



foundation India Trust
damien 

ACTIVITY REPORT 2022

Damien Foundation India Trust

www.damienfoundation.in

BOARD MEMBERS



Dr. P. KRISHNAMURTHY
Chairman



Mr. R. SUBRAMANIAN
Treasurer



Mr. A.L. SOMAYAJI
Member



Dr. MANNAM EBENEZER
Member



Dr. S. RAJA SAMUEL
Member



Mrs. RADHIKA SANTHANAKRISHNAN
Member



Dr. M. SHIVAKUMAR
Secretary - Member

CONTENTS

Sl. No	TABLE OF CONTENTS	PAGE NO.
1.	FOREWORD	1
2.	INTRODUCTION	2
3.	HUMAN RESOURCES	6
4.	ANDHRA PRADESH	8
5.	BIHAR	16
6.	CHHATTISGARH	41
7.	DELHI	44
8.	JHARKHAND	51
9.	KARNATAKA	54
10.	TAMIL NADU	57
11.	SOCIO ECONOMIC REHABILITATION	63
12.	RESOURCE MOBILISATION	67
13.	CONTINUING MEDICAL EDUCATION	71
14.	FINANCIAL REPORT	73
15.	ANNEXURES	77
16.	GLOSSARY	96

FOREWORD

I am pleased to present the DFIT's Annual Report for 2022. The report highlights the progress we have made to support leprosy and TB control activities in collaboration with National Programmes. The last two annual reports were written in the context of some of the most challenging and unprecedented times (Covid 19 Pandemic), while we observed reduction in number of TB and leprosy cases in last two years, we see higher number of cases detected in 2022 than expected. Our teams across the projects have continued to provide quality care especially in urban slums and rural villages. Our field teams strived hard to improve the leprosy referral services in public sector in selected districts in 5 states.

Our revised strategy for strengthening referral system in Bihar is promising after looking into output after completing one year. This enabled us to follow a similar strategy in Jharkhand from 2023.

On behalf of the trust, I would like to acknowledge the continuous guidance and support received from Damien Foundation Belgium and our board members especially from our chairman. I wish to thank all the local and international donors.

Finally on behalf of the trust, I would like to thank all our team members for their commitment and dedication.

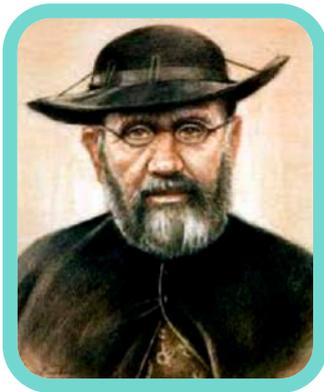


Dr. M. SHIVAKUMAR
Secretary

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 programme in selected regions.

The organisation began leprosy control activities in a village in South India in 1955, TB control in 1998 and now covers a population of 20,17,81,444 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 community and the Government.



FR. DAMIEN

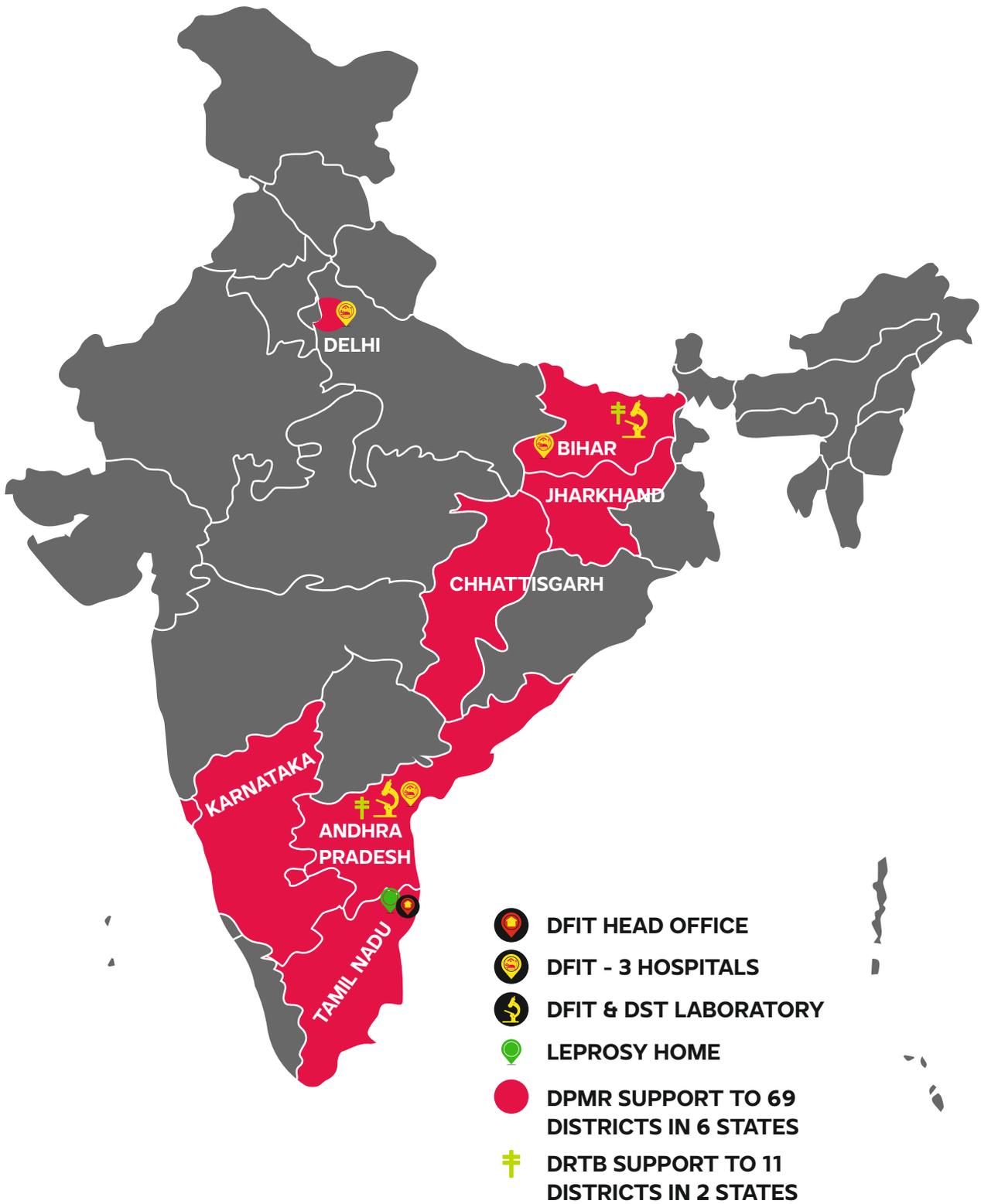


DR. CLAIRE VELLUT

PROJECT LOCATION

STATE	PROJECT NAME
Andhra Pradesh	<ul style="list-style-type: none">• Damien Foundation Urban Leprosy and TB Research Centre, Nellore• DRTB support in 6 districts• DPMR support in 9 districts
Bihar	<ul style="list-style-type: none">• Model Leprosy Control Unit, Dehri on Sone, Rudrapura, Rohtas district• Damien TB Research Centre, Darbhanga• DPMR Support in 28 districts• ILEP coordination• DRTB support in 5 districts
Chhattisgarh	<ul style="list-style-type: none">• DPMR support in 4 districts
Delhi	<ul style="list-style-type: none">• Margaret Leprosy and TB Hospital, Delhi
Jharkhand	<ul style="list-style-type: none">• DPMR support in 12 districts
Karnataka	<ul style="list-style-type: none">• DPMR support in 3 districts
Tamil Nadu	<ul style="list-style-type: none">• Anandapuram Rehabilitation Centre, Polambakkam, Chengalpattu district• DPMR support in 13 districts

DFIT IN INDIA



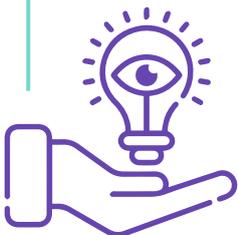
DAMIEN FOUNDATION SUPPORTS

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

1. Three 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 prevention of disability in 69 districts.
5. Rehabilitation Home for the persons affected by leprosy in Polambakkam, Tamil Nadu.
6. 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 RESOURCES

The human resources of Damien Foundation India Trust consist of dedicated staff to reach its vision and goal to support the persons affected by leprosy and tuberculosis. The total staff engaged during the year was 163 among them 89% of staff were responsible for programme and technical support and remaining 11% were responsible for administration and finance execution.

During the year 25 new staff joined Damien Foundation India Trust family and 27 staff were relieved from the services due to completion of project and for their personal reasons.

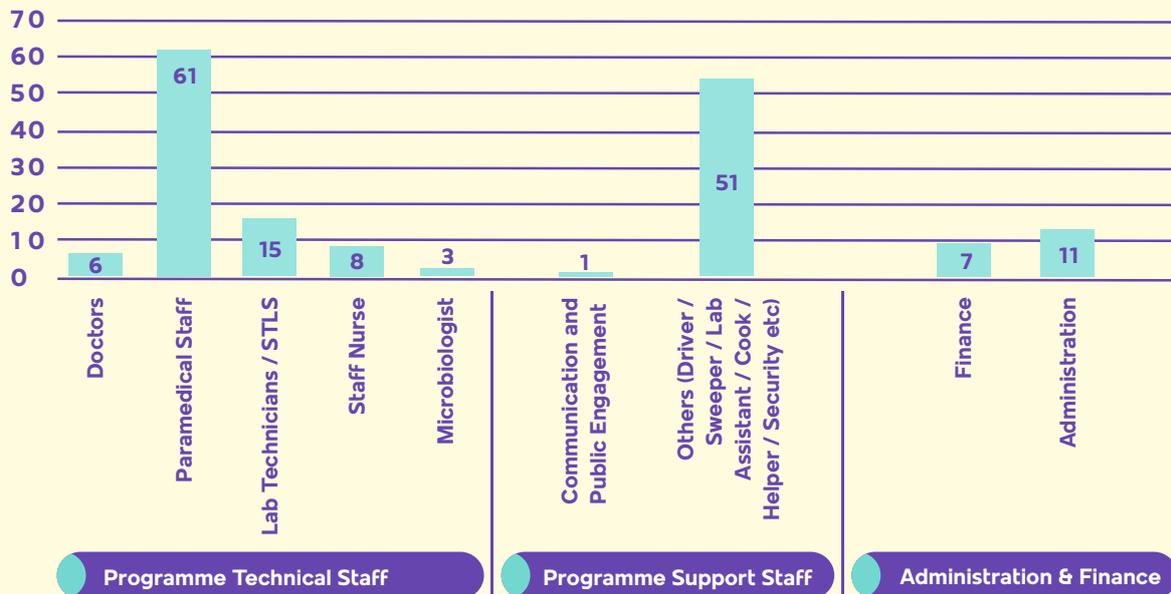
Damien Foundation India Trust classifies the staff into three categories as Programme Technical Staff, Programme Support Staff and Administration and Finance staff to execute its activities.

The chart below classifies the categorisation of staff appointed by Damien Foundation India Trust during the year 2022.

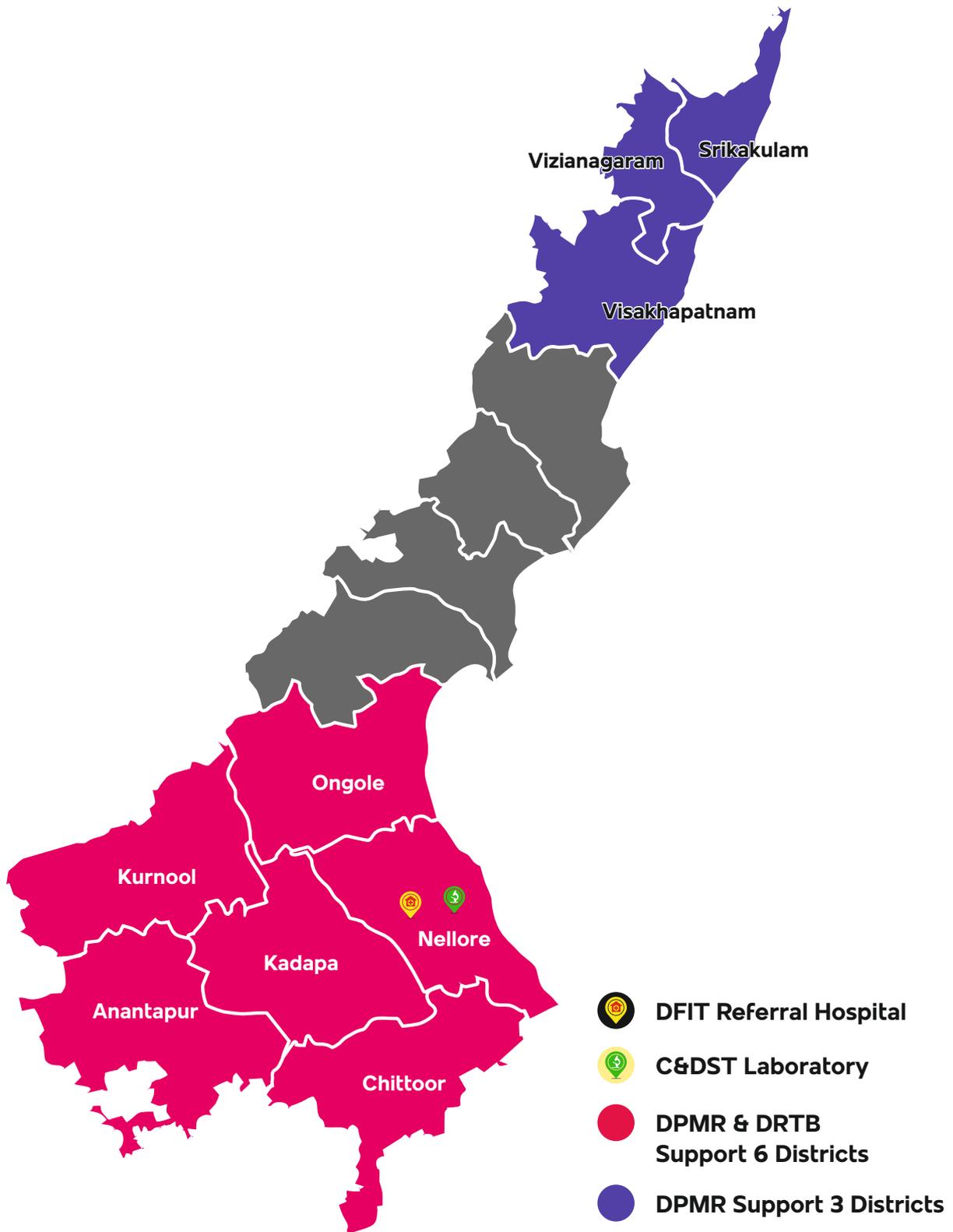


HUMAN RESOURCES

DFIT HR CLASSIFICATION



ANDHRA PRADESH



ANDHRA PRADESH

DAMIEN FOUNDATION URBAN LEPROSY AND TB CENTRE, NELLORE

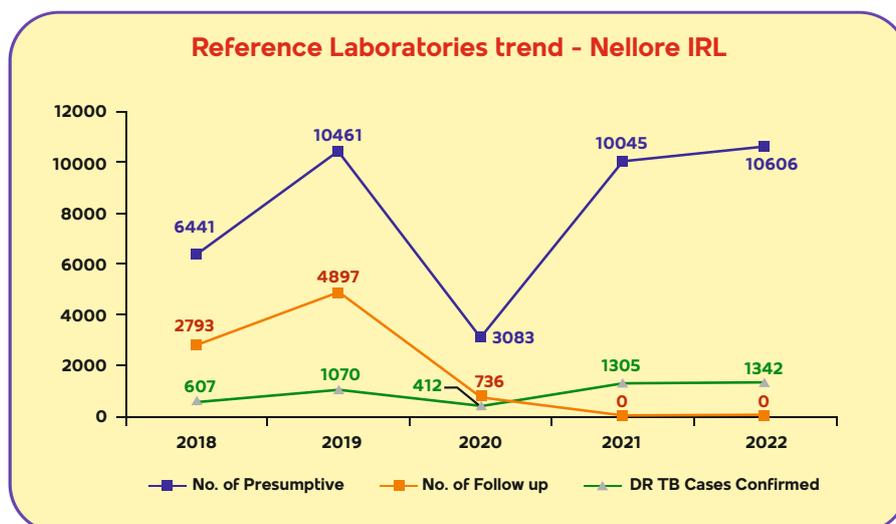
Damien Foundation Urban Leprosy & TB Centre (DFUL&TC) located in Nellore urban, Potti Sri Ramulu Nellore district of Andhra Pradesh is directly operated by DFIT. The project started the leprosy services in 1993 and TB in 1998. Soon after the integration, the project continued to provide referral services for leprosy including reconstructive surgeries. The State has officially recognised the centre for RCS to cover 4 districts (Prakasham, Kadapa, Nellore and Chittoor). The centre has a microscopy facility covering a population of 1,36,758 in Nellore urban to provide TB control services.



DAMIEN TB RESEARCH CENTRE (DTRC), NELLORE

Damien TB Research Centre (DTRC), a wing of DFUL&TRC in Nellore, established in 2008. It has 11 bed 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 the diagnosis and management of drug-resistant TB and TB research and currently providing diagnostic services in 10 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 the Nellore district are supported for both treatment initiation and management of complications.



MCR footwear unit, Nellore

Specialised footwear unit was established in 2014 to provide footwear made of micro cellular rubber (MCR) including customised footwear for persons affected by leprosy who are with a deformed foot. This footwear unit is recognised by Central Leprosy Division and the three districts place orders for footwear purchases from this project. Around 321 footwear was supplied to Kadapa district.



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

Leprosy care services	2018	2019	2020	2021	2022
Out patients treated	4757	4651	4707	4160	4565
Among them skin patients treated	1593	1734	1491	1162	1517
New leprosy cases diagnosed and referred to PHCs	64	45	46	39	49
Reaction cases managed	47	50	41	48	50
Re-constructive surgeries	32	23	6	52	34
Other surgeries	14	11	0	4	9
Inpatients managed	227	264	169	265	315
Bed days	2975	3663	2483	3126	4968
Protective footwear (MCR) provided	27	49	59	69	87
MCR footwear supplied to districts	1177	2211	2103	1303	321



ANDHRA PRADESH

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

TB care services	2018	2019	2020	2021	2022
Respiratory symptomatic treated	2731	2497	2175	2583	2349
Presumptive TB cases examined	426	490	960	1707	1940
Total TB cases registered	110	123	97	66	57
Total new TB cases registered	85	92	71	66	50
Among them new sputum positive cases	39	45	27	33	22
Sputum conversion rate for NSP cases	28/38 (82%)	36/48 (82%)	23/25 (92%)	34/34 (100%)	20/24 (83%)
Cure rate for NSP cases	38/41 (93%)	25/30 (83%)	34/44 (77%)	27/27 (100%)	26/33 (79%)
Sputum conversion rate for RT cases	5/9 (56%)	14/20 (70%)	8/12 (67%)	1/1 (100%)	1/2 (50%)
Cure rate for RT cases	11/17 (65%)	5/7 (71%)	9/15 (60%)	8/10 (80%)	
In-patients managed	352	293	36	55	88
Bed days	670	342	36	75	169



Before



After

SUPPORT TO DRTB AND DPMR ACTIVITIES IN ANDHRA PRADESH

DFIT has been supporting DPMR activities in 9 districts and DRTB support in six districts with the support of two teams. 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 to strengthen 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 and during the field visits to supply of medicines whenever required and food supplements were provided to needy patients. DFIT teams facilitated training on leprosy for 245 MOs, 41 NLEP staff and 2786 staff sensitised during the meetings on identification and referral of leprosy cases to health facilities for confirmation and treatment, this includes Nodal persons, ANMs, MPHAs and ASHA workers.



