



**Damien Foundation India Trust**

# **ACTIVITY REPORT 2025**

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# FOREWORD



*The year 2025 is another important milestone in DFIT's journey. It reflects our continued effort, steady progress and strong commitment to our mission. After overcoming challenges in previous years, 2025 has been a time of recovery, learning and focused action.*

*With careful use of resources and the dedicated work of our staff, we were able to continue all essential services without interruption. Our teams remained committed to supporting vulnerable communities, ensuring uninterrupted care and successfully achieving our planned programme goals.*

*I sincerely acknowledge the constant guidance and encouragement provided by our Chairman and Board Members. Their leadership has remained a source of strength and clarity, helping DFIT navigate a complex and evolving context. We are equally grateful for the continued solidarity of Damien Foundation Belgium, whose technical and moral support has been central to sustaining our core programmes. The support and engagement of the Belgium Embassy and Belgium Consulate General further strengthened our efforts, particularly through facilitating linkages with Belgian companies in India for CSR collaboration.*

*We deeply appreciate our CSR partners and individual donors whose timely contributions enabled us to maintain critical health and rehabilitation services across project areas. I would like to once again place on record our special gratitude to Sheshasayee Paper Mills, Erode, whose continued generosity ensured the uninterrupted delivery of palliative care services at Polambakkam an intervention that remains a lifeline for some of the most vulnerable individuals we serve.*

*During 2025, DFIT also focused on strengthening systems, improving quality, and integrating learning from recent evaluations into programme implementation. The positive outcomes and feedback from ongoing reviews reaffirm the relevance and effectiveness of our community-centred approach and the technical competence of our teams.*

*Looking ahead, the sustainability of DFIT's work will depend increasingly on local resource mobilisation, diversified partnerships and adaptive strategies. We remain confident that, with the solidarity of our staff and the continued trust of our partners and supporters, DFIT will continue to expand its impact and respond effectively to emerging needs.*

*On behalf of DFIT, I extend my heartfelt gratitude to our entire team, Board Members, Damien Foundation Belgium, the Belgium Embassy, Belgium Consulate General, CSR partners and all individual donors. Your continued belief in our mission and your steadfast support remain the foundation of our work.*

***With sincere thanks and optimism for the future.***

*Dr. M. Shivakumar*  
**Secretary**

**Damien Foundation India Trust**

# **INTRODUCTION**

Damien Foundation India Trust (DFIT) is a charitable organisation dedicated to improving the lives of people affected by Leprosy and Tuberculosis (TB) in India. With long-standing technical and financial support from Damien Foundation Belgium, DFIT contributes significantly to national efforts aimed at controlling, treating and ultimately reducing the burden of these diseases.

DFIT implements integrated leprosy and TB interventions through a combination of direct project implementation and close collaboration with government health systems and local non-governmental partners. Its approach extends well beyond clinical care, with a strong focus on early case detection, prevention of disability, rehabilitation and community engagement to address stigma and promote long-term wellbeing.

The organisation's roots date back to 1955, when DFIT initiated its first leprosy programme in a rural area of South India. Responding to evolving public health needs, tuberculosis control activities were incorporated in 1998, broadening the organisation's mandate. Today, DFIT's programmes span seven Indian states, with direct and indirect coverage reaching an estimated 179.75 million people.

Guided by a commitment to quality, equity, and partnership, DFIT works alongside national and State health programmes, medical institutions and grassroots organisations. Through this collaborative model, the Trust continues to strengthen health systems and ensure that people affected by Leprosy and TB receive timely, dignified and effective care.



**Saint Fr.Damien**



**Late Dr.Claire Vellut**



### Our Vision

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



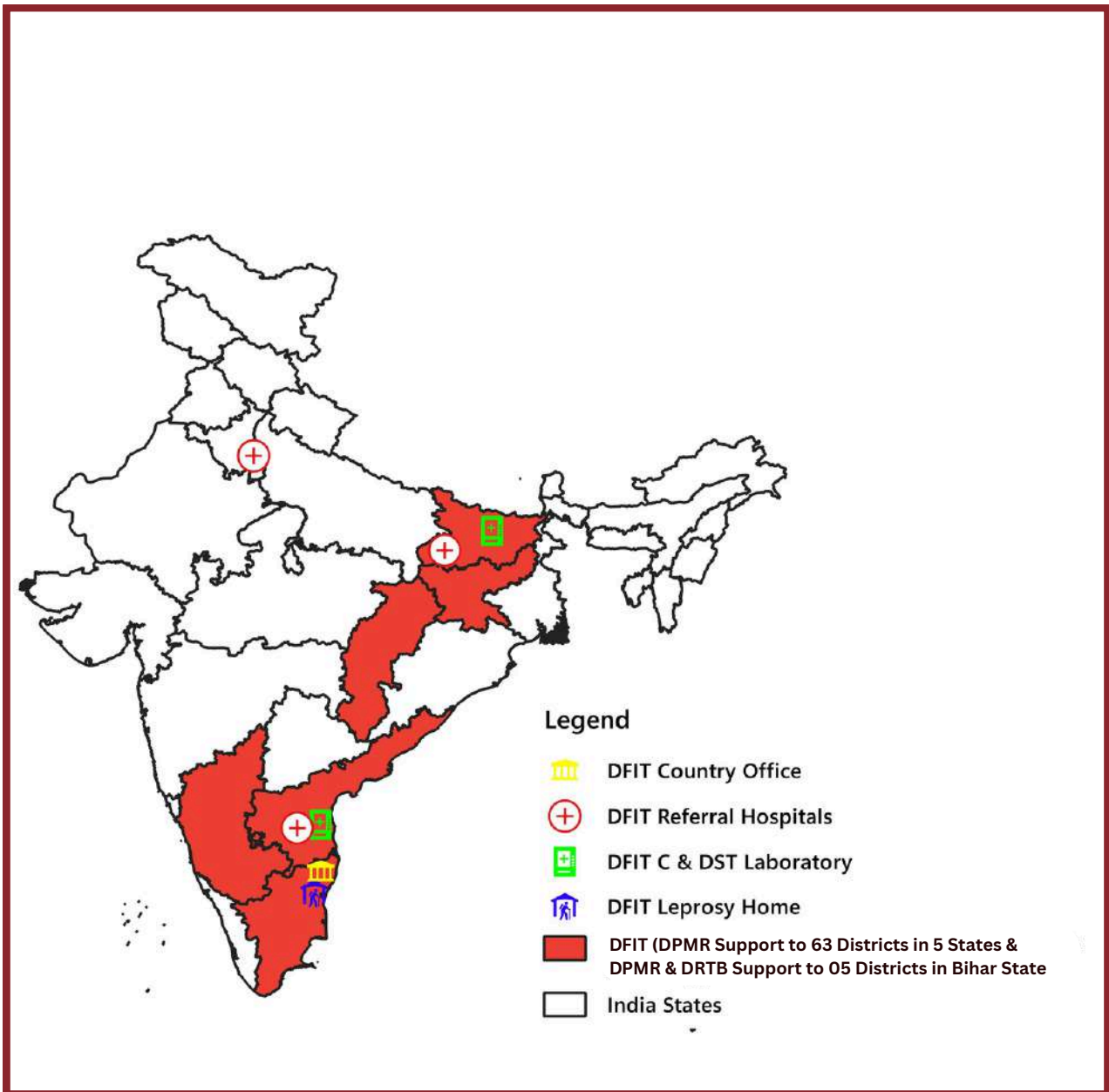
### Our Mission

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

## Project Locations

State	Project Name
Andhra Pradesh	Damien Foundation Urban Leprosy and TB Research Centre, Nellore
	DPMR support in Nellore Urban
Bihar	Model Leprosy Control Unit, Dehri on Sone, Rudrapura, Rohtas district
	Damien TB Research Centre, Darbhanga
	DPMR Support in 23 districts
	DPMR & DRTB support in 5 districts
	ILEP coordination
Chhattisgarh	DPMR support in 12 districts
Delhi	Margaret Leprosy and TB Hospital, South West Delhi
Jharkhand	DPMR support in 12 districts
Karnataka	DPMR support in 4 districts
Tamil Nadu	Anandapuram Rehabilitation Centre, Polambakkam, Chengalpattu district
	DPMR support in 07 districts

# DFIT IN INDIA



# PROJECT STRATEGY & IMPLEMENTATION

## Implementation of Leprosy and TB Control Activities

During the reporting period, Damien Foundation India Trust (DFIT) continued to implement a wide range of Leprosy and Tuberculosis (TB) control activities across several Indian states. The organisation follows an integrated service delivery model that combines clinical care, prevention of disability, rehabilitation and capacity strengthening to ensure a comprehensive and people-centred response.

### Key Areas of Intervention

#### 1 Secondary and Tertiary Referral Services for Leprosy and TB Complications

DFIT supports and manages three specialised referral facilities dedicated to the management of leprosy-related complications. These centres provide advanced services including reaction management, chronic ulcer care, reconstructive surgery and interventions aimed at preventing long-term disability. Two of these facilities also serve as referral points for complex TB cases, including the diagnosis and management of Drug-Resistant Tuberculosis (DR TB).

#### 2 Reference Laboratory Services for Drug-Resistant TB

To reinforce the national response to DR-TB, DFIT operates two advanced reference laboratories located in Andhra Pradesh and Bihar. These laboratories support early and accurate diagnosis through drug susceptibility testing, assist in treatment monitoring and contribute critical data to national TB surveillance and control efforts.

#### 3 Field-Based Disability Prevention and Care Teams

DFIT deploys thirteen specialised disability prevention teams across 68 districts, focusing on early identification and management of leprosy-related impairments. Their activities include active field screening, timely clinical interventions, physiotherapy, self-care education and community-level awareness initiatives aimed at reducing disability caused by delayed diagnosis and treatment.

#### 4 Residential Rehabilitation Facility for Elderly Persons Affected by Leprosy

A dedicated rehabilitation home at Polambakkam, Tamil Nadu, provides long-term residential care for elderly persons affected by leprosy who live with disabilities and lack family support. The facility offers a comprehensive package of services including medical care, physiotherapy, psychosocial counselling, livelihood support and safe accommodation, enabling residents to live with dignity and security.

#### 5 Integrated Medical and Socio-Economic Rehabilitation

Recognising that recovery extends beyond clinical treatment, DFIT delivers holistic rehabilitation services tailored to the needs of individuals affected by leprosy and TB, especially those with disabilities.

## 6 Medical rehabilitation interventions include:

- Building self-care skills among persons affected by leprosy to prevent secondary complications at home.
- Facilitating access to reconstructive surgery to restore function and mobility.
- Providing specialised inpatient care for chronic and complicated ulcers.
- Strengthening community-based support through training of family members, ASHA workers and community volunteers.

## 7 Medical rehabilitation interventions include:

- Promotion of livelihood and income generation opportunities to enhance financial independence.
- Facilitating to avail Govt schemes.
- Support for housing construction or repair to improve living conditions.
- Educational assistance for children from affected households.
- Nutritional support to aid recovery and improve overall health.

Through the integration of specialised medical services, rehabilitation and social support, DFIT continues to improve health outcomes and quality of life for people affected by leprosy and TB, while contributing to social inclusion and stigma reduction.



# HUMAN RESOURCES

Human resources are the backbone of Damien Foundation and are central to achieving the organisation's mission and programme objectives. During the reporting year, Damien Foundation India Trust engaged a total of 138 staff members. Of these, 125 staff members (91%) were deployed in programme implementation and technical support roles, ensuring the effective delivery of project activities. The remaining 13 staff members (9%) provided essential administrative and financial support to the organisation. During the year under review, 16 new staff members joined Damien Foundation India Trust, further strengthening programme operations and support systems. Concurrently, 44 staff members exited the organisation due to the completion of project activities or personal reasons. To facilitate efficient programme implementation, Damien Foundation has classified its workforce into three key categories: Programme Staff, Programme Support Staff & Administrative and Finance Staff.



The table below present the distribution of staff across these categories, reflecting the organisation's continued focus on programme delivery supported by strong administrative and financial systems.

Classification of Staff		No:of Staff
Programme Technical Staff	Doctors	7
	Paramedical Staff	50
	Lab Technicians / STLS	12
	Staff Nurse	6
	Microbiologist	3
Programme Support Staff	Communication and Public Engagement	2
	Others (Driver / Sweeper / Lab Assistant / Cook / Helper / Security etc.)	45
<b>Total</b>		<b>125</b>
<b>Administration &amp; Finance</b>	Total Administration and Finance Staff	<b>13</b>
<b>Grand Total</b>		<b>138</b>

# ANDHRA PRADESH

## DAMIEN FOUNDATION URBAN LEPROSY AND TB CENTRE, NELLORE



The Damien Foundation Urban Leprosy & TB Centre (DFUL&TC) is a specialized healthcare facility located in the urban area of Nellore, Potti Sri Ramulu Nellore District, Andhra Pradesh. Operated directly by Damien Foundation India Trust (DFIT), the centre functions as a key referral facility for the prevention, diagnosis, treatment and rehabilitation of Leprosy and Tuberculosis (TB), with a particular focus on serving vulnerable and underserved populations.

DFUL&TC has a long and well-established history of service delivery. Leprosy care services were initiated in 1993, followed by the introduction of TB services in 1998. Over the years, the centre has evolved in alignment with national health strategies and programmatic integrations, while consistently maintaining its commitment to delivering high-quality, patient-centred care.

### Referral Services & Reconstructive Surgery for Leprosy

Following the integration of leprosy services into the general health system, DFUL&TC has sustained its critical role as a specialized referral centre for leprosy, particularly for the management of complicated cases and leprosy related disabilities. The centre offers comprehensive referral-level services, including:



#### Re-constructive Surgery (RCS)

surgical interventions aimed at restoring mobility, function and dignity among persons affected by leprosy related deformities.



#### Ulcer care and disability prevention

specialized management of chronic ulcers and prevention of secondary disabilities through early intervention.



#### Physiotherapy and rehabilitation

long-term rehabilitative care to support functional recovery and social reintegration.

In recognition of its technical expertise and sustained contribution to leprosy care, the government of Andhra Pradesh has officially designated DFUL&TC as a Reconstructive Surgery (RCS) referral centre. This designation extends services to patients from four districts Prakasam, Kadapa, Nellore and Chittoor, thereby ensuring access to advanced surgical and rehabilitative care for a wider catchment population.

## TB Control Services & Microscopy Facility

Alongside leprosy services, DFUL&TC plays a vital role in urban tuberculosis control. The centre operates a functional TB microscopy facility, supporting early detection, confirmation and treatment monitoring of TB cases in line with national guidelines. The facility serves a population of approximately 1,46,239 residents of Nellore urban area and provides:

- Sputum microscopy for TB diagnosis.
- Follow-up testing for TB patients undergoing treatment.
- Support for drug-resistant TB management in coordination with national programs.



Through the integrated delivery of Leprosy and TB services, DFUL&TC remains a cornerstone of urban public health in Nellore. The centre ensures accessible, high-quality and Government recognized care, contributing significantly to disease control, disability prevention and improved quality of life for affected individuals.

