; 10.5% in 2020; 11.6% in 2021. In 5 districts, DFIT started its intervention in 2020, it has been observed that the percentage of reaction cases among new leprosy cases detected was 4.6% in 2020: 11.7% in 2021. We could see the proportion of reaction cases among new leprosy cases increased after DFIT's interventions especially after the first year of interventions, this is mainly due to on the job training given to nodal persons during the follow-up visits to health facilities.

This clearly indicates that there is an improvement of knowledge among health staff in counselling the patients with high-risk factors (MB, lesion in the vicinity of nerve trunk, multiple lesions, skin infiltration, etc) for anticipating lepra reactions/neuritis so that they would report earlier to HF.

Early reporting with signs and symptoms of neuritis/ reaction is mainly depending on patient counselling at the time of treatment initiation and during monthly follow up by the nodal persons. 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 3-4 patients per health facility preferably MB patients detected in the previous month of visit. 86% (1163/1345) of the patients visited had patient information cards received from the health facility at the time of treatment initiation. More than 80% of the patients received patient information cards in 21/28 supported

districts. 96% (394) of the health facilities visited had the stock of patient information cards. DFIT interviewed 1345 patients under the treatment and found that around 73% of the patients are aware of the information available in the card, they were aware of where and whom to report when they notice any signs and symptoms of a reaction. It was noted that 76% (804 male) and 69% (541 female) of patients visited were aware of the information provided to them.





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## DISABILITY PREVENTION AMONG NEWLY DIAGNOSED CASES :

Prednisolone is the key drug for the management of reaction/neuritis. It was observed that more than 80% of the health facilities visited in 16 districts maintained the stock of Prednisolone. Around 75% of the health facilities maintained the stock of prednisolone in 28 districts. DFIT supplied Prednisolone as stopgap support to manage 87 cases with reactions.

DFIT team visited 228 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 86% of the cases were managed correctly as per the guidelines. It was noted that 100% of the cases were managed correctly in 8/28 supported districts.

## IN CONCLUSION:

Counselling of patients at the time of treatment initiation was improved through the introduction of patient health information cards. The mobile number of nodal persons was given to patients for any emergency information. There is a definite increase in the number of reaction cases reported in all supported districts after DFIT's interventions. This clearly illustrates the importance of support offered by nodal persons for leprosy services, counselling of patients with patient health information cards and monitoring of high-risk cases during the treatment period.



## DISABILITY PREVENTION AMONG CHILD LEPROSY CASES:

The school health programme was initiated by Government of India under National Health Mission in 2016. DFIT's one of the specific activities was the involvement of the School Health Programme and developing a network with the leprosy control programme. Training of school health staff was accomplished in all the districts. 405 Medical Officers from the school health programme were trained in diagnosis and management of leprosy in 23 districts and this could not be done in 5 additional districts expanded in 2020 due to closure of schools because of Covid 19 pandemic in 2020/21. From the district reports, it was observed that 0.2% (1/429) of child cases were reported with G2D in 2021. It was observed that 82% of the districts supported by DFIT (19/23) in 2017, 78% (18/23) in 2018, 82% (19/23) in 2019, 87% (20/23) in 2020 and 96% (27/28) in 2021 reported Zero G2D in new leprosy cases among children. DFIT teams visited a sample of 151 child leprosy cases (5 to 6 cases per district) and found that 6 child cases with G2D were underreported in 5/28 districts. This was mainly due to non-assessment of nerve function since many of the nodal persons were engaged in covid 19 pandemic management activities and some of the nodal persons were absent to duties since they were affected by covid. The same problem was observed in the year 2020. DFIT teams shared this information with concerned health facilities and provided on the job training on disability assessment. The school health programme was temporarily discontinued from March 2020 till the end of 2021 since the schools are shut down due to the COVID-19 pandemic.

## IN CONCLUSION :

Child-specific activities need to be focused on the programme to achieve Zero disabilities among new leprosy cases in children. In 2020 and 2021 Covid 19 pandemic seriously affected school health programmes due to the closure of schools for two years. It is anticipated that there may be more child cases with G2D in the community undetected and it is possible to detect them in the coming year once the schools reopen and the school health programme resumes its functioning. DFIT continue to work for this indicator in the next phase.

## RESULT 4 : PERSONS AFFECTED BY LEPROSY WITH DISABILITIES MEDICALLY AND SOCIALLY REHABILITATED.

### MEDICAL REHABILITATION:

In 2021, 136 RCS were done from all 28 districts. Among the beneficiaries, 73.5% (100) were male and 26.5% (36) were female patients.

### THE TREND FROM 2017-2021:

Disability assessment of persons affected by leprosy in 28 districts was almost covered between 2017-21. 401/403 blocks in 28 districts covered in five years through Community Social Workers (CSWs). Altogether 18221 persons affected by leprosy were assessed for disability status in 401 blocks. Among the assessed, 1542 persons identified were eligible for Re-Constructive Surgery (RCS), 1171 (76%) were male and 371 (24%) were female. DFIT conducted re-constructive surgery for 47% (719/1542) of the persons eligible and among them 530 were male and 189 were female patients. It was observed that 45% (530/1171) male patients and 51% (189/371) female patients were benefitted from the surgery. DFIT assisted 83 needy patients with transportation costs to reach the tertiary hospitals for surgery. RCS could not be conducted for nearly 6 months in 2020 and 3 months in 2021 due to Covid Pandemic restrictions in the State. This was the reason for not achieving the target (50% of eligible cases) however, the total number of surgeries conducted in five years were more than the estimated (surgery done 719 and estimation was 560).

Totally 8317 (46% of the total = 18221) were eligible for MCR footwear. DFIT teams visited 6690 persons during 2021, it was observed that 70% of the persons received MCR footwear and 22% of the persons received a monthly pension from the Government. DFIT teams facilitated 3202 persons to receive their disability certificate, which is useful to avail any eligible Government schemes meant for persons affected by leprosy. All visited patients along with local ASHA and family members were demonstrated on home-based self-care.

The updated list of persons with disabilities was given to the districts, it was useful for the procurement of MCR footwear, mobilising persons for RCS etc. All persons eligible for MCR footwear received footwear from the leprosy control programme every year and the majority are using them regularly (found during follow up visits).

All persons with deformities were trained along with one family member or ASHA on home-based self-care with a demonstration by Community Social Workers.

### IN CONCLUSION :

There are still a large number (823) of cases that require RCS, DFIT could accomplish around 50% as per its commitment in five years of the project period. There are only two centres in the entire State providing RCS services and only one surgeon can conduct RCS in the entire State. The NLEP is aiming at improving the referral services by offering RCS in medical colleges and district hospitals, but it is not able to establish due to several challenges like lack of infrastructure and lack of human resources. DFIT will continue to provide RCS services in the next phase to clear the backlog and new cases reported with deformities in the coming years.

## SOCIAL REHABILITATION:

In 2021, it was observed that 56 eligible persons affected by leprosy with disabilities received Socioeconomic support which includes education support, income generation for livelihood, skill training social assistance and house renovation/construction. In 2021, 16 of them received educational support, 37 received support for income generation through tailoring, small grocery shops, etc., 02 house renovation support. Among the beneficiaries; 33 were males, 23 were females.

DFIT evaluated all (54) the beneficiaries supported in 2020, this is to ensure the success or failure after one year of support given. to see the outcome. It was found that 81% (44/54) beneficiaries were successful in generating higher income with the support compared to their previous income. which include 77% (28/36) small grocery shops, vegetables/fruits mobile shops, cosmetic mobile shops and other businesses were successful in generating additional income. The failures in business were mainly due to the covid 19 pandemic. And 92% (11/12) students supported for education progressed well in studies.

## DFIT's Livelihood support for TB patients:

Damien Foundation initiated livelihood support for persons affected by leprosy with disabilities in 2007, the objective of the livelihood support is to engage persons in generating income on their own or with the support of their family members so that person affected would contribute to enhancing the total income of family to meet basic requirements. While it directly had an impact on preventing the worsening of disabilities, indirectly had an impact on reducing stigma and discrimination.

The learnings from livelihood support of persons affected by leprosy enabled us to think of similar support for TB patients especially TB patients with recurrent disease or drug resistance TB. In TB, some of the patients suffer from emaciation (muscle wasting) even after completion of treatment and breathlessness due to permanent damage of lungs, many of them would not be able to continue their occupation due to severe weakness and breathlessness even after completion of treatment.

In 2017, DFIT introduced livelihood support for TB patients by providing food grains during treatment and supporting income-generating activities to enhance the total income of the family to meet basic needs. The main selection criteria are either person is unable to continue his job due to his physical condition or the total income of the family is low and could not lead a normal life.

From 2017 to 2021, it was observed that 89 persons with TB/DRTB were supported for the income-generating activity to enhance their livelihood. Usually, a small petty shop, tailoring, mobile vegetable/fruit selling trolley etc worth of 20000 to 25000 rupees was supported for one time. It was observed that the treatment completion rate was around 85%. It was observed from both short-term and long-term assessments, 73% of the persons were able to enhance their income from the support given by DFIT. It was observed that around 10% of the persons died after a few years of support and their family members continued the business.

## THE TREND FROM 2017-2021 :

Altogether 365 beneficiaries received support in 28 districts in 5 years period. 59% (339/575) beneficiaries identified were given for socio-economic support in 23 districts and 15% (22/149) in 5 additional districts expanded in 2020. The type of support includes education support, income generation for livelihood, skill training social assistance and house renovation/construction. Among the 724 beneficiaries eligible in 28 districts, 76% were males and 24% were females. 49% (268/553) of eligible male beneficiaries and 54.3% (93/171) female beneficiaries supported in 5 years period.

DFIT evaluated all the beneficiaries after a minimum of 12 months of support to see whether the given support is beneficial to the persons received. Only persons who received income-generating activity support and education support were included for the evaluation and persons supported for house renovation were not included. It was observed that 84.6% (33/39) supported in 2017, 86% (61/71) in 2018, 86.4% (64/74) in 2019 and 81.4% (44/54) in 2020 were successful in generating higher income compared to their previous income. Among children who received education support, it was observed that 76.4% (13/17) in 2017, 92% (23/25) in 2018, 100% (10/10) in 2019 and 91.6% (11/12) in 2020 were successful in improving their performance. 56 beneficiaries supported in 2021 will be evaluated at the end of 2022.

## IN CONCLUSION :

DFIT estimated around 500 beneficiaries eligible for socio-economic rehabilitation at the time of application and the budget was calculated for only 75% of the estimated beneficiaries due to budget ceiling/restrictions. The number of eligible beneficiaries was more than estimated due to the expansion of 5 new districts in 2020. DFIT could reach 97% (365/375) of its target. The success in generating higher income compared to their previous income and improvement in their performance among those who received education support enable DFIT to think of reaching more beneficiaries in other districts and states in coming years. Socio-Economic Rehabilitation plays an important role in reducing dependency on other family members, improving self-esteem, improving relationships, reducing self-stigma and discrimination by others. DFIT will continue to support remaining eligible and newly added beneficiaries in the next phase and study the impact on the social aspects of beneficiaries in the next phase.

## MID TERM EVALUATION OF 5 YEARS PROJECT IN BIHAR :

### EVALUATION PURPOSE

The DGD funded Damien Foundation (DF) program for leprosy and DR-TB is being implemented in 23 districts and six districts of Bihar, respectively, from 2017 to 2021. This evaluation aimed to assess the progress of the processes and the level of achievement of the midterm results to identify strengths, weaknesses, probable bottlenecks and propose possible corrective measures.

## EVALUATION METHODS

The evaluation team conducted a desk review of existing DGD/DFIT documents, project reports, national guidelines, and other reports of leprosy and DRTB, and developed evaluation plans & data collection tools. The evaluation team used available data from the non-interventional districts to compare and analyse the progress in the intervention districts. Subsequently, evaluation team randomly selected & visited six health facilities in three districts for leprosy and four health facilities in two districts for DRTB support between 29th March 2021 to 7th April 2021 and conducted key informant interviews (KIIs) with stakeholders, including beneficiaries besides observing the facilities, field & reviewing the records. The midterm evaluation (MTE) was originally scheduled to be conducted in the year 2019-2020 but was delayed due to the COVID pandemic. The Mid Term Evaluation was conducted by Dr G. Srinivas, Professor and Head, Department of Epidemiology and Mr. Thirumugam, Occupational Therapist and Public Health Specialist.



## FINDINGS – LEPROSY

The status of the targets achieved during the intervention period against proposed indicators is :

- The proportion of PHCs able to correctly diagnose leprosy will improve from 29% to 60% by the end of 2021 – Target achieved (>80% PHCs able to correctly diagnose leprosy)
- The proportion of disabilities at the end of leprosy treatment not present at the time of diagnosis or within two years of treatment completion should not exceed 2% by the end of 2021. – Target achieved (Zero new disability after treatment completion).
- The proportion of new child cases with grade 2 disabilities will reduce to less than 1% by the end of 2021– Target achieved (less than 1% G2D among child cases reported).
- At least 50% of the identified persons eligible for deformity correction will be medically rehabilitated through RCS by the end of 2021 (Expected number of RCS in 5 years 2017-21 = 540 to 560 cases) – Target on track (520 RCS conducted so far).
- At least 75% of 500 (375) patients with G2D with severe social constraints will be socially rehabilitated by 2021. – Target on track (302 beneficiaries reached so far).

DFIT trained at least one Medical Officer (MO) and a Para Medical Worker (PMW) on leprosy in each health facility in the implemented districts. DFIT had trained almost 80% of the MOs engaged in delivering leprosy services. However, many of them were not involved in managing leprosy services and delegating the responsibilities to the nodal paramedical person working in the PHC. Some MOs were not comfortable in identifying or managing patients with reactions and other complications. They also find it difficult to refer cases to higher centres and instead ask PMW to manage the case. Wherever available, the PMWs does the actual suspect identification, diagnosis, and leprosy management. This training on leprosy diagnosis and management was found to promote early detection and effective treatment of reaction and neuritis and prevent disability. The results showed a consistent performance of more than 80% of health facilities correctly diagnosing leprosy cases.

All the records and registers in the visited facilities were updated. The printed treatment cards and disability registers (provided by DFIT) were available in the PHCs and updated. This was after they received training by the DFIT team. The data were being used for providing essential services in some centres. However, contact screening details were not filled up in the treatment register, possibly due to the non-execution of the activity in a systematic manner.

In general, interviewed PHC nodal staff informed that most leprosy suspects/cases were routinely reported through self-referral. For most suspects, the first contact for any leprosy symptoms or its complications was a private health facility (Homeopathy Practitioner) due to convenient timings. The referral by ASHA and others seems to have contributed less to the new case detection in the districts visited for evaluation. The considerable number of new cases with G2D (about 10% of all new cases) reflects that a high proportion of cases are associated with delays in diagnosis. This delay in case detection is both patient and provider related. There is presumptive evidence through evaluation team's interview that most leprosy suspects' first contact point in Bihar includes local private practitioners, mainly homeopaths & other practitioners, and uncommon presentation (non-skin lesion) were seen among leprosy suspects in Bihar.

The number of reaction cases reported by the health facilities increased during the intervention period, implying the staff's capacity to identify and manage leprosy reactions. The number of persons who developed new disabilities after treatment is nil in the intervention period. However, there is a need to systematically monitor specialised services (reaction management, difficult to diagnose cases, etc.) of PHCs by NLEP. The number of RCS among the eligible cases has reported an increasing trend. However, the number of eligible cases has increased considerably. Transportation and incentives were provided to all the RCS beneficiaries who also reported functional improvement. RCS is conducted by TLMTI & DFIT in Muzaffarpur & Rohtas, but still, there is a scope to expand centres. A good number of social-economic rehabilitation support (300 beneficiaries) were provided to the eligible leprosy beneficiaries in the intervention districts.

