

ANNUAL REPORT



2023

DAMIEN FOUNDATION INDIA TRUST

BOARD MEMBERS



DR. P. KRISHNAMURTHY

Chairman



Mr. N.R. SURESH

Treasurer



Mr. A.L. SOMAYAJI

Member



Dr. MANNAM EBENZER

Member



**Mrs. RADHIKA
SANTHANKRISHNAN**

Member



Dr. S. RAJA SAMUEL

Member



Dr. M. SHIVAKUMAR

Member

CONTENTS

SL.NO	TABLE OF CONTENTS	PAGE NO
1	FOREWORD	1
2	INTRODUCTION	2
3	HUMAN RESOURCES	6
4	ANDHRA PRADESH	7
5	BIHAR	13
6	CHHATTISGARH	29
7	DELHI	32
8	JHARKHAND	37
9	KARNATAKA	41
10	TAMIL NADU	44
11	SOCIO ECONOMIC REHABILITATION	49
12	CONTINUING MEDICAL EDUCATION (CME)	55
13	AWARDS & RECOGNITION	57
14	RESOURCE MOBILISATION	59
15	ANNEXURES	61
16	GLOSSARY	81

FOREWORD



Dr. M. Shivakumar
Secretary

Facing tough challenges in 2023, we tested our commitment to making a positive impact on the lives affected by TB and leprosy. Despite financial constraints, our team stayed strong, driven by a burning desire to help. Our staff's dedication and passion shone through, even in the face of fiscal storms.

This report isn't just about numbers; it's a story of our spirit, showcasing how we succeeded over adversity. Explore these pages to discover stories of perseverance, innovation and unwavering dedication.

A big thanks to our board members, staff, volunteers, donors especially Damien Foundation Belgium and partners who supported us during these tough times. Your steadfast support has been crucial to our achievements and we look forward to tackling future challenges together.

As we navigate the upcoming year, let this report be a testament to our shared commitment and the extraordinary impact we can achieve when we unite for a common cause. Together, we can continue making strides in the fight against TB and leprosy, ensuring a healthier and more hopeful future for all.

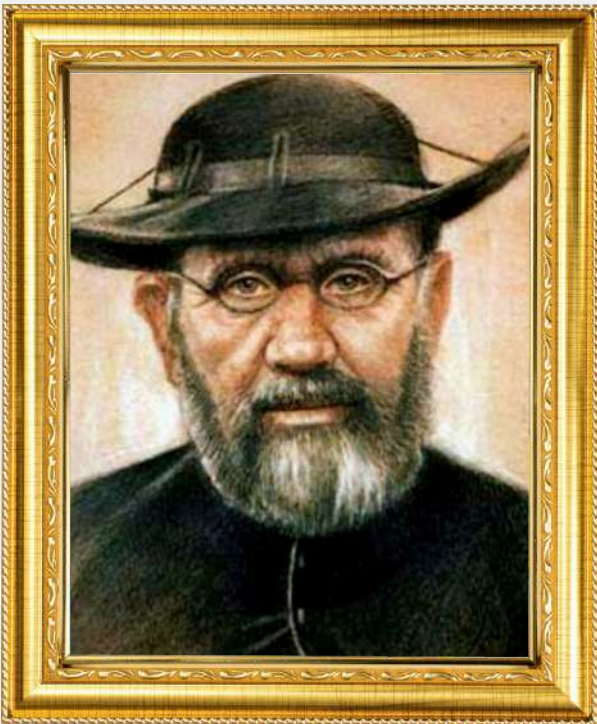
Thank you for being an integral part of our journey



INTRODUCTION

Damien Foundation India Trust (DFIT) is a non-profit organization dedicated to Leprosy and TB Control Activities in India, with support from Damien Foundation Belgium. DFIT provides Leprosy and TB services directly through its projects or by supporting elements of TB and leprosy control programs in selected regions in the country.

The organization initiated leprosy control activities in a South Indian village in 1955, expanded to TB control in 1998, and currently serves a population of 17,87,68,368 across seven states. Damien Foundation's primary objective is to deliver quality care to individuals affected by Leprosy or Tuberculosis, fostering close partnerships with the civil society organisations and the Government.



FR. DAMIEN



DR. CLAIRE VELLUT

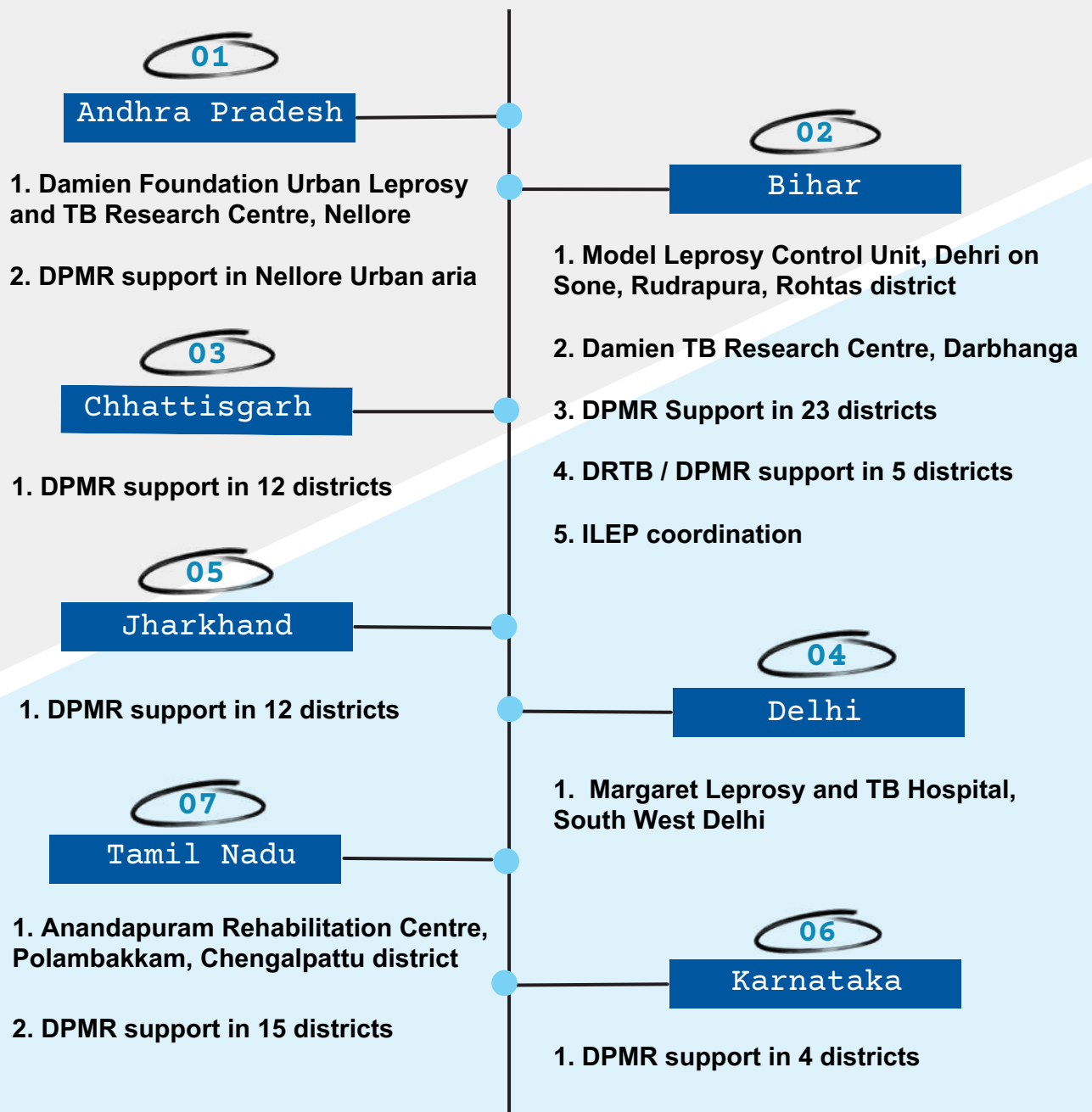
PROJECT LOCATION



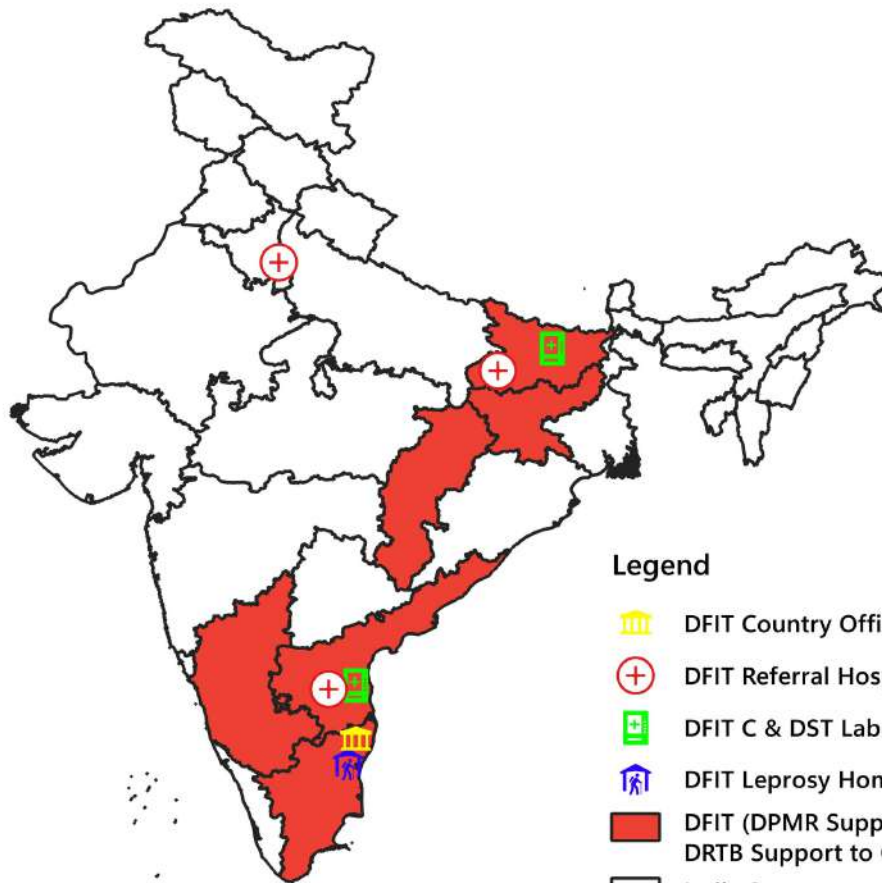
State









PROJECT
NAME



DFIT IN INDIA



Legend

-  DFIT Country Office
-  DFIT Referral Hospitals
-  DFIT C & DST Laboratory
-  DFIT Leprosy Home
-  DFIT (DPMR Support to 71 Districts in 5 States & DRTB Support to 05 Districts in Bihar State)
-  India States

DAMIEN FOUNDATION SUPPORTS

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

1. Damien Foundation manages three referral centres specializing in handling complications related to leprosy, with two of these centres also addressing complications related to TB. Currently, the Damien Foundation supports.
2. Two reference laboratories strategically located in Andhra Pradesh and Bihar to strengthen drug-resistant TB control efforts.
3. Eighteen expert teams operating in 71 districts, focusing on preventing disability.
4. Rehabilitation home for elderly persons affected by leprosy with disabilities in Polambakkam, Tamil Nadu.
5. Persons affected by leprosy with disabilities primarily require medical and social rehabilitation. Damien Foundation has devised various strategies tailored to specific contexts, implementing medical rehabilitation by providing training to individuals with disabilities in home-based self-care. The foundation has also facilitated deformity correction surgeries (RCS) and chronic ulcer care through hospitalization. Family members, community volunteers, and ASHA workers have undergone training to monitor self-care practices. Socio-economic rehabilitation services are provided through support for income-generating activities, housing construction and renovation, educational assistance, and the provision of nutritional supplements.

OUR MISSION



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.

OUR VISION



VISION

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

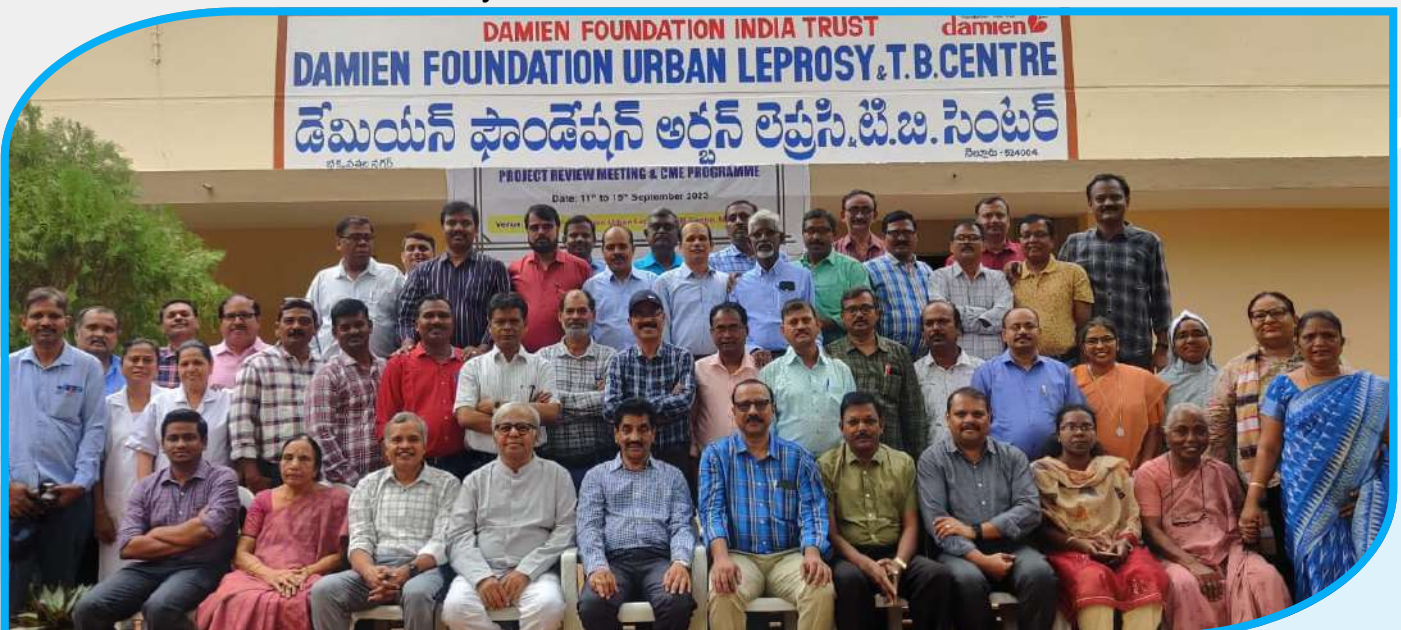
HUMAN RESOURCES

Damien Foundation India Trust is supported by a dedicated team of individuals committed to achieving its vision through assisting those affected by leprosy and tuberculosis. In the year 2023, the organization employed a total of 154 staff members, with 90% focused on program and technical support, and the remaining 10% dedicated to administration and financial execution.

Throughout the year, 17 new members joined the Damien Foundation India Trust team, while 23 staff members were relieved from their duties due to project completion and personal reasons.

The staff is categorized into three groups: Programme Technical Staff, Programme Support Staff, and Administration and Finance Staff, each playing a crucial role in executing the organization's activities.

The table below illustrates the distribution of staff categories appointed by Damien Foundation India Trust in the year 2023.



Classification of Staff		No:of Staff
Programme Technical Staff	Doctors	7
	Paramedical Staff	14
	Lab Technicians / STLS	59
	Staff Nurse	7
	Microbiologist	3
Programme Support Staff	Communication and Public Engagement	1
	Others (Driver / Sweeper / Lab Assistant / Cook / Helper / Security etc.)	47
Total		138
Administration & Finance	Total Administration and Finance Staff	16
Grand Total		154

ANDHRA PRADESH

DAMIEN FOUNDATION URBAN LEPROSY AND TB CENTRE, NELLORE

Damien Foundation Urban Leprosy & TB Centre (DFUL&TC), situated in the urban area of Nellore in the Potti Sri Ramulu Nellore district of Andhra Pradesh, operates directly under DFIT. The leprosy services of the project commenced in 1993, followed by the introduction of TB services in 1998. Following integration, the project continued its commitment to offering referral services for leprosy, including reconstructive surgeries.