PREVENTION OF DISABILITY – CONTRIBUTION BY TEAMS :

DFIT teams identified 12 new reaction patients during their field visits and started on appropriate treatment. The teams also informed concerned 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, 41/42 patients completed a full course of steroids. The most important observation was 5/6 (83%) patients completely recovered from G2D identified by teams in 2021.

ANDHRA PRADESH

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

DPMR Support - 9 districts	2018	2019	2020	2021	2022
Number of reaction cases taking regular treatment	69/73 (94%)	55/65 (85%)	84/88 (95%)	94/106 (89%)	108/110 (98%)
Number of disability persons practicing self care regularly	423/668 (63%)	363/562 (64%)	250/352 (71%)	306/445 (69%)	315/460 (68%)
Total POD camps conducted	38	33	23	27	39
No. of leprosy affected persons attended during POD camps	440	583	422	293	658
Trainings conducted	177	97	73	94	69
No. of participants attended	3527	2593	3174	3183	3072
No. of PHCs meetings attended	94	109	34	28	22
No. of staff sensitised	4216	3978	1587	965	792

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

DRTB Support - 6 districts	2018	2019	2020	2021	2022
No. of DRTB patients on DOT	349/370 (94%)	363/421 (87%)	97/99 (99%)	68/68 (100%)	412/413 (100%)
No. of treatment supporters functioning correctly	147/158 (93%)	133/149 (89%)	18/18 (100%)	5/5 (100%)	4/4 (100%)
Patients on irregular treatment retrieved	27/28 (96%)	29/30 (96%)	7/7 (100%)	8/8 (100%)	19/19 (100%)
Defaulter patients retrieved	3/4 (75%)	3/3 (100%)	2/2 (100%)	1/1 (100%)	
No. of Patients – providers interaction meetings conducted	42	23	4	3	1
No. of DR TB patients attended	149	148	8	5	3
No. of treatment supporters /GH staff attended	65	115	15	9	6
No. of trainings conducted	39	127	16	18	23
No. of participants attended	963	920	825	757	899
No. of PHCs meetings attended	28	41	10	6	9
No. of staff sensitised	645	946	252	55	502

Mr. Chikolu Venkateshwarlu Story

Mr. Chikolu Venkateshwarlu, Male /35 years has been referred by a private practitioner from Guduru, Tirupathi district with a "Dapsone" allergy on 13.07.2022. The patient was admitted to the male ward the same day and started steroid treatment along with MDT/MB (A) (without Dapsone) treatment and patient completely recovered from "Dapsone allergy" on 25.07.2022 and was referred to PHC Balreddypalem for further registration and advised further treatment without Dapsone.



Before



After



ANDHRA PRADESH



BIHAR



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

BIHAR

Damien Foundation has been supporting leprosy control programme in specific areas in Bihar since 1993 in selected districts and TB control programme since 2003. The activities in these districts were supported by DGD (Belgian Government) in different phases. The current phase is between 2022-2026 with a specific objective is to improve accessibility to leprosy referral services for persons affected by leprosy and improve treatment initiation and adherence of persons affected by DRTB in Bihar state (28 districts for leprosy and 5 districts for DRTB).



TARGET GROUP AND PARTNERS :

Our target beneficiaries are people of Bihar, DFIT's interventions will be covering a population of 91808903 for leprosy in 28 districts and 23474131 for DRTB in 5 districts. Around 80000 persons affected by leprosy and around 2000 Persons affected by DRTB and their family members would be benefitted either directly or indirectly in during the next phase (2022-26). Ninety percent of the beneficiaries are living in rural areas.

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

All the drugs for the management of TB/DRTB and leprosy are provided free of cost to patients by the Government: NGOs are supporting both TB and Leprosy services varying from primary to tertiary level care within limited areas; WHO as technical body is supporting the programmes through NTEP (National TB Elimination Programme) Consultant and ILEP as a technical body is supporting through Technical Consultant. All the Government Medical Colleges are involved in both Leprosy and TB Control.

SPECIFIC OBJECTIVE :

The specific objective (outcome) is to improve accessibility to leprosy referral services for persons affected by leprosy and improve treatment initiation and adherence of persons affected by DRTB in Bihar state (28 districts for leprosy and 5 districts for DRTB) by the end of 2026

With this program, DFIT would like to contribute to those changes by (i) Facilitate for reinforcing the leprosy referral services at PLRCs by building the capacity in identifying the referring difficult to manage cases to SLRCs of TLRCs in early stages to prevent disabilities or other complications. By reinforcing the leprosy referral services at SLRCs by identifying and training of specialists (dermatologists, physiotherapist and orthopedic surgeons) at the district level (SLRCs) to manage leprosy and its complications like early neuritis, recurrent reactions, identification of patients for RCS and follow up of RCS cases. By reinforcing leprosy referral services at TLRCs by mobilising patients with complications from PLRCs and SLRCs, by supporting surgeons for conducting RCS. (There are still large remaining number of patients identified for deformity correction surgeries and socio-economic rehabilitation. Nearly 1000 patients need deformity correction as per the data collected in the previous phase (2017-21), and more than 50% of the persons with disabilities are not availed of disability pensions and other social schemes, these need to be addressed in the next phase) Schools remained closed since 2020 due to Covid 19 pandemic; there are hopes that schools will be opened in 2022 once children get vaccinated against Covid 19. It is important to involve school health teams in screening of children for leprosy and facilitate appropriate treatment. (ii) Facilitate to avail social schemes and support income generation activities, (iii) Facilitate referral network in Musahar population since they are the most underprivileged population among underserved also the prevalence of leprosy is higher compared to general population through involving local volunteers from the same community. DFIT will facilitate involvement of formal and informal medical practitioners in referral system as an operational research to find out its feasibility, (iv) DFIT has already established a reference laboratory in Darbhanga, Bihar for the diagnosis of DRTB, its services will continue throughout the period, (v) Facilitate treatment initiation of confirmed DRTB cases i.e., loss to follow up cases through home visits, (vi) Counselling of patients and family members soon after the treatment initiation through a home visit, contact screening, identifying & managing ADR and (vii) Support nutritional supplements and income generation activities towards livelihood support. The process to achieve this objective will be based on the following principles: evidence-based programming, proximity to the field, participatory research, specific adjustments according to the situation and practicality.

Overall achievements in 2022

Result 1: Referral system is established and functioning.

The diagnosis, management of leprosy & its complication is a real challenge in a proportion of leprosy cases which requires good clinical skills and expert opinion to manage cases. At present primary health facilities in the district can diagnose and treat most leprosy cases but, in some cases, they totally depend on expert support from the secondary or tertiary level. DFIT's proposal (2022-26) is to facilitate and establish a referral system by linking the health facilities at different levels along with strengthening the referral services at the district level.

DFIT completed all the proposed activities except for the training of specialists at district level since it was difficult to bring them together at one place due to their busy schedules, DFIT did one to one sensitisation with specialists. Five-day institutional training was given to all Physiotherapists and one non-medical supervisor in 28 districts. DFIT provided one-time Logistic support for SLRC like Physio equipment (muscle stimulator, self-care tubs etc.) to 10 SLRCs and Skin smear facility; Stopgap support of drugs: (Clofazimine, Prednisolone, Thalidomide) Aids & Appliances, splints, etc. to all 28 districts for the management of complications to leprosy. All the SLRCs started functioning from the second quarter after the training. It was observed that 65% (256/390) PLRCs preferred one or more cases to SLRCs for further management. DFIT teams visited all SLRCs for 3 days in a month to assess its functioning and provide hands- on training along with field visits to samples of PLRCs based on the need. DFIT teams participated in 61 review meetings at district level discussing the functioning of SLRCs and PLRCs along with demonstration of leprosy cases with complications. **It was observed that 22/28 SLRCs started providing leprosy referral services from second quarter 2022 compared to baseline (0/28).** It was observed that 7799 (M:66% & F: 34%) all types of patients were referred from PLRCs; among them 3904 (M:63% & F: 37%) presumptive leprosy cases, out of which 2304 (M:64% & F: 36%) new leprosy cases were diagnosed; 584 (M:64% & F: 36%) reaction cases were identified and managed; 168 (M:120 & F:48) skin smears were taken by SLRCs and among them 46 (M:35 & F:11) cases were positive to M lepre; 507 patients with plantar ulcers were counselled for home based self-care; Facilitated customized footwear for 72 patients and 130 patients with chronic reactions, RCS and chronic ulcers were referred to TLRCs for further management.

Result 1: Referral system is established and functioning.

The main challenges during the year were transfer of 2 PTs and resignation of 2 PTs, so the NMS provided leprosy referral services in these 4 SLRCs. DFIT requested the state health society of Bihar to recruit PTs, and 2 PTs have been appointed, on the job training is given to them and institutional training will be arranged in the first quarter 2023. It was observed that records were not maintained and updated in 2/28 districts. It was observed that there is a lack of space in 18 districts for providing physiotherapy services. DFIT teams discussed with district civil surgeons to allot a room in newly constructed district hospitals.

DFIT completed all activities to establish a referral mechanism at 390 PLRCs in 28 districts. DFIT teams developed a checklist to identify the PLRCs for the visit and visited 60% (235/390) of the PLRCs at least once during the year and around 20% (72/390) of the PLRCs for more than one time. It was observed that management of lepra reaction was improved, 1191 reaction cases were identified and treated during the year compared to 802 cases in 2021, there was an increase in 32% cases.

It was observed that 66% (256/390) PLRCs participated in the referral system. They were able to identify and refer patients with complications to SLRCs and received feedback for further management. Referral system guidelines were available in all PLRCs visited.

DFIT teams organised 10/12 proposed RCS camps during the year for deformity correction surgeries. DFIT had informal agreement with two tertiary level referral centres for leprosy. One of the tertiary level referral centres could not get an accreditation for conducting surgeries. It was observed that 11 chronic ENL cases were managed by TLRCs referred by SLRCs.

DFIT accomplished all the activities as per the proposal, around 88% (716/816) of the RBSK medical officers were trained in 28 districts with demonstration of child leprosy cases. DFIT teams could attend only 4 review meetings since it was not organised in most of the districts. Nerve function assessment of 65% (523/806) child cases was assessed by SLRCs in 28 districts. It was noted that 17/523 (3%) child cases were identified with nerve function impairment and reaction. They were put on appropriate treatment to prevent disability and 13/17 patients showed complete recovery of NFI. It was observed that 24 districts reported zero disabilities among new child leprosy cases and around 1% disability among new child leprosy cases in 4 districts. DFIT teams improved coordination with the district RBSK Coordinator for regularizing the monthly meeting at the district level.

DFIT teams identified 482 community volunteers from Musahar community in 384 villages in 4 blocks. GIS mapping of musahar population is done during the year and training of community volunteers will be done in the 2023 first quarter. *The initial outcome of the intervention will be measured at the end of 2023*

DFIT teams identified and sensitized 110 informal medical practitioners through one to one clinic visits in 254 villages in two blocks and 54 % (14/26) of formal medical practitioners trained on signs and symptoms of leprosy. *Referral slips and directories were provided to all the medical practitioners. The initial outcome of the intervention will be measured at the end of 2023.*

Result 2 : System for medical and social rehabilitation of persons affected by leprosy with disabilities is established.

Disabilities and deformities are the main causes of stigma and discrimination. Most of the persons affected by leprosy with disabilities face difficulties getting jobs, getting married and pursuing education. It is important to reduce the stigma and discrimination by correcting the deformities and preventing the worsening of deformities by engaging them in practicing self-care and socio-economic rehabilitation. DFIT's proposal (2022-26) is to facilitate reconstructive surgeries, provision of livelihood support to enhance their everyday income, and avail them with financial schemes of the government.

It was observed that 131 (M:70% & F: 30%) patients underwent RCS for their deformity correction i.e., around 24% of the five years target was accomplished during the first year. It was observed that 39 of them were females and 14 were children. It was noted that 23% (39/167) of females and 42% (14/33) children eligible for surgery benefited from RCS. DFIT supported 103 patients for transportation costs for travelling to referral centres for surgery.

It facilitated 71 beneficiaries to receive livelihood support for generating income during the year of which 52 received income generating activity; 18 received education support and 1 received other support (house renovation). It was observed that 44 (62%) male and 27 (38%) females benefitted from the support. DFIT teams followed 22 beneficiaries who completed 6 months of support for income generating activity and found that all of them were successful in generating income and among them 15 were males and 7 were females.

Result 3 : Persons confirmed with DRTB are treatment initiated.

It is important to start appropriate treatment regimen for all confirmed DRTB cases at earliest to prevent further damage of the lungs which leads death or lost to follow up. The delay in treatment initiation leads to death or patients may go to private sector result in catastrophic expenditure. DFIT's proposal(2022-26) is to early mobilization of patients to treatment centers for the treatment initiation and counseling of patients and their family members.

DFIT accomplished all proposed activities. DFIT teams participated in review meeting at district level. DFIT team called every confirmed DRTB patient within a week to ensure treatment initiation. It was observed that **320/349=92%** of confirmed DRTB(all types) patients initiated on treatment, among them **127/320=39%** of confirmed DRTB patients initiated on treatment with in a week and **193/320=61%** with in 15 days. It was noted that 13 patients were under private treatment, 5 migrated out side the state, 5 died before the confirmation of results, 1 could not be traced in the address and 5 were waiting for the treatment. DFIT teams retrieved 193 patients who were not initiated on treatment within a week and supported transportation cost to 2 patients. DFIT teams retrieved 4 patients taking treatment from private doctors.

The main challenges were availability of patients with Rifampicin Resistance on same day, concerned lab technicians were counselled about the importance of availability of results and early treatment initiation.

Result 4 : Treatment success rate improves among DRTB patients initiated on treatment.

DFIT supported districts are achieving around 62% treatment success rate, 10-15% higher treatment success rate compared to State average during 2017-21 with DGD support. But death rate and loss to follow-up rates are higher in 5/6 districts. Treatment adherence, follow-up culture, modification of dosage, management of co-morbidities & adverse drug reaction management, and proper nutrition are important factors contributing to achieving a good treatment success rate. The loss to follow-up and death during treatment are the main challenges affecting the treatment success rate. DFIT's proposal (2022-26) is to provide counselling to patients and family members, facilitate follow-up consultation, day-to-day counselling through phone for high-risk patients, nutritional supplements, and socio-economic rehabilitation for the needy.

BIHAR

It was noted that 462 patients were registered in 5 districts (320 cases registered within the districts and 142 cases registered outside the districts and transferred in later). DFIT teams visited 96% (443/462) DRTB patients and family members counseled within 15 days. 97% of male (306/316) and 94% of females (137/146) and risk assessment was done for all the patients visited.

In total 3394 family members, 1983 male and 1411 female family members were enumerated among 443 patients and only 1342 male and 994 female contacts were present at the time of initial visit, they were screened for symptoms and identified 24 males and 18 females with presumptive TB. In total 5 TB patients were confirmed with TB and among them one was diagnosed with DRTB. DFIT teams collected and transported 10 samples from the residence of patients.

In total, 170 (M: 99 & F: 71) DRTB patients identified with one or more risk factors like low BMI, diabetes, smoking and HIV. 72% (336/462) of patients monitored once in 15 days to one month during Intensive Phase and 63% (218/346) of patients monitored once in a month to 3 months during Continuation Phase. It was noted that 73% Male (232/316) were monitored during IP (15 days once) and 71% of females (104/146) were monitored during IP (15 days once). During the continuation phase 64% Male (150/235) were monitored during CP (once in 3 months) and 61% of females (68/111) were monitored once in 3 months.

One of the challenges was that the DFIT team could not visit the patients as per the proposal since the majority of patients were registered in one district (Darbhanga), it was decided to remobilize one CSW from another district of Darbhanga for the follow up of patients with risk factors. The sputum disposal kits were provided to 422 patients and 25 patients were identified for livelihood support.

DFIT teams visited 83% (141/170) of patients with high-risk factors monitored once in 15 days during intensive Phase and 70% (112/159) of patients with high-risk factors monitored once in a month during Continuation Phase. 37 of the patients managed for mild side effects; 26 of patients referred to higher centre for the management of severe side effects (male: 14 female 12); 18 sputum samples collected and transported for follow up. It was observed among patients without high risk factors that 41 patients managed for mild side effects; 29 patients were referred to higher centre for the management of severe side effects (M:16 &F:13); 13 sputum samples were collected and transported for follow up; the treatment regimen was changed to 34 patients (M:18 & F:16).

BIHAR

Only 45/170 (M:29 & F:16) patients with low BMI (<18) were supported with high protein nutritional supplements. One of the challenges was constraint in budget, only 40 patients were foreseen for the support. It was observed that 24 patients improved BMI more than 18, (M:16 & F:8).

15/25 (M:13 & F: 02) patients eligible for Livelihood support were given the support for income generation activity. All were successful in generating income.

Treatment adherence of 462 DRTB patients as follows :

Out of 462 DRTB patients, 201 (44%) (M: 131 & F: 70) were initiated on all oral longer regimen; 222 (48%) (M: 158 & F: 64) were initiated on shorter MDRTB regimen and 38 (8%) (M: 26 & F: 12) on H.mono regimen.

Treatment adherence was observed among 201 patients put on all oral regimen was 94% among males and 91% among females; among 222 patients put on shorter MDRTB treatment was 79% among males and 86% among females; among 38 patients put on H mono treatment was 92% among males and 100% among females.

Treatment adherence among 45 DRTB patients who received nutritional supplement was 100% among males and 87.5% among females; among 15 DRTB patients who received Livelihood support was 100% among males and 50% among females (1/2 patients died).

End term evaluation of DGD supported project (2017-22) in Bihar :

Damien Foundation India Trust (DFIT), in collaboration with DGD (Belgian Federal Development Cooperation), conducted a project on leprosy & TB in Bihar, a state in north-eastern India. The project aimed to reduce the disabilities among all leprosy cases and medically & socially rehabilitate the persons affected by leprosy; improve the presumptive screening of DR TB Drug-resistant tuberculosis) cases and improve the cure rate of DR-TB patients.

The project has been implemented for leprosy in 28 districts, covering a population of 941,87,201 over 5 years from 2017 to 2021. The main partners in this project are the government and the general health staff, the people affected by leprosy and The Leprosy Mission Hospital, Muzaffarpur. The State Leprosy Officer is the head of the programme at the state level, while at the district level the Additional Chief Medical Officer (ACMO) is responsible for the National Leprosy Eradication Programme (NLEP).