COVID had an impact on leprosy services. ST/VMT was not done during COVID, fearing transmission, thus affecting the quality of services

**Overall, the DGD supported DFIT leprosy program 2017-21 is a very successful grant for its relevance, meticulous plan, selection of specific objectives, strategies, & objectives for most leprosy targets. DFIT strength to achieve the targets was due to their trained, committed, and experienced leprosy field staff contributing to the overall quality of leprosy services in the State of Bihar.**



## RECOMMENDATIONS – LEPROSY

2. The robust focus of DFIT on disability prevention & management will simultaneously strengthen the State NLEP's ownership for simple leprosy case management & related training. Moreover, **DFIT for its 2022 program may consider conducting mainly the special trainings (instead of routine training), e.g., NIKUSTH software training, advanced training on disability prevention and management** at higher level referral centres for complicated leprosy case management. These trainings may be followed up with on-site mentoring and supportive supervision to encourage sustainability. Thus, DFIT for its next program may consider the smooth transition of its current MO training activity to NLEP.
3. **Sensitization programs for local private practitioners to promote suspect referrals** : Bihar's leprosy epidemiological data including those from DFIT intervention district data shows a considerable proportion of new cases are detected with disability (indicating late detection) and child cases (indicating recent transmission). This delay in case detection is both patient and provider-related (getting new cases mainly through self-referrals or referrals through health workers or others). Based on the interviews with the community, patients, and other stakeholders, there is presumptive and scientific evidence that most leprosy suspects' first point of contact is a local practitioner and not PHC. Hence, DFIT can think of its future project from 2022 may consider engaging local private practitioners (all types of practitioners prioritising Homeopaths) in sensitization training. This may be a one-two hour sensitisation program to raise the awareness among participants about the symptoms & signs of leprosy, MDT, need for PHC referral, contact person in PHC, etc., to promote suspect referrals and facilitate early diagnosis.
4. DFIT may consider conducting programs on raising community awareness to promote early detection, especially focusing on the non-skin lesions/manifestations, availability of free services for leprosy in PHCs, etc., Thereby reducing delay in diagnosis, promote early diagnosis and prevent disabilities.
5. Facilitate the rollout of NIKUSTH software in some districts as a pilot (by providing logistics/computers and training the key staff) and help improvised, real-time monitoring of leprosy activities.
6. When Single Dose Rifampicin (SDR) prophylaxis operationalizes (just started in few centres since March 2021), contact examination activity may be streamlined, and 100% of contacts should be screened.
7. LEP/SER is recognised as being a major priority for people affected by leprosy. DFIT's LEP has socioeconomically uplifted the beneficiaries' families and brought respect to them in the community. Evaluation Team felt that measuring success and defining success in socioeconomic rehabilitation is challenging and it is not an easily quantifiable parameter. The further sustainability of such intervention is also of concern. To sustain this activity in the future, DFIT can plan interventions that link the beneficiaries with existing Government schemes, like Self Help Groups and adopt CBR. It is emphasized that despite its problems & limitations due to stigma and others, it is difficult to ignore the role of CBR in leprosy rehabilitation.

## RECOMMENDATIONS – LEPROSY

8. Along with other ILEP partners, DFIT can advocate filling up of key vacancies (especially of DNT & CDMO) of NLEP in the State to strengthen monitoring & coordination and improve the quality of services.
9. In general, epidemiological trends indicate that DFIT intervention districts have a quality data than non-intervention districts e.g., Child cases with disability information is not available for non-intervention districts until 2019. Thus, Evaluation Team felt that these district epidemiological differences demand DFIT to consider working in more districts in Bihar for the new DGD programme that would ensure quality leprosy data (and leprosy services).
10. In general, epidemiological trends indicate that DFIT intervention districts have a quality data than non-intervention districts e.g., Child cases with disability information is not available for non-intervention districts until 2019. Thus, Evaluation Team felt that these district epidemiological differences demand DFIT to consider working in more districts in Bihar for the new DGD programme that would ensure quality leprosy data (and leprosy services).

## FINDINGS – DRTB

The following targets are achieved during the intervention period.

- Screening of presumptive DRTB cases increased by 20% compared to baseline in 6 districts. **(Target achieved – Improved from the baseline of 68% to 89% in 2019).**
- Screening of contact cases increased by 70 % compared to baseline in 6 districts by the end of 2021 **(Target achieved – 72% in 2020).**
- Treatment initiation of confirmed DRTB cases increased by 10 % compared to baseline (in 2015: 76%) in 3 districts out of 6 districts **(Target achieved – Improved from 76% to 88%).**
- The cure rate of DRTB cases initiated on treatment increased by 10% compared to baseline in 49% in six districts **(Target achieved – Improved to 63%).**

The screening of presumptive DRTB cases among first-line cases was more than 80% in all the six intervention districts in 2017. **The yield of contact tracing was promising in the intervention districts. Nearly 1% of the contacts were positive (RS/RR/MDR) in the intervention districts.** Among the diagnosed cases, the proportion of patients who initiated treatment were more than 83% in 2017, and this achievement was at the increasing trend in the subsequent years.

## RECOMMENDATIONS – LEPROSY

The tracing of initial lost to follow up within a month through the support of the DFIT coordinator reported a declining trend during 2017-2020. The initial default tracing rate in 2017 was 68%, which declined to 61% and 52% in 2019 and 2020, respectively. Similarly, the absolute number of lost to follow up retrieved by the DFIT has increased over the intervention period. But the proportion of lost to follow up retrieved by the DRTB coordinator was around 54% only every year. The cure rate of DRTB cases among those initiated on treatment increased from 59% in 2017 to 63% in 2019. Only the Saharsa district reported a declining trend from 61% in 2017 to 50% in 2019. Other districts reported a fluctuating trend during this period. The number of patients who availed of financial support and assistance increased steadily from 2017-2020 in all the districts. The support was mainly utilized for the ADR management, such as consulting the physicians, travel, etc.

Though trained in the NTEP program, few Medical Officers were unsure about DRTB management, and their involvement in the program is minimal. In most facilities, LT/STLS positions were vacant, interfering with TB services' performance. Within the TUs, there was a need to strengthen coordination between LTs, STS, and MO's. Field visits are challenging due to a lack of transport in big districts, and the DTO and STO acknowledged DFIT support. The STO appreciated the supply of sputum containers by DFIT. Disbursement of DBT transfer from the Government did not have major issues. However, most beneficiaries did not know its purpose.

**COVID impact :** During the COVID, all the CBNAAT machines were used for COVID testing; most TB staff was deputed for COVID duty. This severely impaired the DRTB testing, which affected the case detection and, therefore, impacted the quality of care in Bihar.

**Overall, the DGD program 2017-21 has achieved its objectives for all the DRTB targets.** DFIT has the strength to address the specific existing gaps in the NTEP program through their highly committed DRTB field staff.



## RECOMMENDATIONS – DRTB

1. DFIT for its 2022 program can continue the interventions to reduce initial lost to follow up patients, promoting treatment adherence, increasing cure rate of DRTB cases. This is a gap in the NTEP program.
2. DFIT can consider providing specific nutritional supplements (protein supplementation or macro micro-nutrients) and monitor this intervention for treatment support mechanisms to improve adherence (cure rate) and other nutrition outcomes (weight, etc.). The results may be documented and presented to stakeholders and the scientific community. This would be an innovative strategy.
3. DFIT's contact tracing activities can be continued, and cases yield can be documented and presented to stakeholders and the scientific community; DFIT can also continue and promote presumptive cases screening.
4. DRTB coordinator (DFIT staff) should improve communication, technical skills, thus engage actively in NTEP program. This might be feasible if s/he is at a senior level professional (e.g., AYUSH Doctor). The professionalization of the DRTB coordinator may also add value/visibility of DFIT among MOs, STS, and patients.
5. DFIT may consider a smooth transition of training activities in DRTB as NTEP periodically conducts such training programs. DFIT can consider training on surveillance of resistance and DSM (active TB drug-safety monitoring and management) strengthening.
6. Other LEP activities (provision of sputum disposal container) can continue for all DRTB patients
7. As part of the large program, DFIT can advocate with NTEP to expedite filling up vacancies of vital positions,
8. For the future DFIT program, unfavourable outcomes such as loss to follow-up, death, transferred out maybe be captured.
9. Indicators are mostly programmatic (similar to NTEP) and achieving those targets involves multifactor like NTEP involvement, human resource availability and commitment of NTEP staff. Therefore, DFIT can consider choosing indicators that are specific to the activities carried out.

*In summary, for 2022, DGD funded Damien Foundation India Trust (DFIT) program on leprosy and DRTB can support filling the key gaps in NLEP and NTEP and provide value addition to the state programs. In leprosy, the objectives may be to strengthen specialised leprosy services, strengthen the districts' referral system, and contribute to improving the quality of life of persons affected by leprosy with disabilities through medical and social rehabilitation. In TB, the focus can be on providing specific interventions to improve treatment outcomes and reducing initial defaulters.*

## DAMIEN TB RESEARCH CENTRE, DARBHANGA :

DTRC Darbhanga is a C&DST Laboratory for diagnosing Drug-Resistant Tuberculosis and a designated laboratory to provide services for DRTB control programmes in selected districts in Bihar. The facilities for diagnosis are CBNAAT & Line Probe Assay (LPA) for First & Second Line Drugs, for follow-up tests are carried out by Liquid Culture (LC). The Laboratory infrastructure and Human Resources supported by DFIT can handle 11 districts in 2021.

There was a challenge in the supply of laboratory logistics due to a change in the procurement policy of NTEP. Central TB Division (CTD) had been supplying LPA & LC Kits, reagents, and critical consumables to all the culture labs across the country till March 21. The States were asked to procure all the consumables and reagents on their own from the NTEP funds. The Procurement guidelines were also shared from CTD to the State but there has been a long delay in procurement of logistics by the State. By looking at the situation CTD made Interim arrangements through FIND India to date. On many occasions in 2021, we experienced a delayed supply of kits, on a few occasions NIL stock of Kits & Consumables.

- Supply of CBNAAT Cartridges stopped from 31.03.2021
- Supply of LC kits interrupted and nil stock for 4 months in 2021
- Supply of LPA kits interrupted and nil stock for 2 months in 2021



For follow-up, we prepared solid media and managed to inoculate the majority of samples, but for LPA we could not perform any alternative, this was communicated to concerned persons responsible at the State level. For two months State informed the districts to stop sending samples for LPA till kits were made available, the same has been followed.

All the Lab results are being uploaded in Nikshay port, which was 100%. STO Bihar called and praised for the good work done. He said because of our entries the State average of results entered in Nikshay percentage reached above 70% in Nikshay port.

NRL conducts Proficiency testing every year for both LPAs, the concordance results of both First and Second Line LPA of DTRC Darbhanga Lab and NRL Lab was 100%

In spite of many challenges the major one we encountered is the breakdown of the Transformer due to the strike of lightning in the month of May 21. The Electrical Executive Engineer of North Bihar Power Distribution Company Limited, Darbhanga was pleased to arrange the standby transformer within 24 hours considering the importance of DRTB services in 11 districts.

## 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 NLEP staff in the state and secondary level care referral services for persons affected by leprosy. This project was handed over to Government in 1999 as per the agreement. In 2012, DFIT in consultation with the State Health Society decided to initiate tertiary level services for persons affected by leprosy and signed an MoU to establish referral services to cater to re-constructive surgery, ulcer care and other medical services by upgrading the facilities in the project. The Covid 19 pandemic did not much affect the targets of the project in 2021, the diagnosis and management of new leprosy cases, reactions and reconstructive surgery was remaining the same as before the covid pandemic.



Before



After



### The Following Table Describes The Performance Of DPMR Services In Five Years :

LEPROSY CARE SERVICES	2017	2018	2019	2020	2021
Outpatients treated	3597	4066	3804	2542	3148
Among them skin patients treated	3520	3418	3445	2345	2997
New leprosy cases diagnosed and referred to PHCs	58	57	91	87	90
Reaction cases managed	50	49	38	60	61
Major Surgery done	63	60	75	31	62
Minor surgeries (Septic and nerve decompression)	10	14	3	0	1
In-patients managed	168	188	201	100	153
Bed days	5974	5121	4842	2803	4281
Protective footwear (MCR) provided	54	132	111	22	04

## STATE ILEP COORDINATION ACTIVITIES IN BIHAR :

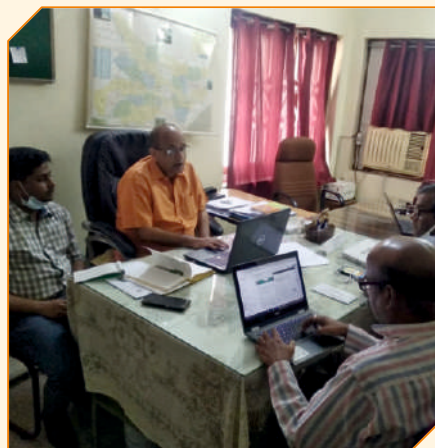
The International Federation of Anti-Leprosy Association (ILEP) was formed to coordinate the activities of anti-leprosy organisations. It functions by providing support regarding medical, scientific, social and rehabilitation activities for the benefits of persons affected by leprosy.

An ILEP member is appointed to ensure coordination, initiate cooperation and maintain the flow of information among all partners, especially with the Government. 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 has visited 24 districts during the year 2021 as a part of Supervision & Monitoring and training activities, Feedback from the visits was shared with State programme Officer, Civil Surgeons and other officials for them to take appropriate measures. The consultant made one accompanied visit with State Programme Officer in the month of November 2021 to monitor the field activities of Active Case Detection and Regular Surveillance (ACD & RS) in the Kaimur district.

Two NLEP State Coordination meetings were organized to facilitate coordination between the ILEP partners, WHO and the State Government Officials for reviewing and planning of the program. NLEP Consultant has attended 2 meetings conducted by Central Leprosy Division, one Meeting with Additional Chief Secretary of Health, one meeting with Executive Director of Health and five meetings with Additional Director of Health, State Health Society, Bihar to review the NLEP program in Bihar for the Year 2021. The Consultant was involved in organizing three review meetings of NLEP programs in Bihar for all 38 districts in coordination with ILEP partners and WHO under the chairmanship of State Leprosy Officer; one meeting was conducted physically during January at DFIT Office Patna, and the other two meetings were conducted virtually in the months of August and November.



Consultant facilitated training for Medical Officers and DNT staffs in 09 districts along with DFIT DPMR Coordinators total of 293 participants were trained during the Year 2021, In the month of January 2021 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. The consultant was involved in planning for the implementation and monitoring of the Active case detection and Regular Surveillance in Bihar State, first round of Active case Detection and Regular surveillance was done in Bihar in 2021. The consultant was involved in the panel to prepare a checklist for the monitoring purpose of the ACD & RS. NLEP Consultant also prepared the ILEP Quarterly newsletter of all the activities carried out by the ILEP partners in Bihar (July to August Edition).

During the Second wave of Covid 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. DFIT has distributed food grains to around 744 persons during that period. During the lockdown period, DFIT played an important role in transporting MDT drugs through their field coordinators from State to District and from Districts to Health Facilities and also to irregular patients who were not able to reach PHCs.

## Housing support to Mr. Arjun Kamat, Saharsa District (2021)

Mr. Arjun Kamat aged 51 is affected by leprosy and he hails from Saharsa district of Bihar. He lives with his wife and a son. Arjun is a daily wage worker, due to his leprosy induced deformity, he is unable to do any major physically work for the last 15 years. He had eight children, among whom seven children died due to unnatural causes. Arjun along with the entire family was shaken, disturbed, and depressed due to the incident. Arjun could not find job with his condition and without any income he even wanted to end his life. The family was struggling for their livelihood, many times the family had to starve for days. Somehow his wife managed the household expenses by doing menial labour work in neighbour's farms and rearing a few goats.

Arjun had no proper shelter to live in. The house in which he is living with his family was made with bamboo shutter walls with a plastic sheet roof. Since it is situated in a flood-prone area, he had to face immense difficulties while staying in his house. Often during the rainy season, the family was forced to move out of the house, due to leakages in the roof, wet floors, and waterlogging. The family often sleeps on makeshift plastic sheets and bamboo beds. Every year after rainy/flood season he used to rebuild the hut with great financial difficulties.

When the DFIT team visited him for an assessment of his disability, the only request from Arjun was to provide him with a proper shelter so that his family can stay safe and have good sleep. Considering his living and economic conditions, DFIT constructed a house for Arjun and his family. Now Arjun and his entire family members are every happy and staying comfortably. The housing support made him free from his worries, his social status in the community and his self-confidence has increased. He is thankful to Damien Foundation for their timely help and their support.



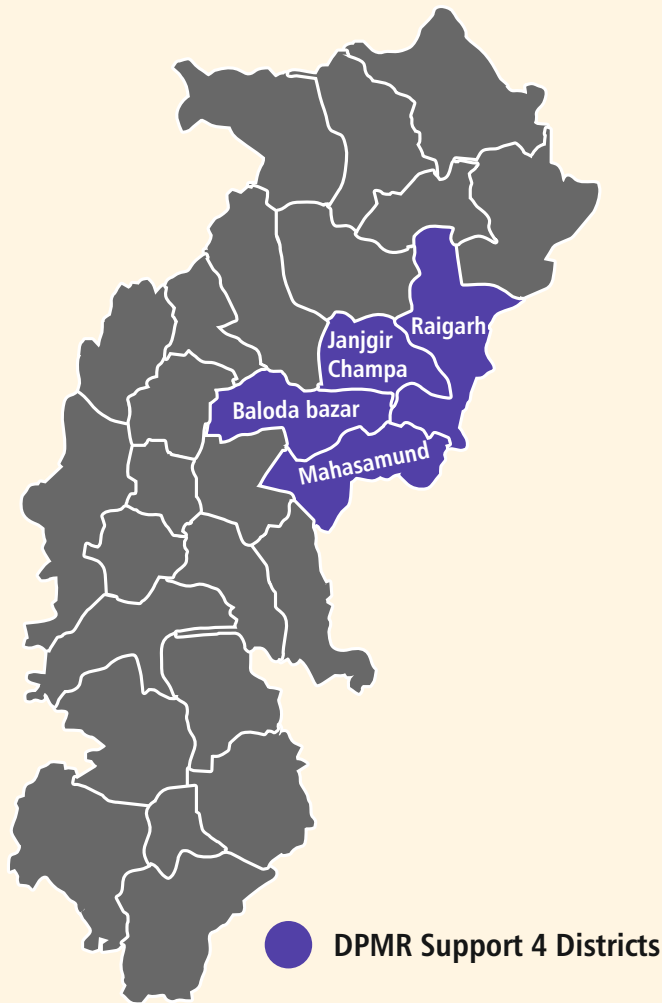


Before



After





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

In 2020, DFIT teams trained 265 Medical Officers, 84 NLEP key staff and 1267 health staff including Staff Nurses, ANMs and ASHA workers. A number of lepra reaction cases reported more in 2021 compared to 2020 because of improved skills in the identification and management of nerve damage.