## Damien TB Research Centre (DTRC), Nellore



Established in 2008, the Damien Foundation TB Research Centre (DTRC) operates as a specialized unit of the Damien Foundation Urban Leprosy & TB Referral Centre (DFUL&TRC) in Nellore, Andhra Pradesh. The centre is dedicated to the diagnosis, treatment, and research of Tuberculosis (TB), with a particular emphasis on Drug-Resistant Tuberculosis (DR TB). DTRC plays a pivotal role in strengthening the detection, management and control of DR TB in the region.

## Advanced Laboratory and Diagnostic Services

DTRC is equipped with a state of the art Tuberculosis laboratory that offers comprehensive Culture and Drug Susceptibility Testing (DST) for Mycobacterium tuberculosis. The laboratory provides:



### Phenotypic DST

Conventional culture based methods to determine resistance patterns to first and second-line Anti TB drugs.



### Genotypic DST

Rapid molecular diagnostic techniques for the early detection of drug resistance, enabling timely initiation of appropriate treatment.



These advanced diagnostic services ensure accurate and timely identification of DR-TB cases, contributing to improved treatment outcomes and reduced disease transmission. The laboratory currently provides diagnostic support to five districts and operates in strict adherence to national TB programme guidelines and quality assurance standards.

## In-Patient Care & Dedicated DR-TB Wards

To address the needs of patients with severe and complicated forms of TB, DTRC maintains a 7 beds in-patient facility, including dedicated wards for DR TB patients requiring close medical supervision during the intensive phase of treatment.

**The in-patient services primarily support patients from Nellore district and focus on:**

- Initiation of standardized DR TB treatment regimens in alignment with national protocols.
- Clinical management of TB and DR TB complications, including adverse drug reactions and co-morbid conditions.
- Continuous monitoring of patient progress in coordination with the National TB Elimination Programme (NTEP).

## Commitment to TB Research & Innovation

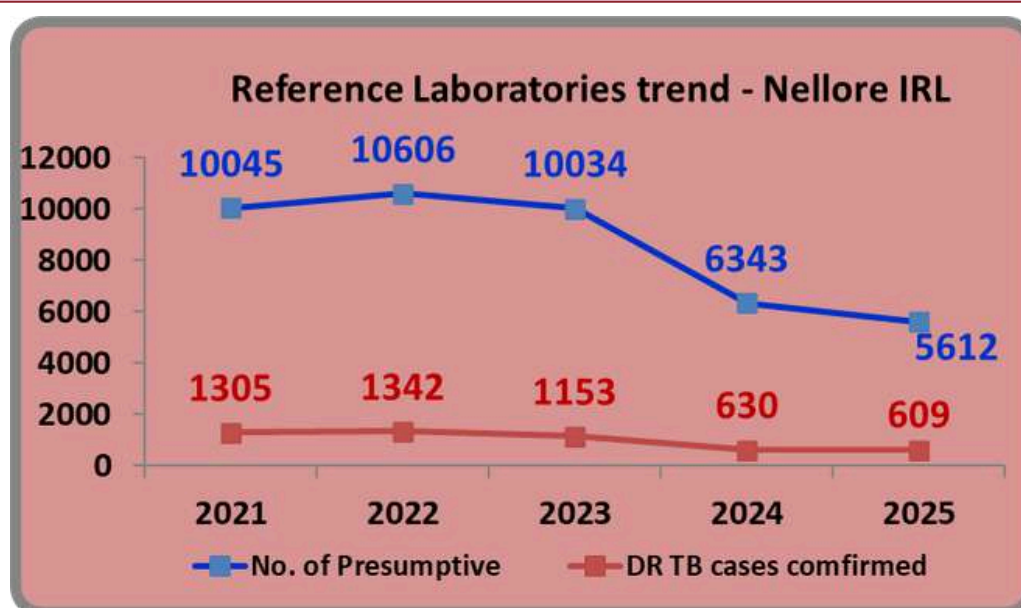
In addition to service delivery, DTRC is actively engaged in operational and clinical TB research aimed at strengthening evidence-based TB control strategies. Key research areas include:

- Enhancement of diagnostic approaches for early and accurate detection of Drug-Resistant TB.
- Evaluation of treatment outcomes and effectiveness of DR TB drug regimens under programmatic conditions.

By integrating advanced diagnostics, specialized clinical care and focused research, the Damien Foundation TB Research Centre continues to function as a key referral and knowledge centre in the fight against drug-resistant TB. The centre ensures timely, high-quality and evidence-driven care for patients while contributing to improved TB control outcomes at the district and regional levels.

### In 2025:

- 5612 presumptive Drug Resistant TB cases tested for confirmation.
- 609 Drug Resistant TB cases confirmed.



## MCR footwear unit, Nellore

To address the long-term foot care needs of persons affected by leprosy, DFIT established a specialized therapeutic footwear production unit in 2014. The unit focuses on the manufacture of customized footwear using Micro Cellular Rubber (MCR), designed to protect insensitive feet, accommodate deformities and reduce the risk of ulcers and secondary disabilities. By improving comfort and stability, the footwear significantly supports safe mobility and daily functioning.



The quality and relevance of the unit's products have been formally acknowledged by the Central Leprosy Division, affirming its adherence to national standards for leprosy rehabilitation. The unit currently supplies therapeutic footwear to three districts on a regular basis, reflecting sustained demand and trust from the public health system. During the reporting period, 319 pairs of customized MCR footwear were supplied to Nellore district, highlighting the unit's continued contribution to disability prevention and rehabilitation services for persons affected by leprosy.

### Beneficiaries and services provided by DFULC, Nellore in 2025

DFULC Nellore	Leprosy Services	DFULC Nellore	TB Services
Out-patients treated	4687	Respiratory symptomatic treated	2811
Skin diseases treated	1675	Presumptive TB cases examined	1686
New leprosy cases diagnosed and referred to PHCs	70	Total TB cases registered	73
Reaction cases managed	51	Total new TB cases registered	66
Reconstructive Surgeries done	15	Among them new sputum positive cases	35
Minor Surgeries done	11	Sputum conversion rate for NSP cases	35/40 (88%)
In-patients managed	170	Cure rate for NSP cases	44/46 (96%)
Bed days	4499	Sputum conversion rate for RT cases	10/10 (100%)
Protective footwear (MCR) provided	101	Cure rate for RT cases	11/11 (100%)
MCR footwear supplied to districts	319	In-patients managed	26
		Bed days	26

## Capacity Building on leprosy:



Damien Foundation India Trust (DFIT) played a significant role in strengthening leprosy control efforts by organising and facilitating 35 structured capacity-building training programmes during the reporting period. These sessions were strategically designed to enhance the knowledge and competencies of healthcare personnel across multiple levels of the health system, with a focus on early case detection, accurate diagnosis and effective referral of suspected leprosy cases to appropriate health facilities for confirmation and timely treatment.

Through these initiatives, DFIT trained a total of 1,478 healthcare workers, including 26 District Leprosy and Anti-TB (DLATB) officers, 383 Medical Officers (MOs), 319 National Leprosy Eradication Programme (NLEP) nodal personnel and 261 Accredited Social Health Activists (ASHAs). Participants also included Auxiliary Nurse Midwives (ANMs), Multipurpose Health Assistants (MPHAs) and medical students, all of them play a critical role in community-based surveillance, early identification and patient care.

The training sessions covered key thematic areas such as early symptom recognition, standard referral mechanisms, patient counselling and the importance of sustained follow-up to prevent disability arising from delayed intervention. By strengthening the capacity of frontline health workers, DFIT has contributed significantly to improved leprosy case detection and management, thereby reinforcing public health efforts towards the control and eventual elimination of leprosy.



## Three-Day Training for District Nucleus Medical Officers and TB Medical Officers at DFIT, Nellore

A three-day Re-orientation Training on Leprosy under the National Leprosy Eradication Programme (NLEP) was successfully conducted from 2 to 4 September 2025 for District Nucleus Medical Officers (DNMOs) and TB Medical Officers from across Andhra Pradesh. This capacity-building initiative was undertaken at the request of Dr K. Padmavathi, Director of Health and the Joint Director of Leprosy and was formally approved by the



Commissioner of Health and Family Welfare, Government of Andhra Pradesh. The programme was organised by the State Leprosy Office, sponsored by Damien Foundation India Trust (DFIT) and hosted at the Damien Foundation Urban Leprosy & TB Centre, Nellore.

The primary objective of the training was to strengthen the technical competencies and monitoring skills of Medical Officers, enabling them to effectively train healthcare staff within their respective districts and enhance the quality of leprosy services. The sessions were facilitated by Dr M. Shivakumar, Secretary, DFIT, along with the State Joint Director and NLEP Consultants. The training adopted a practical and interactive approach, integrating technical presentations with live clinical demonstrations and hands-on skill development exercises involving patients. This methodology enabled participants to directly examine cases and refine their clinical and programmatic skills.

A total of 28 Medical Officers representing 26 districts, along with three members of the state-level team, actively participated in the programme. The training also provided a platform for direct interaction with the State Joint Director, facilitating discussions on field-level challenges and deliberations on the National Strategic Plan (NSP). A key outcome of the programme was the formulation of District Strategic Plans (DSPs) for the period 2025–2027. The training concluded with the distribution of certificates to all participants



# Success Story

## “A Story of Courage Beyond Disease”



K. Santhi (Name Changed), a 22 year old from Kothuru village in Andhra Pradesh, has known loss from an early age. Her father abandoned the family when she was a child and her mother, forced to migrate to Warangal for work, never returned. Left behind, Santhi grew up as an orphan in a crowded relative's home, learning early what it meant to live without security or belonging. A year ago, her life took another painful turn when nodules began appearing across her body.

Instead of care, she faced fear and rejection. Illiterate, without an Aadhaar card and suffering from severe Multi-Bacillary leprosy with a Type II reaction, Santhi was pushed to the margins, completely alone. At her lowest point, local ASHA workers brought her to the Damien Foundation India Trust (DFIT) Hospital in Nellore. There, she received specialised treatment free of cost. Initially withdrawn and traumatised, Santhi slowly began to heal not only through medicine, but through the compassion of the DFIT staff and fellow patients.

Recognising that recovery meant more than medical care, DFIT helped restore Santhi's identity by supporting her Aadhaar application and teaching her basic writing skills. She later received training in jute bag stitching, giving her the confidence and means to become financially independent.

As her health improved, Santhi began helping other patients, becoming a source of comfort and hope in the ward. Her journey came full circle when she met Raju, another person affected by leprosy who shared her experience of loss. With the support of the DFIT they got married in their village and integrated with the community.

Once an outcast, Santhi now lives a life of dignity, skill and love proof that with compassion and holistic support, even the most broken beginnings can lead to hope.



# BIHAR



Damien Foundation India Trust (DFIT) has been actively engaged in strengthening leprosy control interventions in selected districts of Bihar since 1993. In addition, DFIT has been supporting tuberculosis (TB) control activities in these regions since 2003. These interventions have been implemented with financial and technical support from the Belgian Government (DGD) through Damien Foundation Belgium, across successive programme phases.

In the current implementation phase (2022–2026), the programme aims to improve access to leprosy referral services for persons affected by leprosy and to strengthen the initiation and adherence to treatment among individuals affected by Drug-Resistant Tuberculosis (DR TB) in Bihar. The intervention covers 28 districts for leprosy services and 5 districts for DR TB services across the State.

## Target group and partners

The primary beneficiaries of the programme are the people of Bihar. DFIT's interventions are designed to reach an estimated population of 9,62,86,903 across 28 districts for leprosy services and 1,92,04,519 across 5 districts for DR TB services. During the current phase (2022–2026), approximately 80,000 persons affected by leprosy and around 2,000 persons affected by DR-TB, along with their family members, are expected to benefit either directly or indirectly from the programme. Notably, nearly 90% of these beneficiaries reside in rural areas.

The Government of India and the Government of Bihar serve as the programme owners at the National and State levels. The State TB Officer (STO) leads the TB control programme, while the State Leprosy Officer (SLO) oversees the leprosy control programme at the State level. At the district level, the District TB Officer is responsible for TB control activities and the Additional Chief Medical Officer (ACMO) manages the leprosy programme.

All essential drugs for the management of TB, DR TB and leprosy are provided free of cost by the Government. Non-Governmental Organisations (NGOs) support the delivery of TB and leprosy services across different levels of care, from primary to tertiary facilities, within designated areas. The World Health Organization (WHO) provides technical support through the National TB Elimination Programme (NTEP) Consultant, while the International Federation of Anti-Leprosy Associations (ILEP) offers technical guidance through its Technical Consultant. In addition, Government Medical Colleges actively contribute to both leprosy and TB control efforts.



## **Specific objective**

The specific objective of the programme is to enhance access to leprosy referral services for persons affected by leprosy and to improve the initiation and adherence to treatment among individuals affected by Drug-Resistant Tuberculosis (DR TB) in Bihar State by the end of 2026.

## **Strategic Approaches and Key Interventions**

DFIT seeks to contribute to the anticipated programme outcomes through the following strategic interventions:

### **a. Strengthening Leprosy Referral Services**

DFIT will strengthen leprosy referral services at Primary Leprosy Referral Centres (PLRCs) by enhancing the capacity to identify and refer difficult to manage cases at an early stage to Secondary (SLRCs) and Tertiary Leprosy Referral Centres (TLRCs), with the objective of preventing disabilities and effectively managing complications. This strategy includes reinforcing services at SLRCs through the identification and training of district level specialists, including dermatologists, physiotherapists and orthopaedic surgeons, to manage leprosy and its complications. At the tertiary level, DFIT will further strengthen referral services by mobilising patients with complications from PLRCs and SLRCs and supporting surgeons in performing reconstructive surgeries (RCS). A substantial number of patients have been identified for deformity correction surgeries, and addressing their socio-economic rehabilitation needs will be a key focus in the next phase.

### **b. School-Based Screening Initiatives**

School health teams will be engaged to screen children for leprosy and facilitate timely referral and appropriate treatment, contributing to early detection and interruption of transmission.

### **c. Social Protection and Livelihood Support**

DFIT will facilitate access to government social welfare schemes and support income generation activities to enhance the socio-economic wellbeing of persons affected by leprosy and TB.

### **d. Community-Based Referral within Musahar Population**

A community based referral network will be established within the Musahar population an underserved and highly vulnerable group with a higher prevalence of leprosy by engaging and training local volunteers from within the community.

### **e. Engagement of Formal and Informal Medical Practitioners**

DFIT will explore the feasibility of involving both formal and informal medical practitioners in the leprosy referral system through operational research, with the aim of improving early case detection.

## f. Strengthening DR-TB Diagnostic Services

DFIT will continue to support the functioning of the reference laboratory in Darbhanga, Bihar, for the diagnosis of Drug-Resistant Tuberculosis (DR TB).

## g. Comprehensive Support for DR-TB Treatment

DFIT will support the initiation of treatment for confirmed DR TB cases and address loss to follow-up through home visits. This will include patient and family counselling after treatment initiation, contact screening, identification and management of adverse drug reactions (ADRs) and provision of support for nutritional supplementation and income generation activities to improve treatment adherence and livelihoods. The implementation of these strategies will be guided by evidence based programming, close engagement with field realities, participatory research and context specific adaptations based on feasibility and local needs.