The five-year programme has a single specific objective, which is to **"Improve active screening of contacts, cure rate and medical social rehabilitation of presumptive DRTB, cases, leprosy cases and persons affected by leprosy with disabilities in Bihar state"** (6 districts for TB and 28 districts for leprosy).

In addition, 4 anticipated results contribute to the achievement of this specific objective

- ▶ Result 1 : Screening of presumptive DRTB cases is improved
- ▶ Result 2 : Cure of DRTB cases is improved
- ▶ Result 3 : Disabilities among all confirmed leprosy cases are reduced
- ▶ Result 4 : Persons affected by leprosy with disabilities are medically and socially rehabilitated

The findings of this End Term Evaluation will ascertain what worked and what did not, and the reasons for these, and will assess the project in terms of relevance, effectiveness, efficiency, impact and sustainability.

The COVID pandemic had a deleterious effect on the project, as in most aspects of life, which was reflected in some of the outputs of the project. The activities of the project were designed strategically with the objective of improving the skills of the general health care staff (GHC) to facilitate the reduction of disabilities among all confirmed leprosy cases and promote social and medical rehabilitation of persons with disabilities due to leprosy.

Evaluation Methodology : End-term evaluation was conducted using a mixed-method study - quantitative and qualitative data and report preparation using the triangulation method. The quantitative method was done by review of the data provided by the DFIT team and the Qualitative method was based on Key informant interviews of DFIT staff, NTEP and NLEP staff, Patients and Community Members. Desk review of documents provided by DFIT as mentioned below was perused and analysed in the background of national guidelines. Documents provided by DFIT - DGD Proposal 2017 2020; Activities Log framework 2017- 2020; Year wise Log frame and Lessons learnt reports; Midterm evaluation reports and Bihar DGD DRTB Annual Reports 2017-2020 were reviewed.



TB component of the project :

Key findings :

Quantitative data :

- ▶ Screening of presumptive DRTB cases increased by 20 % and Screening of contact cases increased by 70 % compared to baseline in 6 districts by the end of 2021
- ▶ Treatment initiation of confirmed DRTB cases increased by 10 % compared to baseline (in 2015: 76%) in 3 districts out of 6 districts by the end of 2021
- ▶ Cure rate of DRTB cases initiated on treatment increased by 10% compared to baseline in 49% in 6 districts by the end of 2021
- ▶ Overall, there is an increasing trend in all the indicators related to screening of DRTB cases and treatment adherence in all the DFIT DRTB districts
- ▶ The female proportion among the DR-TB cases reported a steady increase since 2017. The cure rate also has marginally improved among females. Though there is no significant difference in cure rate among males and females, the DFIT intervention seems to balance the gender difference to access services and ensure equity of healthcare services
- ▶ During the COVID pandemic DFIT has ensured drug supply and thereby treatment adherence. The staff has coordinated the ADR management and follow-up of cases in terms of transportation of sputum samples to DMC and DRTB centres.

Qualitative observation :

- ▶ In the state of Bihar, there has been an acute shortage of staff due to various administrative constraints. STLS posts are vacant in the visited districts. STS is focusing more on DSTB cases. Hence, the presence of CSW has complemented the acute shortage of NTEP staff in the districts with a specific focus on DRTB management
- ▶ The STO, CDO and NTEP staff are appreciative of the DFIT support in managing DRTB cases at the field level.
- ▶ The role of MOs of PHCs in NTEP is obscure with the responsibility entirely borne by NTEP staff.
- ▶ The role of the DRTB coordinator and CSW in terms of contact tracing and presumptive screening is very evident in the field. Initial defaulter retrieval is one of the key activities undertaken by CSW which can be one of the indicators for effective treatment initiation.

BIHAR

- ▶ Culture and DST laboratory at IRL located at Darbhanga is well maintained and managed. DST has been helpful in effective UDST implementation at the district level.

- ▶ DRTB Centre located at Darbhanga is a 12-bedded facility which is poorly maintained and needs to be made functional and can be used for management of ADR.



- ▶ Counsellor at DRTB played a crucial role in the initiation of treatment; counselling and coordinating for the management of ADR cases.

- ▶ LEP is one of the unique efforts from DFIT to uplift the DRTB-affected families.

- ▶ Nutritional Support is a successful initiative and should be monitored to see its effect.

Relevance and coherence : DFIT interventions are in line with the priorities of the target public, SDGs and the partner. The targets set in 2015 are still relevant to the current dates. UDST implemented in the state has helped in establishing Gene Xpert labs at all district-level hospitals by the Government. DFIT has complemented the DBT programme of the government and the recently introduced Hyderabad mix is promising. During COVID, DF played an important role to mitigate the problems by telephonically counselling the patients, ensuring drug supply and treatment adherence. Given the manpower constraints and hard realities of Bihar, DFIT has supplemented the government efforts towards achieving the national targets and goals.

Effectiveness : The targets set by DFIT have been effectively achieved. The operational strategy of focusing on DRTB is apt and complements the government efforts in TB elimination. However, the manpower and the infrastructure gap in the government machinery remains a challenge to effectively achieve the set targets. While the lean staff of NTEP is focusing on DSTB, DFIT is focusing on DRTB cases. Beneficiaries and partners are greatly satisfied with the support extended by the DFIT. LEP and nutritional support are helping the patients to a great extent. However, the sustainability of the same is a cause for concern.

Efficiency : Targets are achieved for all the indicators except for screening of presumptive DRTB cases where there was a decline in 2020 and 2021 as compared to previous years for two reasons- Universal DST implementation and COVID. DF's role in improving the case detection, contact tracing and initial defaulter retrieval has been effectively done which has helped in achieving maximum results with minimum available resources. It can also be noted that the activity and strategy adopted by DF is efficiently managed with minimal inputs and withdrawal of their services will not put a huge dent in the programme.

Impact : DFIT has contributed to the impact of the programme. The presence of DFIT has improved the case detection and cure rate. But to make a delta in the impact, the presence of DFIT is crucial till the inherent gaps of staff deficiency in government are corrected by at least 10%.

Sustainability : Technical sustainability is evident with efforts from DFIT with capacity building programme for the NTEP staff and the Training of Lab technicians at the IRL. The nutritional support programme implemented by DFIT needs to be evaluated further and if successful can be a good model for the government to adopt.

Gender theme : It was observed that both male and female patients were equally benefitted from disease screening, treatment initiation and also treatment adherence. The DFIT intervention seems to balance the gender difference to access services and ensure equity of healthcare services.

Overall, the DGD DRTB programme has achieved its targets and goals through its committed staff and activities. They have effectively complemented the gaps in the existing NTEP.



Recommendations :

- ▶ DFIT to continue NTEP services for Case detection, initial defaulter retrieval, Counselling for treatment adherence and ADR management.
- ▶ Better documentation of ADRs and contact tracing
- ▶ Identification of LEP and social support – Can be prioritized for female patients or elderly patients. LEP should be based on joint assessment and need-based on the family.
- ▶ Nutritional support needs to be systematically evaluated. Preparation of protein mix can be given as one of the LEP activities for the beneficiaries.
- ▶ Capacity building of the NTEP staff and medical officers of PHC for ADR management
- ▶ Establishing referral mechanism between DDRTB centre and the TUs for ADR management
- ▶ DRTB centre can be made more functional, especially for ADR management. A counsellor to coordinate either from DFIT or the Government side will be useful
- ▶ CSW – For effective functioning, patient-based incentives can be given to cover the cost of follow-ups.
- ▶ Ensuring ECG facility at TUs and linkage with a medical officer or private practitioners
- ▶ Establishing Biomedical waste management systems and infection control practices at DMCs /Tus
- ▶ Advocacy with the government for Staff recruitment, timely DBT transfer, making DRTB Centre functional, biomedical waste management systems at DMCs
- ▶ Operational research on Nutritional support, favourable and unfavourable outcomes, Follow up of contacts of DRTB, Chemoprophylaxis for child contacts, ADRs and outcome.

Leprosy Component of the project :

The main activities of the project were :

- ▶ Selection and training of Nodal teams (MO + other general health staff) for 3-days in the diagnosis and treatment of leprosy, detection and management of lepra reactions, disability prevention, care and social rehabilitation.
- ▶ Sensitisation of the remaining staff at each PHC and district hospital
- ▶ Annual follow-up after training for continued capacity building.
- ▶ Continuing support for the management of difficult cases and capacity building through Disability Prevention and Medical Rehabilitation (DPMR) coordinators and Community Social Workers (CSW) was provided in the field throughout the project.
- ▶ Annual follow-up of RFT patients for disability status was carried out
- ▶ Rashtriya Bal Swasthya Karyakram Medical Officers (MOs) who are responsible for school surveys to identify defects at birth, diseases, deficiencies, and development delays, were provided 1-day training in leprosy to facilitate early detection among children
- ▶ Survey and preparation of a comprehensive list of leprosy-affected people with WHO Grade 2 disability requiring services for disability care, Reconstructive Surgery (RCS), support in obtaining disability certificate, pensions or other entitlements, referral services and Self-care training.
- ▶ Reconstructive surgery at two tertiary level centres
- ▶ Provision of livelihood support for disabled leprosy-affected people.



The evaluation findings demonstrate the following :

- ▶ The GHC workers and officials/ NLEP programme managers appreciate the project and acknowledge the improvement in the work and the support of DFIT.
- ▶ The training material, content, and methodology were of very good quality and were highly appreciated by the participants.
- ▶ The impact of the training is demonstrated by a considerable increase in new case detection and diagnosis of reactions and neuritis which are commonly the cause of disabilities.
- ▶ The effectiveness of the project is demonstrated by the rise in the percentage of PHCs able to diagnose and manage leprosy and lepra reactions and the improvement in skills for their management.
- ▶ There has been improvement in the skills of the nodal person in the assessment of nerve function (VMT/ST) and counselling and health education for different issues
- ▶ The documentation and maintenance of programme-related details have improved.
- ▶ The line listing done for the project has facilitated the provision of MCR footwear, social rehabilitation support, disability pensions and other entitlements by identifying the people with Grade 2 disabilities due to leprosy. This has also been useful in the planning of requirements of drugs, MCR and Reconstructive surgery (RCS).
- ▶ Almost half the number of people with Grade 2 disabilities, suitable for RCS have undergone surgery with good postoperative results.
- ▶ The Livelihood Enhance Programme (LEP) has provided income generation support in the form of small shops, sewing machines etc to 42 people.
- ▶ The project was conducted efficiently with limited staff strength despite the expansion of the workload with the annual addition of districts.
- ▶ The sustainability of the project is an issue of concern. The districts are at different levels of skill and confidence in their ability to continue the work after the exit of DFIT. The GHC system does not have sufficient staff to engage in the fieldwork to an optimal degree, and there needs to be some support provided for the continuation of the capacity building and post-training support in the field.
- ▶ An appropriate exit strategy is required to devise a way to withdraw without losing the gains made and maintaining the capacity and confidence of the PHC staff.

Focus areas

- ▶ **Relevance** : The DGD-supported DFIT leprosy (&TB) project is very relevant in the context of the leprosy situation in Bihar. The selected goals were well-considered and the activities appropriate, acceptable to the key stakeholders, and fit in well with the local situation as well as the Sustainable Development Goals.
- ▶ **Effectiveness** : The effectiveness is demonstrated by the project outputs and outcomes. The targets of the project were achieved, and the positive outcomes are seen in the upswing in the capacity and activities of the PHC staff, increased case detection, improved diagnosis of reactions and neuritis and increased referrals for RCS. (See tables iv & v). These all contribute to a reduction in disability. The Proportion of all Primary Health Centres (PHCs) able to diagnose leprosy increased as did the motivation and skills of the PHC staff as observed during our interactions. The effectiveness of the project is further evidenced by the difference in the performance level of activities such as detection of reactions and RCS in supported and unsupported districts.



- ▶ **Efficiency** : The resources of the project have been utilised efficiently, and the planned activities were completed to a great extent despite the obstacles and travel restrictions during the COVID pandemic. In some activities such as RCS, the number of surgeries performed exceeded expectations despite the pandemic. Considering the restrictions in force during the COVID pandemic the DFIT staff facilitated the transport and other requirements of the surgical patients so the surgery could be provided. The training of the PHC staff, and social and medical rehabilitation activities were carried out in a painstaking and well-ordered manner. Particular care was taken so that patients received the drugs such as MDT and corticosteroids as required. Perhaps the greatest evidence of the efficiency displayed by the project team is completing the interventions and activities despite the progressive expansion of the workload with the annual addition of districts, with a minimal increase in staff, and despite the long distances to be covered in and between the districts.

- ▶ **Impact** : This DGD-supported leprosy and TB project of DFIT has had a marked positive impact on the leprosy work in the supported districts. The staff have worked with dedication and sensitivity, gaining the confidence and cooperation of the GHC staff and programme managers at all levels. The strategy of providing support to the government through capacity building, and other interventions is in line with recognised best practices of involvement of stakeholders and participatory initiatives. The support provided by DFIT staff in the transport of drugs, provision of unavailable drugs, during the COVID pandemic, preparation of reports and maintaining records in districts where there is no DNT, and facilitation of services helped to promote confidence and cooperation between the GHC staff and DFIT and facilitate the smooth progress of the work.
- ▶ **Sustainability** : The Nodal teams in the PHCs are in different stages of progress according to the years they were included and other factors, and therefore the degree that they will be sustainable if support is withdrawn varies. Continuation of some level of support to the nodal teams is necessary, though the extent and methods of support may be of different levels depending on the capacity of the team concerned. The majority of the PHC staff displayed a sense of ownership of the programme and were enthused by what they saw as the improvement in their skills and ability to perform the required tasks. The post-training availability (even on phone) and support provided by the DFIT staff is required for some more time, in varying degrees in different districts.
- ▶ **Gender theme** : In this project, it was observed that there were no discrepancies in the services and support provided to people affected. Female health workers who are the mainstay of community services are involved in the field activities of the project

To sum up, the DGD-supported leprosy and TB project of DFIT has been successful in achieving the goals of the project as shown in the preceding sections. It is an effective and well-managed project, moving positively with the sincere efforts of staff and the cooperation of GHC and NLEP staff. In view of these observations and the positive impact of the DFIT project this support should be continued with modifications and appropriate planning.

DAMIEN TB RESEARCH CENTRE DARBHANGA

Damien TB Research Centre, Darbhanga is a Culture & DST Laboratory certified by the National Mycobacteriology certification system, Central TB Division Ministry of Health, Government of India, for Tuberculosis Drug-Resistance testing by Line Probe Assay (LPA) for First Line & Second Line LPA.

DTRC Darbhanga lab is equipped to perform DST by various technologies such as Liquid Culture and molecular tests such as LPA and NAAT. As per National Policy for Diagnosis, the following criteria is followed for testing DS & DR TB

Drug Sensitive TB (DS TB)

- ▶ Patients with Pulmonary TB are diagnosed using sputum smear microscopy/chest-x ray and NAAT (Nucleic Acid Amplification Tests) Smear replacement by NAAT and offer of upfront NAAT for diagnosis of TB has been prioritized by the Programme

Drug-Resistant TB (DR TB)

- ▶ Microbiologically confirmed TB patients are offered NAAT for determining resistance to Rifampicin
- ▶ Line Probe Assay (LPA – First Line) is offered to patients with Rifampicin Sensitive (RS) TB
- ▶ First and Second Line LPA is offered to Rifampicin-resistant (RR) and Isoniazid (H) resistant TB patients. Liquid Culture (LC) & DST is performed for determining amplification of resistance to drugs used for managing DR TB
- ▶ LC is used for monitoring response to DR TB treatment

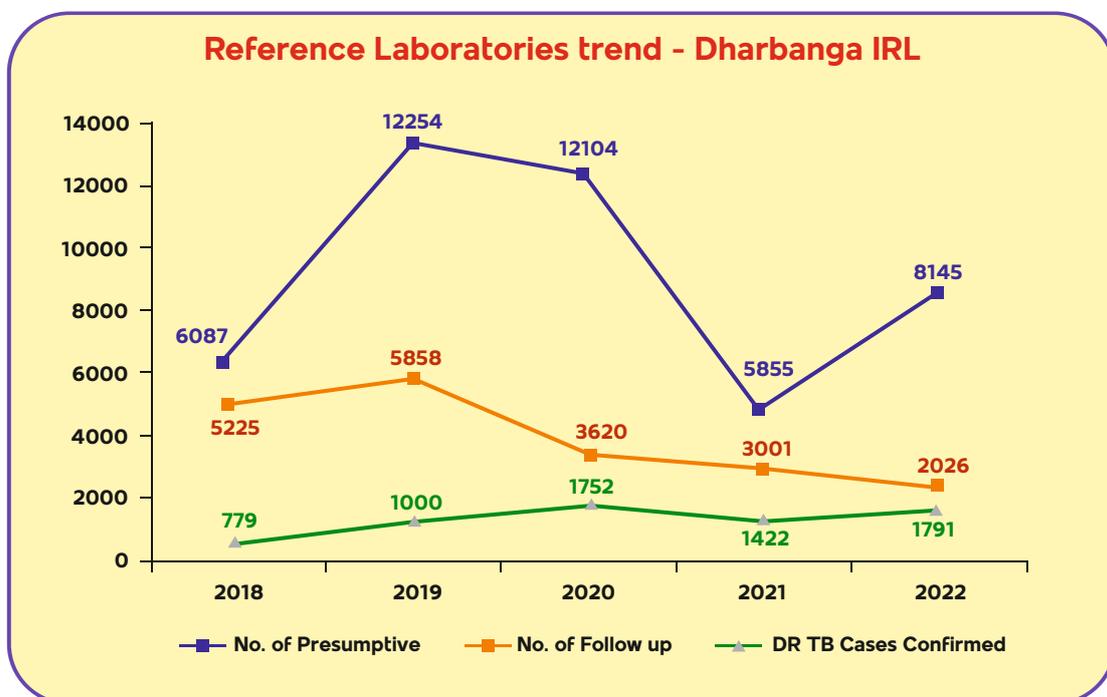
The year of 2020 and 2021 continued to bring challenges owing to the first and second wave of the COVID-19 pandemic. Except 3 among 5 DFIT supporting district performing low in referring the samples, remaining districts was able to regain a significant proportion of the progress in referring the samples to the reference lab. While compare with last year the sample volume for testing FL LPA was increased by 40% & SL LPA by 20%.

As per the directions of CTD Delhi the State Government initiated centralized procurement and supply of kits and reagents for LPA & LC in the month of June 2022 which will last till 1Q2023. Some of the non-critical consumables are being supplied by FIND India and (CMSS) Central Medical Services Society, a central procurement agency to streamline procurement and distribution system of Department of Health & Family Welfare (DoHFW), Ministry of Health and Family Welfare, Government of India through State Drug Store Darbhanga.