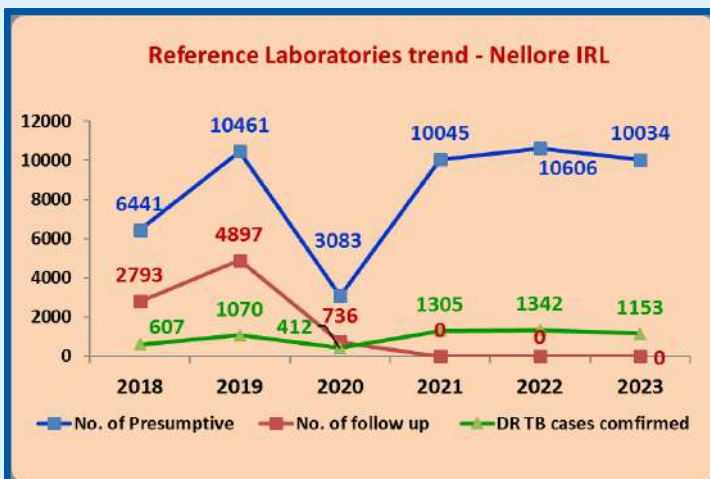


The state has officially acknowledged the centre for RCS, extending its coverage to four districts: Prakasam, Kadapa, Nellore and Chittoor. The centre houses a microscopy facility, catering to a population of 1,39,848 in Nellore urban, to provide essential TB control services.

Damien TB Research Centre (DTRC), Nellore

Damien Foundation TB Research Centre was established in 2008 as a wing of DFUL&TRC in Nellore, Damien TB Research Centre (DTRC) features an 11-bed in-patient facility and a well-equipped laboratory. The laboratory encompasses Culture and Drug Susceptibility Test (DST) capabilities, offering both Phenotype and Genotype tests for Mycobacterium TB. DTRC primarily focuses on the diagnosis and management of drug-resistant TB, along with conducting TB research. Presently, it extends diagnostic services across 11 districts, adhering to National guidelines in all procedures.

To address the specific needs of drug-resistant TB cases, the project has established dedicated wards. Currently, the centre supports patients from the Nellore district, offering assistance in treatment initiation and the management of associated complications



ANDHRA PRADESH

MCR footwear unit, Nellore

In 2014, a specialized footwear unit was founded with the purpose of offering footwear crafted from Micro Cellular Rubber (MCR), including customized options for individuals affected by leprosy with deformed feet. This footwear unit holds recognition from the Central Leprosy Division and three districts regularly place orders for footwear procurement through this project. Notably, the unit supplied 307 pairs of footwear to the Nellore district



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

Leprosy Care services	2019	2020	2021	2022	2023
Out - patients treated	4651	4707	4160	4565	4837
Among them skin patients treated	1734	1491	1162	1517	1924
New leprosy cases diagnosed and referred to PHCs	45	46	39	49	72
Reaction cases managed	50	41	48	50	52
Major Surgeries done	23	6	52	34	25
Minor Surgeries done	11	0	4	9	8
In-patients managed	264	169	265	315	292
Bed days	3663	2483	3126	4968	4111
Protective footwear (MCR) provided	49	59	69	87	48
MCR footwear supplied to districts	2211	2103	1303	321	307



During Reaction

After Reaction



ANDHRA PRADESH



TB care services	2019	2020	2021	2022	2023
Respiratory symptomatic treated	2497	2175	2583	2349	2674
Presumptive TB cases examined	490	960	1707	1940	5025
Total TB cases registered	123	97	66	57	89
Total new TB cases registered	92	71	66	50	74
Among them new sputum positive cases	45	27	33	22	45
Sputum conversion rate for NSP cases	36/48 (82%)	23/25 (92%)	34/34 (100%)	20/24 (83%)	40/43 (93%)
Cure rate for NSP cases	25/30 (83%)	34/44 (77%)	27/27 (100%)	26/33 (79%)	18/24 (75%)
Sputum conversion rate for RT cases	14/20 (70%)	8/12 (67%)	1/1 (100%)	1/2 (50%)	7/7 (100%)
Cure rate for RT cases	5/7 (71%)	9/15 (60%)	8/10 (80%)		1/2 (50%)
In-patients managed	293	36	55	88	54
Bed days	342	36	75	169	77



Capacity Building on leprosy:

DFIT teams played a pivotal role in conducting 28 leprosy training sessions, reaching out to 479 Medical Officers (MOs), 66 NLEP/ nodal person staff members and sensitizing a total of 2036 staff during various trainings.

The focus of these sessions was on enhancing the participants' skills in identifying and referring leprosy cases to health facilities for confirmation and subsequent treatment. The audience comprised Nodal persons, ANMs, MPHAs, ASHA workers and medical students.



One day training of DLATOs on leprosy and LCDC at Vijayawada.



DFIT facilitated a one-day training session on leprosy and LCDC in Vijayawada for DLATOs. At the behest of the State Leprosy Officer of Andhra Pradesh, the training included participation from 23 District Leprosy, AIDS and TB officers, as well as District Nucleus Medical Officers. The event was organized by the Government of Andhra Pradesh.



Success Story

"Compassionate Domino Effect in Community Health,"

Mrs. Devi (Name Changed), a 23-year-old housewife from Degavari Kandrika village in Tirupathi district, sought assistance at our centre, presenting with clawing of hands on both sides and infected ulcers in both feet. The patient, who appeared weak and malnourished, underwent initial investigations and assessments, revealing a diagnosis of MB Leprosy. She was promptly admitted, commencing treatment with Anti-Leprosy drugs, treatment for reaction, and supportive medications.

In addition to the prescribed medications, we prioritized the patient's overall well-being by providing specialized care, including a high-protein diet and close monitoring. During the course of treatment, Mrs. Devi developed jaundice, prompting us to take timely and appropriate measures to address this complication. After two months of continuous medical attention, she showed significant improvement, experiencing a notable weight gain from 30kg to 36kgs.



During Reaction

Upon ensuring her satisfactory health condition, Mrs. Devi was discharged with appropriate advice. We maintained regular follow-ups through phone calls, and she expressed contentment with the treatment, now leading a healthier lifestyle and actively participating in her family and community. Notably, she played a crucial role in bringing her cousin, exhibiting leprosy symptoms, for evaluation. The cousin was subsequently diagnosed with PB Leprosy, initiated on treatment, and referred to the concerned health centre.



After Reaction

Success Story

"Saga of Resilience"

A 25-year-old woman, Mrs. Mahalakshmi (Name Changed) from Podalakuru (M), Nellore district, presented with multiple pale coloured skin lesions with signs of inflammation throughout her body, persisting for one year.

Initially, a year ago, she noticed a pale coloured skin lesions on her right thigh but did not seek medical attention. Subsequently, another lesion developed on her right cheek. She did not share this information with any family members. Her marriage was arranged for December 2022, and six months after the wedding, she began developing multiple patches with raised and indistinct margins across her body. In February 2023, she consulted a dermatologist in Nellore who prescribed Anti-Leprosy drugs for three months. During this time, she experienced a Type I reaction, leading her to discontinue the Anti-Leprosy treatment.

On June 28, 2023, she sought the opinion of another dermatologist. Simultaneously, a relative undergoing treatment with Damien Foundation's hospital brought her to our centre on June 30, 2023. Upon assessing her medical history, it was confirmed that she was pregnant. We advised initiating all necessary treatments, including MDT and treatment for reaction.

Upon examination, it was observed that she had early weakness in the right ulnar nerve. A posterior slab was applied to provide rest to the nerve. Regular follow-ups were conducted, and she completed her reaction treatment without any resulting disabilities.

On December 8, 2023, she gave birth to a healthy male child. We continue to monitor her health and that of the child through telephone contact, providing instructions to her and her family members about the possibility of reactions during the lactation period. If any symptoms arise, she has been advised to report them immediately.



Bihar - DPMR and DRTB Activities

Damien Foundation India Trust (DFIT) has been actively involved in reinforcing the leprosy control program in specific regions of Bihar since 1993, focusing on selected districts. Additionally, DFIT has been supporting the TB control program in these areas since 2003. The activities in these districts have been carried out with the support from the Belgian Government (DGD) in various phases through Damien Foundation Belgium. In the ongoing phase spanning from 2022 to 2026, the specific objective is to enhance accessibility to leprosy referral services for individuals affected by leprosy and to improve the initiation and adherence to treatment for those affected by Drug-Resistant Tuberculosis (DRTB) in Bihar State, encompassing 28 districts for leprosy and 5 districts for DRTB.



Target group and partners:

Our primary beneficiaries are the people of Bihar and DFIT's interventions aim to reach a population of 9,62,86,903 for leprosy across 28 districts and 1,92,04,519 for Drug-Resistant Tuberculosis (DRTB) in 5 districts. In the present phase (2022-26), approximately 80,000 persons affected by leprosy and around 2,000 persons affected by DRTB, along with their family members, are expected to benefit either directly or indirectly. Notably, 90% of these beneficiaries reside in rural areas.

The Government, at both the National and State levels, serves as the program owners. The State TB Officer (STO) heads the TB program, while the State Leprosy Officer (SLO) oversees the Leprosy Control Programme in the State. At the district level, the responsibility for the TB control program lies with the District TB Officer and the Additional Chief Medical Officer (ACMO) manages Leprosy Programs.

Patients receive all necessary drugs for TB/DRTB and leprosy management free of cost from the Government. Non-Governmental Organizations (NGOs) contribute support for both TB and leprosy services across various care levels, ranging from primary to tertiary care, within specific areas. The World Health Organization (WHO) serves as a technical body, supporting programs through the National TB Elimination Programme (NTEP) Consultant, while the International Federation of Anti-Leprosy Associations (ILEP) acts as a technical body through a Technical Consultant. Additionally, all Government Medical Colleges actively participate in both Leprosy and TB Control efforts.

Specific objective:

The targeted outcome of this initiative is to enhance accessibility to leprosy referral services for individuals affected by leprosy and improve the initiation and adherence to treatment for those affected by Drug-Resistant Tuberculosis (DRTB) in Bihar State by the end of 2026.

DFIT aims to contribute to these changes through the following strategies:

- Strengthening leprosy referral services at Primary Leprosy Referral Centres (PLRCs) by enhancing capacity for identifying and referring difficult-to-manage cases to Secondary Leprosy Referral Centres (SLRCs) or Tertiary Leprosy Referral Centres (TLRCs) at early stages for preventing disabilities or managing complications. This involves reinforcing leprosy referral services at SLRCs by identifying and training specialists (dermatologists, physiotherapists, and orthopaedic surgeons) at the district level to manage leprosy and its complications. Additionally, it includes reinforcing leprosy referral services at TLRCs by mobilizing patients with complications from PLRCs and SLRCs, supporting surgeons in conducting Reconstructive Surgeries (RCS). There is a significant number of patients identified for deformity correction surgeries, and addressing socio-economic rehabilitation needs is crucial in the next phase.
- Involving school health teams in screening children for leprosy and facilitating appropriate treatment.
- Facilitating access to social schemes and supporting income generation activities.
- Establishing a referral network within the Musahar population, an underprivileged and underserved community with a higher prevalence of leprosy. This involves engaging local volunteers from the same community
- Exploring the feasibility of involving formal and informal medical practitioners in the referral system through operational research.
- Continuing services of the reference laboratory in Darbhanga, Bihar, for the diagnosis of Drug-Resistant Tuberculosis (DRTB).

Supporting the treatment initiation of confirmed DRTB cases, addressing loss to follow-up cases through home visits, counselling patients and family members post-treatment initiation, conducting contact screening, identifying and managing Adverse Drug Reactions (ADR) and providing support for nutritional supplements and income generation activities to enhance livelihoods.

The approach to achieving these objectives will be guided by evidence-based programming, proximity to the field, participatory research, specific adjustments based on the situation and practicality



Efficiency:

During the initial year (2022) of implementation, minor adjustments to proposed activities were deemed necessary. These alterations were duly incorporated into the project's implementation process during the subsequent year (2023). Interestingly, no further modifications were required during this period. For Leprosy: Medical Specialists were sensitised in 26 districts through one-to-one approach for seeking the support for managing leprosy related complications. Only 2 TLRCs provided necessary services for managing complications related to leprosy, it was achieved by increasing the number of camps for conducting RCS for deformity correction. It was planned in two districts to establish an online reporting system by facilitating the use of Nikusth software developed by the National Leprosy Program. New software was a modified version of Nikusth 2.0 implemented from 1st April 2023 but it stopped working after few weeks due to technical issues in the software. Manual records were maintained and reports were sent by manual. Health camps were organised at village level to improve the health awareness level among Mushahar population in 4 blocks identified for operational research. For DRTB: It was observed that more TB patients are needing nutritional supplements compared to the estimation. 45% of the patients had low BMI (<17). DFIT could provide nutritional supplements to 87 beneficiaries although planned for 40 cases per year.

The majority of activities aimed at TB control and leprosy were executed within the anticipated time frame. However, DFIT encountered challenges in implementing the online reporting system for leprosy. Nonetheless, there was notable progress observed across all four key indicators in 2023.

For leprosy: targets were achieved for seven out of nine indicators set for the leprosy programme in 28 districts during the year 2022 i.e., (1) Secondary level referral centres at district level can provide services for managing complications related to leprosy (2) Primary health centres are able to diagnose leprosy cases and refer to SLRCs for further management (3) Reduction of disabilities among new child leprosy cases (4) Reconstructive surgeries (5) Follow-up services at SLRCs for post RCS cases (6) Socio economic rehabilitation for needy persons affected by leprosy with disabilities (7) Facilitate disability certificates for availing benefits from the Government.

DFIT was unable to meet two of its indicators, namely: (1) establishing collaboration with (1/3) a tertiary level care facility, primarily due to funding constraints from the donor who had previously pledged support and (2) implementing an online reporting system in two districts. This failure stemmed from technical issues with the online software developed by NLEP, which remained unresolved throughout 2023. However, the project anticipates achieving the two operational research components by the conclusion of 2024.

In TB control: It was noted that the targets were met for all three indicators established for the DRTB program across five districts, encompassing: (1) the commencement of treatment for confirmed DRTB cases, (2) counselling sessions conducted for all DRTB cases and their family members within 15 days and (3) regular monitoring of all DRTB cases undergoing treatment - ensuring at least one check-in every 15 days during the intensive phase and once in every three months during the continuation phase.



Effectiveness:

A progressive improvement was seen in all 4 results in 2023. For leprosy: targets were achieved for 7/9 indicators set for the leprosy programme in 28 districts during 2023 i.e., 23/28 SLRCs started providing leprosy referral services from second quarter 2022 compared to the baseline (0/28).

A total of 12,424 patients across various categories were referred from PLRCs, including 5,104 presumptive leprosy cases. Among these, 4,116 new leprosy cases were diagnosed and 791 reaction cases were identified and appropriately managed. Additionally, SLRCs conducted 252 skin smears, resulting in 40 cases testing positive for *M. leprae*. Furthermore, 647 patients with plantar ulcers received counselling for home-based self-care and customized footwear was provided to 208 patients. SLRCs also referred 284 patients with chronic reactions, RCS and chronic ulcers for further treatment and management.

DFIT teams visited 89% (349/390) of the health facilities at least once during the year. Among the visited 338 PLRCs referred at least one patient to SLRC during the year and they have maintained referral register and referral forms. The DFIT teams checked 131 presumptive cases and 716 patients under MDT to ensure the correct diagnosis and management. The team visited 193 reaction patients and found 89% of the patients were managed correctly as per the guidelines.

DFIT teams organised 10/12 proposed RCS camps during the year for deformity correction surgeries. DFIT had an informal agreement with two tertiary-level referral centres for leprosy. It was observed that 284 patients referred from SLRCs were registered at TLRCs.

Nerve function assessment of 79% (654/783) child cases was done by SLRCs in 28 districts. It was noted that 41/654 (6%) child cases were identified with nerve function impairment and reaction. They were put on appropriate treatment to prevent disability and 29/41 patients showed complete recovery of NFI with treatment and remaining 12 cases had complete nerve paralysis with more than 6 months duration were only trained in home-based self-care and advised RCS once MDT is completed. It was observed that 24 districts reported zero disabilities among new child leprosy cases and < 1% G2 disability among new child leprosy cases in 4 districts.