In 2022 another three districts newly support extended DPMR services.

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

DPMR SERVICES (4 DISTRICTS)	2020	2021
Number of reaction cases taking regular treatment	229/248 (93.3%)	412/431(96%)
Number of disability persons practicing self care regularly	236/628 (37.6%)	470/1026(46%)
Total POD camps conducted	14	19
No. of leprosy affected persons attended during POD camps	197	267
Trainings conducted	40	45
No. of participants attended	970	1616
No. of PHCs meetings attended	10	25
No. of staff sensitised	111	318

## PREVENTION OF DISABILITY – CONTRIBUTION BY TEAMS :

DFIT teams identified 114 new reaction patients during their field visits and started on appropriate treatment. The teams also informed concerning health facilities about the new reaction patients identified and treatment initiation. The teams closely followed up all these reaction patients through physical visits and telephonic monitoring. It was observed that 40 of the patients had already developed G2D, 113/114 patients completed a full course of steroids. The most important observation was 32/40 (80%) patients completely recovered from G2D.





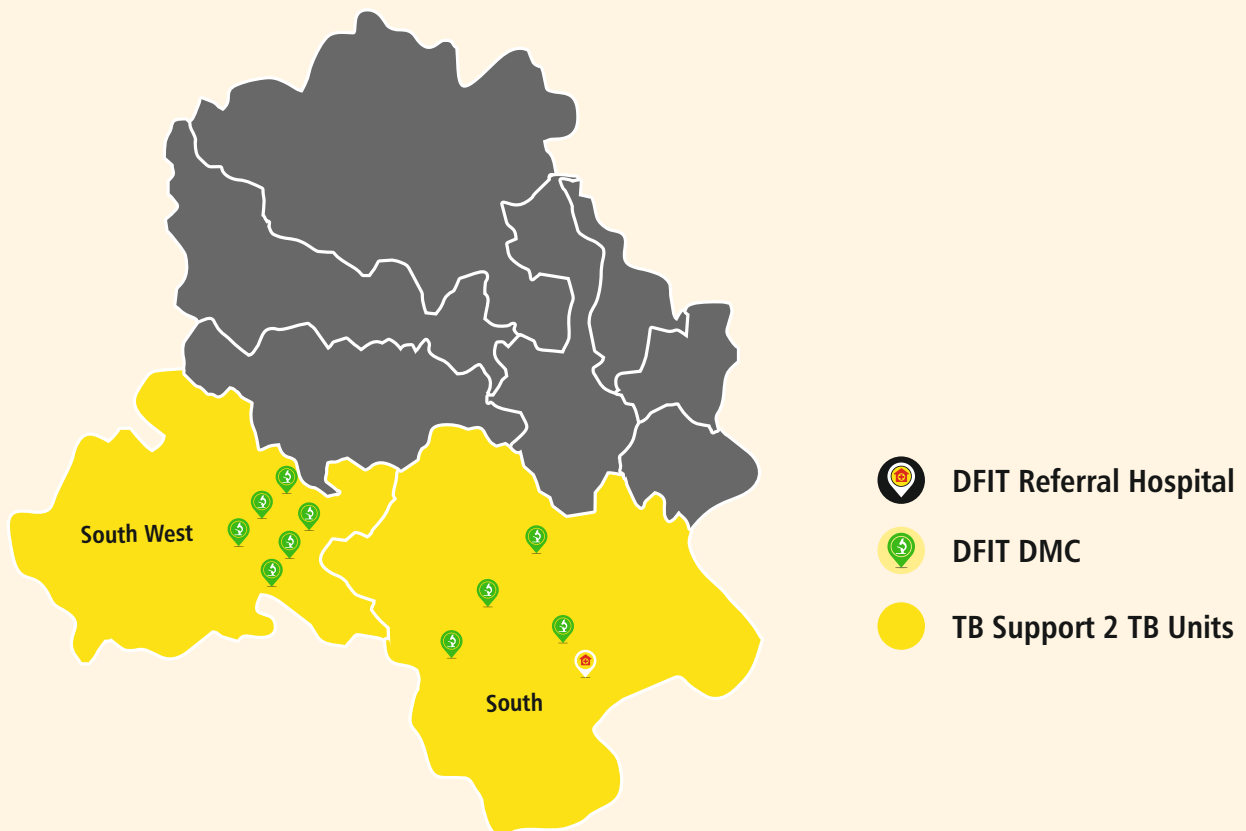
## Story of Pilibai Dansena

Pilibai Dansena, 35-year young women hails from Rajpur village of Raigarh district Chattishgarh. When Pilibai was 20 years old she contracted leprosy and completed her leprosy treatment from nearby Govt. hospital. But she had developed deformity in both the legs (clawed toes) and had large ulcers in the foot and visited private clinic for treatment of her ulcer but went in vain. Her left hand was also paralyzed due to other medical reasons.

DFIT team during the field visit came across Pilibai, the team counselled her and taught how to prevent ulcers through the SSOD (Soaking, Scrapping, Oiling & Dressing) technique. She practiced the SSOD and her ulcers are healed. DFIT also provided her MCR footwear to prevent her foot from getting ulcers in future. Pilibai lived in a dilapidated house, seeing her plight DFIT supported her to construct a house under livelihood enhancement programme and sanctioned Rs.1,40,000/-.

Pilibai now has a reason to smile and she always thanks DFIT for its support and timely intervention. She says "I can see a better future now".





## MARGARET LEPROSY AND TB HOSPITAL, DELHI

Damien Foundation India Trust started leprosy control activities in Southwest Delhi in 1999. It was one of the leprosy endemic districts in the Union Territory of Delhi. After the integration of NLEP into the general health system, the project took the responsibility for supporting leprosy control activities in the Southwest district in training, monitoring and supervision of the Government staff through a District Technical Support Team (DTST). Following the withdrawal of DTST in 2003, the project restricted its leprosy control activities to diagnosis and management of leprosy cases through its referral hospital.



## TUBERCULOSIS PROGRAMME

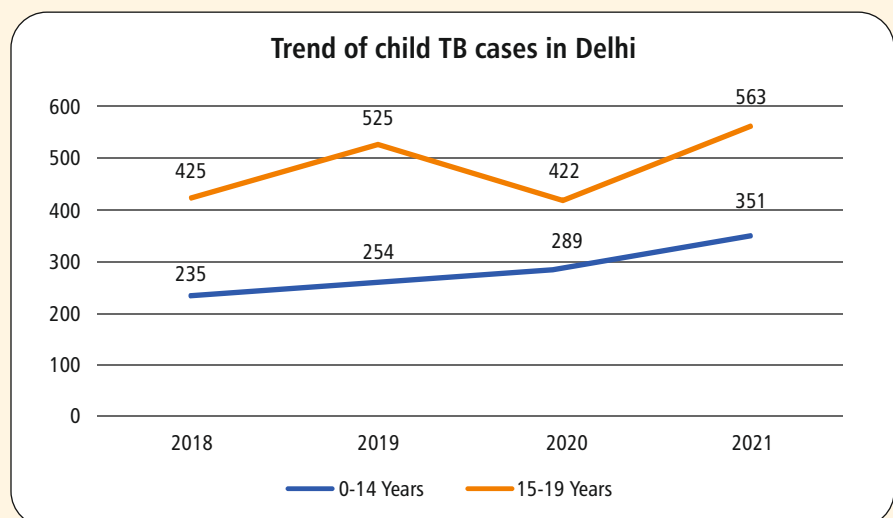
TB control activities started in 2002, initially by establishing its first TB unit in Southwest Delhi and later (2004) by second TB Unit in West Delhi covering a total population of 1185264. The project has established 10 microscopy centres including one referral hospital for managing complications related to leprosy and tuberculosis. Each centre is managed by a Microscopist-cum-Field worker assisted by TB health visitors in six centres supported by the programme.

Through this project, 5472 presumptive TB cases were screened for TB and 3117 TB cases of all types were registered for the treatment. The project has achieved a Cure rate of 85% among NSP cases and 85% among retreatment cases in both two TB Units respectively. The Government had established two HIV testing centres also. About 98% (3060/3117) of the TB patients are screened for HIV and only 10 cases were co-infected with HIV (0.3%). The project has provided Nutritional Supplements for 394 needy TB/DRTB patients and supported 17 patients for socio-economic activity as part of livelihood support.

## NEW PROJECT IN 2021 :

One of the challenges in TB control in the project was less detection of child TB cases as per the estimated number of cases every year. This was mainly due to the lack of mandatory screening and the lack of availability of the CBNAAT test. DFIT developed a strategy to improve detection of TB/DRTB among children (0-14 years) by following a mandatory screening of children and adolescents in the family of an index TB/DRTB cases, mobilising them to DFIT's health facility for sputum examination, digital chest x-ray and facilitating sputum collection by gastric lavage for children unable to produce sputum. DFIT established Gene Xpert laboratory, appointed exclusively one Lab Technician and one Field Coordinator to implement this new initiative, results of the project will be published after a period of three years. One of the major problems in implementing this new project was the procurement of equipment and recruitment of staff due to covid pandemic restrictions like lockdown. The project was started in the second quarter. There was an increase in a number of child cases (0-14 and 15-19) compared to previous years. It was observed that around 200 new TB cases increased among children age group compared to 2020, i.e, before the intervention period.

The trend of child TB cases from 2018 to 2021 in Delhi project



## My dreams came true

I am Arti Kumari, aged 19-years, not married. I am a native of Bihar, India. I live with my father, mother, brother and sister (married). My health was fine until the year 2017 and I was doing my regular household chores and was studying 12th Standard. My left eye started watering I did not know the reason, my family in the beginning thought it was because of some eye infection. I was not able to study.

My family took me to several Doctor's in various places but there was no improvement. Having spent a lot of money which drained out our meagre finances, I came to Delhi with my uncle, where I was diagnosed for Leprosy. I was having difficulty in closing my eyes and it used to water the whole day. The Doctor informed that it was too late, and I had developed an eye condition called "lagophthalmos". I realized the beauty of my face gone, being a young girl, I had lot of aspiration. In Delhi, Gurugobind Singh Hospital referred me to Damien Foundation Margaret Leprosy and TB Hospital, Delhi (DFIT) in the year 2020. Since I was on steroids, I could not undergo surgery immediately and there were lockdowns frequently due to Covid pandemic. But I was in regular contact with the hospital and the hospital staff who arranged the medicines to reach my home. DFIT Delhi hospital team made sure that Medicines were delivered to me and follow up was done through regular video calls for my progress and counseling. I finally completed twelve months medication for leprosy along with steroid treatment. But the medication caused some side effects like gastritis, general weakness etc. I was very depressed about my physical appearance and health condition, besides that my family was pointing out to me that they had spent a lot on my treatment going to private hospitals, which made me furthermore depressed. Adding to it my education was stopped for 2 years. I had suicidal tendencies at times.

In the month of July- 2021 when the things were little normal, DFIT hospital arranged my operation in in August-2021. I was treated very well at DFIT hospital especially by the doctors and physiotherapist. I underwent Pre- Physiotherapy exercise before surgery. I underwent regular counselling session at hospital. The hospital did not charge me any amount, it was totally free including food my family was relived of the financial burden.

DFIT provided me sewing machine under LEP (Livelihood Enhancement Program) as a part of rehabilitating young people like me to be self-sustainable in life.

My dreams have come true. Damien foundation is supporting people like me and changing the lives of persons suffering from Leprosy. I would like to thank Damien foundation & its team who helped me and show the path to achieve my dreams.

Before



After



## The following table describes the five year's performance :

LEPROSY CARE SERVICES	2017	2018	2019	2020	2021
Out patients treated	24772	32524	21482	13562	14012
Among them skin patients treated	2162	6594	3164	2726	1582
New leprosy cases diagnosed and referred to PHCs	14	9	19	4	5
Reaction cases managed	6	15	40	12	19
Major Surgery done	38	40	30	10	19
Minor surgeries (Septic and nerve decompression)	6	4	13	1	2
In-patients managed	123	102	137	49	64
Bed days	2696	2795	2733	1232	1549
Protective footwear (MCR) provided	0	0	5	15	22

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

TUBERCULOSIS CARE SERVICES	2017	2018	2019	2020	2021
Respiratory symptomatic treated	7481	7672	21665	4806	5472
Presumptive TB cases examined	7481	8299	8231	4806	5472
Total TB cases registered	2236	2487	2867	2382	3117
Total new TB cases registered	1781	2012	2389	1996	2587
Among them new sputum positive cases	741	780	847	660	889
Sputum conversion rate for NSP cases	653/734 (89%)	646/785 (82%)	697/852 (82%)	605/699 (87%)	662/803 (82%)
Cure rate for NSP cases	700/777 (90%)	654/741 (88%)	692/780 (89%)	767/877 (87%)	558/660 (85%)
Sputum conversion rate for RT cases	230/301 (76%)	221/277 (80%)	190/243 (78%)	222/250 (89%)	177/239 (74%)
Cure rate for RT cases	256/327 (78%)	223/277 (81%)	225/273 (82%)	206/255 (81%)	184/217 (85%)
In-patients managed	0	0	7	0	14
Bed days	0	0	7	0	14





Before

After



## A story of Mithai Lal

Mithai Lal, aged 48 years, is resident of Delhi. He is married and staying with his parents, wife, and children. He sells vegetables and due to his deformity his was not able to go for the business. His lives in the clutches of poverty.

His life was fine until he developed symptoms of Leprosy. He went to multiple practitioners where finally diagnosed him to have Leprosy. He soon started developing foot-drop on his right leg, and he had difficulty in walking, he finally developed ulcers on his foot.

He was referred by government to DFIT hospital in Delhi for deformity correction surgery. His foot drop was corrected through reconstructive surgery along with physiotherapy exercises, thereafter he became normal like any other person. After his surgery he could walk properly and to support his livelihood DFIT provided him with a new pushcart so that he could sell his vegetables. Today Mithai Lal's income has increased from Rs. 5000 to 10,000 per month and he can take care of his family well. He is extremely happy that he has overcome his deformity and regained back his self-confidence.

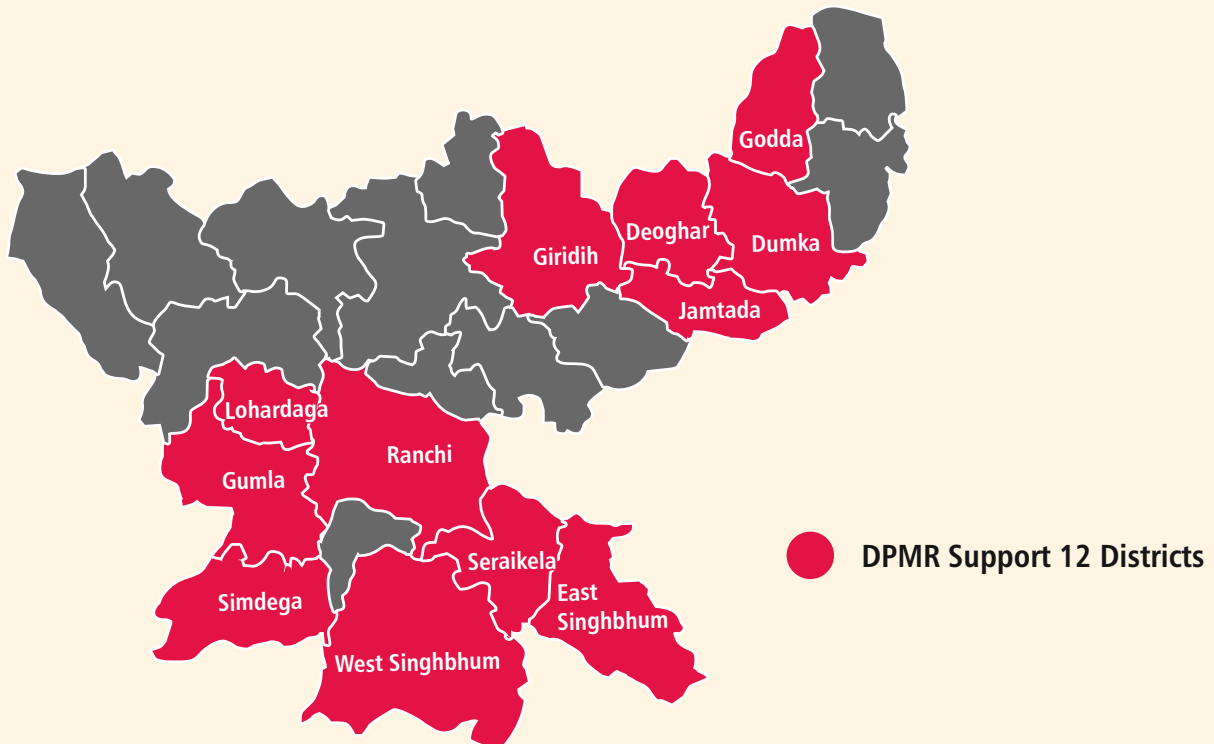
He is extremely grateful to Damien Foundation India Trust for supporting him both medically and socially.