While the majority of leprosy and TB control activities were implemented within the planned timeframe, DFIT faced challenges in operationalising the online leprosy reporting system. Nevertheless, significant progress was achieved across all four result areas during 2025.

### For leprosy:

Targets were achieved for seven out of nine indicators set for the leprosy programme in 28 districts during the year 2025 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.

### 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.
- (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

In 2025, substantial progress was made in the implementation of the leprosy programme across 28 districts, with six of the nine agreed indicators being successfully achieved. Key accomplishments included the functionalization of secondary level referral centres at the district level for the management of leprosy related complications, strengthened referral linkages from primary health centres to SLRCs and a measurable reduction in disabilities among newly detected child leprosy cases. In addition, reconstructive surgeries were carried out as planned, supported by systematic post surgical follow-up at SLRCs. Effort towards socio economic rehabilitation of persons affected by leprosy with disabilities were advanced, alongside facilitation of disability certificates to enable access to eligible government welfare schemes.

At the same time, progress on three indicators remained partially below the intended targets. Collaboration could be established with two of the three proposed tertiary level care facilities; engagement with the remaining facility could not be completed due to unforeseen funding constraints following the withdrawal of previously committed donor support.



While the goal of reducing disability among child leprosy cases to zero was achieved in 22 districts, this fell marginally short of the target of 24 districts. Similarly, although an online reporting system was initiated in two districts, its continued implementation was disrupted due to technical issues in the software developed under the National Leprosy Programme.

The project also initiated two operational research studies during the year. Early findings from these studies are encouraging and Damien Foundation continues to closely monitor their progress to better understand their long term implications and potential for scale up.

### **For TB Control:**

All three indicators established for the DRTB programme across the five supported districts were fully achieved. Treatment was initiated promptly for all confirmed DRTB cases, ensuring timely clinical management. In parallel, structured counselling sessions were conducted for every DRTB patient and their family members within 15 days of diagnosis, helping to improve treatment understanding, adherence and psychosocial support. In addition, all cases were systematically monitored throughout the course of treatment, with follow-up conducted at least once every 15 days during the intensive phase and once every three months during the continuation phase, in line with programme guidelines. It was observed that 13515 patients of all types were referred from PLRCs; among them 3164 new leprosy cases were diagnosed but 382 among them were difficult to diagnose; 1276 reaction cases were identified and managed; 1037 patients with plantar ulcers were counselled for home-based self-care; Facilitated customized footwear for 432 patients and 213 patients referred for RCS. 334 skin smears were taken and among them 35 (11%) were positive.

DF teams visited all (390) the health facilities at least once during the year. Among the 333/390 PLRCs referred at least one patient to SLRC during the year and they have maintained a referral register and referral forms. The DF teams assessed 152 presumptive cases and 1332 patients under MDT to ensure the correct diagnosis and management. It was noted that around 4% (6/152) missed diagnosis in 2/28 districts of the presumptive cases were missed for diagnosis of leprosy and 1 % of the confirmed leprosy cases were over diagnosed. It is normal since the diagnosis is based on clinical examination and interpretation. The team visited 434 reaction patients and found that 95% of the patients were managed correctly as per the guidelines. In total 1675 reaction cases were identified and managed by 28 districts, 1428 was reported in 2024, compared to 1319 in 2023, 1191 in 2022 and 802 in 2021(baseline). A stop-gap support of prednisolone and clofazimine was supported in all districts for managing lepra reactions. The number of reactions managed was consistently increased over the years of implementation.


DF teams organised 8/12 proposed RCS camps during the year for deformity correction surgeries. DF had an informal agreement with tertiary-level referral centres for leprosy. It was observed that 213 patients referred from SLRCs were registered for managing different type of complications.

Nerve function re-assessment of 96% (536/561) of child cases was done by SLRCs in 28 districts. It was observed that 22 districts reported zero disabilities among new child leprosy cases (baseline = 21) It was noted that 50/536 (9.3%) child cases were identified with nerve function impairment and some in reaction on re-assessment at SLRCs. of which 16 cases with complete paralysis with more than 6 months duration.34/50 (68%) of cases were managed as per the eligibility. 88% (30/34) children completely recovered. DF teams identified 302 community volunteers from the Musahar community in 384 villages in 4 blocks. GIS mapping of Musahar population was done during the year and training of community volunteers was done.

It was observed that 146 presumptive leprosy cases and 46 presumptive TB cases were referred to either health camps organized by the PLRC in the village or directly to PLRCs, 99 new leprosy cases were confirmed among the presumptive leprosy cases and zero TB case was confirmed with TB.



All confirmed leprosy cases were initiated on treatment. DF teams facilitated PLRCs in these 4 blocks to organize health screening camps at the village level, during the year health camps were organized in 44 villages and 205 skin diseases were managed and 50 new leprosy cases were diagnosed and started on treatment. This was not planned but included from second year of implementation since it will have an added value with zero cost for the activity. At the end of 2025, around 29% (112/384) of villages have access to leprosy and TB services.



DF teams re-sensitized 132 both formal and informal medical practitioners through one to one clinic visits in 254 villages in two blocks. Referral slips were provided to all medical practitioners and telephone directories were provided to formal medical practitioners. DF team collected information from formal and informal medical practitioners involved in the study. It was found that 13 presumptive leprosy cases were referred and 10 new leprosy cases were confirmed.

In 2025, It was observed that 108 patients underwent RCS for deformity correction i.e., around 57% (452/789) of the five years targets were accomplished during the first 4 years. It was observed that 80/447 (16%) Males, 23/108 (21%) of females and 5/8 (62%) of children eligible for deformity corrections were benefitted. DF supported 97/108 patients with transportation costs for travelling to referral centres for surgery.

DF facilitated 36 beneficiaries (resources from DFB and other donors) to receive livelihood support for generating income during the year of which 28 received income generation activity and 8 received education support and it was observed that 26 (72%) males and 10 (28%) females benefitted from the support. It was observed that 48/54 beneficiaries from 2024 were successful in income generation during 6 months follow up. In 2025, 1344 (M:981 F:363) persons affected by leprosy with disabilities newly availed pension. DF facilitated 1236(M:906 F:330) persons to get disability certificates for availing pension and other benefits from the Government. It was noted that 302/1344 persons availed benefits of other schemes.

**For TB:** It was observed that 379/423 (90%) of confirmed DRTB (all types) patients-initiated treatment among them 89% (242/273) were male patients and 91% (137/150) were female patients. DF teams retrieved 93 patients who were not initiated on treatment within a week and supported transportation costs to 4 patients (average of 39 days required to start them on treatment). DF teams retrieved 19/23 patients taking treatment from private doctors.

During the year it was noted that 551 patients were registered in 5 districts (379 cases registered within the districts and 172 cases registered outside the districts and transferred in later). DF teams visited 92% (505/551) of DR TB patients and family members counseled within 15 days. 91% of males (329/360) and 92% of females (176/191) and risk assessment was done for all the patients visited.

In total 3160 family contacts, 73% (2632) of the contacts were screened for presumptive TB among 551 patients registered. 164 presumptive cases were identified and all were tested. 23 TB cases were confirmed (16 DSTB and 7 DRTB). DF teams collected and transported 117 samples from the residences of patients.

272 DRTB patients (M:173 F:99) were identified with one or more risk factors like low BMI, diabetes, smoking and HIV. During the year, among high-risk patients 89 patients with mild side effects were managed in concerned health facilities and 68 patients (M:33 F:35) were referred to tertiary care hospital for the management of severe side effects. DF team transported 234 sputum samples to the reference laboratory for follow-up testing.

During the year, among patients without high risk factors 68 patients were managed for mild side effects, 33 patients referred to higher centre for the management. DF team transported 157 sputum samples to the reference laboratory for follow up testing.

Treatment regimen was modified for 16 patients due to severe side effects. 454 patients were given sputum disposal kits for safe disposal of sputum.

20 patients identified for livelihood support to generate income and 11 patients were provided livelihood support. Only 113 patients were provided nutritional supplements as per the availability of resources in the proposal and found 44 patients improved BMI.

### Relevance of the Outcome

The relevance of the programme outcome has been assessed in light of the prevailing context and anticipated challenges within the leprosy and TB control programmes in the selected districts of Bihar, India. The planned activities and expected results were collaboratively developed with key stakeholders, ensuring focused interventions and maximising effectiveness in achieving the intended outcomes.

There have been no major changes in the contextual challenges related to leprosy and Drug-Resistant Tuberculosis (DR-TB) as outlined in the original application. Encouragingly, there is potential to establish leprosy referral services in a greater number of districts than initially planned by the end of the project period. This is largely attributable to the deployment of physiotherapists in 25 of the 28 project districts.

However, a critical challenge remains in retaining trained physiotherapists, as alternative employment opportunities offering higher remuneration than government positions continue to limit long-term retention within the public health system

### Sustainability:

Damien Foundation India Trust (DFIT) provides specialised referral services for leprosy, addressing critical gaps within the public health system and operates a reference laboratory for the diagnosis and monitoring of Drug-Resistant Tuberculosis (DR TB). This strategic positioning strengthens the continuity of referral mechanisms beyond the intervention period and is complemented by sustained access to social benefits for persons affected by leprosy and TB. To consolidate programme gains and ensure lasting impact, it remains essential for DFIT to continue operating leprosy referral centres for a limited period beyond the formal project duration, enabling effective transition and long-term support to affected communities.



DFIT's sustainability strategy is firmly grounded in the prevailing context and is designed to catalyse systemic improvements towards establishing durable, high-quality referral services in the target districts. In the case of leprosy, DFIT's interventions focus on strengthening the referral pathway from Primary Leprosy Referral Centres (PLRCs) to Secondary (SLRCs) and Tertiary Leprosy Referral Centres (TLRCs) for the management of leprosy-related complications. In addition, DFIT supports the establishment and strengthening of referral services at district-level hospitals (SLRCs), further reinforcing the overall referral network.

Currently, 35 of the 28 project districts have the capacity to provide referral services for leprosy-related complications, with approximately 85% of Primary Health Centres referring complicated cases to district facilities for diagnosis and management. These gains are expected to be sustained beyond DFIT's direct support, as trained human resources remain embedded within the public health system.

With regard to Drug-Resistant Tuberculosis (DR TB), DFIT focuses on strengthening the operational capacities of key programme staff to reduce initial loss to follow up through systematic patient tracing and facilitation of timely treatment initiation. These efforts contribute to reduced mortality and improved treatment adherence among DR TB patients. Sustainability is further reinforced as these core functions are carried out by permanent staff appointed by the State Government, ensuring continuity after DFIT's phased withdrawal.



## Damien TB Research Centre Darbhanga



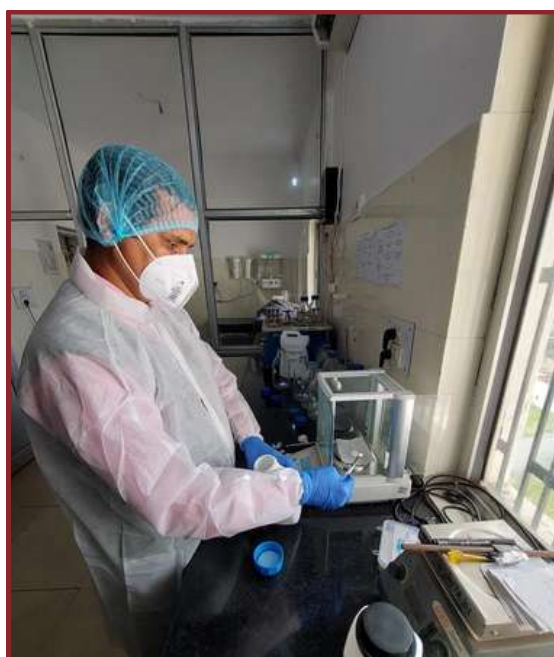
The Damien TB Research Centre (DTRC) functions as an Intermediate Reference Laboratory (IRL) and is linked to nine districts of Bihar. Since 2014, the laboratory has been providing diagnostic and treatment follow-up services for both Drug-Sensitive and Drug-Resistant Tuberculosis to districts in and around Darbhanga, namely Darbhanga, Madhubani, Saharsa, Supaul, Madhepura, Samastipur, Muzaffarpur, Sitamarhi and Sheohar.

The laboratory is certified under the National Mycobacteriology Certification System of the Central TB Division (CTD), Ministry of Health and Family Welfare, Government of India, for Tuberculosis Drug-Resistance testing using Line Probe Assay (LPA) for both first-line and second-line drugs. This certification is renewed periodically every two years.

During the reporting year, supply chain management from the state remained a significant challenge. The laboratory did not receive several non-critical consumables, resulting in delays in achieving the expected turnaround time for LPA results. In addition, second-line LPA (SL-LPA) kits were not supplied by the State or CTD from the third quarter onwards. To prevent disruption of diagnostic services, the laboratory coordinated with microbiologists from other Intermediate Reference Laboratories across the country and procured limited quantities of SL- LPA kits by covering transportation costs, thereby ensuring continuity of testing.

The Additional Deputy Director General (ADDG–TB) visited the laboratory during the third quarter of 2025 as part of his Darbhanga district visit. He appreciated the laboratory’s performance and reviewed the status of consumables and equipment. During discussions, specific equipment requirements to improve laboratory efficiency were highlighted.

The ADDG advised submission of an indent through the State TB Officer (STO), Bihar, for procurement using the state budget and indicated that the laboratory’s requirements would be discussed in detail with the Executive Director during the debriefing at Patna.



In terms of quality assurance, the laboratory achieved 100% sensitivity and 100% specificity in panel testing conducted by the National Institute of Tuberculosis and Respiratory Diseases (NITRD), New Delhi, for both first-line and second-line LPA during the year. Additionally, the laboratory secured a full score of 100 marks in the CBNAAT External Quality Assurance (EQA) conducted by the National Tuberculosis Institute (NTI), Bengaluru.