BIHAR

It has been a long time request to the STO Bihar to provide Human Resource Support because of 2 reasons. A) In 2016 a CBNAAT machine was installed by State to our lab, in a couple of years 1 more machine was added, so in 2018 there were 2 CBNAAT machines functioning in our lab. Huge number of samples were referred from public & private sectors and Medical colleges for GeneXpert. Hence the 2 machines was utilized to the maximum tests, i.e., 3 to 4 runs per day, an average of 400 to 500 tests per month till Covid pandemic. B) State had increased the linked districts from 6 to 11 in 2018 for both diagnosis and follow-up services. All these years we were managing to accomplish all the activity with our existing LT. Apparently persistent request for HR support was made to STO Bihar. This year the State provided 2 Lab Technician to our lab. They need to be train periodically in all the technologies, with this HR support we can plan and initiate Liquid Culture DST (LC-DST) for first and second line anti TB drugs.

It is anticipated that FIND India through local NGO's jointly associate in Sputum collection and transportation from the NAAT site to CDST lab for LPA testing in order to increase UDST. Hence we may expect a substantial increase in the sample volume LC and FL & SL LPA this year.



MODEL LEPROSY CONTROL UNIT, RUDRA PURA, DEHRI-ON-SONE

Damien Foundation Model Leprosy Control Unit in Rudrapura Village in Dehri-on-Sone in Rohtas district was established in 1983 as a training centre for the State of Bihar along with leprosy referral services and it was handed over to Government of Bihar in 1999 as per the agreement. In 2012, DFIT had an agreement with the State Health society to initiate tertiary level services for persons affected by leprosy and signed a MoU to establish referral services to cater to re-constructive surgery, ulcer care and other medical services by upgrading the facilities in the project.

The MLCU Rudrapura is one of the two referral centres catering tertiary level referral services for the entire state of Bihar.



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

Leprosy care services	2018	2019	2020	2021	2022
Out patients treated	4066	3804	2542	3148	4635
Among them skin patients treated	3418	3445	2345	2997	4385
New leprosy cases diagnosed and referred to PHCs	57	91	87	90	89
Reaction cases diagnosed managed	49	38	60	61	78
Major Surgery done	60	75	31	62	71
Minor surgeries done	14	3	0	1	9
In-patients managed	188	201	100	153	207
Bed days	5121	4842	2803	4281	5713
Protective footwear (MCR) provided	132	111	22	04	112

STATE ILEP COORDINATION ACTIVITIES IN BIHAR :

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

An ILEP member is appointed to ensure the coordination, initiate cooperation, and maintains 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 program and to coordinate with other ILEP Partners in the State.

Damien Foundation India Trust is Coordinating ILEP activities in Bihar. NLEP Consultant has visited 31 districts during the year 2021 as a part of Supervision & Monitoring and training activities, Feedback from the visits was shared with the State program Officer, Civil Surgeons, and other officials for them to take appropriate measures. The consultant made 3 accompanying visits with the State program Officer during the Year 2022 in Samastipur, Arwal & Jamui districts to resolve various NLEP-related issues.

During the year 5 NLEP State Coordination meetings were organized to facilitate coordination between the ILEP partners, WHO, and the State Government Officials for reviewing and planning the program. NLEP Consultant has attended 3 meetings conducted by the Central Leprosy Division, 1 SLO review meeting, 1 Meeting with the Honourable Health minister of Bihar for reviewing the NLEP activities in the State, 2 meetings with the Executive Director of Health State Health Society, Bihar to review the NLEP program in Bihar for the Year 2022. The Consultant was involved in organizing 1 review meeting of NLEP programs in Bihar for all 38 districts in coordination with ILEP partners and WHO under the chairmanship of the State Leprosy Officer, the consultant also attended 1 NLEP meeting held in Delhi to discuss the job responsibilities of the NLEP consultants.

BIHAR

STATE ILEP COORDINATION ACTIVITIES IN BIHAR :

Consultant facilitated 5 days of training for physiotherapists joined under NLEP program in Bihar & for DNT members total of 59 participants were trained, conducted 4 training for PHC Medical Officers total participants trained were 47, Conducted 7 training for RBSK Medical officers' total participants trained were 244 and conducted a 1-day training for Nodal persons from the PHCs total participants trained were 133.

Physiotherapists who participated in the 5 days training were provided Certificates by the Executive Director of Health, State Health Society in Patna.

The consultant was part of State level core team and was involved in planning for the implementation and monitoring of the Leprosy Case Detection Campaign in Bihar State, which was held from 8-10-2022 to 17-10-2022 in all 38 districts of Bihar. The Consultant was involved in organizing State level workshops for ACMOs and DNT members regarding the implementation of the LCDC in coordination with ILEP partners and WHO under the chairmanship of the State Leprosy Officer. NLEP consultant has visited 7 districts during the Leprosy Case Detection Campaign to monitor and supervise the activities carried out at the Block and the District Levels.



Before



After



A small effort to bring the smile of a cute boy

This is the story of a young energetic boy, Dilkush Kumar. He is 15 years old, full of energy and enthusiasm. Though he lives in the rural area in Bihar, he enjoys every moment of life without any complaints. Everything was going smoothly in his life and suddenly in 2020, one morning, he was noticed with a blister on his left-hand little finger. Immediately, he went to a local private practitioner with his parents. He and his parents were anxious about what was happening.

The local practitioner examined his hand without giving proper attention. He didn't even understand the seriousness of the disease. He didn't recognize what the symptoms were revealing to him and gave Dilkush some medicine. Dilkush started taking those medicines. He continued taking those medicines for a few months, but all went in vain. He didn't get any relief. Gradually his disability increased. He was hopeless and was unable to decide what to do. One of his family friends advised Dilkush's parents to consult a dermatologist. So, he went to see a dermatologist in Lakhisarai with his parents. After keen observation, the dermatologist confirmed he had Leprosy and referred him to Government hospital Lakhisarai. Dilkush couldn't believe his ears that he had Leprosy. He was in despair. His nights were sleepless. His appetite had gone. His health started to fall. His parents were also very upset to see his son in that miserable condition.

The disease of Leprosy had brought a halt in their lives. They started feeling as if the whole world had ended for them. There was no joy, no smile, no celebration in their family now. There was nothing but hopelessness everywhere due to stigma. His parents kept quiet about his son's illness from their neighbours and relatives due to social stigma. Because of his disability, Dilkush started avoiding social gatherings. He didn't go to his relatives even when there was a function or celebration. Due to his disability, he could not even complete his secondary education. He was completely discouraged and began to think of himself as worthless to others. But fortune had some other plans for Dilkush. That was not the end of his life. After completing his MDT course, DFIT coordinator visited his house and motivated him for reconstructive surgery. Dilkush hesitated to go for the RCS but DFIT coordinator convinced him as his son with love and affection. So, he agreed to go. After that he came to MLCU Rudrapura for his deformity correction with his parents. His deformity correction was done by Dr. Ashish Wag. After the surgery his post-operative exercise went on for a month. Dr. Ashish kept counselling and assuring him that he would be alright soon and would live his normal life again. As days went off, his deformity was cured completely. There was a broad smile on Dilkush's face. He thanked God for his new life. No matter what happened to him, he is normal again, he kept repeating these words. His parents heartily thanked the DFIT team. Everyone was very happy with the effort put in by the team of DFIT Bihar to bring a little smile on the little boy's face.

Family history- He lives with his parents and siblings. None of his family members are affected by leprosy.

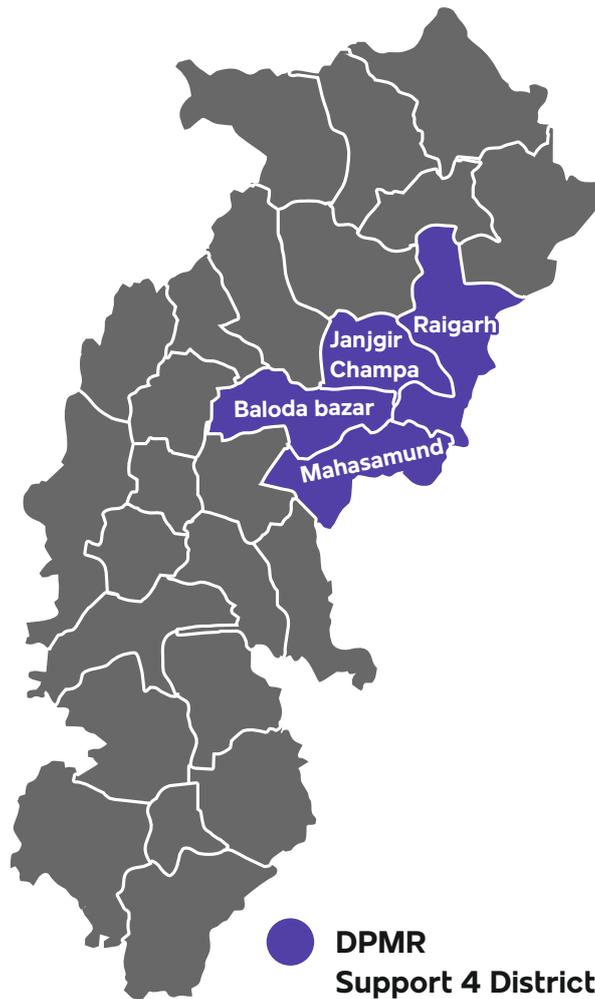
Economical history

His economic condition is not good. His father is a daily wages labourer and earns 5000 to 6000 rupees in a month.

BIHAR



CHHATTISGARH



Damien Foundation India Trust in consultation with State Health Society and NLEP programme has proposed the strategies to strengthen the referral system in these 4 districts by enhancing the technical skills of health staff and building the referral network between the health facilities and the referral centres in the districts for the management of presumptive cases, management of complications, thereby improving early diagnosis, preventing disabilities and facilitating home based self-care and deformity correction surgeries. The patients with complications will be managed either in district hospitals or in TLMI hospital in Champa or Baithalpur or RLTRI, Raipur.

In 2022, DFIT teams trained 121 Medical Officers, 138 NLEP key staff and 946 health staff including staff nurses, ANMs and ASHA workers. Number of lepra reaction cases reported more in 2022 compared to 2020 because of improved skills in identification and management of nerve damage.

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

DPMR Services – 4 districts	2020	2021	2022
Number of reaction cases monitored by teams and found to be on regular treatment	229/248 (93.3%)	412/431 (96%)	373/394 (95%)
Number of disability persons monitored by teams and found to be practicing self care regularly	236/628 (37.6%)	470/1026 (46%)	633/1000 (63%)
Total POD camps conducted	14	19	55
No. of leprosy affected persons attended during POD camps	197	267	520
No. of trainings conducted	40	45	57
No. of participants attended	970	1616	1205
No. of PHCs meetings attended	10	25	15
No. of staff sensitised	111	318	208

PREVENTION OF DISABILITY – CONTRIBUTION BY TEAMS :

DF teams identified 197 new reaction patients during their field visits and started on appropriate treatment. The teams provided information to concerned health facilities for continuation of treatment and regular follow up. The teams closely followed up all these reaction patients through physical visits and telephonic monitoring. It was observed that 51 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 identified in 2021.



CHHATTISGARH

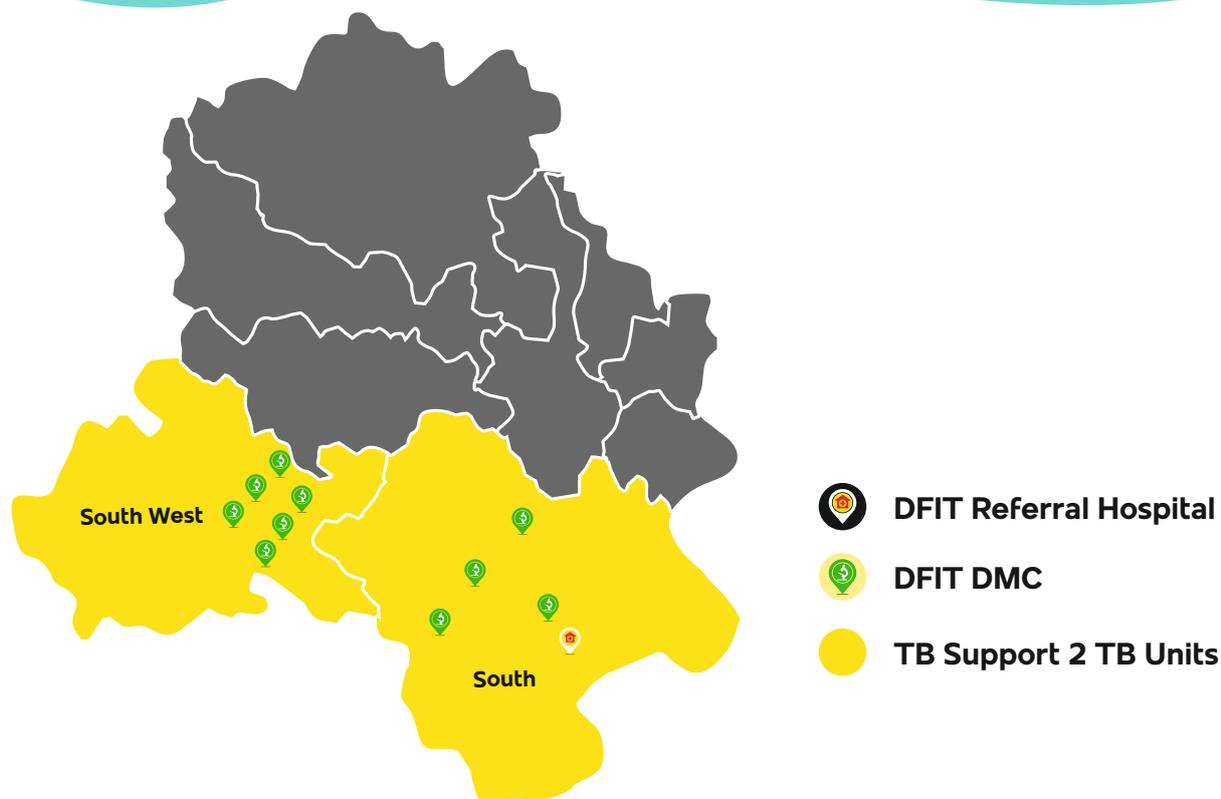


Before



After





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. The NLEP was integrated in to general health system in 2000. DFIT provided technical support through trained team in training, monitoring and supervision of the Government staff in south west Delhi and 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 treatment services started in 2002, initially by establishing one TB unit in South West Delhi and later (2004) by one more TB Unit in West Delhi covering a total population of 1212050. 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 the programme.



Through this project, 6516 presumptive TB cases were screened for TB and 3594 TB cases of all types were registered for the treatment. The project has achieved a Cure rate of 83% among NSP cases and 75% among retreatment cases in both two TB Units respectively. The Government had established two HIV testing centres also. About 98.5% (3543/3594) of the TB patients are screened for HIV and only 13 cases were co-infected with HIV (0.3%). The project has provided Nutritional Supplements for 252 needy TB/DRTB patients and supported 16 patients for socio-economic activity as part of livelihood support.

New project in 2021 to improve Child TB case detection:

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 DF'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 2022.



DELHI

Child TB project	2021 (April to Dec)	2022
Screening of children by home visit		
Total TB patients house visited by Coordinator	992	1040
Number of Children (0 to 14) years available	1070	980
Number of Children (0 to 14) years Screened	913	718
Number of Children (0 to 14) years of presumptive TB cases	119	248
Number of Children with presumptive TB (0 to 14 years) investigated for TB	119	207
MTB detected	38	28
Screening of Children at DMCs		
Number of Children (0 to 14) years of presumptive TB cases	173	205
MTB detected	72	33
Total child TB cases (0-14) detected in the project		
No. of Test Performed by CBNAAT	292	412
Gastric lavage done	12	153
Number of Children with MTB detected	110	61
Number of Children clinically confirmed cases (0 to 14 years)	1	27
Total number of patients put on treatment	111	88

DELHI

Trend of total child TB cases in Delhi



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

Leprosy care services Delhi	2018	2019	2020	2021	2022
Out patients treated	32524	21482	13562	14012	17573
Among them skin patients treated	6594	3164	2726	1582	2849
New leprosy cases diagnosed and referred to PHCs	9	19	4	5	13
Reaction cases managed	15	40	12	19	15
Major Surgeries done	40	30	10	19	25
Minor Surgeries done	4	13	1	2	5
In-patients managed	102	137	49	64	88
Bed days	2795	2733	1232	1549	2589
Protective footwear (MCR) provided	0	5	15	22	25

DELHI

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

Tuberculosis care services Delhi	2018	2019	2020	2021	2022
Respiratory symptomatic treated	7672	21665	4806	5472	6490
Presumptive TB cases examined	8299	8231	4806	5472	6516
Total TB cases registered	2487	2867	2382	3117	3594
Total new TB cases registered	2012	2389	1996	2587	3021
Among them new sputum positive cases	780	847	660	889	901
Sputum conversion rate for NSP cases	646/785 (82%)	697/852 (82%)	605/699 (87%)	662/803 (82%)	733/940 (78%)
Cure rate for NSP cases	654/741 (88%)	692/780 (89%)	767/877 (87%)	558/660 (85%)	734/889 (83%)
Sputum conversion rate for RT cases	221/277 (80%)	190/243 (78%)	222/250 (89%)	177/239 (74%)	229/300 (76%)
Cure rate for RT cases	223/277 (81%)	225/273 (82%)	206/255 (81%)	184/217 (85%)	215/286 (75%)
In-patients managed	0	7	0	14	14
Bed days	0	7	0	14	14

Note : There is a fall in sputum conversion and cure rate among NSP cases and RT cases from 2021 is mainly due to introduction of UDST of all confirmed TB cases, so many patients were shifted to other treatment regimens after their registration.



Before



After

DELHI

Thank you, Damien Foundation, for providing me with a new lease of life.

Rajesh Rathaur, 25 years is married and lives with his parents, wife and his 2 children in Delhi. He is a native of Uttar Pradesh. He does daily labour work on daily wages. Last 4 years back he had loss of sensation in his little finger on his right hand. He was not able to do work as he was not able to hold things properly with his hands, he also developed blisters in his fingers.

He went to private hospital to take treatment in Bareilly, UP but no improvement of his health condition. After that to take treatment, he came to his sitters house in Delhi. His sister advised him to go to Government Hospital (DDU Hospital), where he was diagnosed with leprosy and started treatment. He completed the full course of treatment and there after the government hospital referred him for deformity corrective surgery at Damien Foundation hospital in Delhi. The deformity corrective surgery (Right hand Ulnar correction) was performed in August 2022. He is living happily with his family and pursuing his job. He is thankful to Damien Foundation for restoring his dignity and providing him a new lease of life.