Before

After





## 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. DFIT presently working on disability prevention and medical rehabilitation in 12 districts. The objective is to sustain the leprosy referral services through the establishment of a referral system in its supporting 12 districts. This is done through strengthening the technical skills 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 Paramedical worker. Care after cure services is established by updating the list of persons affected by leprosy with disabilities in the districts, identification and referral for reconstructive 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.

Before



After



The teams visited 463 Health facilities in 12 districts to facilitate disability prevention activities. The teams visited and examined samples of patients and presumptive leprosy cases to ensure the quality of diagnosis. It was found that 4% of the cases were over diagnosed and 19% of the cases were under-diagnosed. This was discussed with concerned Medical Officers and Paramedical workers and provided on the job training. The team visited 1607 persons affected by leprosy with disabilities and found that 62% of them were practicing self-care regularly. Team motivated persons to practice home-based self-care regularly without interruption to avoid ulcer recurrence, self-care demonstration was done to persons affected and to their family members. During the year 238 cases were identified for deformity correction surgery. The team provided training on leprosy for various categories of staff including 447 Medical Officers, 288 NLEP staff and 1880 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 four years performance of DPMR services in Jharkhand :**

DPMR Services (12 districts)	2018	2019	2020	2021
Number of reaction cases taking regular treatment	378/401 (94.3%)	372/379 (98%)	356/368 (97%)	467/493 (95%)
Number of disability persons practicing self care regularly	1130/1694 (67%)	943/1428 (66%)	662/1040 (64%)	1002/1607 (62%)
Total POD camps conducted	8	14	8	52
No. of leprosy affected persons attended during POD camps	39	65	54	333
Trainings conducted	87	75	87	87
No. of participants attended	1949	1823	1912	2615
No. of PHCs meetings attended	59	40	34	46
No. of staff sensitised	1732	937	718	579

## Prevention of Disability – contribution by teams:

DFIT teams identified 60 new reaction patients during their field visits and started on appropriate treatment. The teams also informed concerning health facilities about the new reaction patients identified and treatment initiation. The teams closely followed up all these reaction patients through physical visits and telephonic monitoring. It was observed that 19 of the patients had already developed G2D, 57/60 patients completed a full course of steroids. The most important observation was 18/19 (94%) patients completely recovered from G2D.



## Successful Story of Mamta Mahakur

Mamta Mahakur, is 18 year's old girl hails from, East Singhbhum district of Jharkhand.

4 Years ago, Mamta felt loss of sensation on her Left hand. She ignored it because she thought that it would automatically get corrected. After two years she realized that her left hand gradually became weak and there was clawing of fingers. She informed her mother about the problem her mother was concerned and took her to a private doctor. Then they went to private Doctor at Jhargram under the west Bengal Medina pur district. She got general treatment for 6 months, but the private Doctor failed to diagnose her disease. After 6 month her left hand became fully clawed. Mamta and her mother did not know about her disease. One day a Nodal person Government health worker (MPW) visited that village and noticed her claw fingers. MPW explained to her about Leprosy disease. Till such time Miss Mamta did not know about leprosy disease. He advised her to come to CHC Bohragora. Then the next day itself they along with village health nurse (Sahiya) they reached the Government Hospital Bohragora. CHC Doctor diagnosed her for leprosy, and she was put on leprosy (MDT) treatment. She completed her full course of MDT treatment, but her left-hand finger claw could not be reversed. Mamta was hesitant to mingle with neighbors and friends due to leprosy and her deformity.

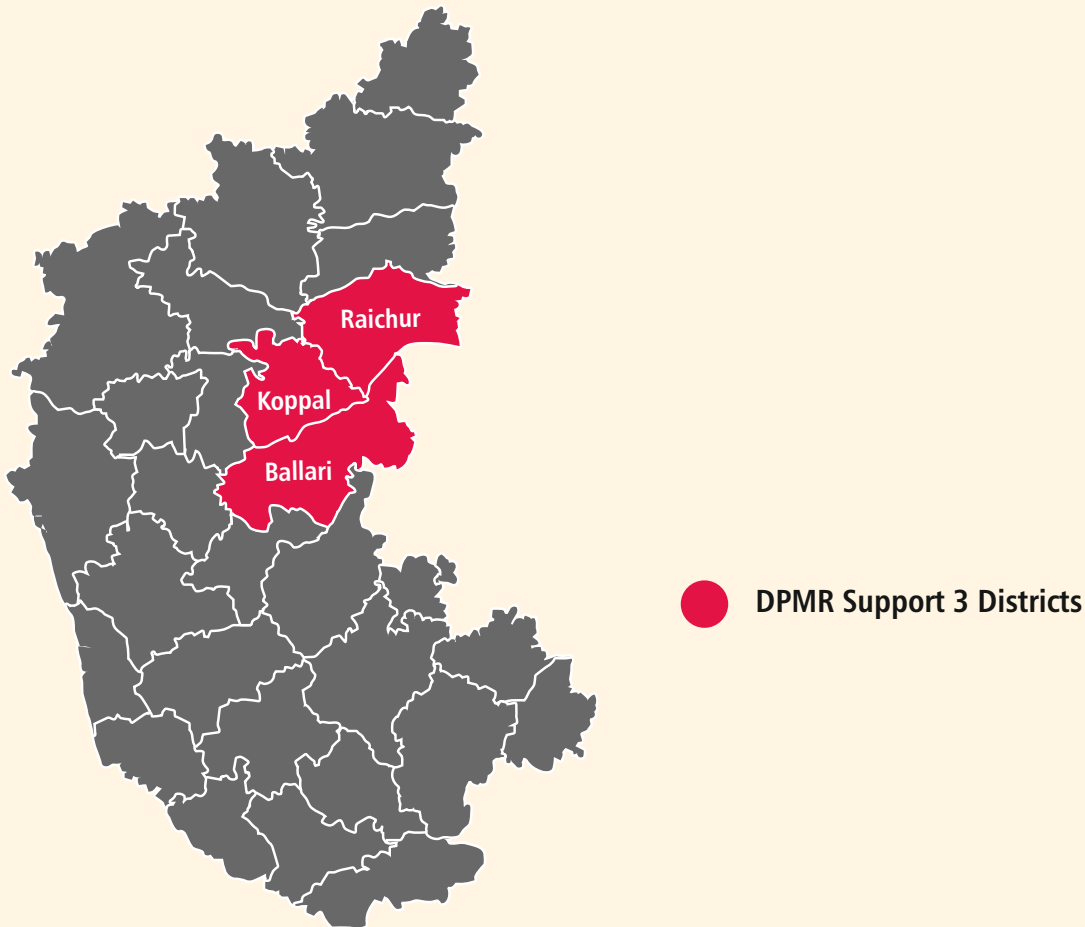
During the field visit DFIT team came to know about Mamta's condition. DFIT team explained her to do regular self-care practice and provided counseling for her encouraged for reconstructive surgery. After counselling she and her mother agreed for the reconstructive surgery. Our team admitted her for deformity correction for her clawing hands at Amda leprosy hospital. After the deformity corrective surgery, her clawing fingers become normal. Her family members were very happy and thanked DFIT team members. Now she is confident and does not have any hesitation in associating with her friends and neighbors.

Before



After





## 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 the 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 self-care training to prevent the worsening of disabilities.

In 2021, all nodal persons providing leprosy services at HFs level were trained in 3 districts which include 261 Medical Officers, 99 NLEP key staff and sensitised 2978 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 the Covid pandemic. This is mainly due to the improved skills of health personnel in the 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	2021
Number of reaction cases taking regular treatment	64/65 (98.5%)	47/50 (94%)
Number of disability persons practicing self care regularly	70/147 (47.6%)	153/340 (45%)
Total POD camps conducted	1	30
No. of leprosy affected persons attended during POD camps	7	172
Trainings conducted	70	193
No. of participants attended	1466	3338
No. of PHCs meetings attended	17	35
No. of staff sensitised	230	460

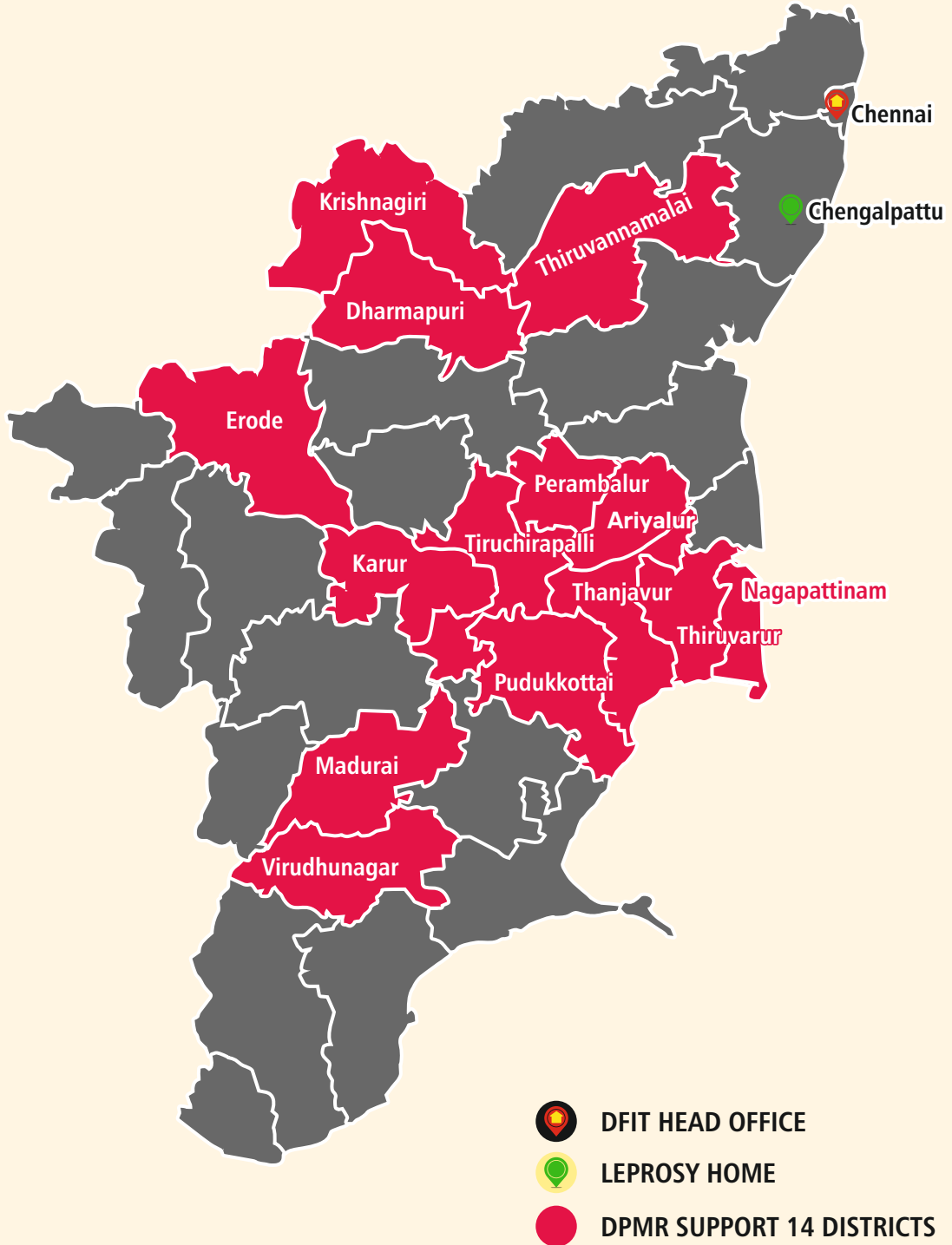
## Prevention of disability – contribution by teams:

DFIT teams identified 76 new reaction patients during their field visits and started on appropriate treatment. The teams also informed concerning health facilities about the new reaction patients identified and treatment initiation. The teams closely followed up all these reaction patients through physical visits and telephonic monitoring. It was observed that 30 of the patients had already developed G2D, 72/76 patients completed a full course of steroids. The most important observation was 26/30 (86%) patients completely recovered from G2D.









Damien Foundation started leprosy control activities in 1955 in Tamil Nadu in Polambakkam, a village near Chengalpattu. 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 the district leprosy programme. The main objective of DFIT in these districts is updating the list of persons affected by leprosy with disabilities, providing them home based self-care, identification, and referral of eligible persons for reconstructive surgery, facilitating Government entitlements and income-generating activity support to needy persons.

## ANANDAPURAM REHABILITATION CENTRE, POLAMBAKKAM, CHENGALPATTU DISTRICT

The centre provides geriatric care services for persons affected by leprosy who do not have family or their own residence or are ostracized by the family and relatives. DFIT provides food, shelter, 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 from the project. During the year 2015, the project started providing terminal care for persons affected by leprosy who are referred by Government hospitals, leprosy homes and DFIT field staff. An 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 the general population including people affected by leprosy and these services were stopped till December due to the COVID-19 pandemic.

### THE FOLLOWING TABLE DESCRIBES THE FIVE YEAR'S PERFORMANCE OF POLAMBAKKAM PROJECT :

DPMR Support (14 Districts)	2017	2018	2019	2020	2021
Number of Patients attended Physiotherapy OPD	516	974	971	189	512
Number of new inmates' admissions	1	7	6	5	4
Number of inmates deleted (Died, Others)	3	9	11	3	4
Number of inmates living end of the year	22	21	16	18	18
Number of beds available	30	30	30	30	30
Number of bed days occupied	7312	7373	7639	6619	6591
Bed occupancy rate	67%	67%	71%	61%	61%



## DISABILITY PREVENTION AND MEDICAL REHABILITATION (DPMR) PROGRAM

One of the major challenges in leprosy control is the 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 (DPMR). At present DFIT is facilitating DPMR activities through different strategies in 14 districts of Tamil Nadu.

The main objective of the DPMR programme is to improve the capacity of general health staff in managing complications like reaction, updating the list of 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.

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

DPMR Support (14 Districts)	2017	2018	2019	2020	2021
Number of reaction cases taking regular treatment	227/229 (99%)	128/128 (100%)	186/186 (100%)	304/306 (99%)	150/160 (94%)
Number of disability persons practicing self care regularly	3316/5347 (62%)	2346/3500 (67%)	1156/2185 (53%)	1542/2467 (62.5%)	560/1038 (54%)
Total POD camps conducted	109	77	77	55	47
No. of leprosy affected persons attended during POD camps	2358	2054	4260	1799	1700
Trainings conducted	125	143	45	36	29
No. of participants attended	2526	3853	2308	964	1061
No. of PHCs meetings attended	82	62	21	31	39
No. of staff sensitised	4516	3877	1515	2561	1931

During the year 2020, it was noted that 6398 persons affected by leprosy with disabilities are living in DFIT supported 14 districts. The teams visited 1038 persons to see whether they are practising self-care, it was found that 54% of them were practising self-care regularly. It was observed that 86% of them used protective footwear. The team identified, 82 cases eligible for RCS and only 12 persons underwent surgical correction during the year due to the pandemic. The teams also identified 29 patients with reaction during the monitoring of disability cases and ensured that 150/160 (94%) cases under treatment for reaction completed the course of prednisolone through regular contact. Around 1700 persons affected were trained in self-care through the demonstration in 47 POD camps organised by the PHC and helped them to get disability certificates if they are eligible. The teams facilitated leprosy training to 200 Medical Officers, 141 NLEP staff and sensitised 720 health staff including Nurses, ANMs and ASHA workers on identification and referral of leprosy suspects to health facilities for confirmation and treatment. Our Coordinators visited all the districts in Tamil Nadu to assess the disability status of persons and facilitated availing disability certificates. In 2022, DPMR services were extended to six more districts with existing support.

## PREVENTION OF DISABILITY – CONTRIBUTION BY TEAMS :

DF teams identified 20 new reaction patients during their field visits and started on appropriate treatment. The teams also informed concerning health facilities about the new reaction patients identified and treatment initiation. The teams closely followed up all these reaction patients through physical visits and telephonic monitoring. It was observed that 6 of the patients had already developed G2D, 19/20 patients completed a full course of steroids. The most important observation was 2/6 (33%) patients completely recovered from G2D.