The DFIT teams identified 482 community volunteers from the Musahar community residing in 384 villages across four blocks. GIS mapping of the Musahar population was completed during the year, followed by the training of community volunteers. As a result of this intervention, 153 presumptive leprosy cases and 6 presumptive TB cases were referred to either health camps organized by the PLRC in the village or directly to PLRCs. Among these, 81 new leprosy cases were confirmed and all confirmed leprosy cases were promptly initiated on treatment. The DFIT teams also supported PLRCs in organizing health screening camps at the village level in these four blocks, resulting in the organization of 87 health camps during the year. In addition to identifying new leprosy cases, 358 patients were treated for other skin diseases. The initiative aims to cover 48 villages annually through health camps.

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) formal medical practitioners trained on signs and symptoms of leprosy. Referral slips were provided to all medical practitioners and telephone directories were provided to formal medical practitioners. DFIT team collected information from formal and informal medical practitioners involved in the study. It was found that 15 presumptive leprosy cases were referred in second and third quarter 2023, no new leprosy cases was confirmed.

BIHAR

136 patients underwent RCS for deformity correction i.e., around 49% (267/550) of the five years target was accomplished during the first two year. It was observed that 36/136 of them were females and 11/136 were children. It was noted that 26% (36/138) of females and 58% (11/19) of children eligible for surgery benefited from RCS. DFIT supported 124/136 patients with transportation costs for travelling to referral centres for surgery.

DFIT facilitated 38 beneficiaries to receive livelihood support for generating income during the year of which 26 received income-generation activity; 9 received education support and 3 received other support (house renovation).

DFIT teams facilitated 1084 persons affected by leprosy with disabilities to get disability certificates to avail pension and other benefits from the Government. It was noted that 1117 persons availed pensions newly, among which 384/1117 persons availed benefits of other schemes.



Before RCS

After RCS



Before RCS

After RCS



BIHAR

For TB: It was observed that 376/401=94% of confirmed DRTB (all types) patients-initiated treatment, among them 152/376 (40.4%) of confirmed DRTB patients-initiated treatment within a week and 114/376 (30.3%) within 15 days and 110/376 (29.3%). It was noted that 2 patients were under private treatment, 2 migrated outside the State, 12 died before the confirmation of results and 9 were waiting for the treatment. DFIT teams retrieved 105 patients who were not initiated on treatment within a week and supported transportation costs to 5 patients. DFIT teams retrieved 8 patients taking treatment from private doctors. The main challenges were the frequent changing of mobile contact numbers by patients affected communication between patients and health care providers.

It was noted that 601 patients were registered in 5 districts (376 cases registered within the districts and 225 cases registered outside the districts and transferred in later. DFIT teams visited 97% (585/601) DRTB patients and family members counselled within 15 days. 97% of male (371/382) and 98% of females (214/219) and risk assessment was done for all the patients visited.

In total 3573 family members, were enumerated among 585 patients and around 79% (2821) were present at the time of visit 1715 contacts were present at the time of initial visit, they were screened for symptoms and identified 98 presumptive TB cases.



In total 10 TB patients were confirmed with TB and among them 3 patients were diagnosed with DRTB. DFIT teams collected and transported 24 samples from the residence of patients.

In total, 272 DRTB patients identified with one or more risk factors like low BMI, diabetes, smoking and HIV. 89% (533/601) of patients monitored once in 15 days to one month during Intensive Phase and 91% (423/463) of patients monitored once in a month to 3 months during Continuation Phase.

DFIT team transported 289 sputum samples to reference laboratory for follow up testing. 583 patients were given sputum disposal kits for safe disposal of sputum and 24 patients identified for livelihood support to generate income and 10 patients were provided livelihood support. Only 87 patients were provided nutritional supplements as per the availability resources in the proposal.



Relevance:

The relevance of the outcome is framed considering the current context and anticipated challenges within the Leprosy and TB Control Programme in the selected districts of Bihar State, India. Our activities, along with expected results, have been collaboratively defined with stakeholders, ensuring precise targeting and maximizing effectiveness in achieving the desired outcome. Notably, there have been no significant alterations in the contextual challenges outlined in the application regarding leprosy and DRTB. A positive observation suggests the potential for establishing leprosy referral services in more districts than initially anticipated by the project's conclusion. This is due to the appointment of physiotherapists in 24 out of 28 districts. However, a key challenge lies in retaining trained physiotherapists, given the availability of other job opportunities offering more competitive salaries compared to those provided by the Government.



Sustainability:

Damien Foundation India Trust provides specialized referral services for leprosy, addressing gaps in the public sector and offers reference lab services for diagnosing and monitoring drug-resistant tuberculosis cases. This strategic approach ensures the continuity of the referral system beyond the intervention period, complemented by ongoing social benefits for affected individuals. To ensure sustained impact, it is imperative for Damien Foundation India Trust to maintain referral centres for leprosy even after the intervention concludes, possibly extending their operation for a few more years to consolidate gains and support affected communities effectively.

The strategies devised by DFIT are grounded in the current context, aiming to instigate meaningful changes in the program and propel progress towards establishing sustainable, high-quality referral services in the designated districts. Specifically for leprosy, DFIT's proposal centres are promoting the referral system. This involves strengthening referrals from Primary Leprosy Referral Centres (PLRCs) to Secondary Leprosy Referral Centres (SLRCs) and Tertiary Leprosy Referral Centres (TLRCs) for managing leprosy-related complications. Additionally, DFIT aims to establish referral services at district-level hospitals (SLRCs) to further augment the system.

It has been noted that 23 out of 28 districts are capable of providing referral services for leprosy-related complications, with 86 % of primary health centres referring challenging cases to district facilities for diagnosis and management. These activities are anticipated to maintain sustainability even after DFIT withdraws its support, as human resources remain within the system.

BIHAR

Regarding Drug-Resistant Tuberculosis (DRTB), Presently, DFIT concentrate on enhancing operational capacity among key staff to reduce initial loss to follow-up by tracing patients and facilitating appropriate treatment initiation, thereby minimizing death rates and loss to follow-up among DRTB patients.

These efforts are expected to survive beyond DFIT's involvement, as key program staff are permanent employees appointed by the state government.



Damien TB Research Centre Darbhanga

The Damien TB Research Centre (DTRC), a Culture & DST Lab, was established in 2012 in Darbhanga to offer Diagnostic and Follow-up services for patients with Drug Resistant Tuberculosis (DR-TB) in the districts of Darbhanga, Madhubani, Saharsa, Supaul, Madhepura, Samastipur, Muzaffarpur, Sitamarhi, Sheohar, East Champaran and West Champaran. The project has formalized a Memorandum of Understanding (MoU) with the State of Bihar to provide these essential services. The laboratory conducts CBNAAT, First Line LPA, Second Line LPA and LC-Liquid Culture services. It is certified by the National Mycobacteriology Certification System, Central TB Division, Ministry of Health, Government of India, for Tuberculosis Drug-Resistance testing using Line Probe Assay (LPA) for First Line & Second Line LPA.

The State of Bihar has established its 4th CDST Lab, certified for LPA & LC testing at IGIMS Patna. Consequently, the districts were reorganized and from July onwards, all 3 Culture & DST Labs (Darbhanga, Bhagalpur & IGIMS) now cater to 9 districts, while IRL Patna serves 11 districts in Bihar.

In the current year, we minimized expenses on consumables as FIND India supplied critical and noncritical lab consumables, LPA & LC kits & reagents were provided by Central Medical Services Society (CMSS) and Bihar Medical Services & Infrastructure Corporation Patna (BMSIC) through State Drug Store Darbhanga. However, there was a temporary shortage of consumables, particularly PCR tubes for LPA during the 4th quarter, leading to a reduction in the number of tests conducted. Innovators in Health (IIH) Samastipur supported by providing PCR tubes and some consumables during this period.

STO Bihar took the initiative to cover the Annual Maintenance Contract (AMC) for most lab equipment in all 4 labs in the State. Kirloskar Technologies (P) Ltd was assigned for this task and they have barcode-identified for almost all equipment, except for the Deep Freezer, Cold room, UPS, Generator, etc. Any equipment breakdown can be reported through a toll-free number and the complaint is typically addressed within 2 to 3 days, as service engineers are stationed in Darbhanga.



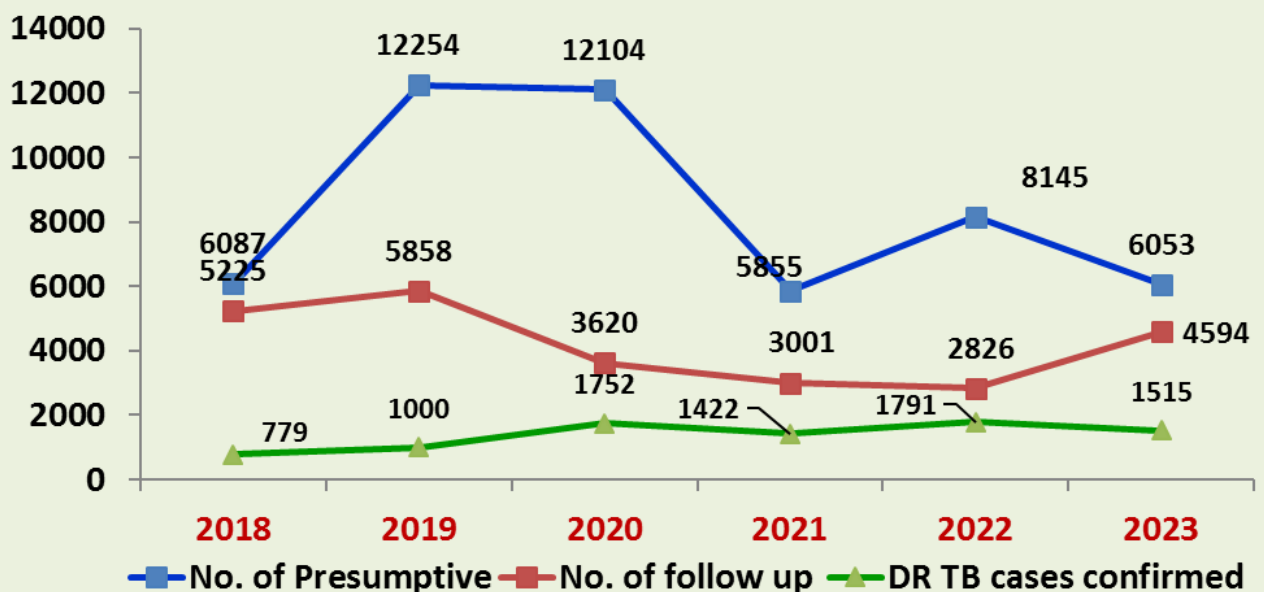
BIHAR

In-house training for Liquid Culture Drug Susceptibility Testing (LC-DST) for First Line Anti-TB drugs took place in December, facilitated by a Consultant Microbiologist from NRL Delhi. Lab Technicians from DTRC, Senior Lab Technicians from State Health Society and Microbiologists attended the hands-on training. Proficiency testing from positive cultures and setting up DSTs is ongoing, with results to be shared with NRL after completing 100 DSTs. NRL conducts random sampling for confirmation and achieving 100% sensitivity & specificity may lead to LC-DST certification for our lab, expected by the end of April 2023.

Following the direction of STO Bihar, FIND India initiated the sample transportation process from Periphery to district and then from district to C & DST Lab, aiming for 100% Universal Drug Susceptibility Testing (UDST) in DR-TB (RR cases) and 70% UDST in DS-TB (RS cases). The samples are collected from NAAT sites in districts and transported weekly to the reference lab. This initiative, started in December, focuses on five districts in Bihar (Saharsa, Supaul, Madhepura, East Champaran & West Champaran) for the next 2 years, with 3 out of 5 districts linked to our Lab. An increase in sample flow is expected, addressing the historically low performance in transporting samples for molecular testing. The percentage of samples for UDST is anticipated to rise due to this intervention.



Reference Laboratories trend - Dharbanga IRL



Model Leprosy Control Unit Rudrapura, Dehri-On-Sone

Established in 1983, the Damien Foundation Model Leprosy Control Unit in Rudrapura Village, Dehri-on-Sone, Rohtas district, originally served as a training centre for the State of Bihar. Alongside providing leprosy referral services, it was transferred to the Government of Bihar in 1999 as part of a mutual agreement. In 2012, DFIT entered into an agreement with the State Health Society to introduce tertiary-level services for individuals affected by leprosy. A Memorandum of Understanding (MoU) was subsequently signed to enhance the facilities within the project, facilitating referral services for reconstructive surgery, ulcer care and other medical services.

MLCU Rudrapura now stands as one of the two referral centres offering tertiary-level services to individuals throughout the entire state of Bihar.



BIHAR

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

Leprosy care services	2019	2020	2021	2022	2023
Out-patients treated	3804	2542	3148	4635	4103
Among them skin patients treated	3445	2345	2997	4385	3925
New leprosy cases diagnosed and referred to PHCs	91	87	90	89	54
Reaction cases diagnosed managed	38	60	61	78	51
Major Surgeries done	75	31	62	71	60
Minor Surgeries done	3	0	1	9	10
In-patients managed	201	100	153	207	207
Bed days	4842	2803	4281	5713	3954
Protective footwear (MCR) provided	111	22	04	112	206



Before RCS



After RCS



Before RCS



After RCS

State ILEP Coordination Activities in Bihar:

The formation of the International Federation of Anti-Leprosy Associations (ILEP) was driven by the need to coordinate the efforts of organizations dedicated to combating leprosy. ILEP operates by offering comprehensive support in medical, scientific, social and rehabilitation activities for the benefit of individuals affected by leprosy.

Each ILEP member is appointed with the specific task of ensuring coordination, fostering cooperation and maintaining a seamless flow of information among all stakeholders, particularly with government entities. To enhance program functionality, ILEP provides support at the State level through the deployment of a technical consultant, who collaborates with other ILEP Partners in the State.

In Bihar, the coordination of ILEP activities is overseen by the Damien Foundation India Trust. A consultant from the National Leprosy Eradication Program (NLEP) conducted supervisory and monitoring visits to 27 districts in 2023. Feedback from these visits was shared with the State Program Officer, Civil Surgeons and other officials to prompt necessary actions. Additionally, the consultant collaborated with the State Program Officer for two accompanying visits in Samastipur and Muzaffarpur districts during the same year to address various NLEP-related issues.

The NLEP Consultant, in conjunction with the Central Monitoring team from CLD, assessed NLEP activities in Bihar during July and August 2023, covering a total of 5 districts. The assessment involved visits to District Leprosy Offices, Primary Health Centres and interactions with key stakeholders, including the State Leprosy Officer, Civil Surgeons, NMAs, Health Staff, ILEP partners and WHO officials.



BIHAR

The NLEP Consultant facilitated six 2 days training sessions for Medical Officers and NLEP Staff, with a total of 89 Medical Officers and 4 Paramedical Technicians (PTs) & 32 NLEP Staff trained during the year. Additionally, four training sessions for Community Health Officers (CHOs) were conducted, training a total of 175 CHOs in the year.

Throughout the year, eight NLEP State Coordination meetings were organized to facilitate collaboration among ILEP partners, WHO and State Government Officials for program review and planning. The NLEP Consultant actively participated in various meetings conducted by the Central Leprosy Division, State Leprosy Officer, Regional Director and the Executive Director of Health, State Health Society, Bihar.

The NLEP Consultant played a crucial role in organizing a review meeting for NLEP programs in Bihar, covering 14 high endemic districts under the chairmanship of the State Leprosy Officer. Additionally, the consultant attended an NLEP Consultants meeting in Delhi under the chairmanship of the Deputy Director General (DDG), Leprosy.

Furthermore, the NLEP Consultant facilitated a two-days Physiotherapist and DNT Re-sensitization meeting in TLM, Muzaffarpur with participants from 20 districts. The consultant also actively engaged in three review meetings of NLEP Nodal persons at the district level, involving a total of 53 participants.