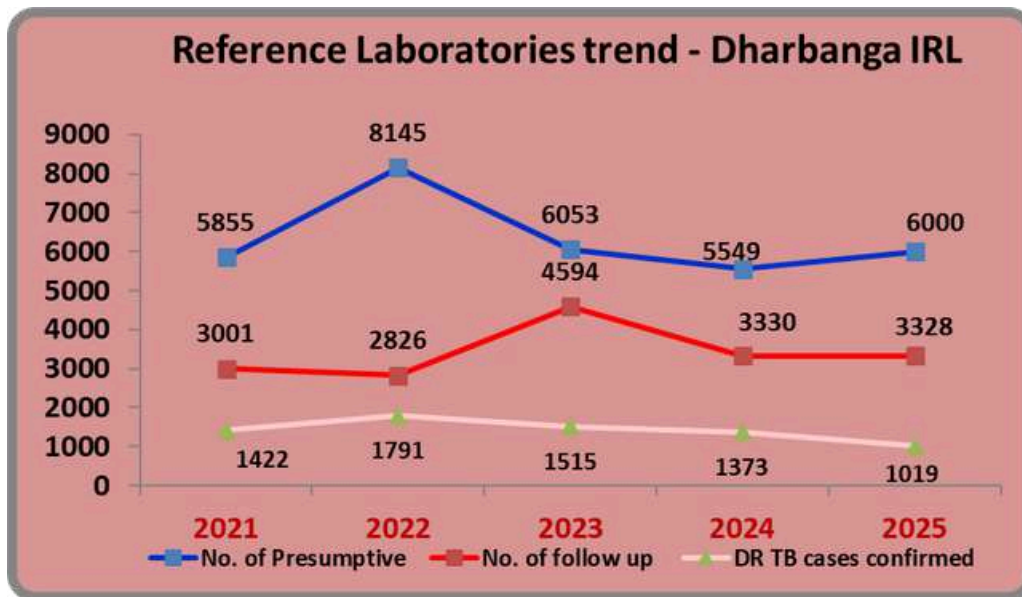
The Medical Advisor from Damien Foundation Belgium (DFB) and a consultant from DGDC visited the laboratory in early December. They expressed strong appreciation for the laboratory's performance and quality standards and encouraged the team to initiate scientific paper presentations using the existing programme data.

**In 2025:**

6000 presumptive Drug Resistant TB cases tested for confirmation.

1019 Drug Resistant TB cases confirmed.

3328 Drug Resistant TB cases tested for follow up.



## Damien Foundation Model Leprosy Control Unit Rudrapura

Established in 1983, the Damien Foundation Model Leprosy Control Unit (MLCU) at Rudrapura village, Dehri-on-Sone, in Rohtas district of Bihar, was initially conceived as a specialised training centre to strengthen leprosy control efforts across the state. Over the years, the unit has played a pivotal role in capacity building, disease management and patient care, emerging as a key resource for healthcare professionals and communities affected by leprosy.



In addition to its primary role as a training institution, MLCU Rudrapura also functioned as a specialised referral facility, providing comprehensive services including diagnosis, treatment and follow-up care for persons affected by leprosy. As part of a strategic transition, the unit was formally handed over to the Government of Bihar in 1999 under a mutual agreement, ensuring the continuation of services within the public healthcare system.

Recognising the continuing need for tertiary-level care for persons affected by leprosy, Damien Foundation India Trust (DFIT) entered into an agreement with the State Health Society, Bihar, in 2012. This collaboration aimed to address critical gaps in specialised medical care through targeted interventions. A Memorandum of Understanding (MoU) was subsequently signed to strengthen the existing infrastructure and enable the facility to function as a referral centre for reconstructive surgery, ulcer care and the management of other leprosy-related complications.

Currently, MLCU Rudrapura is one of only two referral centres in Bihar providing comprehensive tertiary-level care for persons affected by leprosy. Through its sustained efforts, the centre continues to restore mobility, dignity and quality of life for affected individuals, reinforcing its contribution to leprosy elimination and patient rehabilitation in the state one of the key pillars towards achieving zero leprosy transmission by 2027.

### Beneficiaries and services provided by Dehri-on-Sone, Rohtas in 2025

Dehri-on-Sone, Rohtas	Leprosy Services		
Out-patients treated	3525	Reconstructive Surgeries done	65
Among them skin patients treated	3496	Minor surgeries done	04
New leprosy cases diagnosed and referred to PHCs	62	In-patients managed	219
Reaction cases managed	61	Bed days	4621
		Protective footwear (MCR) provided	224



**Before Surgery**

**After Surgery**



## Coordination of ILEP Activities in Bihar

The International Federation of Anti-Leprosy Associations (ILEP) was established to coordinate and strengthen the collective efforts of organisations working towards the elimination of leprosy. ILEP supports a broad spectrum of medical, scientific, social and rehabilitation interventions with the overarching aim of improving the quality of life of persons affected by leprosy.

To ensure effective coordination at the state level, an ILEP member organisation is designated to facilitate collaboration among partners, promote synergy in programme implementation and maintain close liaison with government authorities. ILEP also provides technical support through a State-level Technical Consultant to strengthen implementation of the National Leprosy Elimination Programme (NLEP) and enhance coordination among ILEP partners, the World Health Organization (WHO) and the State Government.

In Bihar, Damien Foundation India Trust (DFIT) serves as the coordinating ILEP member organisation. During 2025, the NLEP Consultant undertook extensive supervision, monitoring and capacity building activities across the state.



### Supervision, Monitoring, and Field Visits

During the year, the NLEP Consultant visited 31 districts as part of routine supervision, monitoring and training activities. Detailed feedback from these field visits was systematically shared with the State Leprosy Officer (SLO), Civil Surgeons and other concerned officials to facilitate timely corrective and programmatic actions.

In addition, the Consultant conducted monitoring visits to five high endemic districts with a prevalence rate above 1.0, in the capacity of Central Monitor nominated by the Central Leprosy Division (CLD). Findings and recommendations from these visits were formally submitted to both the CLD and the State Health Authorities.

In October 2025, the Consultant participated in an independent and joint monitoring visit along with the Central Monitoring Team from the CLD to assess NLEP activities, with a specific focus on the Special Campaign for Leprosy Case Detection (LCDC). Three districts were covered during this exercise. The visits included assessments of District Leprosy Offices, Primary Health Centres (PHCs) and interactions with selected patients. Review meetings were held with the State Leprosy Officer, Civil Surgeons, Non-Medical Assistants (NMAs), health staff, ILEP partners and WHO officials.

## Capacity Building and Training

The NLEP Consultant facilitated six training-cum-review programmes for NLEP staff during the year, with the participation of 107 physiotherapists and NLEP personnel. These sessions focused on programme review, skill enhancement and strengthening service delivery.

Additionally, two days re-sensitisation training programmes for Physiotherapists and District Nucleus Team (DNT) members were organised at The Leprosy Mission (TLM), Muzaffarpur. Participants from all 38 districts attended these programmes, with a total of 55 participants. The training emphasised disability prevention, physiotherapy services and effective case management.



## Coordination and Review Meetings

To strengthen coordination among stakeholders, two NLEP State Coordination Meetings were organised during the year, enabling joint review and planning among ILEP partners, WHO and State Government officials.

In addition, two coordination meetings were conducted with representatives of the Human Rights Commission under the chairmanship of the State Leprosy Officer, with active participation from ILEP partners and WHO.

The Consultant also supported the State in planning and organising five NLEP Review Meetings involving all 38 districts. These meetings were held at the state level under the chairmanship of the SLO to comprehensively review programme performance and identify priority actions.

## Participation in State and National Reviews

The NLEP Consultant participated in a state level review meeting chaired by the Executive Director (Health), State Health Society, Bihar, for an overall assessment of the leprosy programme. The Consultant also attended two national-level review meetings and workshops chaired by the Additional Secretary & Managing Director (NHM) and the Deputy Director General, CLD, representing Bihar State.

Furthermore, the Consultant took part in two NLEP Consultants' Workshops, where State level progress and key updates were presented and discussed.

## International and Technical Contributions

During the year, the NLEP Consultant attended the International Leprosy Congress held in Bali and presented technical papers on disability assessment and service delivery, contributing to international knowledge exchange and the dissemination of best practices.

# Success Story

## Timely Diagnosis, Total Recovery: The Success Story of Mr. Rajeev Kumar Baitha

Mr. Rajeev Kumar Baitha, a 24-year-old resident of Village Sisai, Ward No. 7, Nagar Parishad Barauli, District Gopalganj, first noticed skin patches on his arm, left forearm, hand, back and right lower leg about two years ago. In January 2024, his mother observed a patch on his back and encouraged him to seek medical advice.

He initially consulted a private practitioner and received treatment for an allergy for one month. However, as there was no improvement, concerned community members advised him to visit a government health facility. Acting on their suggestion, he visited SLRC Gopalganj in February 2024.

At SLRC, he was examined by a physiotherapist who detected left ulnar nerve weakness with sensory loss in the palm and right sided foot drop, which had been present for nearly six months. After detailed clinical evaluation, he was diagnosed with Multibacillary (MB) Leprosy with Neuritis.

Treatment was initiated immediately according to national guidelines. He was started on MB Multidrug Therapy (MDT) along with steroids, followed by gradual tapering under close supervision. Throughout the treatment period, he received regular follow up care, nerve function assessments, physiotherapy support and counselling to ensure adherence and prevent disability.

Mr. Rajeev Kumar successfully completed the full course of MDT and steroid therapy. With early diagnosis, appropriate medical management and consistent rehabilitation support, his condition improved remarkably. The ulnar nerve weakness and foot drop resolved completely, restoring full functional ability and independence in daily activities.

Today, Mr. Rajeev Kumar is healthy, confident and leading a normal life. He has expressed heartfelt gratitude to the physiotherapist and the DFIT team for their timely intervention, dedicated follow up and compassionate care that transformed his journey from uncertainty to complete recovery.



Before Surgery



After Surgery

# Success Story

## From Fear to a Future in Service: A Young Boy's Journey to Recovery

In 2020, a young boy's life changed when he noticed a pale, numb patch on his right hand. Gradually, his little finger began to claw and neither he nor his family understood the reason. Concerned, his parents took him to the nearest Government Hospital.

After careful examination, the doctor informed them that he had leprosy. Hearing the diagnosis was devastating for the boy and his family. It felt as though their world had collapsed. However, the medical team patiently counselled them, explaining that leprosy is completely curable with Multidrug Therapy (MDT) and addressing the many myths and fears associated with the disease.

He was started on Multibacillary Adult MDT (MB-A) along with steroid therapy to manage nerve involvement. He completed the full course of treatment and the disease was cured. However, the deformity of his right little finger remained due to ulnar nerve damage.

In April 2024, the medical team in Sasaram advised him to seek reconstructive surgery at MLCU Rudrapura, a tertiary-level hospital under Damien Foundation India Trust. With renewed hope, he was admitted there in May 2024 for correction of his right hand ulnar deformity.

The reconstructive surgery was successfully performed in May 2024 by Dr. Aashish Wag and his surgical team. Following the procedure, he underwent several weeks of physiotherapy, which significantly improved his hand function. The deformity was corrected, restoring both movement and confidence.

Throughout his hospital stay, the boy and his family expressed heartfelt gratitude to the team at MLCU Rudrapura for their compassionate care, encouragement and professional excellence.

Today, he is completely healthy and happy. Inspired by his own journey, he now dreams of becoming a health worker so that he can support and guide others facing similar challenges. His story stands as a powerful reminder that early treatment, reconstructive surgery and compassionate care can transform fear into hope and disability into opportunity.



Before Surgery



After Surgery

# CHHATTISGARH

## Strengthening the Referral System for Leprosy Management



In collaboration with the State Health Society and the National Leprosy Eradication Programme (NLEP), Damien Foundation India Trust (DFIT) has implemented targeted interventions to strengthen the leprosy referral system across 12 districts in Chhattisgarh. These initiatives focus on enhancing the technical capacity of healthcare personnel and establishing a coordinated referral network linking primary healthcare facilities with secondary and tertiary referral centres.

### Objectives of the Initiative

The key objectives of the intervention are to:

- Improve early detection and clinical management of presumptive leprosy cases.
- Ensure timely identification and management of complications to prevent disease progression and disability.
- Promote home-based self-care practices among persons affected by leprosy, empowering them with essential skills for long term disease management.
- Strengthen access to deformity correction and reconstructive surgeries through an effective and functional referral system.

### Referral Centres and Service Delivery

District hospitals and specialised facilities, including The Leprosy Mission (TLM) Hospitals at Champa and Baithalpur and the Regional Leprosy Training & Research Institute (RLTRI), Raipur, have been identified as key referral centres for the management of leprosy related complications. These institutions provide comprehensive inpatient and outpatient services, including the management of lepra reactions, neuritis, ulcer care and reconstructive surgeries for persons with deformities.



## Capacity Building and Training Initiatives (2025)

Recognising the pivotal role of healthcare workers in early diagnosis and effective case management, DFIT prioritised structured capacity building programmes at multiple levels of the health system during 2025. As a result:

- 110 Medical Officers were trained in advanced leprosy diagnosis, treatment protocols and complication management.
- 127 NLEP key staff enhanced their technical competencies to support effective programme implementation and monitoring at the district level.
- 1,867 frontline healthcare workers including Staff Nurses, Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHAs) were trained to improve community-level identification, reporting and management of leprosy cases.



## Impact of Strengthened Referral and Training Systems

The enhanced technical capacity of healthcare providers and the strengthened referral mechanisms have resulted in:

- An increase in the number of lepra reaction cases reported in 2025 compared to 2020, reflecting improved clinical recognition and reporting rather than an actual rise in disease incidence.
- More timely and effective management of nerve damage and other complications, reducing the risk of permanent disabilities.
- Improved coordination between primary health facilities and referral centres, ensuring timely access to appropriate and specialised care.
- Through these integrated interventions, DFIT continues to play a critical role in leprosy control and disability prevention, contributing to the broader goals of leprosy elimination and improved quality of life for persons affected by leprosy.



## DPMR services provided 12 districts, Chhattisgarh in 2025

12 districts, Chhattisgarh	DPMR Services		
Number of reaction cases monitored by teams and found to be on regular treatment	240 / 244 (98%)	No. of trainings conducted	46
Number of disability persons monitored by teams and found to be practicing self care regularly	297 / 482 (61%)	No. of participants attended	2104
Total POD camps conducted	40	No. of PHCs meetings attended	38
No. of leprosy affected persons attended during POD camps	578	No. of staff sensitised	531

### Detection and Management of Lepra Reaction Cases (2025)

During 2025, Damien Foundation India Trust (DFIT) teams undertook extensive field visits across multiple districts to strengthen the early detection and management of lepra reactions. Through these efforts, 94 new patients experiencing lepra reactions were identified. Prompt medical treatment was initiated to prevent further complications and disability and all cases were formally reported to the respective health facilities to ensure continuity of care and systematic follow up.

To ensure effective monitoring and treatment adherence, DFIT teams implemented the following measures:

- Coordinated closely with local health facilities to facilitate uninterrupted patient care.
- Provided technical guidance to healthcare personnel on the clinical management of lepra reactions and nerve involvement.
- Conducted regular follow up through a combination of field visits and telephonic consultations to monitor patient progress and address emerging complications in a timely manner.

### Key Findings and Treatment Outcomes

- Of the newly identified reaction cases in 2025, 14 patients had already developed Grade 2 Disability (G2D) at the time of detection, underscoring the critical importance of early diagnosis and intervention.
- In 2024, 128 of 132 patients successfully completed a full course of steroid therapy, reflecting a high level of treatment adherence and effective case management.
- Notable improvement was observed in G2D outcomes: among the 13 patients diagnosed with G2D in 2024, 11 (84%) achieved complete recovery, demonstrating the effectiveness of early intervention, structured treatment, and comprehensive rehabilitation support.

## Impact of DFIT's Intervention

DFIT's proactive approach to detection, timely initiation of treatment and structured follow up has resulted in:

- Improved early identification of lepra reactions and nerve damage.
- Reduced progression of disability, leading to better long-term outcomes for affected individuals.
- Enhanced access to specialised care through effective referral and coordination mechanisms.
- Increased recovery rates among patients with Grade 2 Disability, reinforcing the value of integrated medical and rehabilitative care.