Before



After





# SPECIAL ACTIVITIES

## COVID 19 – RELIEF WORK (FOOD GRAIN SUPPORT)

The second wave of Covid-19 pandemic hit hard the country in the month of February to June 2021 and many human lives have been lost in India, which has compounded the social and economic devastation. This is the worst humanitarian and public health crisis the country has witnessed since independence.

Damien Foundation India Trust with the support of Damien Foundation Belgium initiated COVID-19 pandemic relief work by providing food grains support for the poor persons affected by Leprosy and TB as part of humanitarian support especially during the lockdown period announced by the Government. DFIT field team identified the needy people who had lost the bread winners in their family, who lost their jobs and who were sick during the pandemic and provided food grains relief worth of Rs.27,79,064/- to 1539 needy families.

The below table elucidates the details of Food grain relief support provided by DFIT through its projects :

Name of the Project	Affected by Leprosy (Nos)	Affected by TB/DRTB (Nos)	General Public (Nos)	Total (Nos)	Duration	Amount spent (Rs.)
Andhra Pradesh	164	22	0	186	One Time	1,37,050/-
Delhi	03	225	07	235	6 months	11,28,000/-
Bihar	552	00	192	744	One time	5,93,775/-
Jharkhand	126	00	00	126	One time	1,89,000/-
Chhattisgarh	29	00	00	29	One time	41,855/-
Tamil Nadu	94	00	00	94	One time	1,33,500/-
Nagepalli, Maharashtra	98	26	01	125	6 Months	5,55,884/-
<b>Total</b>	<b>1066</b>	<b>273</b>	<b>200</b>	<b>1539</b>		<b>27,79,064/-</b>



# SPECIAL ACTIVITIES





# SOCIO ECONOMIC REHABILITATION

## SOCIO ECONOMIC REHABILITATION (LIVELIHOOD ENHANCEMENT PROGRAMME)

Care after cure is one of the most important components of leprosy rehabilitation to integrate the persons with the mainstream society. The isolation, neglect and stigma faced by the leprosy affected especially the persons with deformity are comparatively more than any other disease. When the person is considered as an earning member in the family and when he or she contributes then the person has a decision-making power in the family and thereby treated with respect and dignity. Considering the social integration of the persons with leprosy and TB with the family and society in large Damien Foundation India Trust started providing socio economic rehabilitation under the livelihood enhancement programme (LEP) since the year 2007 and rendered benefits to more than 2000 persons.

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. 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 2021 beside Covid pandemic & lockdown DFIT was able to provide support to 171 beneficiaries under Livelihood enhancement programme. Among the total beneficiaries 82% of them were affected by leprosy and remaining 18% of them were affected by TB/DRTB. Among the beneficiaries 67% of them were supported for initiating small business, 25% of the beneficiaries were children who received educational support, 6% of the beneficiaries were provided house for safe shelter and remaining were provided aids and appliances for mobility under Livelihood support programme.



# SOCIO ECONOMIC REHABILITATION

## DETAILS OF SUPPORTS PROVIDED IN DFIT PROJECTS DURING 2021

Name Of The State	Socio-economic support	Medical Treatment Support / other	Livestock	House construction and renovation	Education	Total
Andhra Pradesh	9	1	1	1	3	15
Bihar	57	0	0	4	20	81
Chhattisgarh	7	0	0	3	6	16
Delhi	15	1	0	0	1	17
Jharkhand	12	0	0	02	0	14
Karnataka	7	0	0	0	0	7
Tamil Nadu	7	0	0	1	13	21
<b>Total</b>	<b>114</b>	<b>2</b>	<b>1</b>	<b>11</b>	<b>43</b>	<b>171</b>

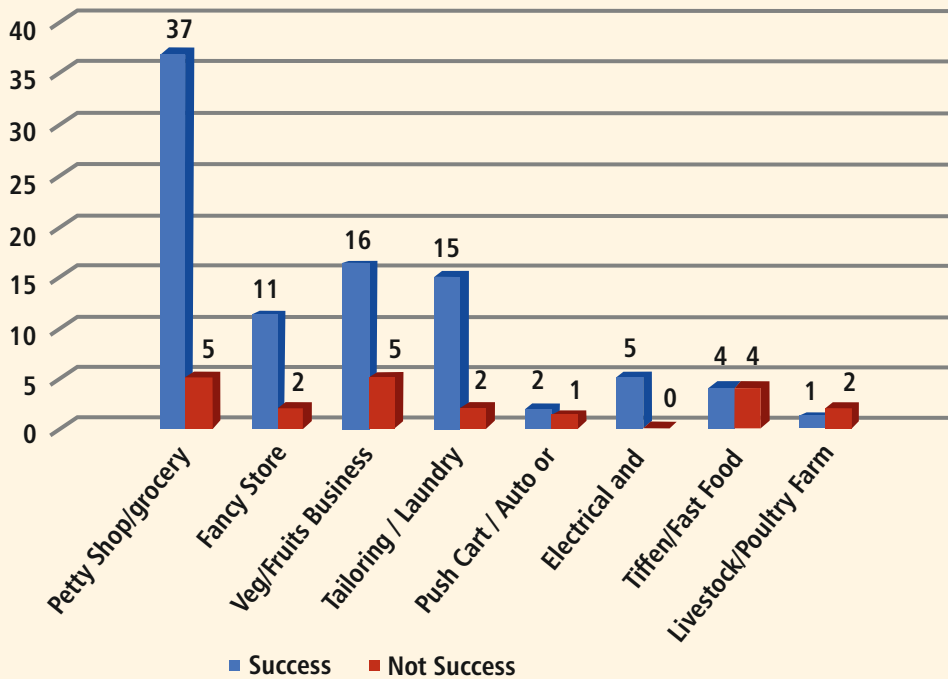
## LEP 2020 follow-up evaluation

During the year 2020, DFIT supported 174 persons for socio-economic rehabilitation and 113 under livelihood support programme. Among them support was provided to 158 persons affected by leprosy and 16 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.

Among the total support rendered under Socio-economic, 42 (37%) persons were provided grocery shop among them 37 (88%) of the beneficiaries were doing the business successfully. Cosmetic and Fancy/Ready made shop support was provided to 13 (12%) of the beneficiary and 11(85%) them are doing their business successfully. Vegetable/fruits selling business support was provided to 21 (19%) of the beneficiaries and among them the beneficiaries who were doing the business successfully were 76%. Tailoring and Laundry business support was provided to 17 persons (15%) and 88% the beneficiaries were doing their business successfully. Auto/Cycle Rickshaw and Push Cart support was provided to 3 beneficiaries (2.6%) and 66 % of them were successful in their business. DFIT provided start up of electrical and mechanical shop to 5 beneficiaries (5%) and all the beneficiaries were doing their business successfully. Food business like fast food and Tiffin shop support was provided to 8 beneficiaries (7%) among them 50% of them were successful in their business. Livestock support and Poultry farming business support was provided to 3 beneficiaries (3%) among them 66% of them were doing their business successfully. Among the total 113 beneficiaries support provided, 92 beneficiaries (81%) were successful in their respective business and were able to maintain their livelihood.

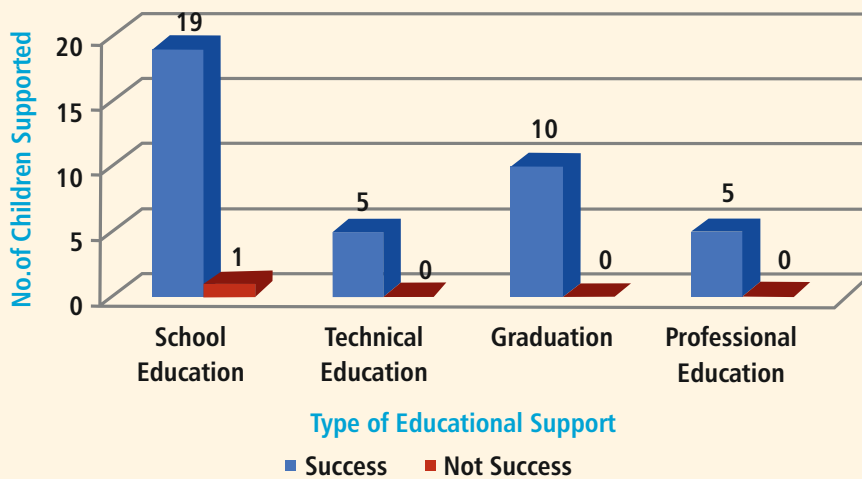
# SOCIO ECONOMIC REHABILITATION

## Types of Socio Economic Support Provided in 2020



During the year 2020, DFIT provides education support to 40 children affected by leprosy and children of parent affected by leprosy under the livelihood support programme. School education support was provided to 20 children (50%) among them the children who completed the schooling in the year 2020 was 95%. Technical education sponsorship support was provided to 5 children (12.5%) and all the children passed out successfully. College education support for under graduation and post graduation was provided for 10 children (25%) and all the children successfully completed the course during the year. Under professional education like engineering, alternative medicine and para-medical courses, 5 children (12.5) were supported and the children were promoted successfully during the year.

### Education Support Provided for Children / Parents Affected by Leprosy in 2020



# SOCIO ECONOMIC REHABILITATION

## The success story of Mr. Arun Sah

Arun Sah is a 32-year young man lives in Jamsari village of Gopalganj district, Bihar State. Arun is the sole bread winner for his family who lives with his wife, parents and two small children. He is a Commerce Graduate and is engaged in teaching profession. Nine years ago, he got affected by leprosy. In the beginning, he felt pain and tinkling sensation in both of his hands which was unbearable. After taking regular treatment for about six months, slowly the pain and tinkling sensation subsided. But after few months, he developed clawing and he was unable to move his fingers and hold things. He again visited the same clinic and the doctor advised him for an X-Ray and referred him to the Gopalganj Govt. Hospital for better treatment, where he was diagnosed with leprosy and MDT Treatment was started. After his finger started clawing in both hands and deformity was visible, he was worried, and he was not able to continue teaching profession which was the main source of his livelihood. In the meantime, his parents passed away, and he was struggling for his livelihood adding to that Covid-19 lockdown situation did not provide any scope for income. Damien Foundation field team came across Arun during the field visit and Arun requested DFIT to provide a support for livelihood by setting up a grocery shop in his village.

In the year 2020 DFIT provided him a grocery shop worth of Rs.20000/- under Livelihood Enhancement Programme. The shop was well managed by Arun and his wife and is earning good income and fulfilling community demand for grocery items. From the above earnings he purchased an e-rickshaw on loan and earning good income. His wife is managing the grocery shop. During the evening time Arun is teaching five local students and earning some money every month.

Presently Arun is earning about Rs.1000/- per day and is living happily with his family. Now he is free from all his worries and confident that he can lead a better life. When team from Damien Foundation visited him, he expressed his sincere thanks to Damien Foundation for their timely support. He said, **“without the support of Damien Foundation his life would have been destroyed”**. Now Arun’s economic and social status has improved, and he is able to lead a better life, he added “he could achieve all this because of Damien Foundation’s support”.

Before



After



## PUBLIC ENGAGEMENT INITIATIVES

Damien Foundation India Trust (DFIT) creates awareness on leprosy and TB through public engagement. Among the public those who are touched by the cause which DFIT services they come forward become supporters of DFIT, some as volunteers and others as donors. This public engagement activity by DFIT started in the year 2010. The strategy adopted for public engagement is carried by reaching out to individuals through telephone, social media and meeting them in person. The convinced person converts as donor, support the case in kind or as monetary support, and join the efforts of DFIT. DFIT also reach out to corporates and partner with them in their CSR activities. During the year, DFIT received support from its public engagement to a tune of **Rs.16, 22,008/-** from the above initiatives.

## INDIVIDUAL ENGAGEMENT :

Individual engagement is carried out by identifying Hi-net worth individuals, Tele-calling, and Face-to-Face interaction initiatives. Individual supporters to DFIT have increased from 1113 supporters in the year 2020 to 1258 supporters in the year 2021. An amount of **Rs.7,24,390/-** has been raised from the individual supporters.

## CORPORATE ENGAGEMENT :

The Global Logistics Solutions Private Limited, as part of its CSR support has partnered with DFIT for the fifth year for leprosy care services. During the year, they supported DFIT with **Rs.1,50,000/-** under CSR project to Anandapuram Rehabilitation Centre, Polambakkam.

## EVENTS AND CAMPAIGNS :

DFIT in partnership with Google under the Google foundation had received advertisement (Ads) grant since October 2019. Google Foundation provides Ads worth of **\$10,000/-** every month. This Ads helps DFIT to reach out to more public by promoting its website and through search engine optimization. DFIT also has launched SMS Campaign to reach out to more public with special requests during festive occasions to support the cause of DFIT.

	2020	2021
Google Ads Status	Click : 145k	Click : 158k
	Impression : 1.42M	Impression : 1.11M
	CTR : 10.15%	CTR : 7.31%
	Cost : \$101K	Cost : \$116K
	Conversion : 164	Conversion : 456

## DONATION IN KIND :

DFIT executed a MoU with Donatekart online fund-raising platform for social cause. The campaign started in the month of September and ran for a period of 2 months. Donatekart supports the NGO's only to procure materials for the project where they pay directly to the vendor and not to NGO's. Donatekart provided materials worth of **Rs.5,76,783/-** to DFIT projects in Delhi and Dehri-on-sone as grocery and medicines.

# PUBLIC ENGAGEMENT INITIATIVES

Besides this, few generous donors came forward to support the needs of the patients by providing materials in kind in the following project :

- Nellore project received groceries and food for patients worth **Rs.85,110/-**
- Delhi project received groceries worth of **Rs.12,055/-** and
- Polambakkam project received food / groceries and other materials worth of about **Rs.73,670/-**

Altogether materials worth of Rs. 7, 47,618/- was raised in kind for the project activities of DFIT.

## SOCIAL MEDIA INITIATIVE :

DFIT engages public through its posts in social media and its campaign this social media strategy of DFIT is to share information about leprosy and TB and educate individuals on the causes and consequences of leprosy. DFIT provides regular updates to its stakeholders and supporters through social media. DFIT spreads awareness about its cause and activities through social media campaigns to its well-wishers and stakeholders. The public those who are engaged with DFIT's initiative in social media platform has significantly increased which is visible in the table presented below.

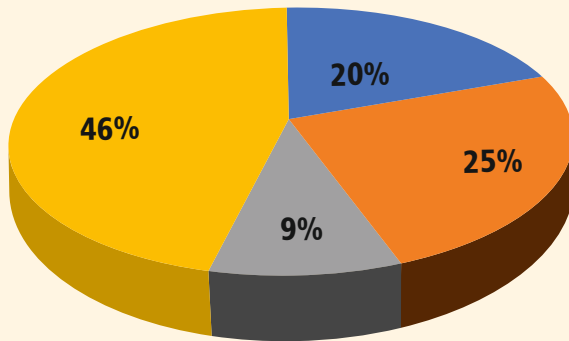
S.No	Social Media	2017	2018	2019	2020	2021
1.	WhatsApp	Nil	820	1123	1461	2013
2.	Facebook	1996	3989	4453	4672	4753
3.	LinkedIn	43	1483	2064	2313	2399
4.	Twitter	3	81	110	128	138
5.	Instagram	Nil	83	124	158	211
6.	YouTube	Nil	9	289	321	391
7.	Email	245	580	1480	1550	1785

The Following table illustrates the types and sources of support received through Public Engagement Initiatives during the year.

S.No	Public Engagement Initiatives	2021	%
1	Individual support	327540	20
2	Monthly Pledge by Individual Contribution	396850	25
3	CSR support	150000	9
4	Support received in kind	747618	46
	<b>Total Donations Worth</b>	<b>1622008</b>	

# PUBLIC ENGAGEMENT INITIATIVES

## PUBLIC ENGAGEMENT DURING THE YEAR 2021



- Individual Support
- Monthly Pledge by Individual Contribution
- CSR Support
- Support Received in Kind



## Comparison study of Second Line LPA Sample processed and Resistant Reported in DTRC Labs: Nellore, Andhra Pradesh Vs Darbhanga, Bihar

Second Line LPA Resistant reported in DTRC Nellore Lab (Andhra Pradesh)					
Year	Diagnosis samples	Tested for 2nd line LPA	No. of Resistant		
			FLQ	SLID	FLQ & SLID
2019	10461	954	89	12	6
2020	4606	366	45	01	0
2021	11458	1181	111	11	2
<b>Total</b>	<b>26525</b>	<b>2501</b>	<b>245</b>	<b>24</b>	<b>8</b>
<b>Resistant %</b>			<b>9.8</b>	<b>0.96</b>	<b>0.3</b>

Second Line LPA Resistant reported in DTRC Darbhanga Lab ( Bihar)					
Year	Diagnosis samples	Tested for 2nd line LPA	No. of Resistant		
			FLQ	SLID	FLQ & SLID
2019	7721	1566	758	22	180
2020	9186	1424	555	25	72
2021	4716	1059	426	11	50
<b>Total</b>	<b>21623</b>	<b>4049</b>	<b>1739</b>	<b>58</b>	<b>302</b>
<b>Resistant %</b>			<b>42.9</b>	<b>3-3</b>	<b>17.4</b>

It has been noticed that the resistant reported in Second Line Line Probe Assay (LPA) in our Nellore Vs Darbhanga Lab is 9.8 % Vs 43 % for Fluoroquinolone (FLQ) and 0.3 % Vs 17.4.% for Fluoroquinolone and Second line Injectable Drugs( FLQ & SLID). Similarly, 0.96 % Vs 3.3% for Second Line Injectable Drugs (SLID). Detailed analysis will be done on the pattern of mutations and age/gender wise distribution.