As part of the state-level core team, the NLEP Consultant contributed to the planning and implementation of the Leprosy Case Detection Campaign in Bihar, held from 19-08-2023 to 28-08-2023 across all 38 districts. The consultant also played a crucial role in organizing State-level workshops for Assistant Chief Medical Officers (ACMOs) and DNT members, resulting in the confirmation of 2576 leprosy cases (PB = 1473, MB = 1,103) during the campaign, with 43 new grade 2 disability patients detected. Two districts were visited during the Leprosy Case Detection Campaign to monitor and supervise activities at the Block and District Levels.



Success Story

A Memorable Day in my life- Mr. Basha (Name Changed)

When I was just 10 years old, my father noticed some lesions on both of my hands and my right leg. As these lesions continued to grow larger, my father took me to a private doctor in our village. The doctor prescribed one month of medicines, but despite taking them, there was no improvement. Frustrated, I decided not to visit the doctor again. After a few months, a village uncle suggested that my parents take me to the Civil Hospital, where I was diagnosed with leprosy.

I thoroughly took Multi-Drug Therapy (MDT) for three months, but when the hospital closed during the lockdown in 2020, I couldn't continue the treatment. In that year, my left hand became weak, and I developed claw fingers. Some neighbours accused my parents of neglecting my health due to financial constraints. Desperate to find a solution, my parents took me to various doctors in Deoghar, spending nearly Rs. one lakh, but none of the treatments brought any recovery.

Hopeless, they turned to quacks who suggested rituals involving black hens, red towels, coconuts, and more, but these attempts were wasted. Finally, a village ASHA recommended returning to Chakai Civil Hospital. They scolded for the delayed return, the hospital restarted my MDT and eventually suggested reconstructive surgery (RCS).

DFIT intervention came into play when the coordinator and Chakai PHC referred me to the hospital in Rudrapura, Dehri On Sone for RCS. I arrived at hospital on November 17, 2022, and the RCS was successfully performed on December 1, 2022. Following extensive physiotherapy, my fingers straightened, and I regained the ability to hold objects properly. Now, I am very happy and extend my heartfelt thanks to the entire DFIT team for restoring my health and encouraging my studies.

In my family we are 7, 5 sisters and 2 brothers. While 3 sisters are married, 2 remain unmarried, and my young brother is studying in class IV while I am in class VI. My father, handicapped due to an amputated right foot from an accident, faces challenges in earning money. We have no cultivation land, only a modest house made of mud and bamboo. We struggle to manage our family and education due to financial difficulties.

Despite the challenges, my ambition for the future is to become a teacher, and I humbly request support from DFIT to help me achieve this dream.



Success Story

A story of courage and hope

Mr.Kumar (Name changed) At just 12 years old, he faced a health challenge that worried his family. However, this challenge became a story of strength, perseverance, and caring support. Kumar's father, works hard as a labourer in Shimla, Himachal Pradesh, to provide for his family of eight, including grandparents. Despite the challenges, he manages to send money home for the upbringing and education of his children.

Eight months ago, Kumar's life changed unexpectedly when he developed a light coloured patch on his right hand near the wrist. The family didn't realize the seriousness of the situation at first. But after three months, similar patches appeared on both thighs and lower legs. Pawan also felt a loss of sensation and pain in his right elbow joint, causing an ulnar claw.

Worried about her son, Kumar's mother sought help from a private doctor, but did not respond to the treatment. Realizing the seriousness of the situation, the family was directed to leprosy referral centre in Motihari, where Kumar was diagnosed with leprosy

The news scared the family, but Kumar's mother found comfort from a nodal person who assured her that leprosy is curable. This marked the beginning of hope for Kumar and his family. Kumar started Multidrug Therapy (MDT), and the DFIT Team visited him, identifying specific issues and starting a course of steroids for neuritis treatment.

The results were amazing. Kumar's right radial weakness improved, and the ulnar condition showed signs of recovery. Now, he can do normal activities like eating and writing.

Kumar's mother and the entire family thanked the DFIT Team for their timely help, counselling, and support. With Kumar's progress, the team plans to propose educational support, aiming to empower him for a brighter future. Kumar's journey is a symbol of hope, showing how compassionate care and community support can transform lives in the face of challenges.



Before Reaction Treatment



After Reaction Treatment

Chhattisgarh DPMR Activities

In collaboration with the State Health Society and the NLEP program, Damien Foundation India Trust (DFIT) has devised strategic initiatives to fortify the referral system across these four districts. The focus is on enhancing the technical proficiency of health personnel and establishing a robust referral network linking health facilities with referral centres within the districts. This aims to streamline the management of presumptive cases, address complications promptly, foster early diagnosis, prevent disabilities and facilitate home-based self-care along with deformity correction surgeries. The treatment of patients with complications is planned in district hospitals or specialized facilities like TLMI hospital in Champa or Baithalpur or RLTRI, Raipur. Damien Foundation India Trust Expanded its services to 8 new districts from 2nd quarter on the request of NLEP after having necessary MoU with the State Health Society.

In 2023, DFIT teams trained 348 Medical Officers, 69 NLEP key staff and 1248 health staff including Staff Nurses, ANMs and ASHA workers. Number of lepra reaction cases reported more in 2023 compared to 2020 because of improved skills in identification and management of nerve damage.



The following table describes the four year's performance of DPMR services in Chhattisgarh:

DPMR Services – 12 districts	2020	2021	2022	2023
Number of reaction cases monitored by teams and found to be on regular treatment	229/248 (93.3%)	412/431 (96%)	373/394 (95%)	215/230 (94%)
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%)	466/733 (64%)
Total POD camps conducted	14	19	55	22
No. of leprosy affected persons attended during POD camps	197	267	520	388
No. of trainings conducted	40	45	57	35
No. of participants attended	970	1616	1205	1665
No. of PHCs meetings attended	10	25	15	50
No. of staff sensitised	111	318	208	590



Prevention of disability – contribution by teams:

Damien Foundation India Trust teams detected 141 new reaction patients during their field visits and initiated suitable treatment in 2023. They shared relevant information with the respective health facilities to ensure the continuity of treatment and regular follow-ups. The teams maintained close monitoring of all these reaction patients through a combination of physical visits and telephonic check-ins. Notably, it was observed that out of the patients, 46 had already developed G2D and 191 out of 189 patients successfully completed a full course of steroids. The most significant observation was that 35 out of 46 patients (76%) achieved complete recovery from G2D, as identified in the year 2022.



During Reaction



After Reaction



Success Story

A Journey to Recovery

Mr. Arun (Name changed), a 21-year-old guy from a village in Mahasamund District. He's a 12th pass and works as a daily labourer, living with his parents, younger brother, and grandmother. In April 2022, while working at a petrol pump, Arun suddenly felt numbness on the back of his right foot. His mother took him to Mahasamund district hospital, where he was diagnosed with leprosy and he started MDT.

After 6 months of MDT, weakness developed in his right foot. When the DFIT team visited the District Hospital, they discussed this with the NMA. The DFIT team found neuritis during a thorough nerve check-up, and they advised the NMA to start Prednisolone for neuritis. His right lateral popliteal nerve was involved, leading to the development of deformity, specifically right foot drop. Arun continued with MDT, along with treatment for footdrop and followed regular self-care activities and exercises.

The DFIT team provided continuous follow-up, counselling for exercises, and visited at least once a month during the course of treatment. During the follow up on 25.8.2023, a VMT conducted by the DFIT team and observed significant improvement in muscle power. Arun now able to lift his foot like normal. His parents and grandmother are delighted and thanked DFIT team and NLEP Key staff of Mahasamud.



Before RCS



After RCS

Margaret Leprosy and TB Hospital, Southwest Delhi



In 1999, Damien Foundation India Trust initiated leprosy control initiatives in Southwest Delhi, which was identified as one of the leprosy endemic districts in the Union Territory of Delhi. The National Leprosy Eradication Program (NLEP) was incorporated into the general health system in 2000. DFIT played a crucial role in offering technical support through a trained team, focusing on training, monitoring and supervising the Government staff in South West Delhi. Following the withdrawal of DTST in 2003, the project narrowed down its leprosy control activities to the diagnosis and management of leprosy cases through its referral hospital.

Tuberculosis Programme

Commenced its treatment services in 2002, initially establishing one TB unit in South West Delhi. Subsequently, in 2004, another TB unit was established in West Delhi, collectively covering a population of 12,39,442. The project has successfully set up 10 microscopy centres, which include a referral hospital dedicated to managing complications related to leprosy and tuberculosis. Each centre is efficiently overseen by a Microscopist-cum-field worker, with additional support from TB health visitors in six of these centres to enhance program effectiveness.

Within this initiative, a comprehensive screening process was conducted for 6,981 presumptive TB cases, leading to the registration of 3,549 TB cases across all types for treatment. Remarkably, the project achieved an impressive cure rate of 85% among new sputum-positive (NSP) cases and 83% among retreatment cases across both TB units. Additionally, the government established two HIV testing centres, screening approximately 98.3% (3,490/3,549) of TB patients for HIV, with only 4 cases demonstrating co-infection (0.1%). As part of the initiative, nutritional supplements were provided to 205 deserving TB/DRTB patients and support was extended to 14 patients for socio-economic activities, contributing to livelihood enhancement.



DELHI



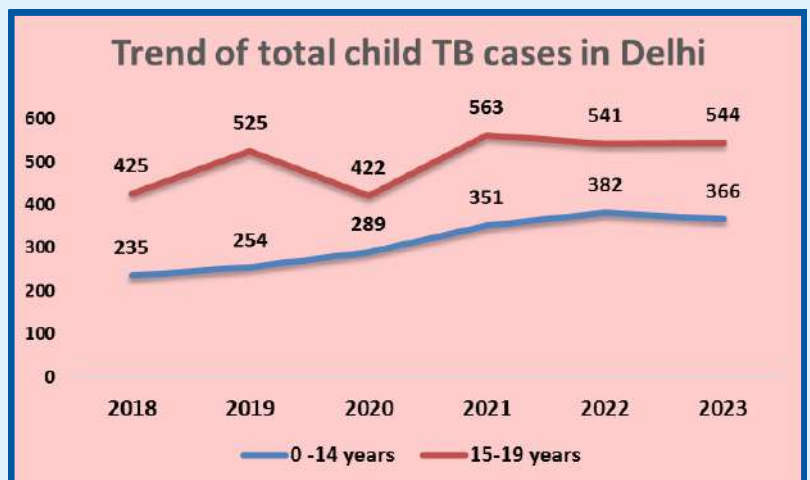
During Reaction

After Reaction



New project in 2021 to improve Child TB case detection:

In 2021, a new project was initiated to address the challenge of inadequate detection of child TB cases within the project area. The existing issue stemmed from the absence of mandatory screening and limited access to the CBNAAT test. DFIT devised a strategic approach to enhance the identification of TB/DRTB cases among children aged 0-14 years. This involved mandatory screening of children and adolescents within the family of index TB/DRTB cases. The strategy further included mobilizing them to Damien Foundation's health facility for comprehensive assessments, including sputum examination, digital chest x-ray and facilitating sputum collection through gastric lavage for children unable to produce sputum. To support this initiative, DFIT established a Gene Xpert laboratory and appointed a dedicated lab technician and field coordinator. However, the project encountered challenges in equipment procurement and staff recruitment due to COVID-19 pandemic restrictions, including lockdowns. Despite these hurdles, the project commenced in the second quarter of 2022, with results anticipated to be published after a three-year evaluation period.



Child TB project	2021 (II, III, IV)	2022	2023
Screening of children by home visit			
Total TB patients house visited by Coordinator	992	1040	1513
Number of Children (0 to 14 years) available	1070	980	2597
Number of Children (0 to 14 years) Screened	913	718	2240
Number of Children (0 to 14 years) of presumptive TB cases	119	248	347
Number of Children with presumptive TB (0 to 14 years) investigated for TB	119	207	291
MTB detected	38	28	54
Screening of Children at DMCs			
Number of Children (0 to 14 years) of presumptive TB cases	173	205	140
MTB detected	72	33	31
Total child TB cases (0-14) detected in the project			
Number of Test Performed by CBNAAT	292	412	431
Gastric lavage done	12	153	103
Number of Children with MTB detected	110	61	85
Number of Children clinically confirmed cases (0 to 14 years)	01	27	39
Total number of patients put on treatment	111	88	124

DELHI

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

Leprosy care services	2019	2020	2021	2022	2023
Out -patients treated	21482	13562	14012	17573	18793
Among them skin patients treated	3164	2726	1582	2849	3665
New leprosy cases diagnosed and referred to PHCs	19	04	05	13	07
Reaction cases diagnosed managed	40	12	19	15	20
Major Surgeries done	30	10	19	25	32
Minor Surgeries done	13	01	02	05	04
In-patients managed	137	49	64	88	88
Bed days	2733	1232	1549	2589	2524
Protective footwear (MCR) provided	05	15	22	25	24
Tuberculosis care services	2019	2020	2021	2022	2023
Respiratory symptomatic treated	21665	13562	13913	17687	19399
Presumptive TB cases examined	8231	4806	5472	6516	6981
Total TB cases registered	2867	2382	3117	3594	3549
Total new TB cases registered	2389	1996	2587	3021	3015
Among them new sputum positive cases	847	660	889	901	869
Sputum conversion rate for NSP cases	697/852 (82%)	605/699 (87%)	662/803 (82%)	733/940 (78%)	731/869 (84%)
Cure rate for NSP cases	692/780 (89%)	767/877 (87%)	558/660 (85%)	734/889 (83%)	765/901 (85%)
Sputum conversion rate for RT cases	190/243 (78%)	222/250 (89%)	177/239 (74%)	229/300 (76%)	222/279 (80%)
Cure rate for RT cases	225/273 (82%)	206/225 (81%)	184/217 (85%)	215/286 (75%)	239/288 (83%)
In-patients managed	07	00	14	14	56
Bed days	07	07	14	14	56

Note: There is a fall in sputum conversion and cure rate among NSP cases and RT cases from 2022 is mainly due to introduction of UDST of all confirmed TB cases, so many patients were shifted to other treatment regimens after their registration.

Success Story

Rising from Despair: Begum's Journey

This narrative revolves around Begum (Name changed), a 24-year-old woman from Uttar Pradesh. Until 2022, she appeared to be in good health. However, she began experiencing persistent fever, loss of appetite, extreme weakness, and emotional distress, reaching a point where she felt unwilling to continue living. Despite seeking help from multiple private doctors and spending nearly Rs. 20,000, her condition did not improve.

Noora's journey took a positive turn when she visited RML Hospital in Delhi, where she was diagnosed with Extra-Pulmonary Tuberculosis, specifically Pleural Effusion. Her treatment commenced. She is living in a rented house and facing significant financial challenges, she received nutritional support throughout her entire treatment course. She successfully completed her treatment, experiencing a remarkable weight gain of approximately 10 kgs.

Now leading a content and comfortable life, Begum expresses profound gratitude to the Damien Foundation for their crucial support throughout her journey.



Before TB Treatment



After TB Treatment

DPMR activities

DFIT has been actively engaged in leprosy control initiatives within the state for over two decades. The referral hospitals located in Amda and Dhanbad receive support from NGO partners to deliver tertiary-level care services, including re-constructive surgery, chronic ulcer care and addressing various complications related to leprosy. From 2023, EKFS Germany supporting the project activities in 12 districts carried out by DFIT with a specific objective to enhance accessibility to leprosy referral services for individuals affected by leprosy in these districts by 2025. The overarching goal is to maintain sustainable leprosy referral services across the 12 districts supported by DFIT.



DFIT aims to contribute to these changes through the following strategies:

- Strengthening leprosy referral services at Primary Leprosy Referral Centres (PLRCs) by enhancing capacity for identifying and referring difficult-to-manage cases to Secondary Leprosy Referral Centres (SLRCs) or Tertiary Leprosy Referral Centres (TLRCs) at early stages for preventing disabilities or managing complications. Additionally, it includes reinforcing leprosy referral services at TLRCs by mobilizing patients with complications from PLRCs and SLRCs, supporting surgeons in conducting Reconstructive Surgeries (RCS). There is a significant number of patients identified for deformity correction surgeries and addressing socio-economic rehabilitation needs is crucial in the next phase.
- Involving school health teams in screening children for leprosy and facilitating appropriate treatment.
- Facilitating access to social schemes and supporting income generation activities.