Through these sustained efforts, DFIT continues to play a critical role in leprosy management and disability prevention, contributing to improved health outcomes and enhanced quality of life for persons affected by leprosy.



Before Surgery



After Surgery

# Success Story

## From Disability to Dignity: The Livelihood Revival of Laxmi Sada

Laxmi Sada lives with his wife and three children two sons and one daughter. Around 22 years ago, he was affected by leprosy. In the early stages, he experienced tingling and numbness in his hands and feet. However, due to lack of awareness and limited access to timely care, he ignored these symptoms.



At that time, he worked as a daily wage labourer, earning only ₹1,000 to 2,000 per month. Because treatment was delayed, his condition worsened, leading to clawing of both hands and the development of a plantar ulcer. These complications made it extremely difficult for him to continue hard physical labour.

Eventually, Laxmi sought care at PHC Matiyani, where he completed the full course of Multidrug Therapy (MDT). He also received additional treatment for two months at Begusarai Private Hospital and underwent left ulnar Reconstructive Corrective Surgery (RCS) at TLM Muzaffarpur. Although the infection was cured, the residual deformities remained and continued to affect his daily functioning and earning capacity.

With impaired hand function, Laxmi could no longer work as a labourer. His wife became the sole earning member of the family, working as a daily wage labourer. However, her income alone was insufficient to meet household expenses, leaving the family in financial distress.

During a home visit, the DFIT team provided counselling on self-care practices, demonstrated simple exercises to maintain mobility and supplied customised protective footwear to prevent further foot complications. Laxmi expressed his strong desire to work again and support his family. He shared that he had previously run a small fast-food and general store but had to close it due to financial difficulties.

After assessment, it was evident that Laxmi is hardworking, responsible and motivated. While he is unable to perform heavy manual labour due to his hand deformities, he is capable of managing a small business suited to his physical condition.

With DFIT's support to restart a small fast-food and general store, Laxmi Sada can generate a stable income within his physical capacity. This initiative will not only restore his self-reliance and dignity but also reduce the financial burden on his wife, ensuring a more secure and hopeful future for his family.

# DELHI

## Margaret Leprosy and TB Hospital, Southwest Delhi

### Leprosy Control Program

The Damien Foundation India Trust (DFIT) initiated its public health interventions in Delhi with a strong focus on leprosy control, beginning in 1999 in Southwest Delhi, an area then recognised as one of the leprosy endemic districts of the Union Territory. This early phase coincided with an important national policy transition.



In 2000, the National Leprosy Eradication Programme (NLEP) was integrated into the general health system, shifting leprosy services from a vertical programme to an integrated model of care. During the period from 1999 to 2003, DFIT played a vital technical support role in facilitating this transition at the district level. A dedicated DFIT team worked closely with government health staff, providing systematic training, monitoring and supportive supervision to strengthen diagnostic capacity, treatment delivery and overall programme performance.

A further shift occurred in 2003 with the withdrawal of the District Technical Support Teams (DTST). In response, DFIT strategically reoriented its leprosy control activities to ensure continuity and quality of care for persons affected by leprosy. The organisation consolidated its efforts around diagnosis and treatment through its referral hospital, which emerged as a critical centre for specialised care. Since then, the referral hospital has continued to provide advanced clinical management for leprosy related complications, including reactional states and disability-related conditions, thereby complementing Government services and addressing gaps in specialised care.

Building on its experience in leprosy control, DFIT expanded its public health engagement to tuberculosis (TB) control in 2002. TB treatment services were initially established through a single TB unit in Southwest Delhi. In 2004, the programme expanded with the establishment of a second TB unit in West Delhi, extending coverage to a population of 1,296,097. As part of this expansion, DFIT supported the establishment of ten microscopy centres, including a referral hospital that provided care for complications related to both leprosy and tuberculosis. Each microscopy centre was managed by a Microscopist cum Field Worker, while TB Health Visitors were deployed in six centres to strengthen case detection, patient follow-up and treatment adherence.

The TB programme placed strong emphasis on systematic screening, early diagnosis, and effective treatment. A total of 7,358 presumptive TB cases were screened, resulting in the registration of 4,064 TB cases across all forms of the disease. The programme achieved consistently high treatment success rates, with cure rates of 84% among new sputum positive TB cases and 89% among retreatment cases, reflecting robust treatment protocols and effective patient support mechanisms.

Recognising the importance of integrated care, DFIT also prioritised HIV screening and TB-HIV co-infection management in close collaboration with government health services. Two HIV testing centres were established, enabling HIV screening for 96% of registered TB patients. Only 11 patients (0.3%) were found to be co-infected, indicating a relatively low prevalence of TB-HIV co-infection in the programme area while ensuring timely linkage to appropriate care for affected individuals.



Beyond clinical services, DFIT addressed the broader social determinants of health by providing nutritional and socio-economic support to vulnerable TB patients. Nutritional supplementation was extended to 63 deserving TB and Drug-Resistant TB patients to support recovery and improve treatment adherence. In addition, livelihood support was provided to selected patients, enabling them to re engage in income generating activities and sustain their well being following treatment completion.

Through its integrated leprosy and tuberculosis control programmes, DFIT has strengthened referral based leprosy care, expanded access to quality TB diagnostic and treatment service and achieved consistently high treatment outcomes. The incorporation of HIV screening and the provision of nutritional and livelihood support have further enhanced patient centred care. DFIT continues to work in close collaboration with government health programmes, contributing to sustained disease control efforts and improved access to healthcare for vulnerable populations in Delhi.



## Beneficiaries and services provided Two TB Units, Southwest Delhi in 2025

Delhi	Leprosy Services	Delhi	TB Services
Out-patients treated	17137	Respiratory symptomatic treated	7358
Among them skin patients treated	1714	Presumptive TB cases examined	6358
New leprosy cases diagnosed and referred to PHCs	24	Total TB cases registered	4064
Reaction cases managed	24	Total new TB cases registered	3477
Reconstructive Surgeries done	21	Among them new sputum positive cases	1139
Minor Surgeries done	04	Sputum conversion rate for NSP cases	873/1032 (85%)
In-patients managed	79	Cure rate for NSP cases	712/845 (84%)
Bed days	1346	Sputum conversion rate for RT cases	211/257 (82%)
Protective footwear (MCR) provided	04	Cure rate for RT cases	177/198 (89%)
		In-patients managed	145
		Bed days	145



# Success Story

## Success Story From Extreme Weakness to New Hope The Recovery Story of Sangeeta

This is the story of Sangeeta (name changed), a 20 years old young woman from Bihar who belongs to an extremely poor family. She lives with her mother and brother. Many years ago, her father left the family due to chronic alcoholism, leaving them without financial or emotional support. To survive, Sangeeta and her mother worked tirelessly as domestic helpers, struggling each day to make ends meet. Sangeeta was healthy until she developed a persistent cough. Initially, she assumed it was a seasonal illness and took medicines from a local chemist. However, the cough continued and was soon accompanied by fever and significant weight loss.



Realizing that something was seriously wrong, she visited one of our TB clinics. On examination, she was found to be severely ill and was admitted to the hospital. After proper evaluation, she was diagnosed with pulmonary tuberculosis. At the time of diagnosis, her body weight was only 26 kg, reflecting extreme malnutrition and the severity of her illness.

Treatment was started immediately as per national guidelines. Along with anti-TB medication, she received continuous medical supervision, counselling and strong moral support to help her cope with the long treatment process. Recognizing her fragile nutritional status, we also provided nutritional support, which gradually helped her regain strength and weight. With regular treatment, proper nutrition, and encouragement, Sangeeta's health steadily improved.

By the month of March, she successfully completed her treatment and was declared cured. Today, Sangeeta is healthy and deeply grateful for the life saving care she received.

Her journey demonstrates how timely diagnosis, comprehensive treatment, nutritional assistance and compassionate support can transform the life of a vulnerable young woman.

We remain committed to supporting her in the future as she rebuilds her life with renewed strength and hope.



# Success Story

## Courage Beyond Illness: The Recovery Journey of Gudiya (DR-TB Survivor)

Before Treatment



After Treatment



This is the inspiring story of Gudiya, an 18 years old girl from an economically vulnerable family. She lives with her mother, brother and sister. Her father passed away in July 2024, leaving her mother who works as a school peon as the sole earning member responsible for raising three children. Gudiya was apparently healthy until she developed persistent cough, fever and loss of appetite. Initially, she consulted a private doctor, but her condition did not improve.

In May 2023, as her health deteriorated severely, she was admitted to a government hospital, where she was diagnosed with Multidrug-Resistant Tuberculosis (MDR-TB). Her Drug-Resistant TB (DR-TB) treatment was initiated in June 2023. At the start of treatment, her weight was only 40 kg, reflecting her poor nutritional status. Recognizing her vulnerability, nutritional support was provided to strengthen her immunity and help her tolerate the long and intensive treatment.

During the course of therapy, Gudiya experienced psychiatric side effects an unfortunate but known complication of certain DR TB medications. With close monitoring, counselling and appropriate medical management, these issues were addressed carefully to ensure that she continued treatment without interruption.

Despite the physical, emotional and financial challenges, Gudiya showed remarkable courage and determination. With consistent treatment adherence, nutritional support, and family encouragement, she gradually regained her strength.

In February 2025, Gudiya successfully completed her DRTB treatment and was declared cured. Today, she is healthier, stronger, and hopeful about her future.

Her journey reflects not only her resilience but also the importance of timely diagnosis, comprehensive care, psychosocial support and nutritional assistance in overcoming MDR-TB.

# JHARKHAND

## DPMR activities

For more than two decades, Damien Foundation India Trust (DFIT) has been deeply involved in leprosy control activities within the state, with a strong emphasis on Disability Prevention and Medical Rehabilitation (DPMR). These efforts have focused on strengthening referral based tertiary care services to effectively manage leprosy related complications and prevent long term disabilities among affected individuals.

DFIT operates dedicated referral hospitals at Amda and Dhanbad in close collaboration with NGO partners. These facilities provide comprehensive tertiary-level care, including reconstructive surgery for the correction of deformities, specialized management of chronic ulcers to prevent secondary infections and holistic treatment of a wide range of leprosy



related complications. Through these services, DFIT ensures that patients with complex clinical needs receive timely and appropriate care that is often unavailable at the peripheral health system level.

In 2023, EKFS Germany partnered with DFIT to further strengthen these efforts by supporting project activities across 12 districts. This collaboration aims to significantly improve access to quality leprosy referral services and to ensure that individuals requiring specialized care are identified early and linked to appropriate treatment by 2025. The overarching objective of this initiative is to establish a sustainable and well-functioning leprosy referral system across all 12 DFIT supported districts, thereby reinforcing long term disability prevention and rehabilitation services within the State.

## Key Strategies for Strengthening Leprosy Services



Strengthening leprosy services requires a well coordinated and functioning referral system that ensures continuity of care from the community level to specialized tertiary facilities. A key strategy in this approach is the systematic strengthening of the referral mechanism to enable early identification, timely referral and appropriate management of leprosy cases with complications.

At the primary level, Primary Level Referral Centres (PLRCs) play a critical role in the early detection of complications and in initiating prompt referrals. Efforts are focused on improving the capacity of these centres to recognize reactions, nerve damage and other complications at an early stage and to ensure that patients are referred without delay to Secondary Level Referral Centres (SLRCs) or Tertiary Level Referral Centres (TLRCs). Timely and efficient referrals are essential to prevent the progression of disabilities and to ensure effective clinical management.

At the tertiary level, Tertiary Level Referral Centres (TLRCs) serve for advanced care. Patients with complications are systematically mobilized from PLRCs and SLRCs to these centres for specialized interventions. TLRCs support qualified surgeons in performing reconstructive surgeries to correct deformities and restore functional ability. In the subsequent phase of the programme, the focus will expand beyond medical management to address socio economic rehabilitation needs, with the aim of improving the overall quality of life and long term reintegration of persons affected by leprosy.

## Social Support & Income Generation

In addition to medical care and rehabilitation, the programme places strong emphasis on the social and economic empowerment of persons affected by leprosy. Dedicated efforts are made to facilitate their access to various government social welfare schemes, enabling them to receive financial assistance and social protection that can reduce vulnerability and improve household stability.

Alongside this, the programme supports income generating activities tailored to the capacities and local contexts of affected individuals. By promoting sustainable livelihood opportunities, these interventions aim to enhance financial independence, restore dignity and support long term socio economic reintegration of persons affected by leprosy into their communities.

## Field Visits & Disability Prevention Efforts

- DFIT teams conducted visits to 419 health facilities across 12 districts to strengthen disability prevention activities.
- A comprehensive patient examination process was carried out to assess diagnostic accuracy:
  - 1.4% of cases were over diagnosed.
  - 22% of cases were underdiagnosed, highlighting the need for enhanced diagnostic training.
- To address these gaps, Medical Officers and Para Medical Workers received on the job training, improving early case detection and diagnostic precision.



## Rehabilitation & Self-Care Promotion

- DFIT teams conducted follow up visits to 1,028 individuals affected by leprosy related disabilities.
- Encouragingly, 76 % of them consistently practiced self-care, demonstrating improved adherence to disability prevention techniques.
- Throughout the year, 212 cases were identified for deformity correction surgeries, reinforcing DFIT's focus on surgical rehabilitation.



## Capacity Building and Training Initiatives

Capacity building has remained a core component of DFIT's strategy to strengthen leprosy services within the public health system. Through structured training programmes, DFIT has actively supported the skill enhancement of a broad spectrum of healthcare personnel involved in leprosy care and control.

During the reporting period, 494 Medical Officers were trained in the diagnosis and clinical management of leprosy, while 305 National Leprosy Eradication Programme (NLEP) staff received updated training to strengthen programme implementation at various levels. In addition, a large cadre of 5,906 health personnel including RBSK doctors, AYUSH doctors, nurses, Auxiliary Nurse Midwives (ANMs) and ASHA workers were oriented on early identification of leprosy, referral pathways, treatment adherence, and disability prevention.

These comprehensive training efforts have contributed to measurable improvements in early case detection, strengthened follow up and treatment compliance and enhanced the overall effectiveness of disability prevention measures across the intervention areas.



## DPMR services provided 12 districts, Jharkhand in 2025

12 districts in Jharkhand	DPMR Services		
Number of reaction cases taking regular treatment	440/456 (96%)	Number of trainings conducted	120
Number of disability persons practicing self care regularly	779/1028 (76 %)	Number of participants attended	6705
Total POD camps conducted	10	Number of PHCs meetings attended	36
No. of leprosy affected persons attended during POD camps	53	Number of staff sensitised	608

### Identification and Management of Leprosy Reaction Cases in 2025

In 2025, Damien Foundation India Trust (DFIT) teams intensified field level surveillance and successfully identified 118 new patients experiencing leprosy reactions. Early recognition of these cases enabled the prompt initiation of appropriate medical treatment, thereby reducing the risk of complications and long term disabilities.