\*FLQ: Fluoroquinolone \*\* SLID: Second Line Injectable Drugs \*\*\* LPA : Line Probe Assay





Damien Foundation Belgium (DFB) continued its support with a generous contribution of Rs.107.30 million rupees for the year 2021. This includes a special grant for Covid food support to patients amounting to Rs.1.3 million, Compound wall construction at DFIT Anandapuram Home at Polambakkam for Rs.2.8 million. The compound Interest from foreign funds fixed deposits and miscellaneous income was Rs.2.10 million. The Local Funds raised was Rs 5.20 million, during the year DFIT received less donations compared to 2020. Local Funds include donation of Rs.0.94 million in Cash and Rs.0.74 million in kind.

Second wave of COVID lockdowns had its impacts on the program this year, though it was not so drastic as in 2020. Our hospitals in Nellore Delhi and Labs in Nellore and Darbhanga gave much needed support to the Government by providing COVID testing and food grains support worth of Rs.2.75 million to the needy patients living in project areas. Livelihood support programs were executed for helping the affected patients by providing Socio economic support, Livestock, house construction and renovation, education support etc for 171 patients amounting to 4.93 million. The breakup of program expenses is given in the graph.

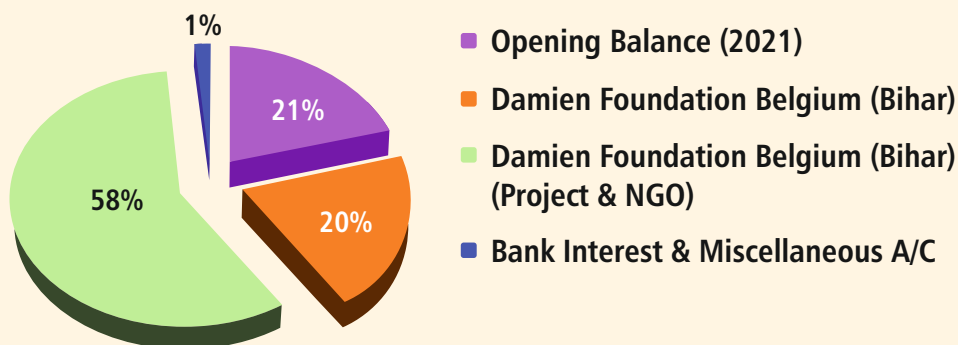
This year DFIT stopped funding NGO projects due to new amendments in FCRA regulations.

As mandated by the Ministry of Home Affairs, DFIT opened foreign remittance bank account with State Bank of India, New Delhi. 12AA and 80G certification from Income tax has been renewed for 5 years. DFIT adhered to all the statutory requirements mandated by Provident Fund, ESI coverage, Gratuity provisions for staff. Income tax was remitted in time and necessary certificates to the staff, contractors, suppliers were issued. DFIT income tax return for the Financial Year 2020-2021 has been filed.

## Source of Funds 2021 : Foreign Account (Indian Rupees)

### Finance Report : 2021 (FCRA)

Source - Foreign 2021	Income (IRS)	%
Opening Balance (2021)	2,88,62,279	21
Damien Foundation Belgium (Bihar)	2,71,11,497	20
Damien Foundation Belgium (Project & NGO)	8,01,91,075	58
Bank Interest & Miscellaneous A/c	21,91,535	1
<b>Total</b>	<b>13,83,56,386</b>	<b>100</b>

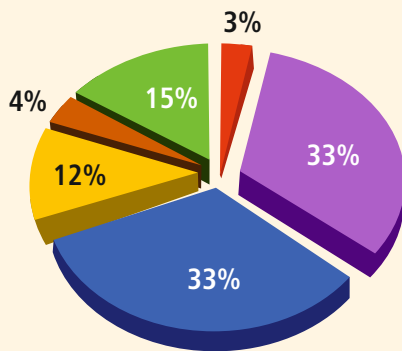


## Application of Funds 2021 : Foreign Account (Indian Rupees)

### Finance Report : 2021 (FCRA)

Application of Funds - Foreign 2021	Income (IRS)	%
Sponsored Project Support	47,00,694	3
Own project	4,55,13,783	33
DFIT teams	4,51,74,111	33
DFIT Secretariate and Field	1,63,69,438	12
Miscellaneous	51,03,196	4
Closing Balance (2021)	2,14,95,165	15
<b>Total</b>	<b>13,83,56,386</b>	<b>100</b>

### Application of Funds 2021 : Foreign

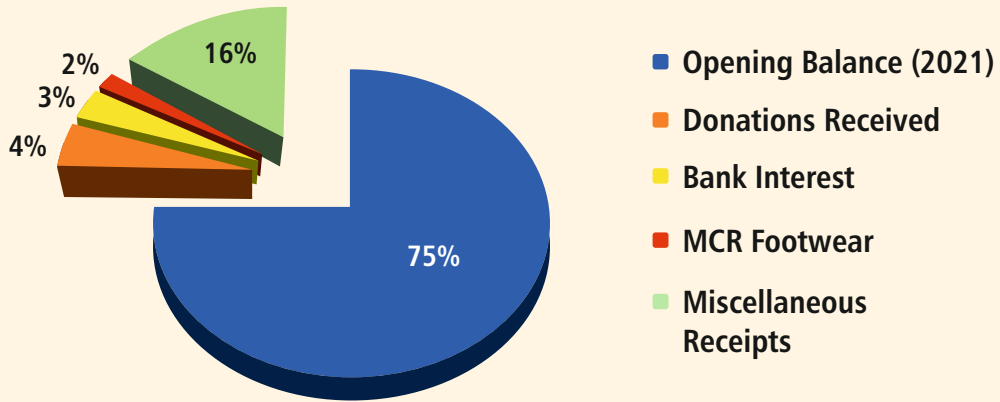


- Sponsored Project Support
- Own Project
- DFIT Teams
- DFIT Secretariate and Field
- Miscellaneous
- Closing Balance

## Source of Funds 2021 : Indian Account (Indian Rupees)

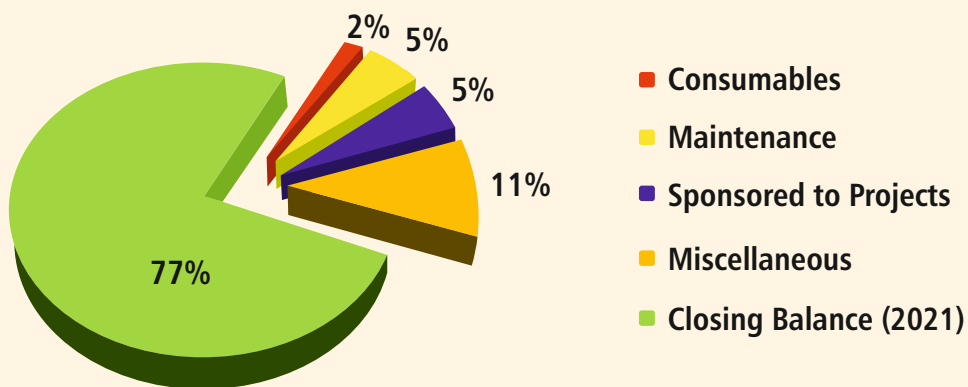
### Finance Report : 2021 (Indian)

Source - Indian 2021	Income (IRS)	%
Opening Balance (2021)	1,57,14,941	75
Donations Received	9,40,367	4
Bank Interest	6,51,208	3
MCR Footwear	3,48,500	2
Miscellaneous Receipts	32,67,289	16
<b>Total</b>	<b>2,09,22,304</b>	<b>100</b>



## Application of Funds 2021 : Indian Account (Indian Rupees)

Application of Funds - Indian 2021	Income (IRS)	%
Consumables	3,67,651	2
Maintenance	10,84,858	5
Sponsored to Projects	10,93,933	5
Miscellaneous	22,84,066	11
Closing Balance (2021)	1,60,91,797	77
<b>Total</b>	<b>2,09,22,304</b>	<b>100</b>



Annexure - 1		Hospital Services - Annual Leprosy Report - 2021																							
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 underwent RCS			Others (Septic surgeries & nerve decompression)			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 (%)				
Adult	Children (0-14 years)		Grand Total	Adult Grade II	Child Grade II	Total	Type I	Type II	Male	Female	Total	Male	Female	Total											
		PB	MB	Total	PB	MB	Total	Adult	Child Grade II	Total	Type I	Type II	Male	Female	Total	Male	Female	Total							
Andhra Pradesh	Nellore	4160	2	32	34	0	5	5	39	10	1	11	33	15	44	8	52	4	0	4	69	17	265	3126	51.0
Delhi	Delhi	14012	1	4	5	0	0	0	5	0	0	0	18	1	15	4	19	2	0	2	22	14	64	1549	31.0
Tamil Nadu	Polambakkam	512																							
Bihar	Dehri-On-sona	3148	43	43	86	2	2	4	90	15	0	15	41	20	46	16	62	0	1	1	4	30	453	6600	61.0
	Muzaffarpur														65	24	89	0	0	0				4281	40.0
	Total	21832	46	79	125	2	7	9	134	25	3	26	92	36	170	52	222	6	1	7	95	91	800	15556	46

Annexure - 2 Total 4 RCS centres Age and sex wise RCS and Septic surgery report - 2021															
Age wise	RCS			RCS			RCS			Grand total			Septic surgeries		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0 -13	48	10	58	0	1	1	4	0	4	52	11	63	1	0	1
14 -20	27	18	45	0	1	1	0	1	1	27	20	47	0	0	0
21 - 25	24	6	30	1	0	1	1	0	1	26	6	32	0	0	0
26 - 30	19	4	23	3	1	4	0	0	0	22	5	27	1	0	1
31 - 40	20	6	26	3	0	3	6	0	6	29	6	35	2	0	2
41 -54	8	4	12	2	0	2	1	0	1	11	4	15	2	1	3
55 -65	0	1	1	0	0	0	2	0	2	2	1	3	0	0	0
> 66	0	0	0	0	0	0	0	0	0	2	0	2	0	0	0
<b>Total</b>	<b>146</b>	<b>49</b>	<b>195</b>	<b>9</b>	<b>3</b>	<b>12</b>	<b>14</b>	<b>1</b>	<b>15</b>	<b>169</b>	<b>53</b>	<b>222</b>	<b>6</b>	<b>1</b>	<b>7</b>

## Annexure -3 POD Programme Annual report 2021

Name of the State	Name of the project/districts covered	DPMR Patients Interview										Under treatment cases visit										No. of new cases identified & diagnosed by the team during field visit										No. of New Leprosy reaction cases diagnosed by the team during field visit										UIT Reaction cases management					Community Vol Interview					POD camps		
		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 patients getting Disability pension.	Number UT Patients visit	Number of cases diagnosed correctly	Number of patients on regular treatment	No. of patients had family history of leprosy treatment	MB	PB	Total	How many G2D	No. of patients had family history of leprosy treatment	Type I	Type II	Neuritis	Total	How many G2D	No. of follow up reaction cases monitored.	Prednisolone in time	Number of reaction cases on regular treatment	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.																					
Tamil Nadu	Thiruvannamalai	308	145	215	211	34	34	2	223	142	139	7	2	7	9	0	4	0	3	3	6	1	66	66	65	86	86	7	0	2	40	21																						
	Thiruvannur	16	9	10	10	6	6	0	9	3	3	0	0	0	0	0	0	1	0	1	2	1	4	4	4	5	5	0	0	0	0	0																						
	Negapattanam	54	26	36	36	11	11	4	40	8	8	1	0	0	0	0	0	0	1	0	1	0	7	7	7	19	19	3	0	3	28	24																						
	Erode	171	83	128	118	15	15	2	112	57	55	6	3	4	7	1	2	0	2	3	5	2	25	25	25	49	49	11	4	0	0	0																						
	Krishnagiri	0	0	0	0	0	0	0	0	0	0	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0																						
	Dharmapuri	26	10	21	19	3	3	1	15	3	3	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2	2	0	0	0	0	0																						
	Perambalur	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	0	0	0	0	0	0																						
	Ariyalur	12	2	8	5	2	2	0	5	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	1	0	0	0	0	0	0	0																						
	Madurai	203	133	161	123	5	4	2	137	23	23	0	5	2	7	4	0	3	0	2	5	5	17	14	12	53	33	0	0	28	1389	187																						
	Virudhnagar	96	58	70	54	0	0	0	67	9	7	1	3	2	5	1	0	4	2	1	7	2	22	19	18	19	13	0	0	9	166	38																						
	Thanjavur	128	76	83	56	6	5	1	58	18	18	5	3	1	4	1	2	1	0	0	1	1	13	13	13	28	23	0	0	5	77	17																						
	Pudukottai	8	6	4	4	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2	2	2	2	0	0	0	0	0	0																						
	Trichy	12	9	8	5	0	0	0	6	1	1	0	1	1	2	0	1	0	0	0	0	0	1	1	1	1	4	0	0	0	0	0																						
	Kanur	4	3	3	3	0	0	0	3	0	0	0	1	0	1	0	0	1	1	0	2	1	0	0	0	2	2	0	0	0	0	0																						
	TOTAL	1038	560	747	644	82	80	12	677	264	262	256	20	18	17	35	7	9	10	9	10	29	13	160	154	150	267	236	21	4	47	1700	287																					
	Andhra Pradesh	DRULC Nellore	216	178	197	197	53	53	24	66	9	6	1	2	0	2	0	0	2	0	0	2	0	48	48	48	0	0	0	5	152	6																						
		Grand Total	1254	738	944	841	135	133	36	743	273	268	21	20	17	37	7	9	12	9	10	31	13	208	202	198	267	236	21	4	52	1852	293																					



## Annexure - 4 Andhra Pradesh, Karnataka, Jharkhand and Chhattisgarh DPMR activities annual report at PHC level -2021

Name of the State	Name of districts covered	PHC Visit Record verification Maintained														Number of under treatment Reaction Cases	Availability of Tab. Prednisolone			
		NO. of PHCs visited	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	3	224	78	6	3	3	2	3	3	3	3	3	3	3	0	0	3	8	3
	Kurnool	5	146	204	8	5	5	2	4	5	5	4	4	4	0	0	5	1	5	5
	Kadapa	26	479	222	25	18	25	0	23	24	25	25	25	25	0	0	24	2	25	25
	Nellore	38	725	650	43	28	37	5	36	37	37	35	36	0	0	36	13	37	13	37
	Chittoor	2	2	10	3	2	2	2	2	2	2	2	2	2	0	0	2	1	2	2
	Prakasam	4	119	75	4	4	4	0	4	4	4	4	4	4	2	2	4	0	4	4
	Srikakulam	46	2133	771	48	34	46	0	46	46	46	0	46	0	0	6	4	44	4	44
	Vizianagaram	37	1551	689	37	23	37	0	32	37	37	0	37	0	0	6	1	36	1	36
	Visakhapatnam	74	2450	1113	74	40	74	0	62	73	74	0	74	0	0	6	2	70	2	70
	<b>Total</b>	<b>235</b>	<b>7829</b>	<b>3812</b>	<b>248</b>	<b>157</b>	<b>233</b>	<b>11</b>	<b>212</b>	<b>231</b>	<b>233</b>	<b>76</b>	<b>73</b>	<b>231</b>	<b>2</b>	<b>2</b>	<b>92</b>	<b>32</b>	<b>32</b>	<b>226</b>
Karnataka	Ballari	163	1937	1118	154	120	145	24	104	144	1	0	96	0	0	69	95	27	27	
	Raichur	81	486	124	69	40	64	5	29	59	61	0	40	0	0	32	18	4	4	
	Koppal	84	488	461	81	50	68	4	53	65	61	0	43	0	0	28	33	6	6	
	<b>Total</b>	<b>328</b>	<b>2911</b>	<b>1703</b>	<b>304</b>	<b>210</b>	<b>277</b>	<b>33</b>	<b>186</b>	<b>268</b>	<b>266</b>	<b>1</b>	<b>0</b>	<b>179</b>	<b>0</b>	<b>0</b>	<b>129</b>	<b>146</b>	<b>37</b>	<b>37</b>
	Gumla	73	8131	4547	306	70	70	69	70	70	70	7	0	70	70	70	70	141	59	59
Jharkhand	Lohardaga	22	2738	1088	68	22	22	22	22	22	0	1	21	22	22	22	61	19	19	
	Simdega	12	447	634	111	13	13	13	13	13	4	0	12	13	13	13	29	10	10	
	Godda	11	4187	598	28	11	11	11	11	11	0	0	11	11	11	11	21	11	11	
	Deoghar	38	10909	3012	89	38	38	38	38	38	0	0	38	38	38	38	92	23	23	
	E. Singhbhum	25	2106	2853	157	25	25	24	25	23	24	0	25	25	25	25	51	25	25	
	W. Singhbhum	43	2247	1597	567	43	43	43	43	43	42	0	43	43	43	43	110	43	43	
	Saraikela	27	2450	2656	377	27	27	27	27	27	23	2	27	27	27	33	98	27	27	
	Giridih	33	577	490	94	24	33	20	33	33	9	0	20	24	31	33	24	22	22	
	Dumka	25	869	639	37	17	25	25	24	23	22	0	19	16	12	23	33	17	17	
	Jamtada	18	1208	466	23	17	18	18	18	18	18	1	1	18	18	18	43	17	17	
Ranchi	71	1883	2738	158	59	71	70	70	71	71	1	2	70	55	65	70	165	58	58	
<b>Total</b>	<b>398</b>	<b>37752</b>	<b>21318</b>	<b>2015</b>	<b>366</b>	<b>396</b>	<b>380</b>	<b>394</b>	<b>394</b>	<b>381</b>	<b>111</b>	<b>6</b>	<b>374</b>	<b>362</b>	<b>375</b>	<b>399</b>	<b>868</b>	<b>331</b>	<b>331</b>	
Chhattisgarh	Mahasamund	44	266	2366	71	21	42	38	37	37	0	0	39	35	38	34	156	35	35	
	Baloda Bazar	37	325	1331	54	25	36	28	29	27	20	4	0	33	27	32	22	170	29	29
	Raigarh	102	897	2987	112	88	101	52	64	70	101	0	0	101	4	101	95	467	84	84
	Jangji-Champa	70	2	1779	105	69	82	67	83	57	79	15	2	67	30	23	59	221	43	43
<b>Total</b>	<b>253</b>	<b>1490</b>	<b>8463</b>	<b>342</b>	<b>203</b>	<b>261</b>	<b>185</b>	<b>213</b>	<b>191</b>	<b>237</b>	<b>19</b>	<b>2</b>	<b>240</b>	<b>96</b>	<b>194</b>	<b>210</b>	<b>1014</b>	<b>191</b>	<b>191</b>	
<b>Grand Total</b>	<b>1214</b>	<b>49982</b>	<b>35296</b>	<b>2909</b>	<b>936</b>	<b>1167</b>	<b>609</b>	<b>1005</b>	<b>1084</b>	<b>1117</b>	<b>207</b>	<b>81</b>	<b>1024</b>	<b>460</b>	<b>571</b>	<b>830</b>	<b>2060</b>	<b>785</b>	<b>785</b>	