The teams diligently visited 419 health facilities across 12 districts to facilitate disability prevention activities. During these visits, a thorough examination of a sample of patients and presumptive leprosy cases was conducted to ensure the accuracy of diagnoses. It was discovered that 0.6% of the cases were over diagnosed and 12% were underdiagnosed. To address this, the teams engaged with the concerned Medical Officers and Para medical workers, providing on-the-job training to enhance diagnostic precision.



JHARKHAND

Furthermore, the teams conducted visits to 1160 individuals affected by leprosy with disabilities. Impressively, 65% of them were found to be consistently practicing self-care. Throughout the year, 245 cases were identified for deformity correction surgery. The teams actively contributed to training initiatives on leprosy, imparting knowledge to various categories of staff, including 520 Medical Officers, 380 NLEP staff and 4663 health staff, encompassing RBSK doctors, Ayush doctors, nurses, ANMs and ASHA workers.

In addition to their medical efforts, the teams played a crucial role in assisting individuals with disabilities in obtaining their disability certificates to facilitate access to pension benefits.



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

DPMR Services– 12 districts	2019	2020	2021	2022	2023
Number of reaction cases taking regular treatment	372/379 (98%)	356/368 (97%)	467/493 (95%)	464/487 (95%)	427/436 (98%)
Number of disability persons practicing self care regularly	943/1428 (66%)	662/1040 (64%)	1002/1607 (62%)	1050/1519 (69%)	750/1160 (65%)
Total POD camps conducted	14	08	52	16	16
Number of leprosy affected persons attended during POD camps	65	54	333	104	100
Number of trainings conducted	75	87	87	113	117
Number of participants attended	1823	1912	2615	5443	5563
Number of PHCs meetings attended	40	34	46	58	42
Number of staff sensitised	937	718	579	1261	797

Contribution to Disability Prevention by DFIT Teams:

DFIT teams actively identified 71 new reaction patients during their field visits in 2023, promptly initiating suitable treatment. To ensure comprehensive care, the teams promptly notified relevant health facilities about the newly identified reaction patients and their treatment commencement. Meticulous follow-up procedures were implemented, involving both physical visits and telephonic monitoring for all reaction patients. Notably, 99 of these patients had already developed Grade 2 Disability (G2D), with 310 out of 324 patients completing a full course of steroids. A significant achievement was observed, with 47 out of 99 patients (47%) making a complete recovery from G2D cases identified by the teams in 2022.



Success Story

Successful Story of RCS Suresh

Mr. Suresh (Name changed) is a 28-year-old man from a village in Seraikella district. He works as a daily laborer in the village. When he was studying in the sixth grade, he noticed a loss of sensation and tingling in his right hand. He told his parents about his problem, and they took him to a private doctor in the local market at Rajnagar.

The doctor informed his condition as a simple issue and started treatment, but he did not respond to treatment after 3 months. Over time, his right hand developed claw fingers, causing worry and sadness for him and his family. They didn't understand what was happening and felt afraid of the stigma associated with his disability. Eventually, a teacher noticed his claw hand and recognized it as a symptom of leprosy. The teacher counseled them about leprosy and advised them to seek help from the DLO Office in Chaibasa. There, the District Nucleus Team examined and diagnosed him with leprosy.

He was referred to CHC Rajnagar, where he started Multi-Drug Therapy (MDT). Despite completing the full course of treatment, his claw hand did not improve. At district hospital he was provided guidance on self-care practices and the importance. They also discussed the possibility of reconstructive surgery (RCS), which he and his family agreed to. The DFIT team referred him to RCS Centre Amda, where he underwent surgery on November 30, 2022. After the surgery, his right hand returned to normal, bringing immense joy to him and his family. They expressed their gratitude to the DFIT team and the district leprosy team in Chaibasa for their support throughout the journey.

Successful Story of Anitha Bandra Reaction

Anitha Bandra (Name changed) is a 30-year-old living in a village, West Singhbhum district, with her husband and six children. About a year ago, she noticed a patch on her forehead. She thought it might go away on its own, but after six months, the patches increased on her face and hands. She shared her concerns with her husband, and they visited a traditional healer in their village for treatment. However, the patches didn't disappear, and her condition worsened after she gave birth, leaving her weak and with swollen patches on her face.

The DFIT team visited her village, counseled her and her husband about leprosy, and they agreed to seek treatment. They went to the DLO Office in Chaibasa, where she was examined and diagnosed her with leprosy and started Multi-Drug Therapy (MDT) along with other medicines.

She took her medication regularly, and after completing the full course of prednisolone, her reaction subsided, and she started feeling normal again. She and her husband were satisfied with the treatment provided by the National Leprosy Elimination Program (NLEP) and were grateful to the DFIT and DNT teams in Chaibasa for their support.

Support to DPMR activities

Initiation of Disability Prevention and Medical Rehabilitation Programs by Damien Foundation India Trust:

From 2020 onwards, Damien Foundation India Trust has taken proactive steps to implement Disability Prevention and Medical Rehabilitation activities in four districts—Bellary, Vijayanagara, Raichur and Koppal. The primary objective is to enhance the capabilities of health staff in identifying and managing lepra reactions, thereby preventing disabilities among new leprosy cases. The initiative also focuses on updating the list of individuals affected by leprosy with disabilities in these districts, facilitating deformity correction surgeries, providing livelihood support and delivering home-based self-care training to mitigate the progression of disabilities.

In the year 2022, comprehensive training sessions were conducted for all nodal personnel offering leprosy services at the healthcare facility level in the aforementioned districts. This included training for 200 medical officers, 124 NLEP key staff and sensitization of 3763 health staff, encompassing roles such as nurses, ANMs and ASHA workers. A notable outcome was the doubling of both type 1 and type 2 reaction cases compared to the year 2019, attributed to the improved skills of health personnel in identification and reporting of lepra reactions. Ensuring quality in diagnosis and treatment schedules, the DFIT coordinator personally visited all reaction patients



KARNATAKA

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

DPMR Services – 4 districts	2020	2021	2022	2023
Number of reaction cases taking regular treatment	64/65 (98.5%)	47/50 (94%)	57/58 (98%)	107/107 (100%)
Number of disability persons practicing self care regularly	70/147 (47.6%)	153/340 (45%)	168/287 (58%)	125/216 (58%)
Total POD camps conducted	01	30	36	16
Number of leprosy affected persons attended during POD camps	07	172	109	82
Number of trainings conducted	70	193	210	143
Number of participants attended	1466	3338	3730	4087
Number of PHCs meetings attended	17	35	40	21
Number of staff sensitised	230	460	745	421

Disability Prevention – Impactful Contributions by DFIT Teams:

DFIT teams actively identified 23 new reaction patients during their field visits, promptly initiating suitable treatment in 2023. To ensure comprehensive care, the teams promptly notified relevant health facilities about the newly identified reaction patients and their treatment commencement. Meticulous follow-up procedures were implemented, involving both physical visits and telephonic monitoring for all reaction patients. Notably, 7 of these patients had already developed Grade 2 Disability (G2D), with 16 out of 19 patients completing a full course of steroids. A significant achievement was observed, with 6 out of 7 patients (86%) making a complete recovery from G2D cases identified by the teams in 2022.



During Reaction



After Reaction



During Reaction



After Reaction

Success Story

Building Hope - Empowering Lives through DPMR and LEP Support

DFIT (Damien Foundation India Trust) initiated the DPMR services in Bellary in Karnataka in the year 2020 (Disability Prevention and Medical Rehabilitation). The team initially faced challenges due to the COVID-19 pandemic, with a three-month lockdown hindering activities.

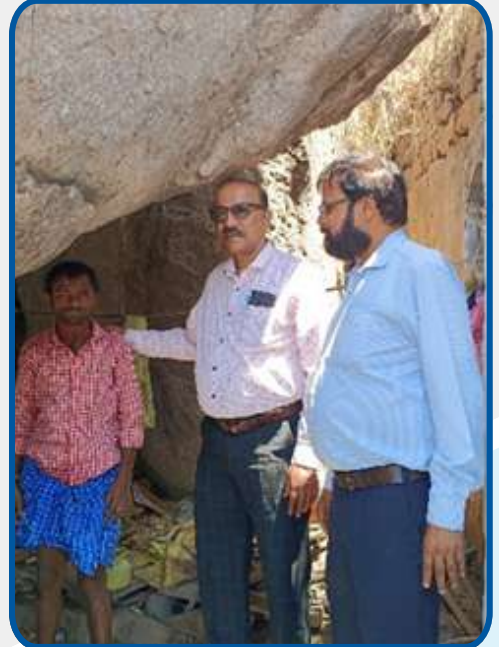
During a field visit for the assessment of persons affected by leprosy with disabilities with health staff, the team visited a Veeresh's house for ulcer management and home based self-care training. The patient and family resided near a village hill beneath a large rock. Discussions with the health staff and village neighbours highlighted the family's challenging conditions. It was during this time that DFIT recognized the need for support for individuals affected by leprosy (LEP). The patient's mother expressed a request for the construction of a small house.

Upon inquiry, it was revealed that the family did not own any land. The DFIT team suggested that they acquire some land in a family member's name and inform the Primary Health Center (PHC) staff. DFIT committed to overseeing the construction of a small house once the land was secured.

Veeresh, living with his mother, one brother, and two sisters after his father's passing, relied on his mother as the sole breadwinner. In 2021, with the assistance of village members and health staff, the family obtained small piece of land.

Immediately the application was prepared for approval of small house construction for Veeresh, approval was given to construct a house comprising one room, a toilet, water connection, and electrical work worth of 2.25 lakhs.

Construction was successfully completed in September 2022, and the house was handed over to the patient's family. Additionally, clothes were provided to both the patient's family and the Persons Affected by Leprosy (PAL) community. Family of veeresh expresses gratitude to the Damien Foundation India Trust for their unwavering support.



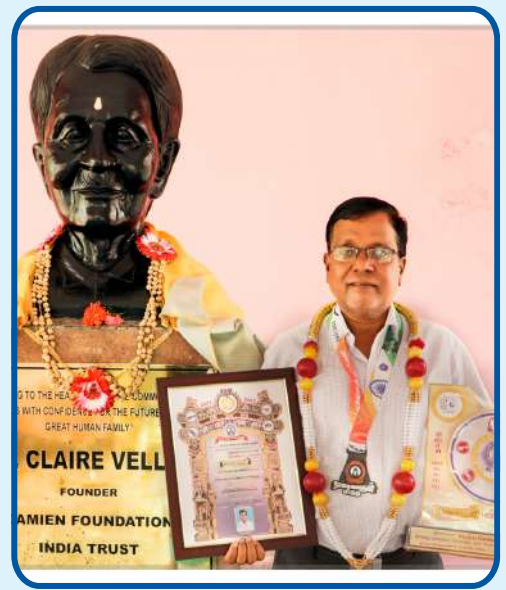
TAMIL NADU

In 1955, Damien Foundation embarked on leprosy control initiatives in Tamil Nadu, starting in a village near Chengalpattu. The Anandapuram project, a part of this endeavor, focuses on offering care to individuals severely affected by leprosy. Collaborating with district leprosy programs, DFIT actively engages in Disability Prevention and Medical Rehabilitation (DPMR) activities across 15 districts. The primary objectives include updating the registry of individuals affected by leprosy with disabilities, delivering home-based self-care initiatives, identifying and referring eligible individuals for reconstructive surgery and facilitating Government entitlements along with supporting income-generating activities for those in need.



ANANDAPURAM REHABILITATION CENTRE, POLAMBAKKAM, CHENGALPATTU DISTRICT

Implemented directly by Damien Foundation India Trust, this centre specializes in offering geriatric care services to individuals affected by leprosy who lack family support, personal residences or face social ostracism. DFIT ensures the provision of essential services such as food, shelter, medical care and even manages the last rites for residents. With a capacity to house up to 25 inmates, the facility benefited 19 individuals throughout the year. Since 2015, the project expanded its scope to include terminal care for individuals referred by Government hospitals, leprosy homes and DFIT field staff. Additionally, the centre provides ambulance services for emergency hospital transfers.



TAMIL NADU

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

Leprosy care services	2019	2020	2021	2022	2023
Number of Patients who attended Physiotherapy OPD	971	189	512	853	1048
Number of new inmates' admissions	06	05	04	06	08
Number of inmates deleted (Died, Others)	11	03	04	06	07
Number of inmates living end of the year	16	18	18	18	19
Number of beds available	30	30	30	30	30
Number of bed days occupied	7639	6619	6591	6457	6590
Bed occupancy rate	71%	61%	61%	60%	61%

DISABILITY PREVENTION AND MEDICAL REHABILITATION PROGRAM

Leprosy control faces a significant challenge in preventing disabilities and halting the progression of existing impairments. The National Leprosy Eradication Programme, in collaboration with ILEP, devised guidelines in 2005 for Disability Prevention and Medical Rehabilitation (DPMR). Currently, DFIT implements DPMR activities across 15 districts in Tamil Nadu, employing diverse strategies.



The primary aim of the DPMR program is to enhance the capabilities of general health staff in addressing complications like reactions. This includes updating the list of individuals affected by leprosy with disabilities, identifying and referring eligible candidates for reconstructive surgery, providing tailored footwear, facilitating Government entitlements and offering socio-economic support. DFIT teams actively engage local community volunteers and family members in monitoring self-care practices. The duration of DPMR support is flexibly extended based on the specific needs and prevailing circumstances within each district.

TAMIL NADU

In 2023, it was observed that approximately 7,449 individuals affected by leprosy with disabilities were residing in the 15 districts supported by DFIT. The teams conducted visits to 1,093 individuals to assess their adherence to self-care practices, revealing that 45% were consistently practicing self-care. Notably, 92% of them utilized protective footwear. Identification efforts led to 67 cases eligible for Reconstructive Surgery (RCS), with 21 individuals undergoing surgical correction during the year. Monitoring disability cases also uncovered 29 patients experiencing reactions. Ensuring comprehensive care, 113 out of 129 cases (86%) undergoing treatment for reactions completed the prescribed course of prednisolone through regular contact. Additionally, 925 affected individuals received self-care training through demonstrations at 55 POD camps organized by Primary Health Centres (PHCs), with assistance provided for obtaining disability certificates when eligible.

DFIT teams actively facilitated 56 leprosy training sessions, reaching 504 Medical Officers, 207 NLEP staff and sensitizing 1,383 health staff, including nurses, Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHA workers) on the identification and referral of leprosy suspects to health facilities for confirmation and treatment. Coordinators conducted visits to all districts in Tamil Nadu to assess the disability status of individuals and facilitated the acquisition of disability certificates.

In a significant expansion, DPMPR services were extended to six additional new districts while maintaining support for existing districts in 2023.

The following table describes the five year's performance of DPMPR services in Tamil Nadu

DPMPR Support- 15 districts	2019	2020	2021	2022	2023
Number of reaction cases taking regular treatment	186/186 (100%)	304/306 (99%)	150/160 (94%)	141/144 (98%)	113/129 (86%)
Number of disability persons practicing self care regularly	1156/2185 (53%)	1542/2467 (62.5%)	560/1038 (54%)	505/1194 (42%)	492/1093 (45%)
Total POD camps conducted	77	55	47	50	55
Number of leprosy affected persons attended during POD camps	4260	1799	1700	847	925
Number of trainings conducted	45	36	29	64	56
Number of participants attended	2308	964	1061	2323	2098
Number of PHCs meetings attended	21	31	39	91	113
Number of staff sensitised	1515	2561	1931	4865	9099

Prevention of disability – contribution by teams:

Damien Foundation India Trust teams identified 29 new patients experiencing reactions during their field visits, initiating prompt and appropriate treatment in 2023. Subsequently, the teams effectively communicated with health facilities about the newly identified reaction patients and ensured the initiation of treatment. A meticulous follow-up was conducted through a combination of physical visits and telephonic monitoring.

Upon examination, it was noted that 24 of these patients had already developed Grade 2 Disability (G2D). Impressively, 70 out of 71 patients successfully completed the full course of steroids, a critical aspect of their treatment. The teams' dedicated efforts resulted in a noteworthy observation: 16 out of the 26 patients identified with G2D in 2022 (62%) experienced complete recovery.