Before

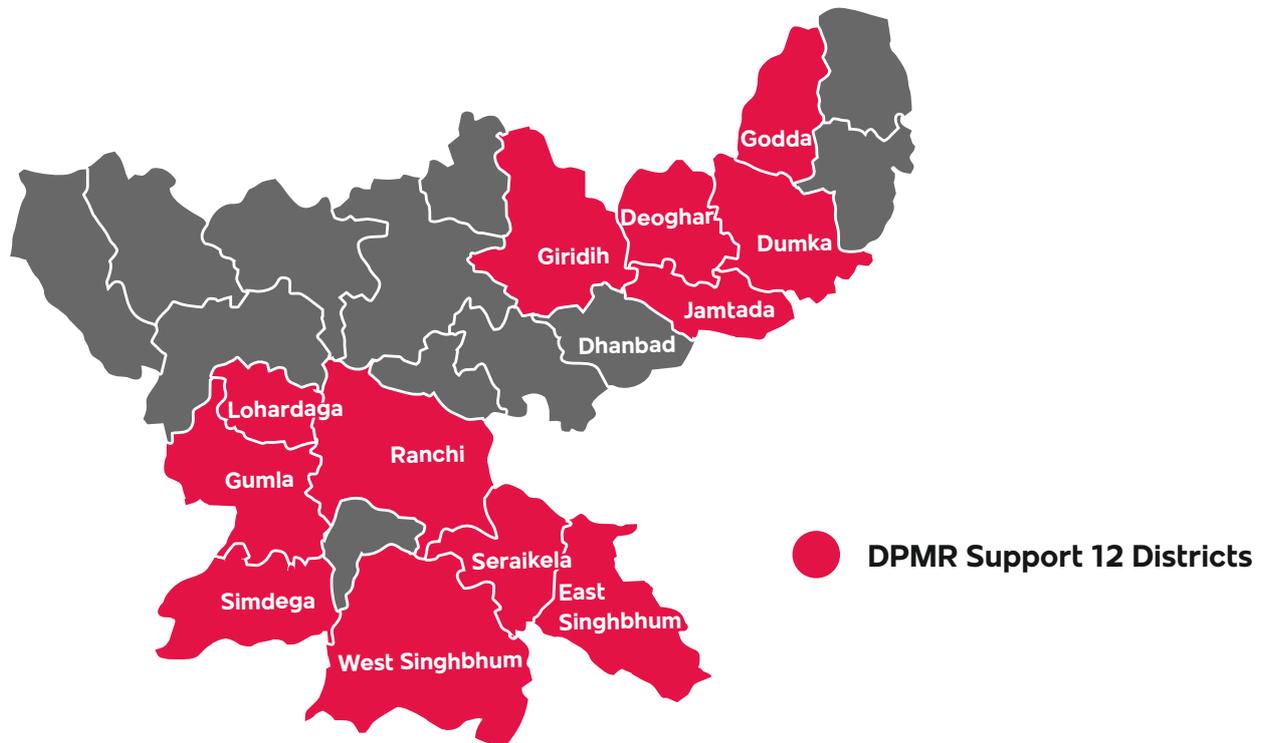


After

DELHI



JHARKHAND



DPMR ACTIVITIES

DFIT has been working in the State for leprosy control activities for more than two decades. The referral hospitals in Amda and Dhanbad have been supported through NGO partners to provide tertiary level care services like re-constructive surgery, chronic ulcer care and other complications related to leprosy. The objective is to sustain the leprosy referral services through establishment of referral system in its supporting 12 districts. This is done through strengthening the capacity of general health staff in managing leprosy case diagnosis, reaction management and care after cure services through 3 well trained teams covering 3 to 4 districts each. The role of each team is to identify and train nodal persons in each health facility including one Medical Officer and one Para medical worker. Care after cure services are established by updating the list of persons affected by leprosy with disabilities in the districts, identification and referral for re-constructive surgery, training on self-care to prevent deformities and facilitating to get entitlements from the Government. The teams are also identifying and supporting income generating activities, renovation/ construction of houses for needy persons.

JHARKHAND

The teams visited 470 Health facilities in 12 districts to facilitate disability prevention activities. The teams visited and examined sample of patients and presumptive leprosy cases to ensure the quality of diagnosis. It was found that 2% of the cases were over diagnosed and 11% of the cases were under diagnosed. This was discussed with concerned Medical Officers and Para medical workers and provided on the job training. Team visited 1519 persons affected by leprosy with disabilities and found that 69% of them were practicing self-care regularly. During the year 285 cases were identified for deformity correction surgery. Team provided training on leprosy for various category of staff including 455 Medical Officers, 300 NLEP staff and 4688 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 five years performance of DPMR services in Jharkhand :

DPMR Services– 12 districts	2018	2019	2020	2021	2022
Number of reaction cases taking regular treatment	378/401 (94.3%)	372/379 (98%)	356/368 (97%)	467/493 (95%)	464/487 (95%)
Number of disability persons practicing self care regularly	1130/1694 (67%)	943/1428 (66%)	662/1040 (64%)	1002/1607 (62%)	1050/1519 (69%)
Total POD camps conducted	8	14	8	52	16
No. of leprosy affected persons attended during POD camps	39	65	54	333	104
No. of trainings conducted	87	75	87	87	113
No. of participants attended	1949	1823	1912	2615	5443
No. of PHCs meetings attended	59	40	34	46	58
No. of staff sensitised	1732	937	718	579	1261

Prevention of disability – contribution by teams :

DF teams identified 48 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 11 of the patients had already developed G2D, 56 /57 patients completed a full course of steroids. The most important observation was 18/19 (94%) patients completely recovered from G2D cases identified by teams in 2021.

JHARKHAND

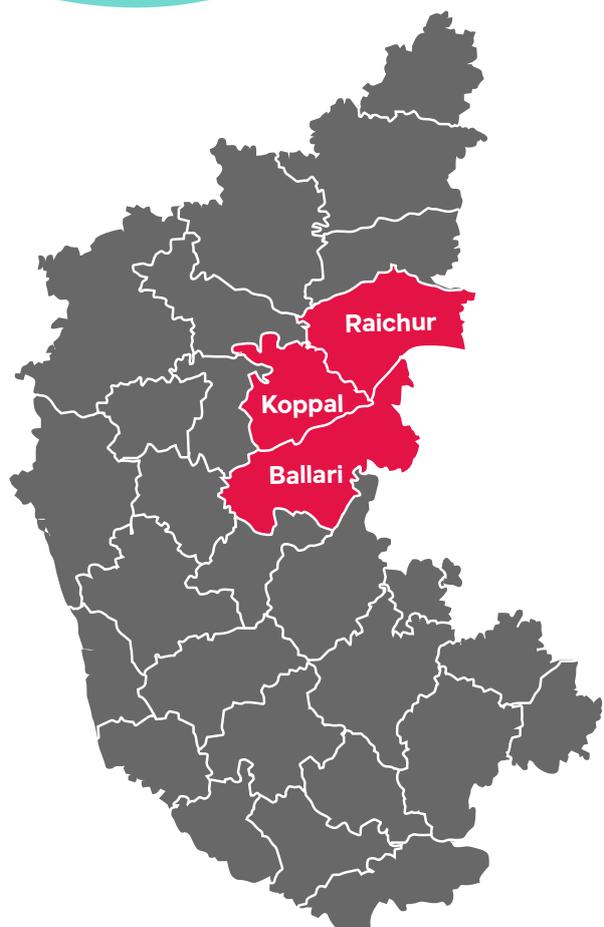


Before



After





● DPMR Support 3 Districts

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 2022, all nodal persons providing leprosy services at HFs level were trained in 3 districts which include 458 medical officers, 176 NLEP key staffs and sensitised 2978 health staffs 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. This is mainly due to improved skills of health personal in identification and reporting of lepra reactions. DFIT coordinator visited all the reaction patients to ensure the quality of diagnosis and treatment schedule.

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

DPMR Services – 3 districts	2020	2021	2022
Number of reaction cases taking regular treatment	64/65 (98.5%)	47/50 (94%)	57/58 (98%)
Number of disability persons practicing self care regularly	70/147 (47.6%)	153/340 (45%)	168/287 (58%)
Total POD camps conducted	1	30	36
No. of leprosy affected persons attended during POD camps	7	172	109
No. of trainings conducted	70	193	210
No. of participants attended	1466	3338	3730
No. of PHCs meetings attended	17	35	40
No. of staff sensitised	230	460	745

Prevention of disability – contribution by teams :

DF teams identified 48 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 11 of the patients had already developed G2D, 56 /57 patients completed a full course of steroids. The most important observation was 18/19 (94%) patients completely recovered from G2D cases identified by teams in 2021.



KARNATAKA



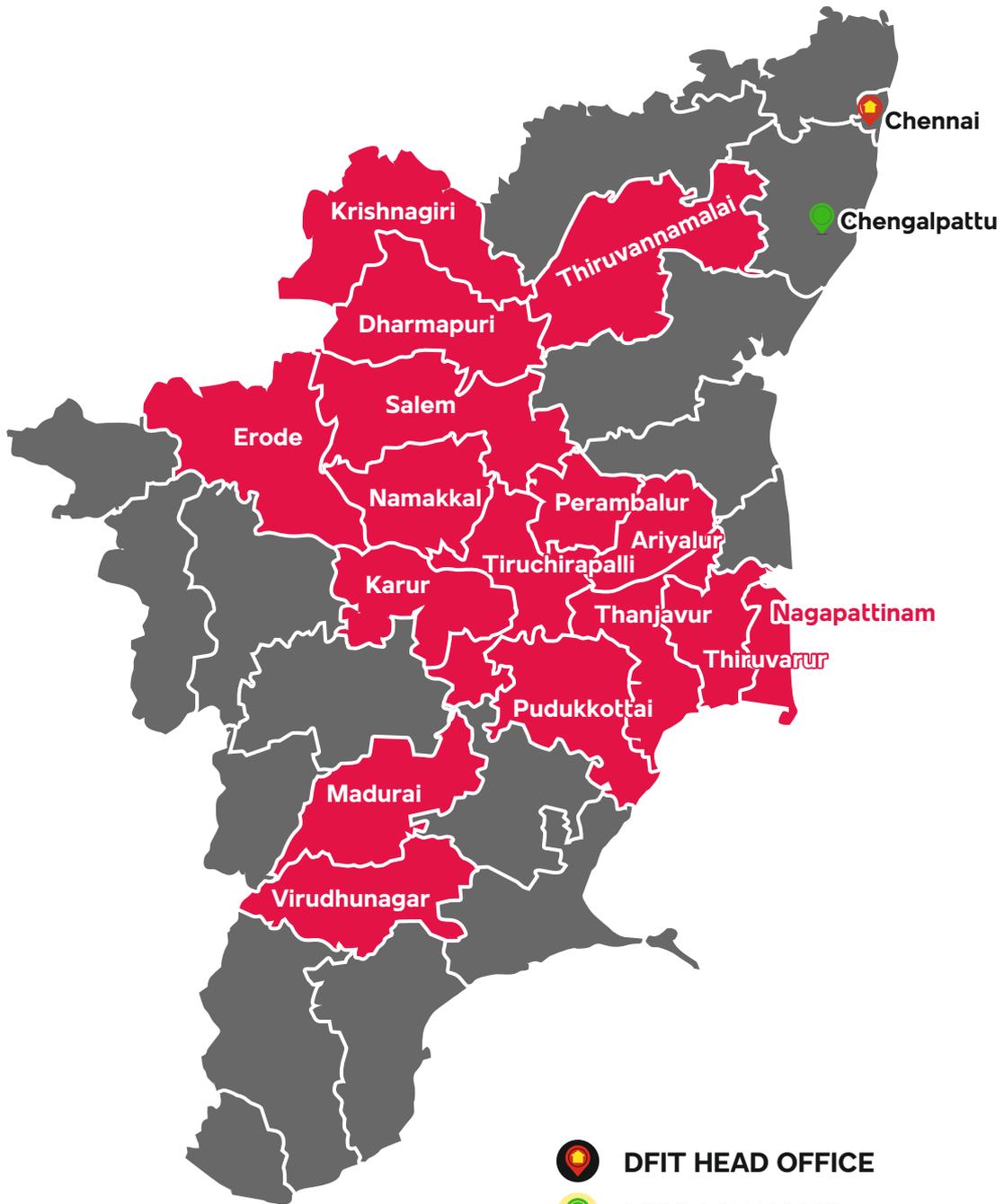
Before



After



TAMIL NADU



-  DFIT HEAD OFFICE
-  LEPROSY HOME
-  DPMR SUPPORT 16 DISTRICTS

TAMIL NADU

Damien Foundation started leprosy control activities in 1955 in Tamil Nadu in 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 13 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 re-constrictive surgery, facilitating Government entitlements and income generating activity support to needy persons.

ANANDAPURAM REHABILITATION CENTRE, POLAMBAKKAM, KANCHIPURAM DISTRICT

This centre is directly operated by Damien Foundation. The centre provides geriatric care services for persons affected by leprosy who do not have family or their own residence or they are ostracized by the family and relatives. DFIT provides food, shelter and medical care and also the last rites of the inmates. This home has the capacity to accommodate 30 inmates and during the year there were 18 persons benefitted by the project. During the year 2015, the project started providing terminal care for persons affected by leprosy are referred by Government hospitals, leprosy homes and DFIT field staff. Ambulance facility is available for shifting patients to nearby hospitals during emergencies.



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

Leprosy care services	2018	2019	2020	2021	2022
Number of Patients who attended Physiotherapy OPD	974	971	189	512	853
Number of new inmates' admissions	7	6	5	4	6
Number of inmates deleted (Died, Others)	9	11	3	4	6
Number of inmates living end of the year	21	16	18	18	18
Number of beds available	30	30	30	30	30
Number of bed days occupied	7373	7639	6619	6591	6457
Bed occupancy rate	67%	71%	61%	61%	60%

DISABILITY PREVENTION AND MEDICAL REHABILITATION PROGRAM

One of the major challenges in leprosy control is prevention of disabilities and prevention of worsening of disabilities due to the disease. National Leprosy Eradication Programme developed guidelines and strategies with the support of ILEP in 2005 for Disability Prevention and Medical Rehabilitation. At present DFIT is facilitating DPMR activities through different strategies in 13 districts of Tamil Nadu. The main objective of DPMR programme is to improve the capacity of general health staff in managing complications like reaction, updating the list of persons affected by leprosy with disabilities, identification and referral of eligible persons for reconstructive 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.

During the year 2022, it was noted that around 7249 persons affected by leprosy with disabilities are living in DFIT supported 13 districts. The teams visited 1194 persons to see whether they are practising self-care, it was found that 42% of them were practising self-care regularly. It was observed that 84% of them used protective footwear. The team identified, 110 cases eligible for RCS and 34 persons underwent surgical correction during the year. The teams also identified 26 patients with reaction during the monitoring of disability cases and ensured that 141/144 (98%) cases under treatment for reaction completed the course of prednisolone through regular contact. Around 847 persons affected were trained in self-care through the demonstration in 50 POD camps organised by the PHC and helped them to get disability certificates if they are eligible. The teams facilitated leprosy training to 360 medical officers, 249 NLEP staff and sensitised 1714 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 new districts with existing support.

TAMIL NADU

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

DPMR Support - 13 districts	2018	2019	2020	2021	2022
Number of reaction cases taking regular treatment	128/128 (100%)	186/186 (100%)	304/306 (99%)	150/160 (94%)	141/144 (98%)
Number of disability persons practicing self care regularly	2346/3500 (67%)	1156/2185 (53%)	1542/2467 (62.5%)	560/1038 (54%)	505/1194 (42%)
Total POD camps conducted	77	77	55	47	50
No. of leprosy affected persons attended during POD camps	2054	4260	1799	1700	847
No. of trainings conducted	143	45	36	29	64
No. of participants attended	3853	2308	964	1061	2323
No. of PHCs meetings attended	62	21	31	39	91
No. of staff sensitised	3877	1515	2561	1931	4865

Prevention of disability – contribution by teams :

DF teams identified 26 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 10 of the patients had already developed G2D, 141/144 patients completed a full course of steroids. The most important observation was 7/10 (70%) patients completely recovered from G2D identified by the teams in 2021.



Story of Abhirami

Abhirami in her very young age lost her mother, her father abandoned her and her brother. Abhirami got leprosy at the early age, which she was not aware of. Abhirami's grand parents came to their rescue to support her even though they were economically poor. Her grandfather is the only bread winner who goes to gets job occasionally, due to his old age and his illness.

Slowly her disease started progressing and she had visible deformities in both hands due to leprosy. Her fingers started clawing and unable to hold the pen or pencil for writing and drawing, but she managed to school. Her grandparents took her to government hospital and she was diagnosed of leprosy and took treatment and but she managed to go to school regularly. Her disease was cured but she was left with deformity due to late diagnosis.

Ms. Abhirami , 21 years old girl is from Alangudi village, Pudukottai District in Tamilnadu. She got Leprosy in her early age and her mother also dies when she is young. Her father left her and her brother and no one is there to take care of her. Finally, her aged grandparents came to take care of them even though they are also economically very poor. Her aged grandfather is the only breadwinner in her family, and he also goes to work occasionally due to his old age and illness.

Damien Foundation field worker came across Abhirami during the regular field visit with government health workers in the year 2018 when she was studying 10th Standard. Damien Foundation field worker convinced and counselled Abhirami and her grandparents so that she could undergo deformity corrective surgery. She underwent deformity corrective surgery in the year 2019. After her surgery today she could hold the pen and pencil and she is able to write and draw like others.

Damien Foundation supported her College Education for pursuing B.Sc Bio since year 2021, now she is doing final year of her B.Sc in Bio-Chemistry and she is willing to pursue her higher studies. She is confident that she will get a good job and she will take care of her old grandparents.

Abhirami says, "I will always be thankful to Damien Foundation for this support".

TAMIL NADU



Before



After



SOCIO ECONOMIC REHABILITATION

LIVELIHOOD AND SOCIAL REHABILITATION SUPPORT FOR PERSONS AFFECTED BY LEPROSY AND TB

(Livelihood Enhancement Programme)

Isolation, neglect, stigma & discrimination is the consequences of the diseases like Leprosy and TB. Leprosy is a double cursed disease and mostly pushes the person into poverty due to deformity. In TB catastrophic health expenditure is a common consequence of TB diagnosis, treatment, and care, which can lead to a worsening of food insecurity for TB patients and their families during the course of the 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 2200 persons as part of care after cure and this support has proved to be successful among 85% of the cases.

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 housing support for new 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 the beneficiaries up to period of one year.

During the year 2022 - DFIT was able to provide support to 187 beneficiaries under Livelihood enchantment programme, among 83% (156) of them were affected by leprosy and remaining 17% (31) of them were affected by TB/DRTB. Among the beneficiaries 74% of them were supported for initiating small business, 21% of the beneficiaries were children who received educational support, 4% of the beneficiaries were provided house for safe shelter and remaining 1% were supported with under the livelihood enhancement programme.