## Annexure - 4B Andhra Pradesh, Karnataka, Jharkhand and Chhattisgarh DPMR activities annual report -2021

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?	Practising 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		
Andhra Pradesh	Anantapur	3	5	4	3	3	3	3	3	3	3	3	0	0	2	2	1	5	5
	Kurnool	5	10	10	8	10	8	8	8	8	8	8	1	1	6	6	0	0	0
	Kadapa	10	18	16	16	15	14	14	12	10	4	4	4	4	10	10	2	7	17
	Nellore	41	59	58	37	49	37	43	42	46	13	11	40	43	6	82	6	82	23
	Chittoor	8	29	29	22	24	22	15	20	14	5	5	22	22	0	0	0	0	0
	Prakasam	12	19	19	14	14	14	10	9	11	1	1	11	11	3	11	3	11	9
	Srikakulam	49	77	12	53	70	13	50	50	50	8	3	52	60	1	17	12	17	12
	Vizianagaram	48	95	26	63	94	12	67	66	67	4	0	67	74	2	29	11	29	11
	Vishakapatnam	74	133	22	90	119	15	93	92	89	12	3	77	87	12	142	109	142	109
	<b>Total</b>	<b>250</b>	<b>445</b>	<b>196</b>	<b>306</b>	<b>398</b>	<b>138</b>	<b>303</b>	<b>302</b>	<b>298</b>	<b>48</b>	<b>28</b>	<b>287</b>	<b>315</b>	<b>27</b>	<b>293</b>	<b>186</b>	<b>293</b>	<b>186</b>
Karnataka	Ballari	163	200	177	89	98	22	102	102	0	18	16	81	84	16	87	201	87	201
	Raichur	81	66	64	26	32	7	24	24	0	8	8	24	27	4	9	16	9	16
	Koppal	84	99	99	52	56	14	57	57	4	5	5	46	45	10	76	91	76	91
	<b>Total</b>	<b>328</b>	<b>365</b>	<b>340</b>	<b>167</b>	<b>186</b>	<b>43</b>	<b>183</b>	<b>183</b>	<b>4</b>	<b>31</b>	<b>29</b>	<b>151</b>	<b>156</b>	<b>30</b>	<b>172</b>	<b>308</b>	<b>172</b>	<b>308</b>
	Gumla	77	230	118	164	179	163	141	123	33	40	12	119	82	13	109	101	109	101
Jharkhand	Lohardaga	21	56	28	44	41	45	28	31	3	10	2	27	22	4	30	49	30	49
	Simdega	16	122	106	71	38	25	27	25	7	4	2	22	16	0	0	0	0	0
	Godda	14	42	7	18	18	18	28	29	9	2	0	10	10	4	24	72	24	72
	Deoghar	57	161	55	82	82	83	80	81	12	20	8	13	11	7	41	74	41	74
	E. Singhbhum	43	137	69	92	99	64	82	81	10	43	29	35	27	1	10	6	10	6
	W. Singhbhum	61	202	141	137	151	95	114	110	20	19	9	54	37	5	24	49	24	49
	Saraikeela	40	124	100	78	93	65	70	70	7	23	13	42	28	2	12	35	12	35
	Giridih	38	115	44	69	76	43	72	71	11	20	11	18	18	5	29	65	29	65
	Dumka	34	82	23	46	46	46	46	52	21	9	4	23	22	0	0	0	0	0
	Jamtada	20	60	37	27	32	25	42	42	19	10	4	25	25	1	9	2	9	2
Ranchi	76	276	125	174	194	189	159	140	14	38	25	91	57	10	45	94	45	94	
<b>Total</b>	<b>497</b>	<b>1607</b>	<b>853</b>	<b>1002</b>	<b>1049</b>	<b>861</b>	<b>889</b>	<b>855</b>	<b>166</b>	<b>238</b>	<b>119</b>	<b>479</b>	<b>355</b>	<b>52</b>	<b>335</b>	<b>547</b>	<b>335</b>	<b>547</b>	
Chhattisgarh	Mahasamund	43	169	55	76	116	56	89	7	18	14	11	5	3	24	53	24	53	
	Baloda Bazar	36	194	69	74	152	45	131	125	3	24	22	0	1	6	56	6	56	
	Raigarh	106	331	222	132	142	115	195	138	3	26	19	4	1	6	125	6	125	
	Jangir-Champa	117	332	163	188	207	149	185	202	44	72	59	74	69	4	62	19	62	
<b>Total</b>	<b>302</b>	<b>1026</b>	<b>509</b>	<b>470</b>	<b>617</b>	<b>365</b>	<b>608</b>	<b>554</b>	<b>57</b>	<b>140</b>	<b>114</b>	<b>89</b>	<b>76</b>	<b>19</b>	<b>267</b>	<b>224</b>	<b>267</b>	<b>224</b>	
<b>Grand Total</b>	<b>1377</b>	<b>3443</b>	<b>1898</b>	<b>1945</b>	<b>2250</b>	<b>1407</b>	<b>1983</b>	<b>1894</b>	<b>525</b>	<b>457</b>	<b>290</b>	<b>1006</b>	<b>902</b>	<b>128</b>	<b>1065</b>	<b>1265</b>	<b>1065</b>	<b>1265</b>	



# ANNEXURE

## Annexure - 5 Bihar DPMR activities annual report at PHC level -2021

Districts	NO. of PHCs visited	PHC Visit Record verification Maintained														Adequate stock of MDT available	Number of under treatment Reaction Cases	Availability of Tab. Prednisolone
		Number of Suspects registerd	Total Number of G II Disability Patients in the register	Number of trained person	Suspects Register	Treatment Register	Reaction Register	Disability Register	Monthly Progress reports	MDT Stock Register	Referral Slips	Feedback Slips	Treatment Cards	Prednisolone Card	Patient ID Card			
Arwal	9	148	447	18	4	8	8	7	1	4	8	1	0	0	8	8	3	8
Rohtas	20	772	1469	32	13	19	19	20	20	13	20	10	18	1	20	20	12	17
Gopalganj	16	195	600	28	10	15	15	15	1	13	14	3	10	15	15	13	18	15
Siwan	21	777	1126	40	19	20	20	20	20	20	20	10	17	17	18	20	16	14
Madhepura	13	291	585	25	12	13	11	13	12	12	9	3	9	13	13	13	15	12
Sheohar	5	62	146	5	3	3	4	5	2	2	2	1	2	3	3	3	3	5
Araria	14	97	1249	15	9	14	14	14	14	13	14	1	13	14	14	14	16	12
Kishanganj	11	29	300	15	3	9	6	8	8	8	9	0	7	10	10	10	5	6
<b>Total</b>	<b>109</b>	<b>2371</b>	<b>5922</b>	<b>178</b>	<b>73</b>	<b>101</b>	<b>97</b>	<b>102</b>	<b>78</b>	<b>85</b>	<b>96</b>	<b>29</b>	<b>76</b>	<b>73</b>	<b>101</b>	<b>101</b>	<b>88</b>	<b>89</b>
Gaya	30	458	1472	48	21	26	25	30	23	22	26	7	15	0	30	27	13	28
Jehanabad	8	97	389	14	5	8	6	7	8	4	7	3	5	0	8	8	8	6
E. Champaran	20	289	1696	34	14	20	19	20	14	12	11	2	5	16	20	14	25	5
W. Champaran	20	386	1125	33	8	17	18	19	0	7	12	1	3	15	20	13	21	8
Madhubani	26	218	682	40	16	25	17	24	15	16	12	3	10	23	24	23	14	13
Sitamarhi	19	164	1045	31	11	19	9	18	1	7	5	1	6	19	19	19	3	5
Purnea	21	252	1261	25	19	21	20	19	21	21	21	1	14	21	21	21	18	20
Katihar	22	132	604	29	15	20	9	19	8	18	14	0	13	21	21	15	6	5
<b>Total</b>	<b>166</b>	<b>1996</b>	<b>8274</b>	<b>254</b>	<b>109</b>	<b>156</b>	<b>123</b>	<b>156</b>	<b>90</b>	<b>107</b>	<b>108</b>	<b>18</b>	<b>71</b>	<b>115</b>	<b>163</b>	<b>140</b>	<b>108</b>	<b>90</b>
Darbhanga	23	168	939	44	17	23	20	23	20	17	15	1	4	21	23	23	11	21
Khagaria	7	20	317	8	5	7	6	7	7	7	6	0	7	7	7	5	3	4
Nalanda	25	1167	1747	31	23	25	25	25	25	23	25	23	21	0	25	25	23	24
Saharsa	20	74	928	23	7	20	16	20	19	15	16	1	7	17	18	16	11	14
Saran	21	386	1208	36	16	21	18	21	21	18	15	0	11	21	21	16	28	12
Supaul	12	362	427	20	9	12	12	12	12	12	11	3	3	11	12	12	26	4
Vaishali	23	83	949	39	8	20	20	20	20	15	20	7	10	0	20	20	9	20
<b>Total</b>	<b>131</b>	<b>2260</b>	<b>6515</b>	<b>201</b>	<b>85</b>	<b>128</b>	<b>117</b>	<b>128</b>	<b>124</b>	<b>107</b>	<b>108</b>	<b>35</b>	<b>63</b>	<b>77</b>	<b>126</b>	<b>117</b>	<b>111</b>	<b>99</b>
Lakhisarai	19	199	626	18	16	18	11	17	11	13	15	12	12	17	17	14	24	12
Sheikhpura	18	71	241	17	13	13	6	11	1	3	8	5	6	16	16	15	6	14
Jamui	29	496	696	26	21	22	21	29	19	18	16	14	9	25	25	22	28	21
Begusarai	31	546	754	27	25	27	23	29	25	25	16	9	21	24	23	22	10	21
Kaimur	18	129	437	15	6	18	11	11	9	9	5	4	5	13	13	16	7	10
<b>Total</b>	<b>115</b>	<b>1441</b>	<b>2754</b>	<b>103</b>	<b>81</b>	<b>98</b>	<b>72</b>	<b>97</b>	<b>65</b>	<b>68</b>	<b>60</b>	<b>44</b>	<b>53</b>	<b>95</b>	<b>94</b>	<b>89</b>	<b>75</b>	<b>78</b>
<b>Grand Total</b>	<b>521</b>	<b>8068</b>	<b>23465</b>	<b>736</b>	<b>348</b>	<b>483</b>	<b>409</b>	<b>483</b>	<b>357</b>	<b>367</b>	<b>372</b>	<b>126</b>	<b>263</b>	<b>360</b>	<b>484</b>	<b>447</b>	<b>382</b>	<b>356</b>



Annexure - 5B Bihar DPMR activities annual report -2021													
Districts	NO. of PHCs visited	Number Disability patients Visited	Any Health Staff visited at least once in last 3 Months	Self Care									
				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
Arwal	9	8	0	4	3	3	2	0	2	6	6	0	0
Rohtas	20	5	0	3	4	2	1	1	4	5	5	0	0
Gopalganj	16	15	0	11	15	10	10	10	0	5	5	2	0
Siwan	21	24	8	14	22	10	18	18	0	5	5	0	0
Madhepura	13	7	0	4	1	5	7	7	1	2	2	7	5
Sheohar	5	2	0	2	0	5	2	2	2	0	0	2	2
Araria	14	5	0	4	2	0	4	4	3	0	0	0	0
Kishanganj	11	6	1	2	0	2	5	5	0	0	0	0	0
<b>Total</b>	<b>109</b>	<b>72</b>	<b>9</b>	<b>44</b>	<b>47</b>	<b>34</b>	<b>49</b>	<b>47</b>	<b>12</b>	<b>23</b>	<b>23</b>	<b>11</b>	<b>7</b>
Gaya	30	21	0	6	9	5	10	3	10	11	11	0	0
Jehanabad	8	2	0	1	0	1	0	0	0	1	1	0	0
E. Champaran	20	38	0	23	36	17	27	27	0	1	0	5	0
W. Champaran	20	22	0	15	22	10	13	13	0	4	4	1	0
Madhubani	26	11	2	3	1	1	10	11	1	5	5	0	0
Sitamarhi	19	7	0	4	0	0	7	5	2	3	3	2	2
Purnea	21	6	0	5	3	5	5	4	1	3	3	0	0
Katihar	22	4	0	3	0	2	4	2	0	0	0	0	0
<b>Total</b>	<b>166</b>	<b>111</b>	<b>2</b>	<b>60</b>	<b>71</b>	<b>41</b>	<b>76</b>	<b>65</b>	<b>14</b>	<b>28</b>	<b>27</b>	<b>8</b>	<b>2</b>
Darbhanga	23	9	0	3	1	2	9	8	2	7	7	2	0
Khagaria	7	0	0	0	0	0	0	0	0	0	0	0	0
Nalanda	25	20	0	16	17	16	5	4	5	17	15	13	7
Saharsa	20	7	0	3	3	3	6	6	3	0	0	2	0
Saran	21	28	3	13	28	9	20	20	0	3	3	2	1
Supaul	12	7	0	1	0	0	6	6	3	1	1	3	3
Vaishali	23	11	0	10	6	6	4	4	4	7	7	4	0
<b>Total</b>	<b>131</b>	<b>82</b>	<b>3</b>	<b>46</b>	<b>55</b>	<b>36</b>	<b>50</b>	<b>48</b>	<b>17</b>	<b>35</b>	<b>33</b>	<b>26</b>	<b>11</b>
Lakhisarai	19	24	5	7	7	6	12	0	4	13	13	13	5
Sheikhpura	18	17	2	7	7	7	9	1	4	7	6	10	4
Jamui	29	43	2	7	6	5	26	6	9	15	14	14	9
Begusarai	31	25	4	8	8	8	18	3	9	10	10	16	5
Kaimur	18	14	0	6	4	4	9	1	3	6	6	9	6
<b>Total</b>	<b>115</b>	<b>123</b>	<b>13</b>	<b>35</b>	<b>32</b>	<b>30</b>	<b>74</b>	<b>11</b>	<b>29</b>	<b>51</b>	<b>49</b>	<b>62</b>	<b>29</b>
<b>Grand Total</b>	<b>521</b>	<b>388</b>	<b>27</b>	<b>185</b>	<b>205</b>	<b>141</b>	<b>249</b>	<b>171</b>	<b>72</b>	<b>137</b>	<b>132</b>	<b>107</b>	<b>49</b>