To ensure continuity and quality of care, all newly identified patients were immediately linked to the concerned health facilities for ongoing treatment and clinical supervision. DFIT established a structured and systematic follow up mechanism to monitor patient progress and treatment adherence. This approach combined regular physical visits for direct clinical assessment with telephonic follow up to provide continued guidance, address concerns and reinforce adherence to prescribed treatment. Through this integrated model of care and follow up, DFIT strengthened the management of leprosy reactions and improved patient outcomes.

### Key Findings and Treatment Outcomes

Assessment of patient outcomes revealed that a number of individuals were already facing advanced complications at the time of diagnosis, with 16 patients presenting with Grade 2 Disability (G2D). Despite the severity of these cases, treatment adherence remained notably high. Of the 124 patients initiated on steroid therapy, 118 completed the full prescribed course, reflecting strong follow up mechanisms and patient compliance with medical advice.

Encouraging clinical results were observed during the reporting period. Among the 14 patients diagnosed with G2D in 2024, 12 individuals accounting for 86 percent achieved complete recovery. This outcome underscores the effectiveness of DFIT's comprehensive approach, which combines proactive case detection, timely medical intervention, and regular follow up. Through these sustained efforts, DFIT continues to reinforce effective leprosy management and disability prevention, leading to improved health outcomes across the region.

# Success Story

## Overcoming Recurrent Reactions: The Resilient Journey of Bachan Pradhan

Bachan Pradhan, a 29 years old pipeline mason from Buritopa village under CHC Kharsawan in Saraikella district, was working in Chennai, Tamil Nadu, when he first developed symptoms of leprosy. In his village and surrounding areas, several treated and some hidden cases had been reported. His nephew and niece had previously received treatment at our centre and recovered well after completing the full course of therapy. On 17 November 2023, Bachan was diagnosed with Multibacillary (MB) leprosy complicated by Type 2 ENL reaction (Erythema Nodosum Leprosum) and neuritis. At diagnosis, he presented with multiple skin patches, ulcerated ENL lesions, sensory loss in both hands and feet, infiltration of both ear lobes and tenderness of the right ulnar and left posterior tibial nerves. His body weight was 42 kg, reflecting his weakened condition. MDT was initiated immediately along with steroid therapy to control neuritis. However, on 25 June 2024, he experienced a second episode of reaction, requiring re-initiation of steroids, which were again tapered and completed treatment. A third episode occurred in November 2024, leading to bilateral ulnar nerve paralysis. Splints were applied to rest the hands and steroid therapy with supportive medications was continued. On 24 January 2025, his condition progressed from recurrent to chronic reaction, aggravated by alcohol consumption. Steroid therapy was restarted at along with clofazimine and gradually tapered. Encouragingly, by May 2025, improvement was observed in the left ulnar paralysis. The right ulnar paralysis also improved by the end of the treatment with clofazimine continued as supportive therapy. At present, Bachan's overall condition has significantly improved, with restored nerve function and better general health. Unmarried and hopeful about the future, Bachan wishes to marry and resume his work. However, due to physical weakness and general debility, he has been advised to rest for six months before returning to full employment. With continued follow up, adherence to treatment and lifestyle modifications, he is expected to regain full strength and lead a normal, productive life once again.

Before Reaction Treatment



After Reaction Treatment



# KARNATAKA

## Disability Prevention and Medical Rehabilitation Program in 4 districts

Since 2020, Damien Foundation India Trust (DFIT) has been implementing Disability Prevention and Medical Rehabilitation (DPMR) initiatives across the four districts of Bellary, Vijayanagara, Raichur and Koppal. The programme is designed to strengthen the capacity of the health system to identify and manage lepra reactions at an early stage, with the overarching aim of preventing disabilities among newly diagnosed persons affected by leprosy.



A major focus of the initiative has been capacity building of health personnel at various levels. Through targeted training and mentoring, healthcare staff have been equipped with improved skills for early detection and effective management of lepra reactions, along with strengthened approaches to disability prevention within healthcare facilities. These efforts have contributed to more timely interventions and better clinical outcomes.

In parallel, DFIT has supported the systematic updating and revision of disability records, ensuring that accurate and up to date information on persons affected by leprosy with disabilities is available across the four districts. This has enabled better planning of services and targeted support for those most in need.

The programme also emphasizes surgical and rehabilitation support. Eligible patients are facilitated to access deformity correction surgeries, while livelihood support initiatives are provided to promote economic stability and social reintegration of individuals affected by leprosy. Complementing these interventions, DFIT conducts home based self-care training, empowering patients with practical knowledge and skills to prevent the progression of disabilities and to improve their overall quality of life.



## Training and Capacity Building (2025)

In 2025, Damien Foundation India Trust (DFIT) intensified its capacity building efforts through a series of structured training and sensitization programmes for key healthcare personnel across the intervention districts. These initiatives were aimed at strengthening clinical competence, improving referral practices and reinforcing disability prevention strategies within the public health system.

A total of 182 Medical Officers were trained in leprosy diagnosis, effective management of lepra reactions and disability prevention. In addition, 98 key staff from the National Leprosy Eradication Programme (NLEP) received focused training on case management, follow up protocols and continuity of care. DFIT also sensitized 3,264 health workers including nurses, Auxiliary Nurse Midwives (ANMs) and ASHA workers on early case detection, recognition of warning signs, and appropriate referral pathways.

These capacity building efforts have strengthened frontline response to leprosy, contributed to earlier identification of cases and improved coordination across levels of care, ultimately enhancing patient outcomes.



## Impact and Observations

A marked increase in the detection of both Type 1 and Type 2 lepra reaction cases was observed during the reporting period, with numbers nearly doubling compared to 2019. This rise does not indicate a true increase in disease burden, but rather reflects improved diagnostic capacities and more accurate reporting by trained health personnel following DFIT's sustained capacity building efforts.

To maintain high standards of care, ensure diagnostic accuracy and reinforce adherence to treatment protocols, DFIT Coordinator conducted personal visits to all identified reaction cases for direct clinical assessment and timely intervention. These supervisory visits strengthened case management and provided on the spot guidance to both patients and health care providers.

Through a combination of systematic training, strengthened surveillance and well structured rehabilitation initiatives, DFIT continues to play a pivotal role in leprosy control and disability prevention. These integrated efforts have enabled timely interventions and contributed to improved clinical and functional outcomes for patients across the intervention districts.

## DPMR services provided 4 districts, Karnataka in 2025

4 districts in Karnataka	DPMR Services		
Number of reaction cases taking regular treatment	157/158 (99%)	Number of trainings conducted	107
Number of disability persons practicing self care regularly	301/451 (67%)	Number of participants attended	3489
Total POD camps conducted	35	Number of PHCs meetings attended	19
No. of leprosy affected persons attended during POD camps	117	Number of staff sensitised	303

In 2025, Damien Foundation India Trust (DFIT) teams continued active field surveillance and identified 40 new patients experiencing leprosy reactions. Early identification enabled the immediate initiation of appropriate treatment, helping to control disease progression and reduce the risk of permanent disability.

To ensure comprehensive and uninterrupted care, all newly identified cases were promptly communicated to the concerned health facilities, facilitating continuity of treatment and coordinated follow up. DFIT implemented a structured follow up system that combined regular physical visits for direct clinical assessment and monitoring of patient progress with telephonic follow up to provide ongoing guidance, address concerns and reinforce treatment adherence.

Analysis of treatment outcomes indicated that 14 patients had already developed Grade 2 Disability (G2D) at the time of identification, highlighting the importance of early detection. Encouragingly, treatment adherence was optimal, with all 25 patients initiated on steroid therapy completing the full prescribed course. This 100 percent adherence reflects effective counselling, close monitoring and strong follow up mechanisms.

Recovery outcomes further demonstrated the impact of DFIT's approach. Among patients with G2D identified in 2023, 9 out of 11 individuals representing 82 percent achieved complete recovery. Through early detection, timely medical intervention and rigorous follow up, DFIT continues to strengthen leprosy management and disability prevention efforts, leading to improved health outcomes and quality of life for affected individuals.



# TAMIL NADU

## Anandapuram Rehabilitation Centre, Polambakkam

### Tamil Nadu: Damien Foundation's Leprosy Control Initiatives

Damien Foundation initiated its leprosy control activities in Tamil Nadu as early as 1955, beginning with a focused intervention in a village near Chengalpattu. Over the decades, these early efforts have evolved into a comprehensive and well established network of leprosy care and rehabilitation programmes across the state. Among these initiatives, the Anandapuram Project stands out as a



dedicated effort to support individuals who are severely affected by leprosy and face long term social and medical challenges. A central pillar of DFIT's work in Tamil Nadu is the Anandapuram Rehabilitation Centre located at Polambakkam in Kanchipuram District. Directly managed by DFIT, this centre provides specialized geriatric care for persons affected by leprosy who lack family support, are homeless, or have been ostracized by their families and communities. The facility offers a safe, dignified and compassionate living environment for some of the most vulnerable individuals.



The Anandapuram Rehabilitation Centre addresses the full spectrum of basic and essential needs of its residents. It provides food, shelter, and regular medical care, and also takes responsibility for conducting last rites, ensuring dignity even at the end of life. The centre has the capacity to accommodate up to 25 residents at a time, and in 2025, a total of 21 individuals benefited from these services.

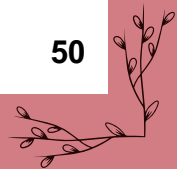
Since 2015, the scope of services has been expanded to include terminal care for individuals referred by government hospitals, leprosy homes, and DFIT field teams. To ensure timely access to emergency medical services, DFIT also provides ambulance support, enabling prompt referral and transfer of residents to hospitals when required.



The Anandapuram Rehabilitation Centre continues to serve as a critical lifeline for leprosy affected individuals who are marginalized and excluded from mainstream society. Through these sustained and compassionate interventions, Damien Foundation India Trust remains committed to delivering comprehensive and sustainable care in Tamil Nadu, significantly contributing to the dignity, well-being, and rehabilitation of persons affected by leprosy.

**Beneficiaries and leprosy care services provided Polambakkam, Kanchipuram in 2025**

Polambakkam	Leprosy care services		
Number of Patients who attended Physiotherapy OPD	1008	No. of beds available	25
Number of new inmates' admissions	10	No. of bed days occupied	6013
Number of inmates deleted (Died, Others)	06	Bed occupancy rate	67%
Number of inmates living end of the year	21		



## Disability Prevention and Medical Rehabilitation Programme

### Challenges in Leprosy Control

Leprosy control continues to face substantial challenges, particularly in the prevention of disabilities and in limiting the progression of existing impairments among affected individuals. Delayed diagnosis, inadequate management of lepra reactions and limited access to specialized care often contribute to long term functional limitations, underscoring the need for focused and sustained interventions.

In response to these challenges, the National Leprosy Eradication Programme (NLEP), in collaboration with the International Federation of Anti-Leprosy Associations (ILEP), developed comprehensive guidelines for Disability Prevention and Medical Rehabilitation (DPMR) in 2005. These guidelines provide a structured framework to address disability related complications through early detection, appropriate medical management and rehabilitation.

Guided by these national and international frameworks, Damien Foundation India Trust (DFIT) has been implementing DPMR activities across seven districts in Tamil Nadu. Through a range of complementary strategies, DFIT works to prevent the onset of disabilities, manage existing impairments, and improve the functional and social outcomes of persons affected by leprosy. These sustained efforts contribute to strengthening leprosy services and enhancing the overall quality of life of affected individuals.

### Objectives of the DPMR Programme

The primary objective of the Disability Prevention and Medical Rehabilitation (DPMR) programme is to strengthen the capacity of general health staff to effectively manage leprosy related complications, particularly lepra reactions, and to prevent the progression of disabilities. The programme adopts a comprehensive approach that combines clinical care, rehabilitation and social support.

Key activities under the DPMR programme include the systematic updating of records of individuals affected by leprosy with disabilities, ensuring accurate data for planning and follow-up. DFIT teams also focus on identifying eligible patients and facilitating timely referral for reconstructive surgery, aimed at correcting deformities and restoring functional ability. In parallel, customised protective footwear is provided to reduce the risk of ulcers and further damage.

Beyond medical interventions, the programme actively supports access to Government welfare entitlements and offers socio economic assistance to improve the overall stability and quality of life of affected individuals. DFIT teams work closely with local community volunteers and family members to promote and monitor self-care practices, reinforcing daily practice at the household level.

The duration and intensity of support under the DPMR programme remain flexible and are tailored to the specific needs and local contexts of each district, ensuring responsive and person centred care.

## Key Achievements in 2025

### Challenges in Leprosy Control

Across the seven districts supported by DFIT, an estimated 4,000 persons affected by leprosy and living with disabilities were covered under the programme. Field teams conducted home visits to 521 individuals to assess adherence to recommended self-care practices, which indicated that 39 percent were regularly following self-care routines.

The use of protective footwear was notably high, with 99 percent of individuals consistently wearing the footwear provided, contributing significantly to the prevention of ulcers and secondary complications. In parallel, systematic screening for surgical needs resulted in the identification of 18 individuals eligible for reconstructive surgery, of whom two successfully underwent corrective procedures during the year.



Self-care capacity was further strengthened through practical training sessions. A total of 249 individuals participated in self-care demonstrations conducted at 17 Prevention of Disability (POD) camps organized in collaboration with Primary Health Centres. In addition, programme support extended to facilitating disability certification for eligible individuals, enabling access to appropriate Government entitlements and social support services.

### Capacity Building and Training

Damien Foundation India Trust (DFIT) conducted a total of 36 leprosy training sessions aimed at strengthening the capacity of healthcare professionals involved in leprosy care and control. Through these sessions, 166 Medical Officers and 139 staff from the National Leprosy Eradication Programme (NLEP) received focused training to enhance their clinical and programmatic competencies. In addition, 1195 frontline health workers including nurses, Auxiliary Nurse Midwives (ANMs) and Accredited Social Health Activists (ASHA workers) were sensitized to key aspects of leprosy control.

The training programmes emphasized early identification of leprosy suspects, appropriate referral pathways and timely linkage to health facilities for diagnosis and treatment. These efforts have contributed to improved awareness, strengthened referral mechanisms and enhanced early case detection within the public health system.



## Monitoring and Disability Certification

DFIT coordinator worked closely with the National Leprosy Eradication Programme (NLEP) across all districts in Tamil Nadu to support the assessment of disability status among persons affected by leprosy. Through joint field visits and case reviews, they assisted health authorities in accurately evaluating the extent of disabilities in identified individuals. In addition, DFIT provided facilitative support to eligible persons in obtaining official disability certificates, enabling them to access Government welfare schemes and social entitlements essential for long term rehabilitation and social security.



### DPMR services provided 15 districts, Tamil Nadu in 2025

7 districts in Tamil Nadu	DPMR Support	
Number of reaction cases taking regular treatment	16/16 (100%)	Number of trainings conducted 35
Number of disability persons practicing self care regularly	204/521 (39%)	Number of participants attended 1667
Total POD camps conducted	17	Number of PHCs meetings attended 20
Number of leprosy affected persons attended during POD camps	249	Number of staff sensitised 306



## Prevention of Disability – Contribution by Teams:



In 2025, Damien Foundation India Trust teams played a proactive role in the prevention of disability through systematic field surveillance and timely clinical intervention. During routine field visits, the teams identified three new patients experiencing lepra reactions and immediately initiated appropriate treatment. In addition, six newly identified reaction cases were promptly communicated to the respective health facilities, ensuring that treatment was started without delay.