SOCIO ECONOMIC REHABILITATION

Details of supports provided in DFIT projects during 2022

Name of the State	Socio-economic support	Livestock	House construction and renovation	Education Support	Total
Andhra Pradesh	06	00	02	00	08
Bihar	67	00	01	18	86
Chhattisgarh	21	00	01	01	23
Delhi	16	00	00	00	17
Jharkhand	18	00	01	11	30
Karnataka	05	00	01	00	06
Kerala	00	01	00	00	00
Tamil Nadu	06	00	01	10	17
Total	139	01	07	40	187



SOCIO ECONOMIC REHABILITATION

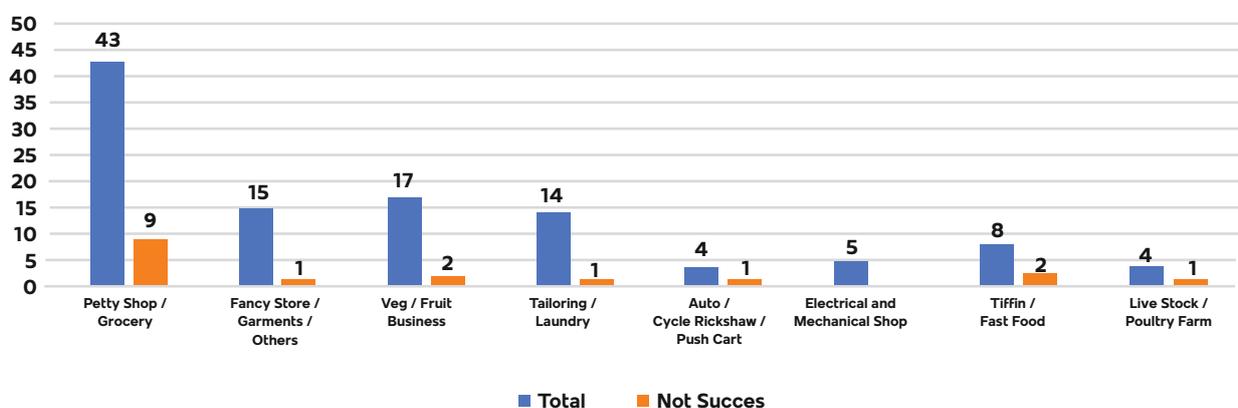
LEP Follow up Evaluation - 2021

LEP2021 follow-up evaluation

During the year 2021, DFIT provided socio-economic rehabilitation to 171 persons, among them 110 persons were provided livelihood support of which support were provided to 82% persons affected by leprosy and 18% persons affected by TB. The follow-up of the socio-economic support is done for a period of 1 year by DFIT 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, 43(39%) persons were provided grocery shop among them 34 (79%) of the beneficiaries were doing the business successfully. Cosmetic and Fancy/Readymade shop support was provided to 15(13.6%) of the beneficiary and 14(93%) them are doing their business successfully. Vegetable/fruits selling business support was provided to 17 (15.4%) of the beneficiaries and among them the beneficiaries who were doing the business successfully were 88%. Tailoring and Laundry business support was provided to 14 persons (12.7%) and 93% the beneficiaries were doing their business successfully. Auto/Cycle Rickshaw and Pushcart support was provided to 04 beneficiaries (3.6 %) and 75% of them were successful in their business. DFIT provided start-up of electrical and mechanical shop to 05 beneficiaries (4.5 %) and all the beneficiaries are doing their business successfully. Food business like fast food and Tiffin shop support was provided to 08 beneficiaries (07%) among them 75% of them were successful in their business. Livestock support and Poultry farming business support was provided to 4 beneficiaries (3.6%) among them 75% of them were doing their business successfully. Among the total 110 beneficiaries support provided, 93 beneficiaries (85%) were successful in their respective business and were able to sustain their livelihood support provided by DFIT.

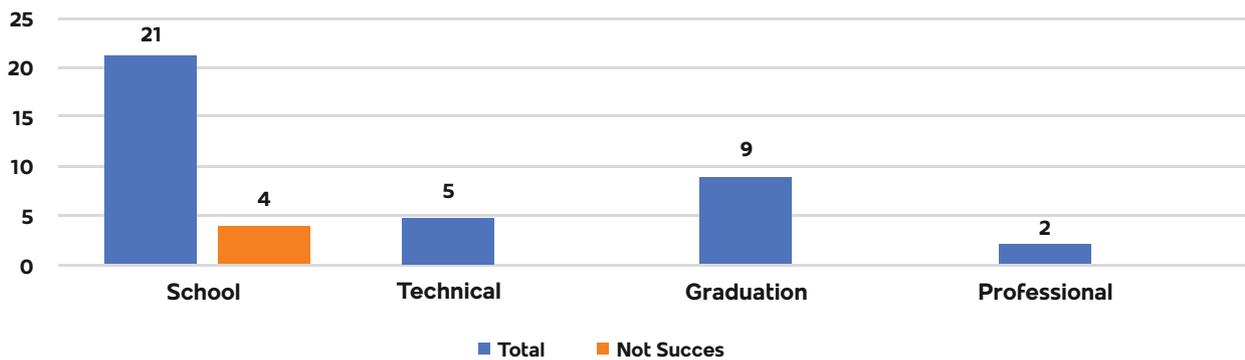
Types of Socio Economic Support Provided in 2021



SOCIO ECONOMIC REHABILITATION

During the year 2021, DFIT provides education support to 37 children affected by leprosy and children of parent affected by leprosy under the livelihood support programme. School education support was provided to 21 children (57%) among them the children who completed the schooling in the year 2021 was 81%, this reduction of result was due to the COVID pandemic. Technical education sponsorship support was provided to 5 children (14%) and all the children passed out successfully. College education support for under graduation and post-graduation was provided for 9 children (24%) and all the children successfully completed the course during the year. Under professional education like engineering, alternative medicine and para-medical courses, 2 children (5%) were supported, and the children were promoted successfully during the year.

Education Support to Parents / Childrens Affected by Leprosy in 2021



RESOURCE MOBILISATION INITIATIVE

Public Engagement Initiatives

Damien Foundation India Trust (DFIT) provides public awareness on leprosy and TB regularly by reaching out to individuals through telephone, social media and meeting them in person and by engaging them. This public engagement activity of DFIT started in the year 2010. The public those who are happy and convinced about the noble cause carried out by DFIT they come forward and become the supporters of DFIT mission. Some of them become volunteers and others provide monetary support.



DFIT also engages corporates as part of public engagement programme and partners with them through their CSR activities. During the year 2022, DFIT through its public engagement programme raised support from public and Corporates a total sum of Rs. 16,67,398/-.

Individual Engagement :

DFIT engages individuals by identifying philanthropists through, Tele-calling and Face-to-Face interaction initiatives. Individual supporters for DFIT has during the year has increased from 1258 to 1368. An amount of Rs. 7,48,372/- has been raised from the engagement.

Corporate Engagement :

The Global Logistics Solutions Pvt Ltd, Netzsch Technologies India Pvt Ltd, Shiftco Shipping and Logistics India Pvt Ltd partnered with DFIT as part of their CSR support during the year 2022 and provided support for leprosy and TB care services. DFIT received Rs.4,10,000/- under CSR support during the year.

Events and Campaigns :

DFIT is supported by Google Ads Grant and has been supported since October 2019. DFIT has been supported advertisement worth of \$10,000/- every month. This Ads helps DFIT to reach out to more public and enables to develop and strengthen its public engagement programme for its mission. This support also helped DFIT to promote its website and its search engine optimization. DFIT also has done social media campaign to reach out to more public during festivals and important occasions to create awareness and engage public to support social cause.

RESOURCE MOBILISATION INITIATIVE

	2020	2021	2022
Google Ads Status	Click: 145k Impression: 1.42M CTR: 10.15% Cost: \$101K Conversion: 164	Click: 158k Impression: 1.11M CTR: 7.31% Cost: \$116k Conversion: 456	Click: 16.5k Impression: 3.53M CTR: 8.22% Cost:\$91.4K Conversion: 407

Donation in Kind :

DFIT also received donations in kind during the year. Some philanthropists came forward to support the needs of the in-patients by providing materials in kind, like groceries items, food items and other support materials for the project in Nellore, Delhi and Polambakkam. Delhi project received donation in kind worth of Rs.32,681/- Polambakkam project received worth of Rs.1,58,650/- in kind. Nellore project received donation in kind worth Rs.3,17,695/-. Total support revised during the year in kind was worth of Rs. 5,09,026/.

Social Media Initiative :

Social media plays an important role for DFIT to engages public through its posts in social media. DFIT provides regular updates to its stakeholders, supporters, and its donors through social media. These campaign helps to share information about leprosy and TB and creates awareness to individuals on the causes and consequences of leprosy. The public engagement of DFIT in social media platform has significantly increased its visibility. The table below indicates the social media engagement of DFIT from 2017 to date.

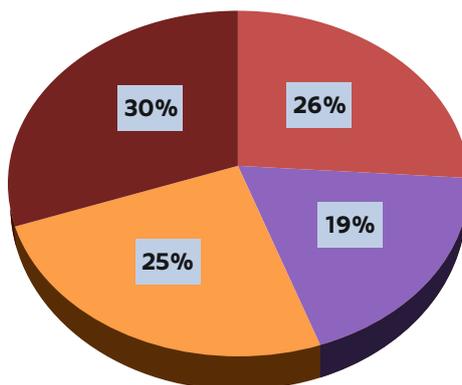
S.No	Social Media	2017	2018	2019	2020	2021	2022
1.	WhatsApp	Nil	820	1123	1461	2013	2128
2.	Facebook	1996	3989	4453	4672	4753	4915
3.	LinkedIn	43	1483	2064	2313	2399	2457
4.	Twitter	3	81	110	128	138	157
5.	Instagram	Nil	83	124	158	211	266
6.	YouTube	Nil	9	289	321	391	4970
7.	Email	245	580	1480	1550	1785	1985

RESOURCE MOBILISATION INITIATIVE

The table below provides the types and sources of support received through public engagement during the year.

S.No	Public Engagement Initiatives	2022	%
1	Individual Support	Rs.4,36,372	26%
2	Monthly Pledge by Individual Contribution	Rs.3,12,000	19%
3	CSR Support	Rs.4,10,000	25%
4	Support Received in Kind	Rs.5,09,026	30%
Total Donations Worth		Rs.16,67,398	100%

Public Engagement Initiatives 2022



- 1. Individual Support
- 2. Monthly Pledge by Individual Contribution
- 3. CSR Support
- 4. Support Received in Kind



RESOURCE MOBILISATION INITIATIVE



CONTINUING MEDICAL EDUCATION

Endowment Prize Examination

is a long-established means for medical professionals to maintain and update competence and learn about new and developing areas of their field, such as therapeutic advances in the field of Leprosy. Nowadays, experts in Leprosy are very minimal due to the vast experienced professionals are retired and there are no youngsters who is willing to show interest in this field due to the unavailability of expert to guide them. Damien Foundation India Trust has identified this crisis well in advance and had a tie up with Tamil Nadu Dr. M.G.R. Medical University to involve all the final year MBBS students from all the medical colleges to initiate interest in Leprosy disease. Damien Foundation India Trust along with Tamil Nadu Dr. M.G.R. Medical University conducting the Endowment Prize Exam for the final year MBBS students for the past four decades.

As per the MoU between the Medical University and DFIT, this exam is open to all the final year MBBS students and the exam consist of two parts, the theory part covers 100-marks questions which consist of multichoice questions (MCQ) and the practical part has 20 spotters for 100marks which cover clinical identification of Leprosy, classification, management of complications such as reaction, Disability Prevention and Medical Rehabilitations etc. In this process, two senior dermatologists from Madras Medical College were deputed by the university along with DFIT Team to frame the question paper this year and evaluate the results. The highest marks scorer in both theory and practical was awarded the Gold Medal Winner for the Tamil Nadu Dr. M.G.R. Medical University & Damien Foundation India Trust – Endowment Prize Examination 2022.

Altogether 549 students from 24 Medical colleges were registered for the theory exam which was held on 15th July, 2022. The answer sheet was evaluated by the panel of the members and the top scored 30 students were called from 14 medical colleges for practical exam followed by CME Programme which was held on **27th August, 2022** at Holy Family Hansensorium, Fathimanagar, Trichy. All the 30 students attended the exam. To attend this exam DFIT paid their travel expenditure to attend this exam, provided breakfast and lunch and rooms to freshen-up. The practical part answer sheets were evaluated by the panel constituted by the university.

Ms. Sobhana B Swami, Final Year MBBS Students (**Reg.No.521810203**) from Madras Medical College, Chennai had scored the highest mark and her name was nominated for the award of "**Damien Foundation Endowment Prize Gold Medal- 2022**".

CONTINUING MEDICAL EDUCATION

Similarly, Damien Foundation India Trust along with Ramachandra Medical University facilitates Endowment Prize Award for the Ramachandra Medical College students. The Ramachandra Medical University awards its own gold medal for its final year MBBS students. Ms. Sharon Priyadharshini Kumar (Reg.No.M0118003) was selected for the Endowment Prize Gold Medal in Leprosy for the year 2022.

FINANCE REPORT

Damien Foundation Belgium (DFB) and Directorate General for Development Belgium continued its support with a generous contribution of INR.95.71 million rupees for the year 2022. This includes a special grant of livelihood enhancement programme (LEP) support to needy leprosy and TB patients amounting to INR.6.00 million. The compound interest from foreign funds and miscellaneous income was INR.2.78 million. The local funds raised was INR.1.67 million. During the year DFIT received lesser donations compared to 2021. Local funds include donation of INR.1.16 million by way of individual donations through general, UPI (Unified payments interface), NACH (National Automated Clearing House) credits, Hundi collections, CSR (Corporate social responsibility-NETZSCH Technology, Global Logistics) funds, local and foreign individual donors) and INR.0.51 million in kind. The donations in kind were received in projects such as Polambakkam, Delhi and Nellore.

The DFIT operations have been slowly picked up after COVID lock downs. The outputs are comparatively better than the lockdown periods of 2020-21. Livelihood support programmes were executed for helping the affected patients by providing socio economic support, house construction, running a petty shop or fruit stall by push carts, renovation of shelters and education support etc benefitting 191 patients amounted to INR 4.41 million. The number of new individual donors during the year was 110.

The breakup of program expenses represented by way of graphical representations.

Sponsored projects are directly funded by DFB due to new amendments in FCRA regulations. However, the supervision and monitoring are carried out by DFIT.

As mandated by the Ministry of Home Affairs, DFIT has foreign remittance bank account with State Bank of India, New Delhi. As a result of superannuation of the Ex-CFO, the change of signatory process was executed in the name of new CFO. 12AA and 80G certification from Income Tax was renewed last year and valid till the year 2027.

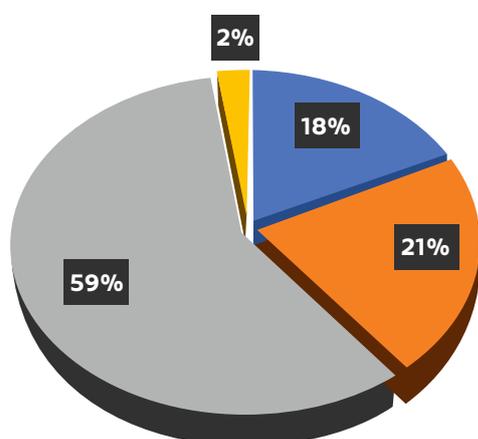
DFIT adhered to all the statutory requirements mandated by provident fund, ESI coverage, Gratuity provisions for staff. Income tax was remitted in time and necessary certificates to the staff, contractors, suppliers were issued. DFIT income tax return for the financial year 2021-22 has been filed. Internal audit and statutory audits have been conducted very much within the stipulated period. The audited reports have been sent to DFB and uploaded in the FCRA website of Ministry of Home Affairs.

FINANCE REPORT

SOURCE OF FUNDS: FOREIGN ACCOUNT (INDIAN RUPEES)

FINANCE REPORT:2022 (FCRA)

Source - Foreign 2022	Income (IRS)	%
Opening Balance (2022)	2,14,95,165	18
Damien Foundation Belgium (Bihar-Co-finance)	2,55,60,896	21
Damien Foundation Belgium (Non-Co-Finance)	7,01,52,458	59
Bank Interest & Miscellaneous	27,77,514	2
Total	23,91,66,033	100



Source of Funds 2022 : Foreign

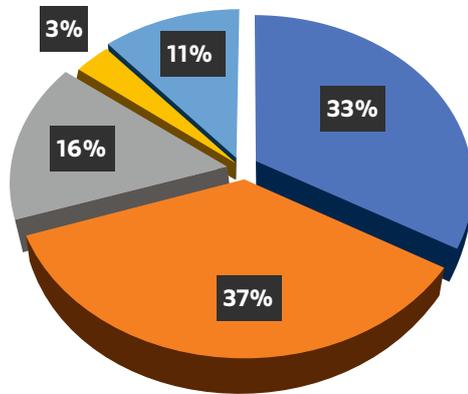
- Opening Balance (2022)
- Damien Foundation Belgium (Bihar Co-Finance)
- Damien Foundation Belgium (Non Co-Finance)
- Donation, Bank Interest & Miscellaneous

APPLICATION OF FUNDS 2022: FOREIGN ACCOUNT (INDIAN RUPEES)

FINANCE REPORT:2022 (FCRA)

Application of FCRA Funds	INR	%
Own Projects	4,00,35,428	33
DFIT Teams	4,37,61,820	37
DFIT Secretariate and Field	1,91,26,521	16
Miscellaneous	36,58,358	3
Closing Balance (2022)	1,34,03,906	11
Total	23,91,66,033	100

FINANCE REPORT

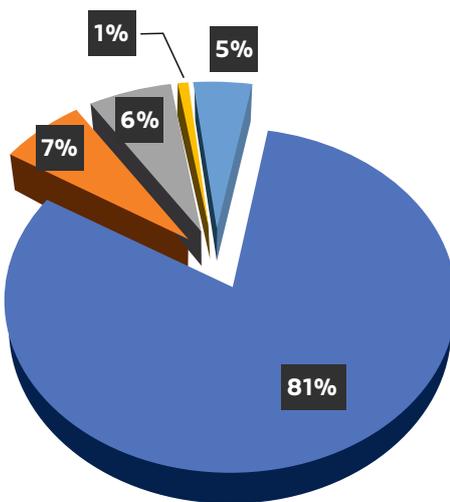


Application of Funds : Foreign

- Own Projects
- DFIT Teams
- DFIT Secretariate and Field
- Miscellaneous
- Closing Balance (2022)

SOURCE OF FUNDS: INDIAN ACCOUNT (INDIAN RUPEES)

Source - Indian 2022	Income (INR)	%
Opening Balance (2022)	1,60,91,797	81
Donations Received	14,01,859	7
Bank Interest	12,57,843	6
MCR Footwear	1,62,700	1
Miscellaneous	9,06,909	5
Total	1,98,21,108	100



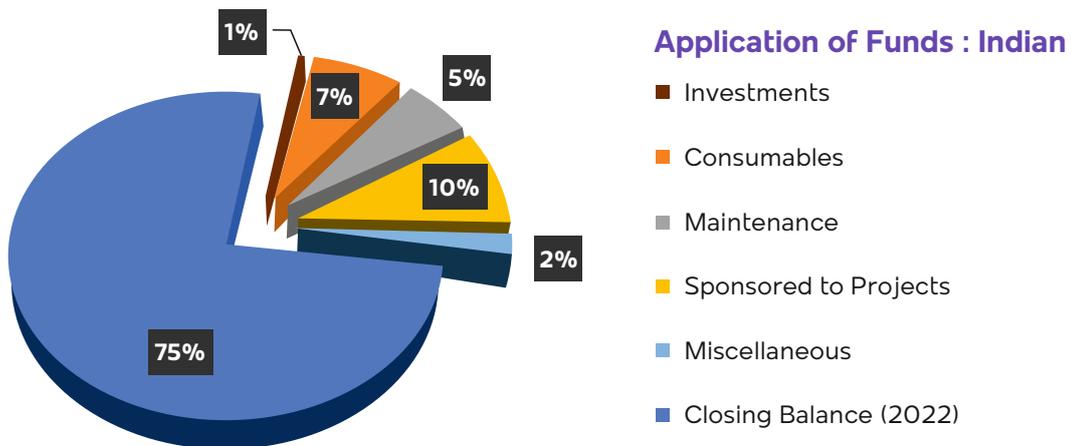
Source of Funds 2022 : Indian

- Opening Balance (2022)
- Donations Received
- Bank Interest
- MCR Footwear
- Miscellaneous