Success Story

Overcoming Challenges in Leprosy Treatment

A 34-year-old man, married with a child and employed, noticed patches on his skin. Despite trying over-the-counter prescriptions for a few months, the patches not only persisted but multiplied. Seeking medical help at a nearby Primary Health Centre (PHC), he was diagnosed with leprosy and began Multi-Drug Therapy. However, during the sixth dose, he had trouble holding objects and pain in his right elbow. Seeking further treatment, he consulted a private practitioner who prescribed medication and referred him to a physiotherapist. Despite following the prescribed exercises, his condition worsened, with increased pain and finger deformities.

When field staff visited to administer the seventh dose of MDT, his wife described his suffering, prompting them to inform the PHC Medical Officer. Encouraged to seek proper treatment, he visited the PHC the next day. There, the Non-Medical Supervisor (NMS) and Medical Officer reassured him and referred him to a Government Hospital, where neuritis was diagnosed. Treatment was given daily for 3 to 4 months provided relief from pain but did not correct the deformity.

After nearly 5 to 6 months without improvement, the Damien Foundation staff coordinator visited his home, learning about his treatment history. Together, they revisited the PHC, where the Medical Officer, persuaded by the coordinator, initiated treatment with treatment following WHO guidelines. With regular evaluation and dosage adjustments based on his response, the patient eventually achieving complete recovery by the end of treatment.



During Reaction



After Reaction

SOCIO ECONOMIC REHABILITATION

Socio Economic Rehabilitation (Livelihood Enhancement Programme)

The repercussions of diseases like Leprosy and TB extend beyond health, encompassing isolation, neglect and societal stigma & discrimination. Leprosy, in particular, carries a dual burden, often pushing individuals into poverty due to resulting deformities. Similarly, TB imposes a financial toll, with catastrophic health expenditure being a common consequence of diagnosis, treatment and care. This economic strain can exacerbate food insecurity for TB patients and their families throughout the disease's duration.

Recognizing the profound impact on individuals considered as earning members, Damien Foundation India Trust aims to empower them with decision-making power within their families. This not only fosters respect and dignity but also promotes social integration for individuals affected by leprosy and TB within their families and society at large. Since 2007, the Trust has implemented a Livelihood Enhancement Programme (LEP) as part of care after cure, providing socio-economic rehabilitation. This initiative has successfully benefited over 2200 individuals, demonstrating more than 85% success rate in improving their circumstances.



DFIT undertakes socio-economic rehabilitation through two key avenues:

First, by offering seed money to initiate small businesses and providing Livestock support, thereby empowering individuals affected by leprosy or TB to establish sustainable livelihoods.

Secondly, DFIT extends educational support to children impacted by leprosy/TB or those whose parents are affected by these diseases.

Additionally, as part of the Livelihood Enhancement Programme (LEP), DFIT extends housing support, aiding in new construction or renovation for economically challenged individuals affected by leprosy. Furthermore, the organization provides medical assistance during emergencies, demonstrating a commitment to humanitarian support for those affected by leprosy or TB.

The identification of beneficiaries for these programs is a meticulous process. Field workers, maintaining direct contact with the affected individuals, assess their needs through a well-structured questionnaire. With the individual's consent, the application is then submitted to the committee for approval. Post-implementation of LEP support, field teams and volunteers remain engaged, offering guidance and monitoring beneficiaries for a duration of up to one year.

SOCIO ECONOMIC REHABILITATION

In the year 2023, DFIT successfully offered support to 139 beneficiaries through its Livelihood Enhancement Programme. Of these, 85% (118 individuals) were affected by leprosy, while the remaining 15% (21 individuals) battled TB/DRTB. The support initiatives were diversified, with 84% of beneficiaries aided in starting small businesses, 11% received educational support, 5% of beneficiaries were provided housing support for safe shelter under the livelihood enhancement programme.

Damien Foundation India Trust received OTTO PER MILLE (OPM) FUNDS OF THE WALDENSIAN CHURCH approved in the year 2022 for providing livelihood support for 100 persons affected by leprosy. This project started in January 2023 and the OPM grant first instalment was received in February 2023. The first expenditure was booked from April 2023. During the reporting year 2023 so far 46 beneficiaries have been supported, this project will continue till June 2024.

Details of support under LEP during 2023

Name of the State	Socio-economic support		Education Support	House Construction and renovation	Total LEP Supported	Medicine & Nutrition Support	Grand Total
	DFIT	OPM					
Bihar	35	15	09	02	61	01	62
Chhattisgarh	02	11	01		14		14
Delhi	14				14	107	121
Jharkhand	05	15		01	21		21
Karnataka	05	04		01	10		10
Maharashtra		01		02	03		03
Tamil Nadu	07	02	06	01	16		16
Total	68	48	16	07	139	108	247



SOCIO ECONOMIC REHABILITATION

Livelihood Enhancement Programme Follow up of the year 2022.

During the year 2022, DFIT supported 185 persons under livelihood enhancement programme. Out of 185 persons, 138 (i.e. 75%) were provided with socio-economic rehabilitation, among them 91% support was provided to persons affected by leprosy and remaining 9% support was provided to persons affected by TB. DFIT monitoring and follow-up of these beneficiaries is done for a period of one year from the date of support in an interval of every 3 months. During the field visit, DFIT field team generally provides guidance, counselling and motivation to the beneficiary to develop the business and to sustain the success in the business.

Most of the type of socio-economic support provided was for Grocery shop set-up to 108 persons (79%) among them 72% of them are successfully managing the business. Tailoring business support was provided to 19 beneficiaries (14%) among them 90% of them managing the business successfully. Cycle Rickshaw / Electronic Rickshaw / Two-wheeler support was provided to 17 beneficiaries (12%) among them 88% of the beneficiaries are doing business successfully. Food businesses such as Tiffin stall/Fast Food items/Refreshment stall support provided to 15 persons (67%) among them 67% of them are managing their business successfully. Fancy Store/Garments and other support were provided to 12 beneficiaries (9%) among them 83% are running their business successfully. Electrical repair/Carpentry/Painting equipment's/Cycle Repair and Mobile Repair shop support provided to 7 beneficiaries (5%) 100% of them are successfully doing their business. Vegetable/Fruits selling business support was provided to 7 beneficiaries (5%) among them 57% are successfully doing their business. Saloon / Cobbler shop support was provided to 2 (1 %) of the beneficiaries and all of them manage their business successfully. Livestock support is provided to one beneficiary and he is managing the business successfully.

Types of Socio-Economic Support	Support Provided	Success Rate
Grocery / Petty shop	58	72%
Sewing / Tailoring	19	89%
Cycle Rickshaw / Electronic Rickshaw / Two-wheeler	17	88%
Tiffen, Fast Food / Refreshment stall	15	67%
Fancy store /Garments / others	12	83%
Electrical Repair / Carpentry / Painting Equipment's / Cycle Repair and Mobile Repair shop	07	100%
Vegetable / Fruit business	07	57%
Saloon / cobbler	02	100%
Livestock / Poultry	01	100%
Overall, Success of Livelihood Support	138	78%

SOCIO ECONOMIC REHABILITATION

Education Support to Children affected or Children of parents affected by Leprosy.

Education support was provided to 40 children affected by Leprosy and children of parent affected by Leprosy. School education support was provided to 24 children (60%) among them the children who completed the schooling the year 2022 was 88%. Technical course/education sponsorship was provided to 2 children (5%) and all of them passed out successfully. College education support for under graduation and post-graduation was provided to 11 (28%) children and all the children completed the course successfully. Professional education like engineering and allied health science/paramedical course support was provided to 3 (7%) children and all are promoted successfully.

Details of support	Support Provided	Success Rate
School	24	88%
Technical Education	2	100%
Graduation	11	100%
Professional Courses	3	100%



Before



After

Success Story

A Journey from Adversity to Entrepreneurship

Durgesh Verma, a 24-year-old unmarried guy from Deori village in Baloda Bazaar District. He lives with his widowed mother. Durgesh completed his 10+2 studies in 2019, but due to financial constraints, he couldn't pursue higher education. Instead, he began working at a local carpenter shop in nearby town.

In 2021, Durgesh started experiencing abdominal pain and was diagnosed with gall bladder stones. He underwent surgery at AIIMS in Raipur. After a few months, he began feeling tingling and weakness in his right leg. He received 5 months of treatment from a local private doctor in Bhatpara. When the symptoms persisted, he visited AIIMS Raipur, where he was diagnosed with leprosy through a skin smear. He was referred to Bhatpara CHC and prescribed steroids. Durgesh completed a 12-month MB MDT treatment with prednisolone at CHC Bhatpara.

During a POD camp on 9.11.2021 organized by the local Mitanin, the DFIT team facilitated the camp, demonstrating self-care and regular wall lining exercises. After 5 months of steroids treatment, when Durgesh visited the local NMA with the DFIT team, the results were very successful.

Facing financial struggles with a low family income, Durgesh's mother works as a maid servant. Due to his abdominal surgery, Durgesh can't engage in strenuous work. His mother requested support from DFIT for a small business during patient follow-up visits.

The DFIT coordinator provided socioeconomic support offering business capital along with accessories totalling Rs. 45,000 on 24.07.2023 for a better future. Durgesh started a Stationery & Book stall with a mini Xerox machine and also included a shop with cool drinks items. The business gradually grew, doubling in value within 6 months to Rs. 1 lakh.

Durgesh and his mother are now very happy and grateful to the local NLEP staff and the DFIT team. The photos showing the positive transformation.



Success Story

Amrika Devi's Inspiring Journey from Challenges to Empowered Living

Amrika Devi, a 46-year-old woman and Bihar native, has been residing in Delhi for the past 30 years. She lives with her husband and two sons. Diagnosed with TB in 2017, she faced the challenge of recurring episodes, eventually leading to her current status as a Multi-Drug Resistant Tuberculosis (MDR TB) patient. Undergoing an extensive 18-month oral treatment, her journey was complicated by severe anemia prior to initiating therapy.

Adding to the difficulties, Amrika's husband experienced a handicap due to an accident, rendering him unable to engage in any labor work. This unfortunate circumstance pushed the family into extreme poverty. However, with the invaluable support of Damien Foundation India Trust, they received health and nutritional assistance. Moreover, a thoughtful initiative provided them with a rickshaw to sell vegetables, contributing to their monthly income of Rs. 10,000/- to Rs. 12,000/-. Today, the family expresses immense gratitude and satisfaction for the positive impact of Damien Foundation India Trust on their lives.



CONTINUING MEDICAL EDUCATION

Endowment Gold Medal Prize Examination 2023

Continuing Medical Education is essential for medical professionals to uphold and enhance their skills, especially in evolving fields like therapeutic advancements in Leprosy. Currently, the pool of Leprosy experts is dwindling, as seasoned professionals retire and there is a lack of younger individuals interested in the field, partly due to the absence of mentors. Damien Foundation India Trust foresaw this challenge and collaborated with Tamil Nadu Dr. M.G.R. Medical University. Together, they engaged final-year MBBS students from various medical colleges to kindle interest in Leprosy. The joint efforts include conducting the Endowment Prize Exam for final-year MBBS students, a tradition spanning four decades.



Under the MoU between the Medical University and DFIT, the Endowment Prize Exam welcomes all final-year MBBS students. The examination comprises two segments: the theoretical part involves 100 marks with multiple-choice questions (MCQs), while the practical part includes 20 spotters, worth 100 marks, covering clinical aspects like Leprosy identification, classification and management of complications such as reaction, Disability Prevention and Medical Rehabilitation. For the question paper's formulation and results evaluation, two senior dermatologists from Madras Medical College collaborated with the DFIT Team. The Gold Medal Winner for both theory and practical sections was honoured in the Tamil Nadu Dr. M.G.R. Medical University & Damien Foundation India Trust – Endowment Prize Examination 2022.

CONTINUING MEDICAL EDUCATION

A total of 633 students from 25 medical colleges participated in the theory exam conducted on 11th July, 2023. The panel evaluated the answer sheets, and the top 37 scoring students from medical colleges were invited for the practical exam and CME Programme on August 12th August, 2023 at Holy Family Hansenorium, Fathimanagar, Trichy. DFIT covered their travel expenses, provided breakfast & lunch and offered rooms for refreshment. The practical exam answer sheets were assessed by the university's designated panel. Ms. Shwetha S, a Final Year MBBS student (Reg.No.521911618) from Kilpauk Medical College, Chennai, achieved the highest score and was nominated for the "Damien Foundation Endowment Prize Gold Medal- 2023."

Likewise, in collaboration with Ramachandra Medical University, Damien Foundation India Trust sponsors the Endowment Prize Award for students at Ramachandra Medical College. Ramachandra Medical University presents its own gold medal to the top-performing final year MBBS students. Ms. Madhumitha Venkatesh (Reg.No.M0119175) was chosen as the recipient of the Endowment Prize Gold Medal in Leprosy for the year 2023.



AWARDS & RECOGNITION

Awards and Recognition received Damien Foundation india Trust



RESOURCE MOBILISATION

Public Engagement Initiatives

Damien Foundation India Trust (DFIT) creates public awareness on leprosy and TB regularly tele calling, social media and through meetings. This public engagement initiative of DFIT started in the year 2010. The public, those who are convinced about the noble cause carried out by DFIT come forward and get involved in DFIT mission. Some of them become volunteers and others become supporters by providing donations to DFIT mission.

The corporates engagement is carried out through CSR activities. During the year 2023, DFIT through its public engagement programme raised a sum of Rs. 21,57,810/- from individuals and Corporates.

Individual Engagement

DFIT engages individuals by identifying philanthropists through tele-calling and Face-to-Face interaction initiatives. The number of individual supporters has increased from 1368 to 1455 supporters during the year and an amount of Rs. 11,28,833/- has been raised from these individual supporters.

Corporate Engagement

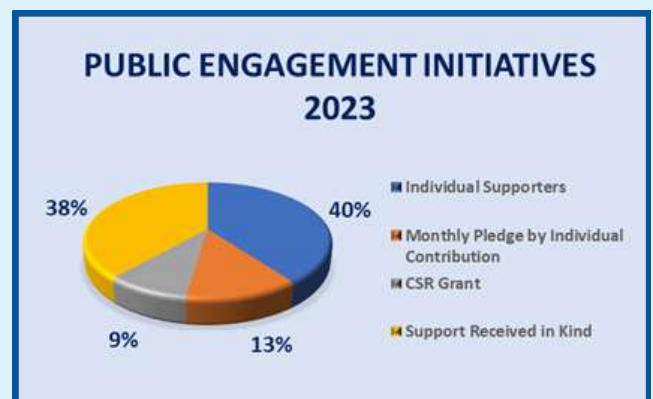
Global Logistics Solutions Pvt Ltd. partnered with DFIT as part of their CSR support during the year 2023 and provided support for leprosy services. DFIT received Rs.2,00,000/- as part of the CSR support from Global Logistics.

Donation in Kind

DFIT also received support in kind from individuals. Good hearted philanthropists some of them 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 support worth of about Rs.2,05,588/- Polambakkam project received support worth of Rs.3,39,604/- in kind. Nellore project received support in kind worth Rs.2,83,785/-. Total support revised from the individuals in kind was worth about Rs.8,28,977/-.