To maintain continuity and quality of care, the teams implemented a meticulous follow up mechanism that combined regular physical visits with telephonic monitoring. Clinical assessment revealed that one patient had already developed Grade 2 Disability (G2D) at the time of examination, underscoring the importance of early detection and close monitoring.

Treatment adherence was exceptionally high, with all 14 patients completing the full prescribed course of steroid therapy, a critical component in the management of lepra reactions. The impact of these efforts was reflected in recovery outcomes: the single patient diagnosed with G2D in 2024 achieved complete recovery, representing a 100 percent recovery rate. These results highlight the effectiveness of the teams' coordinated approach to early identification, prompt treatment and sustained follow up in preventing disability and improving patient outcomes.



Before Surgery



After Surgery



# Success Story

## Timely Intervention, Vision Restored: The Recovery of Mrs. Jeyalakshmi.

Mrs. Jeyalakshmi came to our hospital on 12th May 2025 seeking further care for her recent diagnosis of leprosy. One month earlier, she had visited another hospital where Multidrug Therapy (MDT) was initiated. A skin biopsy had been performed and the report was suggestive of Borderline Tuberculoid (BT) leprosy.

When she presented to our centre, she was suffering from neuritis associated with a Type 1 (T1) reaction, complicated by lagophthalmos (inability to close the eyelid). The nerve inflammation had led to weakness of the eyelid muscles, placing her eye at risk of dryness, injury and infection.

Recognizing the urgency of the condition, we immediately initiated systemic steroid therapy to control the nerve inflammation and prevent further nerve damage. She was closely monitored with regular clinical assessments and supportive eye care.

With timely steroid management and appropriate follow up, Mrs. Jeyalakshmi showed good recovery. Her lagophthalmos improved significantly and she regained the ability to close her eye properly, thereby protecting it from complications.

Her case highlights the importance of early recognition and prompt treatment of leprosy reactions and neuritis. With timely medical intervention, disability can be prevented and patients can return to a safer and healthier life.

Before Surgery



After Surgery



# SOCIO ECONOMIC REHABILITATION

## Livelihood Enhancement Programme (LEP)

### Introduction

The Damien Foundation's Livelihood Enhancement Programme (LEP) aims to promote the socio economic rehabilitation of persons affected by leprosy. The programme focuses on empowering individuals with leprosy related disabilities by providing access to sustainable livelihood opportunities. Through this intervention, affected persons are supported to attain financial self reliance, improve their quality of life and achieve meaningful social inclusion within their communities.

### Objective of the Project

To enable persons affected by Tuberculosis and leprosy related deformities to achieve sustainable income generation, thereby strengthening their financial independence and facilitating their social and economic integration into mainstream society.

### Project Context

The Livelihood Enhancement Programme (LEP) forms an integral component of Damien Foundation's Care after Cure services, which are designed to support persons affected by leprosy related disabilities through employment opportunities and comprehensive socio economic rehabilitation. Economic empowerment under this programme not only enhances financial security but also helps address self stigma and fosters social acceptance and reintegration.



The project prioritises support for young adults and women across seven states in India, namely Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Jharkhand, Karnataka and Tamil Nadu. In 2025, Damien Foundation India Trust (DFIT) extended livelihood support to 126 beneficiaries through the LEP. Out of these, 111 beneficiaries (88%) were persons affected by leprosy, while 15 beneficiaries (12%) were affected by tuberculosis and Drug-Resistant Tuberculosis (TB/DR TB). The nature of support provided was diversified: 80% of beneficiaries received assistance to establish small scale businesses, 18% were supported to pursue education.



## Details of Support Under LEP and Nutritional Support

STATE	LEPROSY				TB			GRAND TOTAL	MALE	FEMALE	TOTAL	NUTRITIONAL SUPPORT
	BUSINESS	EDUCATION	HOUSING	TOTAL	BUSINESS	EDUCATION	TOTAL					
ANDHRAPRADESH	1	1	0	2	0	0	0	2	2	0	2	22
BIHAR	34	8	0	42	1	1	2	44	31	13	44	113
CHHATTISGARH	2	0	0	2	0	0	0	2	1	1	2	0
DELHI	2	0	0	2	2	0	2	4	3	1	4	63
JHARKHAND	11	2	0	13	0	0	0	13	9	4	13	0
KARNATAKA	15	2	0	17	0	0	0	17	11	6	17	0
MAHARASTRA	1	0	0	1	0	0	0	1	1	0	1	0
TAMILNADU	5	4	0	9	0	0	0	9	5	4	9	0
<b>GRAND TOTAL</b>	<b>71</b>	<b>17</b>	<b>0</b>	<b>88</b>	<b>3</b>	<b>1</b>	<b>4</b>	<b>92</b>	<b>63</b>	<b>29</b>	<b>92</b>	<b>198</b>



# Success Story

## From Migration to Self Reliance: The Transformational Journey of Mr. Vinod Paswan

Mr. Vinod Paswan, a resident of Nalanda district, Bihar, migrated to Hyderabad in search of employment, hoping to support his family and build a stable future. Like many young men from rural Bihar, he worked diligently until his life took an unexpected turn due to serious health complications.

Vinod developed bilateral foot drop along with chronic plantar ulcers, which progressively affected his mobility and ability to perform physical labour. As his condition worsened, his employers declared him medically unfit to continue working. With no income and declining health, he was compelled to return to his native village.

After returning home, Vinod completed the full course of Multidrug Therapy (MDT) from the Nearest Primary Health Centre, which successfully controlled the disease. However, the physical disability and severe financial hardship remained. His father had remarried when Vinod was six years old and has since been living in Delhi with his second family, providing neither financial nor emotional support. Vinod's mother, a daily wage labourer, became the sole breadwinner despite her limited income and physical strain.

Recognizing the urgent need for livelihood support, the DFIT team assessed Vinod's situation. Although physically limited, he was motivated and eager to work to support his mother. Considering his condition, DFIT provided assistance to establish a small grocery shop in his village. The business was designed in a way that suited his physical capacity, minimizing strain while enabling him to manage operations independently.

This timely intervention brought a remarkable change in Vinod's life. Today, he runs the grocery shop with confidence and dignity. The steady income has reduced the financial burden on his mother and allowed him to contribute meaningfully to household expenses. More importantly, he has regained a sense of respect, independence and hope for the future. Vinod's journey stands as a powerful example of how appropriate medical care combined with targeted livelihood support can restore dignity and self reliance. A modest economic opportunity has not only strengthened his family's financial stability but has also rebuilt his confidence and sense of purpose.



# Success Story

## My Desire Carried Me Beyond the Difficulties

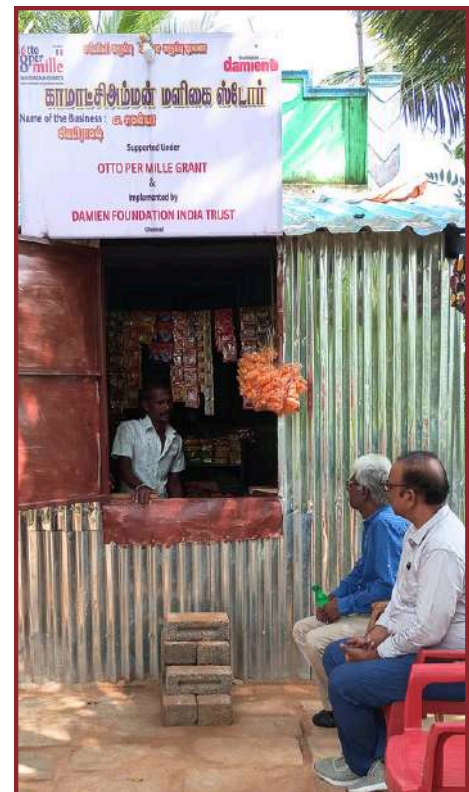
Mr. Govindharaj is a young man driven by a powerful ambition to become a respected and self-reliant landowner one day. Though he was a skilled welder by profession, he never hesitated to take up any work available to support his family and move closer to his dream. Hard work was his identity and determination was his strength.

But life took an unexpected turn. Gradually, his right hand became weak and eventually crippled due to what he initially believed were unknown reasons. As time passed, he was diagnosed with leprosy and he learned that the damage to his hand was a result of the disease. The diagnosis shattered him. He lost confidence, struggled to find work and felt isolated as people around him began to distance themselves. Hope seemed to fade from his life. In this darkest period, one person stood firmly beside him his wife. She became his pillar of strength, encouraging him to stay positive and fight the disease rather than surrender to it. Together, they searched for help and knocked on many doors before finally reaching the Medical College in Thanjavur. There, he was properly diagnosed with leprosy and was clearly counselled about his condition and its treatment.

When treatment began, a small spark of hope returned. He completed a full year of medical therapy with determination. After successfully finishing his treatment, he underwent reconstructive surgery to repair the damaged fingers of his right hand. The surgery marked not just physical healing, but the beginning of a new chapter.

Soon after, with an investment of ₹45,000, Govindharaj started a small grocery shop. In the beginning, daily sales were modest around ₹300 to ₹400. Doubts crept into his mind. He wondered whether he would succeed. Yet, he refused to give up. He carefully observed customers' needs and stocked goods accordingly.

Slowly but steadily, the business began to grow. Within six months, his investment increased to ₹50,000. Success, however, brought new challenges. Out of jealousy, the shop owner asked him to vacate the premises. Instead of losing heart, Govindharaj calmly searched for another location within the same village and shifted his shop. His resilience paid off. Today, his business assets have grown to nearly ₹1,00,000. The disability in his hand no longer defines him neither in his family nor in society. He now plans to apply for a Government loan to expand his shop further and strengthen his business. With renewed confidence and unwavering determination, Govindharaj firmly believes that he will one day achieve the dream he once feared was lost. His journey stands as a testimony that when desire is stronger than difficulty, even the toughest setbacks can become stepping stones to success.



# CONTINUING MEDICAL EDUCATION

## Endowment Gold Medal Prize Examination on Leprosy – 2025

As part of its long standing commitment to Continuing Medical Education, Damien Foundation India Trust (DFIT) has been conducting the Endowment Prize Examination on Leprosy for final year MBBS students under the Tamil Nadu Dr. M.G.R. Medical University since 1993. This annual academic initiative aims to strengthen undergraduate medical training in leprosy and to promote clinical excellence in the diagnosis and management of the disease. Each year, approximately 600 medical students participate in the theory examination, from those around 30 top performing candidates are shortlisted for the practical component.

The Tamil Nadu Dr. M.G.R. Medical University nominates two senior professors from reputed Government Medical Colleges to oversee the preparation of question papers and to monitor the entire examination process, in coordination with the DFIT medical team. The student securing the highest overall score is awarded a Gold Medal and a University issued certificate during the convocation ceremony, recognizing academic merit and clinical proficiency in leprosy.

In 2025, the theory component of the Endowment Prize Examination on Leprosy was conducted on 28 June across 26 medical colleges affiliated with the Tamil Nadu Dr. M.G.R. Medical University. Of the 545 students enrolled, 510 appeared for the examination and their answer scripts were evaluated by a designated panel. Based on performance, the top 25 candidates were shortlisted for the practical examination.

The practical examination was held on 4 August 2025 at the Department of Dermatology, Stanley Medical College, Chennai. A total of 24 students from 12 medical colleges attended the practical session. The examination was supervised by Dr. C. Vijayabhaskar, Professor and Head of the Department, Stanley Medical College, who served as the Endowment Prize Examination Coordinator on behalf of the University. DFIT supported the conduct of the examination by providing lunch, certificates of participation and travel allowance to all participating students.

Following evaluation of the practical examination answer sheets, **Mr. Vignesh Kasi**, final year MBBS student from Madras Medical College, Chennai (Registration No. 520021100740), emerged as the top scorer with **155 out of 200 marks**. His name has been recommended to the Tamil Nadu Dr. M.G.R. Medical University for the award of the Endowment Gold Medal and certificate in recognition of his outstanding performance.



# PUBLIC ENGAGEMENT INITIATIVES

Damien Foundation India Trust (DFIT) has been actively promoting public awareness on leprosy and tuberculosis since 2010 through sustained and structured public engagement initiatives. These efforts include regular tele-calling, social media outreach and direct interactions through meetings and community engagements. Over the years, DFIT's consistent outreach has helped build awareness, trust and public participation in its mission to serve people affected by leprosy and TB.

Individuals who are inspired by DFIT's humanitarian work have come forward to support the mission in various ways. While some have chosen to volunteer their time and skills, many others have extended financial and in-kind support. Corporate engagement is primarily facilitated through Corporate Social Responsibility (CSR) partnerships, enabling DFIT to strengthen and expand its service delivery.

During the year 2025, DFIT mobilized a total contribution of ₹65,89,707 from individuals and corporate partners through its public engagement programme.

## Individual Engagement:

DFIT engages individual supporters by identifying potential philanthropists through structured tele-calling and face to face interaction initiatives. During the reporting year, the number of individual supporters increased from 1,455 to 1,507. Through these individual contributions, DFIT raised an amount of ₹13,65,806/-. In addition to financial contributions, DFIT also received valuable in-kind support from compassionate individuals.



Several philanthropists extended assistance to meet the needs of in patients by donating essential items such as groceries, food supplies, and other support materials across DFIT projects in Nellore, Delhi and Polambakkam. During the year, Delhi project received in-kind contributions worth ₹8,585, while the Nellore project received in-kind contributions worth ₹3,40,441/- The Polambakkam project received in-kind contributions worth ₹6,95,520/- The total value of in-kind contributions received from individuals during the year amounted ₹10,44,546/-

## Corporate Engagement:



In 2025, DFIT collaborated with eight corporate partners through CSR initiatives to support leprosy and TB services. During the year, DFIT received a total CSR contribution of ₹41,79,355. The CSR partners included Umicore Autocat India Private Limited, Natural Food Commercials Private Limited, Sheshasayee Papers and Boards Limited,

Parksons Cartamundi Private Limited, AGFA Healthcare India Private Limited, HMSU Rollers (India) Private Limited, Vermeiren India Rehab Private Limited, Time Square Investments Private Limited & A C Surgipharma Private Limited. These partnerships significantly contributed to strengthening DFIT's programmes and outreach.

## Events and Campaigns - Report on Participation in King's Day Celebration



Damien Foundation India Trust was invited by His Excellency Frank Geerkens to attend the King's Day celebration held on Friday, 14 November 2025, at Bayview Lawns.

Dr. M. Shivakumar, Secretary of Damien Foundation India Trust, represented the organization at the event. The celebration was attended by diplomats, government officials, representatives of international organizations, and other distinguished guests.

During the event, Dr. Shivakumar had the opportunity to briefly introduce the humanitarian work of the Foundation, highlighting its long-standing commitment to the control of leprosy and tuberculosis, disability prevention, and community-based rehabilitation services across several states in India.