FINANCE REPORT

APPLICATION OF FUNDS 2022: INDIAN ACCOUNT (INDIAN RUPEES)

Application of Funds - Indian 2022	Income (IRS)	%
Investments	97400	1
Consumables	14,56,599	7
Maintenance	10,72,438	5
Sponsored to Projects	18,84,566	10
Miscellaneous	3,56,941	2
Closing Balance (2022)	1,49,53,163	75
Total	1,98,21,108	100



ANNEXURE

Annexure - 1		Hospital Services - Annual Leprosy Report - 2022																							
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 [S.No. 11/(S.no.9X90days)]*100				
PB	MB		Total	PB	MB	Total	Adult	Children (0-14 years)	Grand Total	Adult Grade II	Child Grade II	Total	Type I	Type II	Male	Female						Total	Male	Female	Total
Andhra Pradesh	Nellore	4565	8	36	44	4	1	5	49	10	0	10	34	16	27	7	34	9	0	9	87	17	315	4968	81.0
Delhi	Delhi	17573	1	12	13	0	0	13	5	5	0	13	2	22	22	3	25	5	0	5	25	14	88	2589	51.3
Tamil Nadu	Polambakkam	853																							
Bihar	Dehri-On-sona	4635	28	49	77	7	5	12	89	30	2	32	63	155	44	27	71	6	3	9	112	30	207	5713	52.0
	Muzaffarpur														52	23	75	0	1	1					
	Total	27626	37	97	134	11	6	17	151	45	2	47	110	173	145	60	205	20	4	24	224	91	628	19727	61

ANNEXURE

Annexure - 2 Total 4 RCS centres Age and sex wise RCS and Septic surgery report - 2022															
Age wise	Hand RCS			Foot RCS			Eye RCS			Grand total			Septic surgeries		
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total
0 -13	8	6	14	0	0	0	0	0	0	8	6	14	0	0	0
14 -20	25	22	47	0	1	1	0	0	0	25	23	48	3	2	5
21 - 25	22	7	29	2	0	2	0	0	0	24	7	31	5	0	5
26 - 30	15	3	18	4	0	4	0	1	1	19	4	23	3	0	3
31 - 40	28	10	38	5	1	6	3	0	3	36	11	47	3	1	4
41 -54	20	7	27	4	0	4	5	0	5	29	7	36	4	1	5
55 -65	3	1	4	0	0	0	0	1	1	3	2	5	2	0	2
> 66	0	0	0	0	0	0	1	0	1	1	0	1	0	0	0
Total	121	56	177	15	2	17	9	2	11	145	60	205	20	4	24

ANNEXURE

Annexure -3 POD Programme Annual Report - 2022

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 Lepira reaction cases diagnosed by the team during field visit				UT Reaction cases management			Community Volume Interview				POD camps		
		No. of persons practicing self care regularly.	No. of persons having Foot problem.	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.	Number of reaction cases received prednisone 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	Tiruvannamalai	119	50	90	90	4	2	96	67	67	62	0	1	1	2	0	1	0	1	1	2	1	30	30	34	34	0	0	2	25	18		
	Thiruvarur	5	1	4	2	1	0	3	1	1	1	0	0	0	0	0	0	0	0	0	0	0	1	1	3	3	0	0	0	0	0		
	Nagapattanam	0	0	0	0	0	0	0	3	3	3	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	40	29		
	Erode	199	99	157	157	15	4	157	122	122	122	5	1	0	1	0	0	3	0	5	8	4	50	50	55	55	0	0	12	156	96		
	Coimbatore	112	29	96	91	12	0	68	36	36	36	0	0	0	0	0	0	0	0	2	2	12	12	43	37	0	0	1	9	6			
	Tiruppur	35	11	31	24	1	0	27	10	10	10	0	0	0	0	0	0	0	0	1	1	2	2	18	17	0	0	0	0	0	0		
	Dindigul	101	28	79	77	7	2	84	34	34	34	1	0	0	0	0	0	0	0	0	1	0	17	17	39	0	0	3	46	26			
	Madurai	0	0	0	0	3	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	89	7			
	Virudhnagar	21	20	17	16	0	0	18	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	5	0	2	31	8			
	Thanjavur	188	95	149	113	20	8	123	33	33	32	5	0	2	2	0	0	1	1	2	4	1	12	11	53	31	0	0	9	130	30		
	Thiruvallur	170	64	154	97	29	9	117	13	13	13	5	1	1	1	0	0	1	0	1	2	1	4	4	41	24	0	0	12	220	54		
	Sivaganga	120	61	89	67	8	4	79	18	18	16	4	2	3	6	0	2	0	1	1	2	0	11	9	31	19	0	0	5	89	17		
	Thoothukudi	124	47	107	83	10	5	100	14	14	14	2	0	0	0	0	0	1	1	2	4	0	5	5	41	23	1	0	1	12	4		
	Total	1194	505	973	817	110	86	34	872	351	351	343	22	5	7	12	0	3	7	4	15	26	10	144	141	364	287	1	0	50	847	295	
Andhra Pradesh	DFULC Nellore	72	66	59	59	5	3	2	52	5	4	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	6	194	19		
Grand Total		1266	571	1032	876	115	89	36	924	356	347	22	5	7	12	0	3	7	4	15	26	10	144	141	364	287	1	0	56	1041	314		

ANNEXURE

Annexure - 3A DPMR training and meeting activities annual report - 2022

Name of the State	Name of the districts	District level giving Trainings										Health facilities level Trainings										Meetings					
		Total No. of Trainings Conducted / Facilitated at PHCs Level					Total No. of Participants Attended					Total No. of Trainings Conducted / Facilitated at HF's Level					Total No. of Participants Attended					Total No. of Meetings Conducted / Attended					
		Mos	NLEP Staff	PHC Staff	Field Staff	Others	Total	Mos	NLEP Staff	PHC Staff	Field Staff	ASHAs	Others	Total	Mos	NLEP Staff	PHC Staff	Field Staff	ASHAs	Others	Total	Mos	NLEP Staff	ANMs	ASHAs	Others	Total
Tamil Nadu	Tiruvannamalai	2	1	34	5	4	0	0	44	7	8	12	18	64	0	0	0	0	102	1	0	21	0	0	0	0	21
	Thiruvarur	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	
	Nagapattanam	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	6	0	0	6	
	Erode	8	81	8	23	70	160	342	7	12	16	44	76	0	131	279	4	1	76	0	2	79	0	0	0	0	
	Coimbatore	1	1	13	0	4	2	20	1	1	2	2	9	20	0	34	3	1	39	0	0	40	0	0	0	0	
	Tiruppur	1	0	14	0	4	0	18	0	0	0	0	0	0	0	0	0	4	6	26	45	5	8	90	0	0	
	Dindigul	1	4	24	0	0	0	28	2	8	6	16	98	24	7	159	4	9	13	75	24	15	136	0	0		
	Madurai	6	30	0	68	86	0	184	0	0	0	0	0	0	0	0	0	3	1	1	2	0	207	211	0	0	
	Virudhnagar	5	60	0	69	61	0	190	0	0	0	0	0	0	0	0	0	3	0	0	0	0	113	113	0	0	
	Thanjavur	3	30	15	26	54	0	125	1	1	1	12	0	0	0	14	26	0	0	39	0	1639	1678	0	0		
	Thirunelveli	7	105	28	35	98	0	266	2	0	0	0	0	0	134	134	12	0	0	53	6	775	834	0	0		
	Sivaganga	6	32	26	54	92	21	225	3	0	10	0	0	0	96	106	22	4	14	29	0	1373	1420	0	0		
	Thoothukudi	3	0	28	20	40	0	88	4	16	12	62	36	0	23	149	11	12	6	40	0	390	448	0	0		
Total	43	344	190	300	513	0	183	1530	27	46	59	154	283	44	391	977	94	34	202	283	35	4522	5076	0	0		
Andhra Pradesh	Nellore Urban	1	0	0	4	0	0	12	16	1	0	0	27	0	0	27	5	8	2	12	85	6	113	0	0		
Grand Total	44	344	190	304	513	0	195	1546	28	46	59	181	283	44	391	1004	99	42	204	295	120	4528	5189	0	0		

ANNEXURE

Annexure - 4B Andhra Pradesh, Karnataka, Jharkhand and Chhattisgarh DPMR activities annual report -2022

States	Districts	NO. of PHCs visited	Number Disability patients Visited	Any Health Staff visited at least once in last 3 Months	Self Care										POD camps		
					Practising Self Care	Is Self Care materials available?	Practicing Exercises	Number having planter anaesthesia or ulcer orG2	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	2	1	1	0	1	1	0	0	0	0	0	1	1	1	5	4
	Kurnool	5	46	46	22	22	22	14	14	9	26	26	20	18	4	48	39
	Kadapa	7	11	11	8	7	6	4	4	4	0	0	2	2	1	5	3
	Nellore	16	21	21	11	17	10	17	14	13	1	1	11	11	6	139	22
	Chittoor	1	6	4	3	3	3	6	6	6	0	0	6	6	0	0	0
	Prakasam	6	3	2	2	2	2	1	1	1	0	0	1	1	3	7	7
	Srikakulam	30	56	19	48	54	3	43	43	43	3	1	53	49	3	58	26
	Vizianagaram	66	123	18	97	112	28	88	88	87	0	0	98	92	5	53	22
	Vishakapatnam	130	193	41	124	166	14	137	137	134	11	5	255	252	16	343	146
	Total	263	460	163	315	384	89	310	307	297	41	33	447	432	39	658	269
Karnataka	Ballari	133	185	184	113	138	24	96	96	0	20	20	93	90	21	69	116
	Raichur	52	37	37	18	22	4	20	20	0	4	4	13	13	5	12	18
	Koppal	58	65	65	37	52	7	32	30	0	11	11	28	28	10	28	57
	Total	243	287	286	168	212	35	148	146	0	35	35	134	131	36	109	191
Jharkhand	Gumla	62	181	101	144	153	141	107	99	6	22	5	76	63	2	10	10
	Lohardaga	26	70	39	53	59	49	37	32	5	7	8	25	18	1	4	3
	Simdega	36	88	49	72	71	68	51	45	5	1	1	33	23	0	0	0
	Godda	25	48	21	25	24	24	17	16	4	13	5	6	5	1	1	1
	Deoghar	60	122	38	66	66	66	44	43	2	17	5	7	7	0	0	0
	E. Singhbhum	52	147	67	106	109	90	98	88	11	69	38	34	27	1	5	11
	W. Singhbhum	65	175	131	118	130	109	109	104	13	24	10	39	29	0	0	0
	Saraikela	35	103	79	84	86	72	64	57	6	18	10	27	21	1	6	12
	Giridih	54	157	51	100	111	70	93	85	12	50	18	21	20	4	14	114
	Dumka	41	120	57	62	61	61	49	45	10	29	15	15	15	1	22	5
	Jamtada	26	83	38	47	46	46	53	53	19	14	2	33	33	0	0	0
	Ranchi	68	225	62	173	179	183	116	111	14	21	5	84	70	5	42	44
Total	550	1519	733	1050	1095	979	838	778	107	285	122	400	331	16	104	200	
Chhattisgarh	Mahasamund	41	197	107	79	195	47	120	119	10	28	26	19	25	29	204	527
	Baloda Bazar	39	141	84	69	140	42	108	107	2	15	10	14	19	10	105	187
	Raigarh	105	309	279	269	276	220	195	187	3	17	8	9	7	6	109	42
	Jangir-Champa	131	353	203	216	273	171	217	217	13	53	40	21	21	10	102	304
	Total	316	1000	673	633	884	480	640	630	28	113	84	63	72	55	520	1060
Grand Total	1372	3266	1855	2166	2575	1583	1936	1861	432	474	274	1044	966	146	1391	1720	

ANNEXURE

Annexure - 4C Andhra Pradesh, Karnataka, Jharkhand and Chhattisgarh DPMR training and meeting activities annual report - 2022

Name of the State	Name of the districts	District level giving Trainings										Health facilities level Trainings										Meetings					
		Total No. of Trainings Conducted / Facilitated at PHCs Level					Total No. of Participants Attended					Total No. of Trainings Conducted / Facilitated at HFs Level					Total No. of Participants Attended					Total No. of Meetings Conducted / Attended					
		Mos	NLEP Staff	PHC Staff	Field Staff	ASHAs Others	Total	Mos	NLEP Staff	PHC Staff	Field Staff	ASHAs Others	Total	Mos	NLEP Staff	PHC Staff	Field Staff	ASHAs Others	Total	Mos	NLEP Staff	ANMs	ASHAs	Others	Total		
Andhra Pradesh	Anantapur	1	0	0	0	4	5	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Kurnool	0	0	0	0	0	0	1	0	6	3	3	6	0	18	1	6	0	0	0	0	0	0	0	0	7	
	Kadapa	3	40	2	32	3	82	7	13	0	7	87	84	0	191	2	1	3	2	2	130	138	12	3	4	3	
	Nellore	9	139	8	86	371	0	93	697	8	4	7	10	43	101	27	192	1	1	1	3	4	3	12	46	46	
	Chittoor	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	
	Prakasam	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	
	Srikakulam	2	2	4	80	0	0	86	3	3	1	28	0	47	22	101	3	5	1	66	78	6	156	0	0	0	
	Vizianagaram	0	0	0	66	0	0	72	8	9	5	136	0	226	0	376	2	2	0	28	57	0	87	0	0	0	
	Vishakhapatnam	1	0	1	48	0	0	52	26	34	7	440	0	656	63	1200	7	7	2	113	155	3	280	0	0	0	
	Total	16	182	15	282	403	3	109	994	53	63	26	133	1120	112	2078	22	18	31	212	296	235	792	500	500	149	96
Karnataka	Ballari	4	0	14	0	0	72	86	120	180	77	254	690	635	85	1921	27	41	18	171	202	68	500	0	0	0	
	Raichur	5	53	17	34	112	12	50	278	23	56	17	117	61	91	8	350	7	5	9	42	84	9	149	0	0	
	Koppal	6	88	16	34	69	12	50	269	52	81	35	171	147	367	25	826	6	5	4	24	59	4	96	0	0	
	Total	15	141	47	68	181	24	172	633	195	317	129	542	898	1093	118	3097	40	51	31	237	345	81	745	396	74	287
	Jharkhand	Gumla	8	69	27	123	32	0	8	259	7	11	2	4	41	412	0	470	6	14	28	4	311	39	396	0	0
		Lohardaga	6	39	15	29	41	0	13	137	1	2	4	24	45	0	75	5	9	24	23	0	18	74	0	0	0
		Simdega	11	36	16	27	199	0	2	280	7	9	7	3	8	673	2	702	5	9	16	20	212	30	287	0	0
		Godda	3	20	5	0	0	0	77	102	10	9	14	7	0	397	12	439	0	0	0	0	0	0	0	0	0
		Deoghar	2	34	3	0	0	0	5	42	8	8	11	8	22	136	7	192	4	4	26	0	0	11	41	0	0
		E. Singhbhum	3	31	20	0	0	0	6	57	6	7	9	36	292	6	357	5	10	45	0	0	11	66	0	0	0
W. Singhbhum		6	28	17	8	110	0	10	173	4	3	9	0	8	336	3	359	7	6	51	0	19	12	88	0	0	
Saraikeela		4	19	36	12	4	0	1	72	0	0	0	0	0	0	0	0	5	12	50	0	0	7	69	0	0	
Giridih		8	49	52	28	28	0	13	170	5	4	6	5	23	135	4	177	7	11	62	0	0	10	83	0	0	
Dumka		1	29	4	0	0	0	4	37	10	11	14	5	2	132	60	224	4	6	12	0	19	20	57	0	0	
Jamtada	3	21	4	16	5	26	5	77	8	10	12	2	1	137	10	172	2	1	3	0	11	1	16	0	0		
Ranchi	1	3	12	10	8	0	0	33	9	3	3	2	29	793	7	837	8	17	44	0	0	23	84	0	0		
Total	56	378	211	253	427	26	144	1439	75	77	89	69	215	3443	111	4004	58	99	361	47	572	182	1261	46	14	126	
Chhattisgarh	Mahasamund	1	28	3	0	0	5	36	28	34	89	113	95	59	138	528	3	3	6	27	0	10	46	0	0		
	Baloda Bazar	2	24	1	0	58	0	4	87	6	7	9	20	70	25	154	1	4	1	5	3	1	14	0	0		
	Raigarh	0	0	0	0	0	0	0	0	6	13	6	3	101	0	135	9	11	15	66	12	22	126	0	0		
	Jangir-Champa	0	0	0	0	0	0	0	0	14	15	30	13	59	136	12	265	2	2	9	1	0	10	22	0		
Total	3	52	4	0	58	0	9	123	54	69	134	149	325	220	185	1082	15	20	31	99	15	43	208	0	0		
Grand Total	90	753	277	603	1069	53	434	3189	377	526	378	1384	1571	5876	526	10261	135	188	454	595	1228	541	3006	0	0		

ANNEXURE

Annexure - 5 Bihar 28 districts DPMR activities annual report at SLRC level -2022

Quarter	Total no. of patients attended		No. of PHC/CHC Referred		Mode of Referral		Type of patients				Diagnosis			New Case		UT		Reaction				Treatment Given				Physiotherapy				Post-operative RCS Patients Followups		Referral																										
	I	II	III	IV	PLRC	TLRC	PVT/Practitioner	ASHA	Positive/Others	Total	Suspect	UT	Reaction	Neuritis	RCS	Disability	Others	Total	New case	MB	PB	Total	MB	PB	Total	RTT	GTD	G2D	Skin smear taken	Skin smear result (+ve)	First Time		Follow-up	Total	Type I	Type II	Neuritis	Recurent	Total	MDT Drugs	Prednisolone	Clozaximine	Safe Care	Exercise	UST	MST	Customised Footwear eligibility	Customised Footwear Supplied	Aids & Appliances	MCR Footwear	RCS Eligible	Referred for RCS	12-Months	24-Months				
I	722	162	3	34	60	435	28	722	295	176	72	44	90	26	114	0	817	195	14	86	295	112	83	195	125	51	176	211	14	182	28	NA	64	52	116	57	11	44	4	116	289	108	1	192	138	12	0	4	0	3	113	23	12	NA	NA	155	7	
II	2028	551	551	22	151	1001	146	2028	1161	462	131	155	145	72	205	0	2331	782	85	294	1161	487	295	782	359	103	462	319	50	339	38	NA	157	129	286	95	31	155	5	286	1108	263	7	397	285	0	2	17	1	8	159	62	41	NA	NA	713	46	
III	2688	569	569	25	158	160	1563	213	2688	1351	936	219	124	59	201	0	3069	805	74	472	1351	487	318	805	723	213	462	370	47	317	47	NA	211	187	398	157	38	179	24	398	1409	338	17	357	239	0	5	12	5	5	148	57	25	NA	NA	788	46	
IV	2361	428	3	67	373	1490	100	2361	1097	892	183	143	45	165	0	3673	522	69	506	1097	319	203	522	666	226	892	403	36	305	55	NA	152	174	326	106	41	143	36	326	1125	256	29	314	221	0	1	33	35	2	107	39	26	NA	NA	470	31		
Annual	7799	1710	1710	135	410	650	4489	487	7799	3904	2466	605	521	507	202	685	0	8890	2304	242	1358	3904	1405	899	2304	1873	593	2466	1303	147	1143	168	NA	584	542	1126	415	121	521	69	1126	3931	955	54	1260	883	12	8	66	41	18	526	181	104	NA	NA	2126	130