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

S:No	Public Engagement Initiatives	2023	%
1	Individual Supporters	860133	40
2	Monthly Pledge by Individual Contribution	268700	13
3	CSR Grant	200000	9
4	Support Received in Kind	828977	38
Total Donations Worth		2157810	100



RESOURCE MOBILISATION



ANNEXURE

Annexure -1		Hospital Services - Annual Leprosy Report - 2023																							
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)			Total number of persons provided with MCR footwear	Total number of beds available for leprosy patients	Total number of leprosy patients admitted	Total number of bed days occupied by leprosy patients	Bed occupancy for leprosy [S.No. 11/(S.no.9X90days)]*100			
Adult		Children (0-14 years)		Grand Total		Adult Grade II		Child Grade II		Total		Type I	Type II	Male	Female	Total	Male						Female	Total	
PB	MB	Total	PB	MB	Total	Adult Grade II	Child Grade II	Total	Type I	Type II	Male	Female	Total	Male	Female	Total	Male	Female	Total	Total number of persons provided with MCR footwear	Total number of beds available for leprosy patients	Total number of leprosy patients admitted	Total number of bed days occupied by leprosy patients	Bed occupancy for leprosy [S.No. 11/(S.no.9X90days)]*100	
Andhra Pradesh	Nellore	4837	4	65	69	1	2	3	72	24	0	24	38	14	18	7	25	7	1	8	48	17	292	4111	67.0
Delhi	Delhi	18793	0	7	7	0	0	0	7	3	0	3	12	6	24	7	31	4	0	4	24	14	88	2524	50.0
Tamil Nadu	Polambakkam	1048																				30	19	6590	61.0
Bihar	Dehri-On-sona	4103	19	31	50	3	1	4	54	18	0	18	33	18	42	18	60	8	2	10	206	30	207	3954	37.0
	Muzaffarpur														61	28	89	1	2	3					
Total		28781	23	103	126	4	3	7	133	45	0	45	83	38	145	60	205	20	5	25	278	91	606	17179	54

ANNEXURE

Annexure - 2												Total 4 RCS centres Age and sex wise RCS and Septic surgery report - 2023											
Age wise	Hand RCS			Foot RCS			Eye RCS			Grand total			Septic surgeries										
	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total								
0 -13	5	4	9	0	0	0	0	0	0	5	4	9	0	0	0								
14 -20	28	22	50	1	0	1	1	0	1	30	22	52	1	3	4								
21 - 25	29	8	37	2	1	3	0	0	0	31	9	40	4	0	4								
26 - 30	28	7	35	0	1	1	2	0	2	30	8	38	3	1	4								
31 - 40	20	7	27	4	0	4	1	0	1	25	7	32	4	0	4								
41 -54	13	7	20	1	0	1	4	0	4	18	7	25	7	0	7								
55 -65	3	3	6	0	0	0	1	0	1	4	3	7	1	1	2								
> 66	0	0	0	0	0	0	2	0	2	2	0	2	0	0	0								
Total	126	58	184	8	2	8	11	0	11	145	60	205	20	5	25								

ANNEXURE

Annexure -4-a		Chhattisgarh, Jharkhand and Karnataka DPMR activities annual report at PHC level -2023																		
States	Districts	No. of PHCs visited	PHC Visit Record verification Maintained																	
			No. of Suspects registered	Total No. of Disability Patients in the register	No. of trained person	Suspects Register	Treatment Register	Reaction Register	Disability Register	Monthly Progress reports	MDT Stock Register	Referral Slips	Feed back Slips	Treatment Cards	Prednisolone Card	Patient ID Card	Adequate stock of MDT available	No. of under treatment Reaction Cases	Availability of Tab. Prednisolone	
Chhattisgarh	Mahasamund	30	4219	2082	56	21	30	28	29	26	27	1	0	30	27	30	28	163	28	
	Baloda Bazar	24	3064	1272	34	23	21	21	22	19	18	1	0	22	21	22	20	79	21	
	Raipur	23	0	1357	50	0	23	15	19	21	18	0	0	19	6	5	18	50	16	
	Sarangarh-Bilingarh	35	215	1701	48	21	34	19	22	25	33	0	0	34	1	34	28	104	26	
	Raigarh	55	1752	2088	62	41	55	38	42	36	52	0	0	1	4	54	39	311	43	
	Sakti	18	188	27	18	13	18	12	13	15	16	1	1	17	1	11	19	53	14	
	Korba	23	0	266	21	0	21	5	12	11	13	0	0	17	0	16	16	11	6	
	Mungeli	13	0	141	7	0	12	6	6	6	11	0	0	8	0	5	10	7	7	
	Jangir- Champa	27	719	578	20	25	26	12	22	13	23	1	0	26	5	6	23	60	14	
	Bilashpur	19	0	286	11	0	17	7	10	11	14	0	0	14	1	11	17	18	10	
	GPM	9	0	1	0	0	8	0	1	5	5	0	0	4	0	0	1	4	2	
	Durg	15	0	96	16	0	14	7	9	10	7	1	0	13	5	5	13	14	15	
	Total		291	10157	9895	343	144	279	170	207	198	237	5	1	258	71	199	232	874	202
	Jharkhand	Gumla	36	4536	1844	80	35	35	35	35	35	35	22	6	33	33	35	35	65	49
Lohardaga		18	1456	694	48	18	18	17	18	17	17	12	3	16	15	17	16	33	13	
Simdega		33	3261	1158	48	26	26	26	26	26	26	19	4	26	25	26	24	32	38	
Godda		19	4981	1407	23	19	19	18	19	19	19	6	0	17	18	18	19	19	107	22
Deoghar		33	8102	2872	49	33	33	33	33	33	33	17	0	32	32	32	33	112	25	
E. Singhbhum		26	4329	3864	63	25	26	23	25	24	21	16	1	25	26	26	26	130	23	
W. Singhbhum		41	8732	1595	91	40	40	38	38	41	34	26	0	35	41	41	41	124	41	
Saralkela		21	7562	1978	57	20	21	21	21	21	19	13	0	19	21	21	21	113	21	
Giridih		33	5191	647	73	28	33	30	33	33	22	16	0	19	33	32	32	79	30	
Dumka		27	6580	1373	34	27	27	27	27	27	26	7	3	24	25	25	27	53	27	
Jamtada		31	7450	1236	43	31	31	31	31	31	31	9	5	30	31	31	31	108	31	
Ranchi		36	2127	1382	71	35	35	34	35	45	34	18	2	34	32	34	33	36	33	
Total			354	64307	20050	680	337	344	333	341	352	317	181	24	310	332	338	338	992	353
Karnataka		Ballari	112	3526	1415	72	78	74	38	79	79	79	0	0	72	0	0	74	112	50
	Raichur	52	1173	264	48	45	46	8	45	45	45	0	0	38	0	0	35	25	12	
	Koppal	48	1851	691	45	43	43	15	42	43	43	0	0	41	0	0	40	67	27	
	Vijayanagara	45	1634	588	38	39	39	18	39	39	39	0	0	38	0	0	35	58	24	
	Total	257	8184	2958	203	205	202	79	205	206	206	0	0	189	0	0	184	262	113	
	Grand Total		902	82648	32903	1226	686	825	582	753	756	760	186	25	757	403	537	754	2128	668

Annexure -4b

Chhattisgarh, Jharkhand and Karnataka DPMR activities cases visited annual report -2023

States	Districts	NO. of PHCs visited	Suspects				Under treatment patients visit							New and reaction cases diagnosed by the team										Reaction patients visit			
			No. of suspects in the register (Other than leprosy cases)	No. of Suspects Verified	No. of suspects diagnosis as Leprosy	No. of Patients visit	No. of patients had family history of leprosy treatment	No. of cases diagnosed correctly	No. of patients tested VMT/ST	No. of patients on regular treatment	Any Health Staff visited last one month	Contact examination Done	MB	PB	Total	How many G2D	No. of patients had family history of treatment	Type I	Type II	Total	How many G2D	No. of reaction patients visit	No. of regular treatment	Assessmen done for	ST Improved	Not Improved	Patient Condition
Chhattisgarh	Mahasamund	26	1305	42	9	65	11	64	61	63	58	41	6	3	9	2	2	2	4	0	4	1	35	33	33	34	1
	Baloda Bazar	25	2066	50	13	67	8	67	67	66	63	37	15	3	18	3	5	11	0	11	1	31	31	31	31	0	
	Raipur	18	0	4	2	55	3	55	50	55	39	33	0	2	2	0	2	6	0	6	1	25	20	20	23	2	
	Sarangarh-Bilimgarh	33	96	6	2	65	13	63	63	64	65	59	21	37	58	3	8	20	9	29	8	13	11	12	12	11	1
	Raigarh	72	1138	27	12	214	38	213	212	212	201	189	63	67	130	6	17	33	10	43	3	69	64	61	61	61	8
	Sakti	20	55	0	0	52	4	51	41	51	49	48	2	1	3	0	0	6	1	7	2	7	5	5	5	7	0
	Korba	15	0	0	0	35	7	34	23	34	34	27	7	2	9	1	1	6	1	7	1	5	3	2	2	3	1
	Mungeli	11	0	0	0	37	4	37	37	36	37	37	5	2	7	0	2	5	2	7	0	5	5	5	5	4	1
	Jangir-Champa	48	17	2	0	117	17	117	114	117	116	116	17	4	21	5	5	15	0	15	4	25	24	25	25	17	8
	Bilaspur	22	0	0	0	47	8	47	44	45	46	47	1	1	2	0	0	5	1	6	2	5	5	4	4	4	1
GPM	9	0	0	0	26	1	26	17	25	26	26	7	1	8	4	3	3	1	4	3	2	2	1	1	1	2	0
Durg	6	0	28	5	20	6	20	20	19	15	5	5	1	6	2	4	2	0	2	0	7	7	7	7	7	0	
Total		305	4677	159	43	800	120	794	749	787	749	665	149	124	273	26	49	116	25	141	26	229	206	206	204	23	
Jharkhand	Gumla	45	4127	120	14	60	6	60	60	59	38	27	11	6	17	2	1	5	0	5	3	18	17	17	17	1	
	Lohardaga	19	907	49	8	27	7	27	27	25	19	11	8	2	10	4	1	5	1	6	5	16	15	17	17	16	0
	Simdega	34	3003	630	58	31	11	30	30	27	25	7	2	1	3	1	2	1	0	1	0	10	10	10	10	10	0
	Godda	20	3020	54	15	62	8	62	23	57	27	27	0	5	5	0	0	0	0	0	0	20	18	13	13	20	0
	Deoghar	43	5964	30	5	101	24	101	63	97	39	37	2	2	4	0	0	1	0	1	0	39	39	33	33	39	0
	E. Singhbhum	33	3125	80	4	103	30	101	93	101	56	59	10	10	20	5	1	9	3	12	5	47	47	46	46	42	5
	W.Singhbhum	48	7801	178	12	169	32	167	158	167	134	134	31	10	41	9	5	14	11	25	5	80	79	80	80	80	0
	Saraikela	23	6274	66	3	80	24	80	75	74	60	60	6	8	14	1	6	2	1	3	1	37	36	37	36	37	0
	Giridih	40	4559	83	1	134	44	131	86	127	24	37	9	5	14	2	7	8	3	11	4	65	64	52	52	64	1
	Dumka	28	3771	81	22	71	12	69	25	67	23	22	1	1	2	0	0	0	0	0	0	29	29	27	27	28	1
Jamtada	38	5347	103	32	110	21	114	75	108	33	28	0	2	2	0	0	0	0	0	0	48	48	47	47	47	3	
Ranchi	48	1485	25	8	59	14	59	48	58	18	7	8	6	14	2	4	4	3	7	1	27	25	23	23	23	2	
Total		419	49383	1499	182	1007	233	1001	763	967	456	88	58	146	26	27	49	22	71	24	436	427	402	401	423	13	
Ballari	112	3113	389	68	136	42	135	135	135	135	135	46	22	68	9	9	7	3	10	5	47	47	47	47	47	3	
Raichur	52	1079	102	8	56	9	56	53	54	55	55	6	1	7	1	0	2	1	3	0	15	15	15	15	15	0	
Koppal	48	1564	87	15	56	11	56	56	56	56	56	10	5	15	3	4	1	0	1	0	19	19	19	19	19	1	
Vijayanagara	45	1393	168	34	64	14	64	64	64	64	64	23	11	34	5	6	4	5	9	2	26	26	26	26	26	1	
Total		257	7149	746	125	312	76	311	308	309	310	310	85	39	124	18	19	14	9	23	7	107	107	107	107	5	
Grand Total		981	61209	2404	350	2119	429	2106	1820	2063	1555	1431	322	221	543	70	95	179	56	235	57	772	749	715	734	41	

ANNEXURE

Annexure - 4c Chhattisgarh, Jharkhand and Karnataka DPMR activities cases visited annual report -2023

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 or G2	Using Appropriate Footwear	Number need customise d 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/ Vo/ Govt staff/ others are attended	
Chhattisgarh	Mahasamund	28	97	39	53	97	45	63	61	5	20	19	6	4	0	0	0	
	Baloda Bazar	25	78	51	43	78	21	58	61	1	5	5	8	8	3	28	37	
	Rajpur	15	70	51	14	70	10	38	38	0	7	7	2	2	5	53	67	
	Sarangarh-Bilingarh	42	73	70	65	67	64	37	32	3	10	9	0	0	4	98	36	
	Raigarh	80	188	183	177	181	174	129	144	23	18	14	12	7	6	166	38	
	Sakti	16	28	25	22	25	20	18	17	1	0	0	1	1	0	0	0	
	Korba	11	17	13	7	10	7	7	5	0	3	0	0	0	0	0	0	
	Mungeli	10	17	6	8	12	5	9	10	0	2	2	4	4	0	0	0	
	Jangir- Champa	49	92	37	59	80	45	55	55	4	6	3	6	6	4	43	88	
	Bilashpur	14	32	17	13	18	6	19	19	0	9	8	3	3	0	0	0	
	GPM	9	21	10	1	10	0	12	2	12	2	3	3	6	0	0	0	
	Durg	7	20	9	4	19	0	7	7	7	1	2	1	4	4	0	0	
	Total		306	733	511	466	667	397	452	461	40	85	71	52	45	22	388	266
	Jharkhand	Gumla	40	78	52	63	63	59	56	32	14	16	9	24	24	5	30	21
Lohardaga		16	36	17	29	27	32	24	14	2	5	3	12	9	1	8	0	
Simdega		23	42	29	36	29	31	35	23	7	3	2	9	10	0	0	0	
Godda		21	49	46	21	20	20	20	18	1	8	3	9	8	0	0	0	
Deoghar		37	88	45	36	33	33	40	39	4	9	3	12	12	0	0	0	
E. Singhbhum		43	164	74	121	120	96	99	97	13	67	42	40	31	2	21	16	
W. Singhbhum		52	188	149	121	129	81	125	122	18	23	11	35	32	4	18	28	
Saraikeela		24	87	66	57	62	34	56	54	11	16	6	16	14	2	13	13	
Giridih		42	146	37	80	91	63	76	73	12	47	29	13	13	2	10	25	
Dumka		29	81	41	47	47	47	34	34	7	18	10	19	18	0	0	0	
Jamtada		35	104	52	53	53	53	66	66	10	21	10	39	39	0	0	0	
Ranchi		47	97	20	86	76	82	73	54	24	12	9	42	39	0	0	3	
Total			409	1160	628	750	631	703	626	123	245	137	270	249	16	100	106	
Karnataka		Ballari	112	148	147	80	105	15	89	89	0	21	21	103	103	15	78	272
	Raichur	52	41	41	29	37	2	25	25	0	1	1	24	24	1	3	6	
	Koppal	48	52	52	40	42	11	23	23	0	9	9	29	28	4	11	24	
	Vijayanagara	45	65	65	39	49	9	26	26	0	6	6	34	34	4	12	38	
	Total		257	306	305	188	233	37	163	1250	0	37	37	190	24	104	340	
Grand Total		972	2199	1444	1404	1650	1065	1318	1250	163	367	245	512	62	592	712		

Annexure - 5

Bihar 28 districts DPMR activities annual report at SLRC level -2023

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				Customised Footwear Supplied							Aids & Appliances				MCR Footwear			RCS Eligible			Referred for RCS			Post-operative RCS Patients Follow-ups			Referral	
	PLRC	TLRC	PVT.Practitioner	ASHA	Passive	Others	Total	Suspect	UT	Reaction		Neuritis	Ulcer	RCS	Disability	Others	Total	New case	Old case	Not a case of leprosy	Total	MB	PB	Total	RFT	G1D	G2D	Skin smear taken	Skin Smear result (+ve)	First Time	Follow-up	Total	Type I	Type II	RecurNeutrisent	Recur	Total	MDT Drugs	Prednisolone	Clofazimine	Self Care	Exercise	UST	MST	Customised Footwear eligibility	Customised Footwear Supplied	Aids & Appliances	MCR Footwear	RCS Eligible	Referred for RCS	12-Months	24-Months	PHC / CHC	TLRC																								
I	467	66	119	1644	83	2403	1208	845	178	193	191	60	141	0	2816	679	112	417	1208	456	223	679	669	176	845	378	51	435	86	6	187	184	371	78	67	193	33	371	1060	312	34	459	331	5	1	46	46	7	132	58	30	6	NA	477	80																							
II	657	129	119	1679	74	2665	1257	1001	262	187	136	86	188	0	3118	793	82	382	1257	530	263	793	740	261	1001	373	33	357	48	15	230	219	448	163	71	177	38	449	1324	412	31	361	243	1	1	48	39	5	112	72	51	24	NA	644	116																							
III	681	84	196	2044	59	3086	1560	1186	217	274	166	58	159	0	3620	934	117	509	1560	585	349	934	916	270	1186	368	40	374	42	13	259	232	491	140	47	274	30	491	1589	471	13	386	215	0	11	58	62	1	161	48	35	20	NA	722	79																							
IV	592	13	64	1765	87	2570	1079	1084	134	163	154	74	181	0	2869	608	103	368	1079	367	241	608	781	303	1084	391	32	367	76	6	138	159	297	94	26	163	14	297	1307	281	14	371	184	0	6	56	54	3	133	28	9	36	NA	496	9																							
Annual	10722	338	2397	64328	498	7132	30310722	15104	4116	791	817	647	278	670	0	124233	3014	414	1676	5104	1838	1076	3014	3106	1010	4116	1510	1533	282	40	814	784	1608	475	211	807	115	1608	5280	1476	92	1577	973	6	19	208	201	16	538	206	125	86	0	2339	284																							