Annexure - 5C Bihar DPVR training and meeting activities annual report - 2021																				
Name of the districts	District level given 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		MOs	NLEP Staff	Field staff		ASHAs	Others	Total	MOs	NLEP Staff	ANMs	ASHAs	Others	Total		
Arwal	0	0	0	0	0	0	0	0	0	0	0	0	0	2	7	0	24	0	33	
Rohtas	2	21	23	0	44	0	0	0	0	0	0	0	0	5	21	41	60	7	129	
Gopalganj	1	6	6	0	12	0	0	0	0	0	0	0	0	3	15	22	0	25	62	
Sivan	1	10	4	0	14	0	0	0	0	0	0	0	0	3	13	34	0	35	82	
Madhepura	1	12	17	0	29	0	0	0	0	0	0	0	0	2	1	32	0	0	33	
Sheohar	1	15	15	0	30	0	0	0	0	0	0	0	0	1	6	6	0	0	13	
Araria	1	4	6	1	11	0	0	0	0	0	0	0	0	4	1	27	0	0	28	
Kishanganj	1	6	8	0	14	0	0	0	0	0	0	0	0	1	5	8	0	1	14	
Total	8	74	79	1	154	0	0	0	0	0	0	0	0	22	64	177	0	144	9	394
Gaya	2	24	17	4	45	0	0	0	0	0	0	0	0	4	0	19	14	210	0	243
Jehanabad	0	0	0	0	0	0	0	0	0	0	0	0	0	1	4	7	0	0	0	11
E. Champaran	1	7	11	0	18	0	0	0	0	0	0	0	0	3	42	15	25	0	25	107
W. Champaran	1	9	8	0	17	0	0	0	0	0	0	0	0	1	0	0	0	54	0	54
Madhubani	2	23	32	2	57	0	0	0	0	0	0	0	0	1	0	11	0	0	3	14
Sitamarhi	1	14	16	0	30	0	0	0	0	0	0	0	0	0	0	38	0	0	0	0
Purnea	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	31	0	0	2	40
Katihar	1	6	10	0	16	0	0	0	0	0	0	0	0	2	4	121	0	0	4	39
Total	8	83	94	6	183	0	0	0	0	0	0	0	0	15	50	93	39	264	34	508
Darbhanga	1	0	14	2	16	0	0	0	0	0	0	0	0	4	0	18	0	0	4	97
Khagaria	1	10	5	0	15	0	0	0	0	0	0	0	0	3	7	78	0	0	0	25
Nalanda	2	29	28	0	57	0	0	0	0	0	0	0	0	3	0	9	0	0	0	78
Saharsa	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	40	0	0	3	14
Saran	1	10	3	0	13	0	0	0	0	0	0	0	0	4	0	15	0	0	0	40
Supaul	1	9	13	0	22	0	0	0	0	0	0	0	0	1	1	32	12	0	0	16
Vaishali	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	285	12	0	13	57
Total	6	58	63	2	123	0	0	0	0	0	0	0	0	19	10	0	0	0	20	327
Lakhisarai	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sheikhpura	2	27	30	0	57	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Jamui	1	21	11	0	32	10	33	28	5	0	35	101	0	0	0	0	0	0	0	0
Begusarai	1	15	22	0	37	17	72	57	40	0	5	174	1	0	21	0	0	0	0	21
Kaimur	1	10	11	0	21	11	58	43	26	0	0	127	1	0	0	0	0	133	0	133
Total	5	73	74	0	147	38	163	128	71	0	40	402	2	0	21	0	133	0	154	508
Grand Total	27	288	310	9	607	38	163	128	71	0	40	402	58	124	604	51	541	63	1383	394

## Annexure -6

## Involvement of Community Social Workers (CSWs) in DPMR Programme - 2021

Parameters	Jharkhand	Bihar	Chhattisgarh	Total
Total No. of districts covered	12	28	4	44
Total No. of CSO/Vols involved	7	24	8	39
Number of Persons affected by leprosy with disabilities at the beginning of the quarter/annual	2228	14325	1408	17961
Number of Persons affected by leprosy with disabilities deleted from the list	153	840	106	1099
Number of Persons affected by leprosy with disabilities added to the list	527	3872	1462	5861
Number of Persons affected by leprosy with disabilities at the end of the quarter/annual	2602	17367	2764	22723
Number of Persons affected by leprosy with disabilities visited during the quarter/annual	3300	6690	3411	13401
Number of persons with plantar ulcers (among Patients visited)	932	1463	618	3013
Number practising self care	1765	2213	2122	6100
Number of them required foot wear	1590	2868	1533	5991
Number of them wearing appropriate foot wear	1402	1993	1141	4536
No. of patients having Disability Certificate.	669	1751	262	2682
No. of patients receiving Pension.	495	1443	176	2114
No. of patients identified for RCS.	230	440	119	789
No. of patients RCS done	50	101	36	187
Number referred to hospital/PHC for any problems	195	191	104	490
Total number of persons identified for LEP support during quarter/annual	194	228	87	509
Total number of persons received LEP support during quarter/annual	16	34	21	71
Number of LEP beneficiaries monitored during quarter/annual	89	189	69	347
Number of suspects referred to PHC for diagnosis during quarter/annual	372	457	271	1100
Number of leprosy cases confirmed during quarter/annual	204	351	95	650



Annexure- 7		Projects annual TB report- 2021													
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	1707	88	66	66	33	0	100%	100%	100%	80%	7	55	75	3
Delhi	Delhi	5472	1068	3117	2567	889	530	82%	74%	85%	85%	3	14	14	1
	<b>Total</b>	<b>7179</b>	<b>1156</b>	<b>3183</b>	<b>2653</b>	<b>922</b>	<b>530</b>	<b>91%</b>	<b>87%</b>	<b>92%</b>	<b>83%</b>	<b>10</b>	<b>69</b>	<b>89</b>	<b>2</b>

Annexure - 8		Andhra Pradesh and Bihar District Consultancy Team DR TB Annual report - 2021																						
States	Districts	Patients interaction meetings				Patients visited				Patients on DOT				No. of DOT Ps functioning correctly (%)										
		No. of patients counselled in admission time in DOTs plus site	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	(%)		Irregular DR TB patients motivated	Regular DR TB patients retrieved	Defaulter DR TB patients motivated	Defaulter DR TB patients retrieved	No. of DOT Providers visited					
Andhra Pradesh	Anantapur	0	0	0	0	0	9	2	11	9	2	11	2	11	100	0	0	0	0	0	0	0	0	
	Kurnool	1	1	2	1	4	4	2	6	4	2	6	2	6	100	0	0	0	0	3	3	100	0	
	Kadapa	1	0	0	0	0	3	1	4	3	1	4	1	4	100	0	0	0	0	0	0	0	0	0
	Nellore	8	0	0	0	0	24	5	29	24	5	29	5	29	100	0	0	0	0	2	2	100	0	
	Chittoor	3	1	2	0	2	11	5	16	11	5	16	5	16	100	8	8	1	1	0	0	0	0	
	Prakasam	0	1	1	0	2	1	1	2	1	1	2	1	2	100	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>13</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>52</b>	<b>16</b>	<b>68</b>	<b>52</b>	<b>16</b>	<b>68</b>	<b>16</b>	<b>68</b>	<b>100</b>	<b>8</b>	<b>8</b>	<b>1</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>100</b>	<b>5</b>	
Bihar	Darbhanga						73	2	75	64	1	65	1	65	86	8	2			36	25	69		
	Saharsa						14	0	14	12	0	12	0	12	86	2	1			8	3	38		
	Samastipur						62	2	64	58	2	60	4	64	94	4	2			35	22	63		
	Madhubani						54	0	54	48	0	48	0	48	89	6	5			25	14	56		
	Supaul						35	2	37	34	2	36	2	36	97	1	0			17	10	59		
	Madhepura						21	0	21	17	0	17	0	17	81	6	5			11	7	64		
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>259</b>	<b>6</b>	<b>265</b>	<b>233</b>	<b>5</b>	<b>238</b>	<b>5</b>	<b>238</b>	<b>90</b>	<b>27</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>132</b>	<b>81</b>	<b>61</b>	<b>61</b>	
<b>Grand Total</b>	<b>13</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>8</b>	<b>311</b>	<b>22</b>	<b>333</b>	<b>285</b>	<b>21</b>	<b>306</b>	<b>21</b>	<b>306</b>	<b>92</b>	<b>35</b>	<b>23</b>	<b>1</b>	<b>1</b>	<b>137</b>	<b>86</b>	<b>63</b>	<b>63</b>		

Annexure - 8a		Andhra Pradesh and Bihar NTEP training and meeting activities annual report - 2021																						
State	Districts	District level given Trainings										Health facilities level Trainings						Meetings						
		Total No. of Participants Attended										Total No. of Participants Attended						Total No. of Participants Attended						
		MOS	NTEP Staff	PHC Staff	Field staff	ASHAs	Others	Total	Facilitated at PHCs Level/	MOS	NTEP Staff	PHC Staff	Field staff	ASHAs	Others	Total	Facilitated at Hfs Level	MOS	NTEP Staff	ANMS	ASHAs	Others	Total	
		1	0	0	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Anantapur	1	0	0	0	0	108	0	108	2	4	1	9	26	45	12	97	0	0	0	0	0	0	0
	Kurnool	2	0	24	0	0	0	24	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kadapa	3	0	0	0	0	84	84	3	2	0	9	26	7	26	70	2	1	6	4	9	14	34	34
	Nellore	1	0	28	0	0	0	28	0	0	0	0	0	0	0	0	3	0	4	0	0	21	21	21
	Chittoor	3	113	6	0	0	129	248	2	2	2	32	40	0	78	1	0	32	0	0	0	0	32	32
	Prakasam	11	113	78	0	0	108	213	7	8	3	20	84	92	38	245	6	1	42	4	9	35	87	87
	Total	1	4	13	3	3	0	23	12	9	31	4	0	2	0	46	0	0	0	0	0	0	0	0
	Darbhangha	0	0	0	0	0	0	0	6	1	11	7	0	0	0	19	0	0	0	0	0	0	0	0
	Saharsa	0	0	0	0	0	0	0	9	5	10	6	0	2	0	23	0	0	0	0	0	0	0	0
	Samastipur	3	22	0	88	0	0	111	12	5	20	6	6	92	10	139	0	8	133	4	39	29	213	213
	Madhubani	4	12	7	42	26	0	19	105	6	3	11	2	0	0	16	2	2	17	1	0	11	9	9
	Supaul	2	13	0	30	0	0	43	7	3	14	2	2	1	0	22	0	0	0	0	0	0	0	0
	Madhepura	10	51	20	163	29	0	19	282	52	26	97	27	8	97	10	265	2	10	150	5	39	40	222
	Total	21	164	98	163	29	108	232	794	59	34	100	47	92	189	48	510	8	11	192	9	48	75	309
	Gand Total																							

Annexure - 9												
Delhi MDR TB cases registered and out comes from 2010 to 2021												
Particulars	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
MDR TB Cases registered	19	31	88	43	58	59	46	70	103	147	150	195
12 months Culture Conversion	14	13	64	38	32	20	38	46	65	98	84	51
Cured	14	19	40	28	28	24	26	40	57	98	84	51
Completed	0	2	5	1	2	6	4	4	6	9	5	2
Defaulter	0	2	20	8	5	8	7	12	20	19	7	4
Died	3	3	17	4	11	8	3	8	7	9	16	9
Failure /(Reg. Change)	1	5	3	1	11	9	3	4	9	10	17	10
Transfer Out	1	0	3	1	1	4	3	2	4	2	2	5
Still under treatment											19	114
Total outcome cases	19	31	88	43	58	59	46	70	103	147	150	195
Treatment success rate	74%	68%	51%	67%	52%	51%	65%	63%	61%	73%		

Annexure 10 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			1st line Line Probe Assay				2nd line Line Probe Assay							
		Total tests conducted	Positives	Total	Culture positive	Total	Smear Positive	Smear Negative	Total	Inconclusive	Both Sensitive	RIF & INH	INH	RIF	Total	Inconclusive	Both Sensitive	FLQ	SLID	FLQ & SLID
Nellore	3527959	2040	639	0	0	1943	1310	633	1310	5	1104	15	137	49	201	5	172	23	1	0
Kadapa	3340126	0	0	0	0	1672	921	751	921	14	797	17	75	18	110	5	97	7	1	0
Chittoor	4829183	0	0	0	0	2898	1733	1165	1733	24	1493	24	156	36	216	11	183	20	2	0
Prakasam	3928642	0	0	0	0	755	730	25	730	17	607	10	69	27	106	5	84	14	3	0
Krishna	4685751	0	0	0	0	1567	1567	0	1567	32	1356	12	140	27	179	6	158	14	0	1
Guntur	5198200	0	0	0	0	1666	1646	20	1646	14	1361	29	178	64	271	10	230	26	4	1
West Godavari		0	0	0	0	957	957	0	957	20	839	7	77	14	98	1	90	7	0	0
<b>Total</b>	<b>25509861</b>	<b>2040</b>	<b>639</b>	<b>0</b>	<b>0</b>	<b>11458</b>	<b>8864</b>	<b>2594</b>	<b>8864</b>	<b>126</b>	<b>7557</b>	<b>114</b>	<b>832</b>	<b>235</b>	<b>1181</b>	<b>43</b>	<b>1014</b>	<b>111</b>	<b>11</b>	<b>2</b>

Annexure 11 Diagnostic and follow up samples processed at DTRC Darbhanga - Bihar state.																			
District	Population covered for diagnosis & Follow up	Follow up samples received and inoculated in Liquid/Solid media					CBNAAT			1st line LPA				2nd Line LPA					
		Total	Smear Positive	Smear Negative	Culture positive	Total	MTB detected	RIF -resistant	Inconclusive	Both Sensitive	RIF	INH	RIF & INH	Total	Inconclusive	Both sensitive	FLQ	SLID	FLQ & SLID
Darbhanga	4904131	445	70	374	83	1275	452	48	29	268	12	52	106	174	32	68	62	4	8
Madhubani	5682551	627	91	536	108	387	142	15	33	325	21	58	115	186	36	69	71	1	9
Saharsa	2413935	63	15	48	14	15	28	2	5	3	0	3	3	7	2	4	0	1	0
Supaul	2870307	133	26	107	35	17	2	0	12	196	2	10	16	40	4	22	11	0	3
Madhepura	2494120	16	3	13	2	32	8	0	2	50	0	3	8	19	4	8	6	0	1
Samastipur	5280563	289	41	248	53	84	8	0	18	91	14	22	68	106	12	43	46	0	5
Muzaffarpur	5843239	536	129	407	141	43	0	0	17	246	9	22	73	110	10	40	54	2	4
Sitamarhi	4275981	553	96	457	99	40	1	0	16	339	10	37	90	175	27	64	74	1	9
Sheohar	839287	68	13	55	29	0	10	1	44	0	2	5	15	28	0	14	13	0	1
E. Champaran	6355748	150	31	119	41	1	0	0	6	159	13	20	85	137	17	58	53	2	7
W. Champaran	4905142	121	19	102	28	1	0	0	2	127	4	6	31	77	13	25	36	0	3
<b>Total</b>	<b>45865004</b>	<b>3001</b>	<b>535</b>	<b>2466</b>	<b>633</b>	<b>1895</b>	<b>651</b>	<b>66</b>	<b>2901</b>	<b>1826</b>	<b>87</b>	<b>238</b>	<b>610</b>	<b>1059</b>	<b>157</b>	<b>415</b>	<b>426</b>	<b>11</b>	<b>50</b>

## GLOSSARY

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

## GLOSSARY

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



## GLOSSARY

<b>NSP</b>	New Sputum Positive case (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
<b>NTEP</b>	National Tuberculosis Elimination Program
<b>OPD</b>	Outpatient Department
<b>PA</b>	Public Announcement system
<b>PAL</b>	People Affected by Leprosy
<b>PB</b>	Paucibacillary leprosy
<b>PHC</b>	Primary Health Centre. The main health facility in rural area covering a population of 25000 to 200000 and responsible for implementing curative and preventive services in the designated population
<b>PMDT</b>	Programmatic Management of Drug Resistant TB
<b>POD</b>	Prevention of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability
<b>RMP</b>	Rural Medical Practitioner
<b>RIF</b>	Rifampicin
<b>RNTCP</b>	Revised National TB Control Programs
<b>RCS</b>	Re-Constructive Surgery
<b>STLS</b>	Senior TB Laboratory Supervisor- Laboratory supervisor in TB unit for guiding laboratory work in the 5 designated microscopy centres.
<b>STO</b>	State TB Officer. Programs officer in a state in charge of TB control.
<b>STS</b>	Senior TB Supervisor. One in every TB unit at sub district level for 5,00,000/- population and responsible for field supervision in TB control.
<b>TB</b>	Tuberculosis
<b>TBS</b>	Tuberculosis Supervisor
<b>TU</b>	Tuberculosis Unit
<b>WHO</b>	World Health Organization
<b>XDR TB</b>	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](mailto:info@damienfoundation.in) / Web : [www.damienfoundation.in](http://www.damienfoundation.in)

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