ANNEXURE

Annexure - 5A Bihar 28 districts DPMR activities annual report at PHC level - 2022

Quarter	No. of PLRC	Monthly Progress Reports Available	Treatment Register	Reaction Register	Disability Register	MDT Stock Register	No. of Cases Referred to SLRC/TLRC through Referral Forms (From Jan - Till Date)							No. of Cases Received from SLRC / TLRC through Feedback Forms	Patient Information Card Available	Adequate Stock of MDT Available	Adequate Stock of Tab. Prednisolone Available
							Suspect	Child cases detected	Child cases referred	Ulcer Care	Neuritis / Reaction	RCS	Others				
I	126	94	124	100	112	103	13	NA	0	2	2	20	1	5	118	113	86
II	120	87	114	98	102	96	18	NA	5	3	6	16	2	23	110	110	63
III	84	52	79	67	68	65	60	NA	14	4	14	10	0	61	79	70	28
IV	103	73	95	78	79	83	77	NA	39	11	19	17	4	93	95	86	45
Total	433	306	412	343	361	347	168	NA	58	20	41	63	7	182	402	379	222

ANNEXURE

Bihar 28 districts DPMR activities cases visited annual report -2022

Annexure - 5B

Quarter	No. of the of PLRC visited				Under Treatment Patients Visit				Contact Examination (Team)				Received Patient Information Card			No. of New Cases Identified & Diagnosed by the Team During Field Visit			No. of New Leprosy Reaction Cases Identified by the Team During Field Visit						Reaction Patients Visit										Self Care Activities									
	Number of UT cases	Number correctly diagnosed	Number on Regular Treatment	Number Had Family History of Leprosy Treatment	No. of Contacts	No. of Contacts Examined	No. of MB Cases Detected	No. of PB Cases Detected	No. of Contacts	No. of Contacts Examined	No. of MB Cases Detected	No. of PB Cases Detected	MB	PB	Total	No. of G2D	Number had Family History of Leprosy Treatment	Type I	Number of Type-I with Neuritis	Type II	Number of Type-II with Neuritis	Neuritis	Total	No. of new G2D	Number of UT Reaction	Diagnosed Reactions Correctly	Reaction Treatment Given Correctly	Taking Regular Reaction Treatment	Number of Disability	Patients Visited	Practising Self Care	Number of patient having Foot disability/Ulcer	Using Protective Footwear	Number Need Customised Footwear	Number Using Customised Footwear	Eligible for RCS	RCS Done	Receiving any Govt. Scheme benefit						
I	154	227	224	38	901	275	2	2	166	16	18	34	8	12	7	7	7	7	2	1	15	32	10	70	60	60	66	140	75	62	61	10	10	1	44	5	36							
II	130	307	300	73	3242	774	18	23	277	52	60	112	15	NA	18	9	4	3	24	24	58	28	93	89	85	83	286	197	146	NA	55	NA	NA	154	36	88								
III	84	238	236	54	2037	357	17	12	204	45	51	96	13	NA	13	9	4	1	24	51	24	66	66	65	62	161	111	84	NA	33	NA	79	12	43										
IV	103	184	179	48	1433	272	8	6	147	28	26	54	10	NA	5	2	0	4	14	25	8	52	45	43	43	103	72	58	NA	30	NA	55	13	35										
Total	471	956	939	213	7613	1678	45	43	794	141	155	296	46	12	43	27	10	9	77	166	70	281	260	253	254	690	455	350	61	128	1	332	66	202										



Annexure - 5C Bihar 28 districts DPMR training and meeting activities annual report - 2022																		
Quarter	5 Days Trainings Conducted at district Level				One Day Trainings Conducted at PHCs Level				District level NLEP Meetings attended									
	Total No. of Trainings Conducted	Mos	Physiotherapists	Nps	Others	Total	Total No. of Trainings Conducted	Mos	NLEP Staff	Nps	Others	Total	Total No. of Participants Attended					
I	3	0	25	24	0	49	3	1	25	40	6	72	9	4	85	5	0	94
II	0	0	0	0	0	0	22	150	88	100	8	346	18	5	183	63	9	260
III	0	0	0	0	0	0	21	452	98	104	39	693	22	87	116	71	53	327
IV	0	0	0	0	0	0	13	340	24	15	32	411	20	38	117	89	8	252
Annual	3	0	25	24	0	49	59	943	235	259	85	1522	69	134	501	228	70	933

ANNEXURE

Annexure - 6

Involvement of Community Social Workers (CSWs) in DPMR Programme - 2022

Parameters	Jharkhand	Bihar	Chhattisgarh	Total
Total No. of districts covered	5	19	4	28
Total No. of CSO/Vols involved	6	19	7	32
Number of Persons affected by leprosy with disabilities at the beginning of the quarter/annual	2196	18347	2015	22558
Number of Persons affected by leprosy with disabilities deleted from the list	107	850	162	1119
Number of Persons affected by leprosy with disabilities added to the list	773	839	430	2042
Number of Persons affected by leprosy with disabilities at the end of the quarter/annual	2862	18336	2283	23481
Number of Persons affected by leprosy with disabilities visited during the quarter/annual	3347	7724	3871	14942
Number of persons with plantar ulcers (among Patients visited)	958		694	1652
Number of them practising self care	2150	2984	3761	8895
Number of them wearing appropriate foot wear	1767	3027	1948	6742
Number of them required foot wear	1624		1564	3188
No. of patients having Disability Certificate.	808	3855	298	4961
No. of patients receiving Pension.	596	4425	251	5272
No. of patients identified for RCS.	234	862	145	1241
No. of patients RCS done	48	98	42	188
Number referred to hospital/PHC for any problems	93	124	86	303
Total number of persons identified for LEP support during quarter/annual	110	399	79	588
Total number of persons received LEP support during quarter/annual	13	52	21	86
Number of LEP beneficiaries monitored during quarter/annual	79	243	96	418
Number of suspects referred to PHC for diagnosis during quarter/annual	226	230	220	676
Number of leprosy cases confirmed during quarter/annual	171	155	95	421
No of Under treatment patients visited	772	570	840	2182
No. of Under treatment patients taking regular treatment	768	496	830	2094
No. of reaction patients visited	247	168	348	763
No. of reaction patients taking regular treatment	239	91	338	668

ANNEXURE

Annexure - 7		Projects annual TB report- 2022													
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	1940	87	57	50	22	7	83%	50%	79%		7	88	169	7
Delhi	Delhi	6516	1055	3594	3021	901	573	78%	76%	83%	75%	3	57	57	5
	Total	8456	1142	3651	3071	923	580	81%	63%	81%	75%	10	145	226	6

ANNEXURE

Annexure - 8		Andhra Pradesh and Bihar District Consultancy Team DR TB Annual report - 2022																							
States	Name of the district	No. of patients counselled in admission time in DOTS plus site				Patients interaction meetings				Patients visited			Patients on DOT				No. of DOT Ps functioning correctly (%)								
		No. of meeting conducted	No. of patients attended	No. of DOT provider attended	No. of GH staff attended	MDR TB	XDR TB	Total	MDR TB	XDR TB	Total	Irregular DR TB patients motivated	Irregular DR TB patients retrieved	Defaulter DR TB patients motivated	Defaulter DR TB patients retrieved	No. of DOT Providers visited									
Andhra Pradesh	Anantapur	1	3	3	6	47	25	72	47	25	72	25	47	25	72	0	0	0	0	0	0	0	0	0	
	Kurnool	0	0	0	0	42	24	66	42	24	66	24	42	24	66	0	0	0	0	0	0	0	0	100	
	Kadapa	0	0	0	0	34	21	55	33	21	54	21	33	21	54	4	0	0	0	0	0	0	0	0	
	Nellore	0	0	0	0	87	33	120	87	33	120	33	87	33	120	9	0	0	0	0	0	0	0	0	100
	Chittoor	0	0	0	0	52	12	64	52	12	64	12	52	12	64	1	0	0	0	0	0	0	3	0	0
	Prakasam	0	0	0	0	34	2	36	34	2	36	2	34	2	36	2	0	0	0	0	0	0	1	0	0
	Total		1	3	3	6	296	117	413	295	117	412	117	295	117	19	19	0	0	0	4	4	4	100	
Bihar	Darbhanga					37	0	37	26	0	26	0	26	0	26	8	6	3	1	16	13	81			
	Saharsa					9	0	9	9	0	9	0	9	0	9	1	0	0	0	6	4	67			
	Madhubani					28	0	28	17	0	17	0	17	0	17	0	1	1	15	12	80				
	Supaul					64	0	64	41	0	41	0	41	0	41	0	2	2	36	27	75				
	Madhepura					25	0	25	25	0	25	0	25	0	25	2	2	2	17	10	59				
Total		0	0	0	0	163	0	163	118	0	118	0	118	0	11	9	0	0	90	66	73				
Grand Total		1	3	3	6	459	117	576	413	117	530	117	413	117	30	28	0	0	94	70	74				

ANNEXURE

State		Annexure - 8A Andhra Pradesh and Bihar NTEP training and meeting activities annual report - 2022																										
		District level giving Trainings										Health facilities level Trainings										Meetings						
		Total No. of Trainings Conducted / facilitated at PHCs Level					Total No. of Participants Attended					Total No. of Trainings Conducted / facilitated at HF's Level					Total No. of Participants Attended					Total No. of Meetings Conducted / Attended		Total No. of Participants Attended				
Name of the districts		Mos	NTEP Staff	PHC Staff	Field staff	ASHAs	Others	Total	Mos	NTEP Staff	PHC Staff	Field Staff	ASHAs	Others	Total	Mos	NTEP Staff	PHC Staff	Field Staff	ASHAs	Others	Total	Mos	NTEP Staff	ANMIs	ASHAs	Others	Total
Andhra Pradesh	Anantapur	1	0	20	0	0	0	20	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Kurumool	3	0	0	0	3	8	47	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	8	0	0	0	8
	Kadapa	1	0	16	0	0	0	16	2	3	1	7	15	0	26	2	1	11	0	0	0	0	0	0	0	0	0	12
	Nellore	7	84	3	86	63	0	324	7	3	45	4	41	89	182	4	0	11	0	0	0	0	0	0	0	0	455	466
	Chittoor	1	0	16	0	0	0	16	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	Prakasam	1	0	21	0	0	0	21	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	16
	Total	14	84	76	86	66	8	371	691	9	6	46	11	56	89	0	208	1	30	0	0	0	0	0	0	0	0	471
Bihar	Darbhanga	0	0	0	0	0	0	0	4	1	7	0	2	0	11	0	0	0	0	0	0	0	0	0	0	0	0	
	Saharsa	0	0	0	0	0	0	0	1	1	2	0	0	0	3	3	3	17	0	0	0	0	0	0	0	13	33	
	Madhubani	1	0	1	0	8	0	10	3	1	8	0	0	0	3	12	8	12	163	56	0	65	0	2	12	296		
	Supaul	0	0	0	0	0	0	0	3	1	5	0	0	0	7	1	1	8	1	0	2	12	1	15	2	0	4	
Madhepura	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1	15	2	0	4	22	0	4	22			
Total	1	0	1	0	8	0	1	10	11	4	22	0	2	0	5	33	17	203	59	0	84	363	18	233	59	0	555	865
Grand Total	15	84	77	86	74	8	372	701	20	10	68	11	58	89	5	241	22	18	233	59	0	555	0	555	0	865		

Annexure - 9													
Delhi MDR TB cases registered and out comes from 2010 to 2022													
Particulars	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
MDR TB Cases registered	19	31	88	43	58	59	46	70	103	147	150	197	191
12 months Culture Conversion	14	13	64	38	32	20	38	46	65	98	101	128	37
Cured	14	19	40	28	28	24	26	40	57	98	101	128	37
Completed	0	2	5	1	2	6	4	4	6	9	6	11	0
Defaulter	0	2	20	8	5	8	7	12	20	19	7	12	10
Died	3	3	17	4	11	8	3	8	7	9	17	10	5
Failure / (Reg. Change)	1	5	3	1	11	9	3	4	9	10	17	9	0
Transfer Out	1	0	3	1	1	4	3	2	4	2	2	1	2
Still under treatment												26	137
Total outcome cases	19	31	88	43	58	59	46	70	103	147	150	197	191
Treatment success rate	74%	68%	51%	67%	52%	51%	65%	63%	61%	73%	71%		

Annexure 10

Annual Report 2022

Diagnostic and follow up samples processed at DTRC Nellore - Andhra Pradesh

District	Population covered for 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	Culture positive	Total	Smear Positive	Smear Negative	Inconclusive	Both Sensitive RIF & INH	RIF	INH	RIF & INH	Total	Inconclusive	Both Sensitive	FLO	SLID	FLO & SLID		
Nellore	3607690			2629	1938	691	1938	691	18	1639	19	203	59	281	16	232	29	3	1
Kadapa	3415612			2223	1323	900	1323	900	10	1190	12	86	25	124	11	102	10	1	0
Chittoor	4938322			3047	2086	961	2086	961	26	1888	30	104	38	175	13	151	11	0	0
Prakasam	4017429			634	630	4	630	4	20	536	6	45	23	74	5	63	6	0	0
Krishna	4791648			1808	1794	14	1794	14	31	1566	22	138	37	212	2	192	18	0	0
Guntur	5315679			1867	1861	6	1861	6	27	1560	16	186	72	280	11	229	40	0	0
West Godavari				986	984	2	984	2	31	861	6	66	20	94	2	82	9	1	0
Total	26086380	0	0	13194	10616	2578	10616	2578	163	9240	111	828	274	1240	60	1051	123	5	1

ANNEXURE

Annexure 11		Annual Report 2022																		
Diagnostic and follow up samples processed at DTRC Darbhanga - Bihar state.		Follow up samples received and inoculated in Liquid/Solid media				CBNAAT			First line LPA				Second line LPA							
District	Population covered for diagnosis & Follow up	Total	Smear Positive	Smear Negative	Culture positive	Total	MTB detected	RIF -resistant	Total	Inconclusive	Both Sensitive	RIF	INH	RIF & INH	Total	Inconclusive	Both sensitive	FLQ	SLID	FLQ & SLID
Darbhanga	5014964	440	88	352	74	1814	582	88	577	23	380	19	37	118	212	20	97	81	3	11
Madhubani	5810976	483	69	414	57	648	207	31	784	52	549	13	67	103	210	22	97	73	4	13
Saharsa	2468489	56	13	43	10	28	9	3	9	0	2	1	0	6	22	3	8	11	0	0
Supaul	2935175	133	26	107	11	52	15	2	128	4	107	2	3	12	7	0	4	3	0	0
Madhepura	2550487	92	14	78	9	5	1	0	17	2	2	1	3	9	13	1	8	3	0	1
Samastipur	5399903	299	54	245	22	172	56	7	466	29	263	23	32	119	202	23	477	86	1	12
Muzaffarpur	5975296	443	95	348	43	61	19	2	466	8	303	12	29	114	181	17	75	76	1	11
Sitamarhi	4372618	506	101	405	27	41	14	4	773	30	552	10	43	138	201	17	65	101	1	17
Sheohar	858254	111	19	92	10	0	0	0	76	5	47	2	5	17	34	2	17	13	0	2
E.Champaran	6499387	109	23	86	20	0	0	0	460	13	302	25	34	86	137	5	53	72	2	5
W.Champaran	5015998	154	35	119	26	0	0	0	280	4	202	4	21	49	69	6	32	25	0	6
Total	46901547	2826	537	2289	309	2821	903	137	4036	170	2709	112	274	771	1288	116	933	544	12	78

GLOSSARY

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

GLOSSARY

DTRC	Damien TB Research Centre (a facility in Nellore and Dharbanga for diagnosis, management and research in MDR TB)
FCRA	Foreign Contribution Regulation Act
GHS	General Health Staff
HIV	Human Immunodeficiency Virus
HF	Health Facilities
IEC	Information, Education and Communication
ILEP	International Federation of Anti-leprosy associations. Has ten members
INR	Indian Rupees
INH	Isoniazid
IP	In patient
LEP	Livelihood Enhancement Programs (a socio-economic rehabilitation programs implemented by DFIT assisted projects)
LJ	Löwenstein–Jensen
LP A	Line Probe Assay
L T	Laboratory Technician
MB	Multi Bacillary leprosy
MCR	Micro Cellular Rubber. Rubber sheet used for insole in the footwear of leprosy affected person with anaesthesia or deformity in the foot
MDR TB	Multi Drug Resistant Tuberculosis
MDT	Multi Drug Therapy
MTB	Mycobacterium Tuberculosis
NGO	Non-Governmental Organization
NLEP	National Leprosy Eradication Programs
NSP	New Sputum Positive case (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)

GLOSSARY

NTEP	National Tuberculosis Elimination Program
OPD	Outpatient Department
PA	Public Announcement system
PAL	People Affected by Leprosy
PB	Paucibacillary leprosy
PHC	Primary Health Centre. The main health facility in rural area covering a population of 25000 to 200000 and responsible for implementing curative and preventive services in the designated population
PMDT	Programmatic Management of Drug Resistant TB
POD	Prevention of Disability. Important component of leprosy control aimed at preventing the occurrence and management of disability
RMP	Rural Medical Practitioner
RIF	Rifampicin
RNTCP	Revised National TB Control Programs
RCS	Re-Constructive Surgery
STLS	Senior TB Laboratory Supervisor- Laboratory supervisor in TB unit for guiding laboratory work in the 5 designated microscopy centres.
STO	State TB Officer. Programs officer in a state in charge of TB control.
STS	Senior TB Supervisor. One in every TB unit at sub district level for 5,00,000/- population and responsible for field supervision in TB control.
TB	Tuberculosis
TBS	Tuberculosis Supervisor
TU	Tuberculosis Unit
WHO	World Health Organization
XDR TB	Extensively Drug Resistant Tuberculosis



in Partnership with



Damien Foundation India Trust

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

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

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

www.facebook.com/damienDFIT