ANNEXURE

Annexure - 5a Bihar 28 districts DPMR activities annual report at PHC level -2023																	
Quarter	No. of PLRC	Monthly Progres 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	66	43	60	49	49	46	108	NA	42	8	7	9	4	66	63	55	41
II	102	58	84	69	73	65	161	NA	59	20	33	23	4	145	92	69	64
III	139	95	122	98	100	97	192	NA	92	20	59	23	10	302	134	127	102
IV	42	30	37	31	33	29	84	NA	28	2	19	5	2	128	38	17	15
Total	349	226	303	247	255	237	545	0	221	50	118	60	20	641	327	268	222

ANNEXURE

Bihar 28 districts DPMR activities cases visited annual report -2023

Annexure - 5b

Quarter	No. of the of PLRC visited				Under Treatment Patients Visit			Contact Examination (Team)				No. of PB Cases Detected		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								
	No. of UT cases	No. of correctly diagnosed	No. of on Regular Treatment	No. of Had Family History of Leprosy Treatment	No. of Contacts	Receiving any Govt. Scheme benefit	No. of Contacts Examined	No. of MB Cases Detected	No. of PB Cases Detected	Received Patient Information Card	MB	PB	Total	No. of G2D	No. of had Family History of Leprosy Treatment	Type I	Number of Type-I with Neuritis	Type II	No. of Type-II with Neuritis	Neuritis	Total	No. of new G2D	No. of UT Reaction Patients Visit	Diagnosed Reactions Correctly	Reaction Treatment Given Correctly	Taking Regular Reaction Treatment	No. of Disability Patients Visited	Practising Self Care	No. of patient having foot disability/Ulcer	Using Protective Footwear	Number Need Customised Footwear	Number Using Customised Footwear	Eligible for RCS	RCS Done			
I	66	126	123	118	23	1510	181	3	1	98	27	23	50	9	NA	8	5	3	1	3	20	8	52	51	48	46	109	73	51	NA	25	NA	74	12	37		
II	102	228	223	197	47	1801	305	3	2	180	24	20	44	3	NA	13	4	1	12	31	11	66	66	63	59	109	74	51	NA	27	NA	79	26	36			
III	139	245	239	225	62	2084	373	6	7	212	23	26	49	7	NA	11	4	0	23	40	10	48	47	43	41	111	81	58	NA	35	NA	67	19	36			
IV	42	117	113	105	25	946	157	2	2	100	5	2	7	2	NA	5	0	0	11	20	8	27	27	26	26	66	53	37	NA	17	NA	36	8	22			
Total	349	716	698	645	157	6341	1016	14	12	590	79	71	150	21	0	37	13	10	2	49	111	37	193	191	180	172	395	281	197	0	104	0	256	65	131		

ANNEXURE

Bihar 28 districts DPMR training and meeting activities annual report - 2023																	
Annexure - 5c	5 Days Trainings Conducted at district Level				One Day Trainings Conducted at PHCs Level				District level NLEP Meetings attended								
	Quarter	Total No. of Trainings Conducted	Total No. of Participants Attended				Total No. of Trainings Conducted	Total No. of Participants Attended				Total No. of Meetings Attended	Total No. of Participants Attended				
Mos			Physiotherapists	NPs	Others	Total		MOs	NLEP Staff	NPs	Others		Total	MOs	NLEP Staff	NPs	Others
I	12	40	16	24	0	80	2	16	12	6	34	18	211	41	87	84	423
II	4	14	4	0	0	18	5	6	3	146	17	6	48	118	12	184	
III	9	21	10	0	0	31	5	14	11	93	19	86	44	140	38	308	
IV	3	6	3	0	0	9	12	6	41	215	12	57	25	29	44	155	
Annual	28	81	33	24	0	138	24	42	67	488	66	360	158	374	178	1070	

ANNEXURE

Annexure -6 Involvement of Community Social Workers (CSWs) in DPMR Programme - 2023				
Parameters	Jharkhand	Bihar	Chhattisgarh	Total
Total No. of districts covered	5	19	10	34
Total No. of CSO/Vols involved	6	19	10	35
No. of Persons affected by leprosy with disabilities at the beginning of the quarter/annual	3246	18336	3571	25153
No. of Persons affected by leprosy with disabilities deleted from the list	81	692	526	1299
No. of Persons affected by leprosy with disabilities added to the list	408	813	589	1810
No. of Persons affected by leprosy with disabilities at the end of the quarter/annual	3573	18457	3634	25664
No. of Persons affected by leprosy with disabilities visited during the quarter/annual	3525	5885	3031	12441
No. of persons with plantar ulcers (among Patients visited)	1025		604	1629
No. of practising self care	2038	2372	2089	6499
No. of them required foot wear	1761	2022	1580	5363
No. of them wearing appropriate foot wear	1624		1109	2733
No. of patients having Disability Certificate.	1133	2730	305	4168
No. of patients receiving Pension.	936	1380	238	2554
No. of patients identified for RCS.	303	950	64	1317
No. of patients RCS done	67	132	23	222
No. of referred to hospital/PHC for any problems	101	1184	58	1343
Total No. of persons identified for LEP support during quarter/annual	98	275	54	427
Total No. of persons received LEP support during quarter/annual	54	51	19	124
No. of LEP beneficiaries monitored during quarter/annual	127	147	102	376
No. of suspects referred to PHC for diagnosis during quarter/annual	238	218	186	642
No. of leprosy cases confirmed during quarter/annual	185	172	77	434
No of Under treatment patients visited	1509	517	1015	3041
No. of Under treatment patients taking regular treatment	1471	473	996	2940
No. of reaction patients visited	464	131	325	920
No. of reaction patients taking regular treatment	453	39	321	813

ANNEXURE

Projects annual TB report- 2023

Annexure- 7

Name of the State	Name of the Project	Total No. of TB suspects examined	Total No. of sputum positive registered	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 No. of beds for TB/DR TB patients	Total No. of TB patients admitted	Total No. of bed days occupied by TB/DR TB patients	Bed occupancy for TB patients
Andhra Pradesh	Nellore	5025	74	89	74	45	15	93%	100%	75%	50%	7	54	77	12
	Delhi	6981	1191	3549	3015	869	534	84%	80%	85%	83%	3	56	56	5
Total		12006	1265	3638	3089	914	549	89%	90%	80%	67%	10	110	133	8.5

ANNEXURE

Bihar District Consultancy Team DR TB Annual report - 2023

Annexure - 8

District	Name of the Health Facilities/TU visited	Total number of patients visited				Total number of patients on DOT				sputum follow ups		Irregular patients		Defaulter patients		High Risk patients		Complication Mngament				Treatment supporter visited				Nutritional support				
		H-Mono/Poly DRTB	Shorter MDRTB Oral / Inj Regimen	All oral Longer M/XDRTB	Total	H-Mono/Poly DRTB	Shorter MDRTB Oral / Inj Regimen	All oral Longer M/XDRTB	Total	% of patients on DOT	Total sputum follow up examination done	Irregular DRTB patients motivated	Irregular DRTB patients retrieved	Defaulter DRTB patients motivated	Defaulter DRTB patients retrieved	Total Number of High Risk Patients	Total Number of High Risk patients Visited	Total Number of Complication Patients Visited	Total Number of Complication Patients managed	Total Number of Complication Patients referred	No. of Treatment Supporter Visited	No. of Treatment supporter functioning correctly	%	Treatment supporter arranged by team	Number of patients identified for Nutritional Support	Number of Patients provided Nutritional Support	Number of patients follow-up visit done with Nutritional support	No. of patients receiving Nutritional support regularly	No. of patients taking regular treatment	
Darbhanga	46	2	40	61	103	1	16	34	51	49.5	14	5	3	2	1	1	50	50	5	5	5	12	3	25.0	0	2	2	4	5	5
Saharsa	11	0	11	23	34	0	5	10	15	44.1	7	4	2	2	0	0	19	19	5	5	2	3	2	66.7	0	4	4	4	4	4
Madhubani	41	7	21	31	59	2	9	8	19	32.2	7	3	4	1	1	1	31	31	3	3	3	8	1	12.5	0	2	2	3	3	3
Supaul	16	0	15	29	44	0	6	10	16	36.4	4	1	0	0	0	0	23	23	7	5	7	5	1	20.0	0	0	0	0	0	0
Madhepura	15	2	6	23	31	0	2	13	15	48.4	7	3	3	3	0	0	15	15	3	3	2	3	0	0.0	0	1	1	1	1	1
Total	129	11	93	167	271	3	38	75	116	42.8	39	16	12	8	2	2	138	138	23	21	19	31	7	22.6	0	9	9	12	13	13

ANNEXURE

Bihar NTEP training and meeting activities annual report - 2023

Annexure - 8a

State	District	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						
		NTEP Staff	PHC Staff	Field staff	ASHAs	Others	Total	MOs	NTEP Staff	PHC Staff	Field staff	ASHAs	Others	Total	MOs	NTEP Staff	ANMs	ASHAs	Others	Total	
	Darbhanga	0	0	0	0	0	0	2	1	3	0	0	4	8	14	23	58	92	64	78	315
	Saharsa	0	0	0	0	0	0	3	3	8	0	0	49	60	4	5	33	0	0	16	54
	Madhubani	3	6	19	79	19	127	7	5	15	0	0	65	85	10	16	242	119	5	65	447
	Supaul	0	0	0	0	0	0	5	1	9	0	0	1	11	1	1	18	0	0	2	21
	Madhepura	0	0	0	0	0	0	4	1	9	0	0	4	14	1	1	15	0	0	6	22
	Total	3	6	19	79	19	127	21	11	44	0	0	123	178	30	46	366	211	69	167	859

Bihar

ANNEXURE

Annexure - 9 Delhi DR TB cases registered and out comes from 2010 to 2023

Particulars	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023
MDR TB Cases registered	19	31	88	43	58	59	46	70	103	147	150	197	191	184
12 months Culture Conversion	14	13	64	38	32	20	38	46	65	98	101	155	120	22
Cured	14	19	40	28	28	24	26	40	57	98	101	150	120	22
Completed	0	2	5	1	2	6	4	4	6	9	6	10	0	0
Defaulter	0	2	20	8	5	8	7	12	20	19	7	15	20	7
Died	3	3	17	4	11	8	3	8	7	9	17	11	10	7
Failure /(Reg. Change)	1	5	3	1	11	9	3	4	9	10	17	10	2	1
Transfer Out	1	0	3	1	1	4	3	2	4	2	2	1	3	3
Still under treatment													36	144
Total outcome cases	19	31	88	43	58	59	46	70	103	147	150	197	191	184
Treatment success rate	74%	68%	51%	67%	52%	51%	65%	63%	61%	73%	71%	79%		

ANNEXURE

Annexure 11

Annual report 2023

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

District	Population covered for diagnosis & Follow up	Follow up samples received and inoculated in Liquid/Solid media				CBNAAT			1st line LPA				2nd Line LPA							
		Total	Smear Positive	Smear Negative	Culture positive	Total	MTB detected	RIF - resistant	Total	Inconclusive	Both Sensitive	RIF	INH	RIF & INH	Total	Inconclusive	Both sensitive	FLQ	SLID	FLQ & SLID
Darbhanga	5244201	660	121	539	111	966	324	56	668	20	455	19	49	125	196	17	92	79	2	6
Madhubani	6076600	898	177	721	106	146	43	9	662	14	459	12	54	93	169	14	75	75	2	3
Saharsa	2581324	41	5	36	1	10	1	1	18	0	12	0	0	6	8	0	4	2	1	1
Supaul	3069343	114	33	81	40	20	2	0	166	3	136	2	10	15	31	3	15	10	3	0
Madhepura	2667071	75	19	56	16	1	0	0	127	3	106	5	6	7	20	1	15	2	2	0
Samastipur	5521940	586	91	495	66	85	29	5	258	7	140	8	24	74	119	11	53	46	3	6
Muzaffarpur	6110337	713	113	600	85	22	0	0	358	1	237	9	18	125	157	2	55	94	1	5
Sitamarhi	4572493	898	188	710	88	18	5	0	753	22	561	14	43	113	172	14	71	83	0	4
Sheohar	897484	106	18	88	20	35	22	3	52	0	38	2	3	9	18	2	11	4	0	1
E. Champaran	6796478	211	65	146	87	0	0	0	343	11	277	7	21	27	67	5	39	23	0	0
W. Champaran	5245282	292	90	202	93	1	0	0	337	12	261	17	17	30	50	1	30	19	0	0
Total	48782553	4594	920	3674	713	1304	426	74	3742	93	2682	95	245	624	1007	70	460	437	14	26

GLOSSARY

DFIT	Damien Foundation India Trust
DTRC	Damien TB Research Centre (a facility in Nellore and Darbanga 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
INR	Indian Rupees
INH	Isoniazid
IP	In patient
LEP	Livelihood Enhancement Programme (a socio-economic rehabilitation programs implemented by DFIT assisted projects)
LJ	Lowenstein–Jensen
LPA	Line Probe Assay
LT	Laboratory Technician

GLOSSARY

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 Programme
NSP	New Sputum Positive (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
NTEP	National Tuberculosis Elimination Programme
OPD	Out patient Department
PA	Public Announcement system
PAL	People Affected by Leprosy
PB	Pauci Bacillary 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)

GLOSSARY

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 Programme
RCS	Re-Constructive Surgery
STLS	Senior TB Laboratory Supervisor
STO	State TB Officer (Programme Officer in a State in-charge of TB control)
STS	Senior TB Supervisor
TB	Tuberculosis
TBS	Tuberculosis Supervisor
TU	Tuberculosis Unit
WHO	World Health Organization
XDR TB	Extensively Drug Resistant Tuberculosis

in Partnership with

damien foundation

otto 8per mille
WALDENSIAN CHURCH
UNION OF MELIHOODSI AND WALDENSIAN CHURCHES

Johnson & Johnson

GLOBAL LOGISTICS

United Way

United Way of Chennai

State Bank of India

SHIFTCO

NETZSCH
Proven Excellence.

AVERY DENNISON

Google Ad Grants

charity radio

DONATEKART

give.do

DAAN UTSAV
OCT 7 - OCT 8
CELEBRATE THE JOY OF GIVING WEEK

Union Bank of India

NASSCOM FOUNDATION

BATTLE OF BUFFET
Triggering social appetite

SEVA MELA

தூர்தர்ஷன்
பொதுமை

30
Madras Esplanade
Adapt, Improve

92.7
BIG FM
dhun badal ke toh dekho

D ARPAN

GuideStarIndia

CONFEDERATION OF INDIAN ORGANISATIONS FOR SERVICE & ADVOCACY
CIOSA

ilep

DOTS
Pura course | Pakka ilaaj

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

NATIONAL LEPROSY "ERADICATION" PROGRAMME

INCOME TAX DEPARTMENT

Damien Foundation India Trust

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

044 - 2836 0496 / 2836 1910 +91 98401 42743

info@damienfoundation.in www.damienfoundation.in

FOLLOW US :

DamienDFIT damienfoundation DamienIndia damienindia

SUBSCRIBE : damien foundation india trust