The event provided an excellent platform to share the mission and achievements of the Foundation and to interact with members of the diplomatic community and other stakeholders. It also strengthened the Foundation's relationship with the Belgian diplomatic mission and partners who have been supporting health and humanitarian initiatives in India.

Damien Foundation India Trust expresses its sincere appreciation to His Excellency Frank Geerkens for the kind invitation and the opportunity to participate in this memorable celebration.



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

S.No	Public Engagement Initiatives	2025	%
1	Individual Supporters	₹ 11,04,306	17%
2	Monthly Pledge by Individual Contribution	₹ 2,61,500	4%
3	CSR Grant	₹ 41,79,355	63%
	<b>Total</b>	<b>₹ 55,45,160</b>	
4	Support Received in Kind worth of	₹ 10,44,546	16%



## Hospital Services - Annual Leprosy Report - 2025

### Annexure -1

Name of the state	Name of the project	Outpatients services											Inpatients services											
		Number of new leprosy cases detected						Total number of new grade II disability			Total number of new reaction cases managed		Total number of persons underwrent 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																	
Andhra Pradesh	Nellore	8	59	67	1	2	3	70	19	0	19	26	25	10	5	15	7	4	11	101	17	170	4499	73.5
Delhi	Delhi	0	23	23	1	0	1	24	4	0	4	12	12	12	9	21	4	0	4	4	14	79	1346	26.7
Tamil Nadu	Polambakkam																				25	21	6013	67.0
Bihar	Dehri-On-sonne	13	46	58	2	2	4	62	16	0	16	35	26	50	15	65	4	0	4	224	30	219	4621	43.0
Total		21	128	148	4	4	8	156	39	0	39	73	63	72	29	101	15	4	19	329	86	489	16479	53

## Annexure - 2 Total 3 RCS centres Age and sex wise RCS and Septic surgery report - 2025

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
<b>0 -13</b>	2	2	4	0	0	0	0	0	0	2	2	4	0	0	0
<b>14 -20</b>	10	3	13	0	0	0	0	0	0	10	3	13	2	1	3
<b>21 - 25</b>	7	3	10	4	1	5	0	0	0	11	4	15	0	1	1
<b>26 - 30</b>	14	4	18	2	0	2	1	0	1	17	4	21	4	1	5
<b>31 - 40</b>	12	8	20	2	0	2	1	0	1	15	8	23	4	0	4
<b>41 -54</b>	11	8	19	1	0	1	1	0	1	13	8	21	2	0	2
<b>55 -65</b>	2	0	2	0	0	0	1	0	1	3	0	3	1	1	2
<b>&gt; 66</b>	1	0	1	0	0	0	0	0	0	1	0	1	0	2	2
<b>Total</b>	<b>59</b>	<b>28</b>	<b>87</b>	<b>9</b>	<b>1</b>	<b>10</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>72</b>	<b>29</b>	<b>101</b>	<b>13</b>	<b>6</b>	<b>19</b>

## Tamil Nadu state 7 districts POD Programme Annual report 2025

### Annexure 3

Name of the State	Name of the districts covered	DPMR Patients Interview								Under treatment cases visit				No. of new cases identified & diagnosed by the team during field visit					No. of New Lepra reaction cases diagnosed by the team during field visit					UT Reaction cases management			Community Vol Interview				POD camps		
		No. of persons practicing self care regularly	No. of persons having Foot problem	No. of persons using appropriate footwear	No. of persons identified for RCS	No. of persons referred for RCS	No. of persons done for RCS	No of patients getting Disability pension	No. of UT Patients visit	No. of cases diagnosed correctly	No. of patients on regular treatment	No. of patients had family history of leprosy treatment	MB	PB	Total	How many G2D	No. of patients had family history of leprosy treatment	Type I	Type II	Neuritis	Total	How many G2D	No. of follow up reaction cases monitored	No. of reaction cases received Prednisolone in time	No. of reaction cases on regular treatment	No. of Community Volunteers interviewed	No. of CVs monitoring DPMR cases once in a month	No. of CVs Identifying and referring Leprosy suspects	No. of Leprosy cases confirmed among the suspects	No. of POD camps conducted	No. of disability persons attended	No. of CSOs/Govt staff/others are attended	
Tamil Nadu	Coimbatore	43	34	34	0	0	0	11	11	11	3	3	0	3	1	0	0	1	0	0	2	2	2	2	15	9	0	0	0	0	0	0	
	Tiruppur	90	78	73	2	2	5	33	33	33	1	0	0	0	0	0	0	0	0	0	10	10	10	38	35	0	0	0	11	8	0		
	Dindugul	256	215	215	11	11	6	67	67	67	0	0	0	0	0	0	0	0	1	1	2	2	2	35	35	0	0	0	12	163	99		
	Thirunelveli	35	27	27	0	0	0	1	1	1	0	0	0	0	0	0	0	3	0	0	0	0	0	0	2	2	0	0	0	53	30	0	
	Tenkasi	33	29	29	2	2	3	9	9	9	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	3	0	0	1	22	12	0	
	Sivaganga	20	18	18	0	0	0	5	5	5	0	0	0	0	0	0	0	0	0	0	0	1	1	1	7	7	0	0	0	0	0	0	0
	Thoothukudi	44	36	36	3	3	0	7	7	7	0	0	0	0	0	0	0	0	1	1	1	1	1	1	18	18	0	0	0	0	0	0	0
TOTAL		521	204	437	18	18	14	133	133	133	4	3	0	3	1	0	3	1	2	6	0	16	16	16	118	109	0	0	17	249	149	0	

## Annexure -3 a Tamil Nadu state 7 districts DPMR training and meeting activities annual report - 2025

Name of the State	Name of the districts	District level giving Trainings						Health facilities level Trainings						Meetings								
		Total No. of Trainings Conducted/ facilitated at PHCs Level	Total No. of Participants Attended					Total No. of Trainings Conducted/ facilitated at HF's Level	Total No. of Participants Attended					Total No. of Meetings Conducted / Attended	MOs	NLEP Staff	ANMs	ASHAs	Others	Total		
		MOs	NLEP Staff	PHC Staff	Field staff	ASHAs	Others	Total	MOs	NLEP Staff	PHC Staff	Field staff	ASHAs	Others	Total							
Tamil Nadu	Coimbatore	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Tiruppur	1	23	17	18	4	0	62	3	19	7	12	72	18	0	128	4	2	45	0	0	47
	Dindugul	3	32	29	149	0	0	210	10	33	25	62	288	42	51	501	6	9	81	33	6	136
	Thirunelveli	0	0	0	0	0	0	0	3	9	11	23	12	28	23	106	2	1	17	0	0	18
	Tenkasi	0	0	0	0	0	0	0	10	34	31	74	133	26	128	426	3	2	27	0	0	31
	Sivaganga	0	0	0	0	0	0	0	5	16	19	34	100	0	65	234	2	1	25	0	0	26
	Thoothukudi	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	1	47	0	0	48
	<b>Total</b>	<b>4</b>	<b>55</b>	<b>46</b>	<b>167</b>	<b>4</b>	<b>0</b>	<b>272</b>	<b>31</b>	<b>111</b>	<b>93</b>	<b>205</b>	<b>605</b>	<b>114</b>	<b>1395</b>	<b>20</b>	<b>16</b>	<b>242</b>	<b>33</b>	<b>6</b>	<b>9</b>	<b>306</b>



## Annexure -4-a Chhattisgarh, Jharkhand and Karnataka States 28 Districts DPMR activities at PHC Level annual report - 2025

States	Districts	No. of PHCs visited	PHC Visit Record verification Maintained														Adequate stock of MDT available	No. of under treatment Reaction Cases	Availability of Tab. Prednisolone
			No. of Suspects registered	Total No. of G II 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			
Chhattisgarh	Mahasamund	28	2205	1698	52	15	28	27	28	28	27	0	0	28	26	28	142	25	
	Baloda Bazar	20	5731	1104	33	18	20	17	18	17	19	0	0	20	19	20	78	19	
	Rajpur	43	0	3082	86	0	43	33	36	37	39	1	1	43	34	42	123	37	
	Sarangarh-Bilngarh	3	0	168	6	2	3	3	3	3	3	0	0	3	0	3	25	3	
	Raigarh	13	415	745	25	12	13	10	11	11	13	0	0	13	1	13	80	12	
	Sakti	12	15	77	15	6	11	3	5	8	7	1	0	10	1	10	30	7	
	Korba	19	0	33	25	2	18	1	6	5	13	0	0	16	1	16	17	8	
	Mungeli	36	0	523	64	0	36	22	23	22	27	0	0	32	18	24	110	29	
	Jangir- Champa	12	336	156	17	6	13	5	10	9	12	2	0	11	1	12	110	8	
	Bilashpur	32	3	286	49	4	31	6	9	12	19	1	0	29	1	30	43	14	
	GPM	20	0	4	21	1	19	1	1	5	5	0	0	7	6	5	10	9	
	Durg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	<b>Total</b>		<b>238</b>	<b>8705</b>	<b>7876</b>	<b>393</b>	<b>235</b>	<b>128</b>	<b>150</b>	<b>157</b>	<b>184</b>	<b>5</b>	<b>1</b>	<b>212</b>	<b>108</b>	<b>194</b>	<b>213</b>	<b>768</b>	<b>171</b>
	Jharkhand	Ranchi	65	17827	4133	147	56	63	58	57	61	63	29	58	58	59	61	222	57
Gumla		40	14359	2455	118	37	39	38	38	38	39	26	39	38	39	39	141	36	
Lohardaga		22	8781	1048	59	22	21	21	21	21	21	31	13	21	21	21	64	18	
Simdega		25	3471	924	50	25	25	23	23	24	22	24	8	24	25	25	33	25	
W. Singhbhum		32	5803	944	65	33	33	33	33	33	32	32	8	33	33	33	140	33	
Saraikela		22	3834	2159	41	22	22	22	22	22	21	22	9	22	21	22	90	21	
Giridih		27	5180	768	54	27	27	27	27	27	27	27	0	27	27	27	54	27	
E. Singhbhum		23	3667	3811	46	23	23	23	23	23	19	23	6	23	23	23	124	17	
Deoghar		50	12191	4882	100	50	50	50	50	50	51	50	0	50	50	50	123	47	
Godda		27	6057	1940	53	27	27	27	27	27	27	27	0	26	26	27	56	27	
Dumka		33	7399	1564	61	32	32	32	32	32	32	32	0	32	32	32	48	32	
Jamtada		34	7488	2489	66	34	34	34	34	34	34	34	0	34	34	34	73	34	
<b>Total</b>			<b>400</b>	<b>96057</b>	<b>27117</b>	<b>860</b>	<b>388</b>	<b>396</b>	<b>388</b>	<b>387</b>	<b>385</b>	<b>404</b>	<b>99</b>	<b>389</b>	<b>388</b>	<b>392</b>	<b>399</b>	<b>1168</b>	<b>374</b>
Karnataka		Ballari	79	3556	927	61	60	60	23	57	59	0	0	59	0	0	54	92	37
	Raichur	61	3022	687	55	55	55	23	55	55	0	0	43	0	0	49	78	35	
	Koppal	71	2891	527	60	60	60	12	59	60	60	0	56	0	0	55	70	34	
	Vijayanagara	61	3022	687	55	55	55	23	55	55	54	0	43	0	0	49	78	35	
	<b>Total</b>		<b>272</b>	<b>12491</b>	<b>2828</b>	<b>231</b>	<b>230</b>	<b>230</b>	<b>81</b>	<b>226</b>	<b>229</b>	<b>0</b>	<b>0</b>	<b>201</b>	<b>0</b>	<b>0</b>	<b>207</b>	<b>318</b>	<b>141</b>
<b>Grand Total</b>		<b>910</b>	<b>117253</b>	<b>37821</b>	<b>1494</b>	<b>684</b>	<b>861</b>	<b>597</b>	<b>763</b>	<b>777</b>	<b>409</b>	<b>100</b>	<b>802</b>	<b>496</b>	<b>586</b>	<b>819</b>	<b>2254</b>	<b>686</b>	

## Annexure -4b

## Chhattisgarh, Jharkhand and Karnataka States 28 Districts DPMR activities cases visited annual report -2025

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 diagnosis as Leprosy	No. of Patients UT as a Leprosy visit	No. of patients had history of leprosy treatment	No. of cases diagnosed correctly	No. of patients tested VMT/ST	No. of patients visited last one month	Any Health Staff	Contact examination Done	No. of new cases identified & diagnosed by the team during field visit			No. of patients had history of leprosy treatment	No. of New lepra reaction cases diagnosed by the team during field visit			No. of reaction patients visit	No. of regular treatment	Assessment done for	Patient Condition							
													MB	PB	Total		How many G2D	Type I	Type II				Total	How many G2D	ST	Improved	Not Improved			
Chhattisgarh	Mahasamund	27	1501	69	16	101	18	97	93	97	92	71	59	33	92	14	17	81	13	94	14	244	240	215	212	43	43	48	48	0
	Baloda Bazar	18	4186	60	11	105	17	105	101	104	104	90	26	0	26	3	2	23	7	30	2	97	92	76	72	40	40	43	40	0
	Raipur	37	0	40	7	130	8	125	121	127	124	112	16	1	17	1	1	11	3	14	2	84	83	81	81	50	50	51	50	0
	Sarangarh-Bilisingarh	4	0	0	0	12	6	11	12	12	12	10	5	1	6	0	0	6	0	6	0	27	26	26	26	3	3	3	3	0
	Raigarh	17	282	186	88	56	14	56	51	56	51	48	4	4	8	0	3	5	0	5	2	34	33	30	30	34	30	34	30	0
	Sakti	11	15	6	3	26	2	25	16	25	25	20	2	1	3	1	1	8	2	10	3	7	7	7	7	3	1	6	1	1
	Korba	15	0	0	0	43	8	43	25	43	43	38	6	2	8	2	1	4	0	4	1	7	7	5	5	5	5	6	6	1
	Mungeli	31	0	32	8	89	20	88	82	86	88	83	4	4	8	0	3	5	0	5	2	34	33	30	30	34	30	34	30	0
	Jangir-Champa	14	261	25	25	32	13	32	28	32	32	27	5	2	7	2	3	5	0	5	0	8	8	3	3	3	3	6	6	2
	Bilaspur	30	1	2	1	66	12	61	34	63	62	46	7	3	10	1	1	8	3	11	1	9	7	8	8	7	8	7	2	2
GPM	8	0	2	1	16	8	21	1	23	22	16	7	3	10	1	4	5	1	6	1	7	7	6	5	6	5	6	1	1	
Durg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total	212	6246	422	160	676	126	664	564	668	655	561	59	33	92	14	17	81	13	94	14	244	240	215	212	236	236	236	236	8	
Jharkhand	Ranchi	66	15582	127	14	206	16	201	199	140	136	136	26	0	26	3	2	23	7	30	2	97	92	76	72	82	82	15	15	
	Gumla	40	13292	101	12	122	14	119	109	88	86	86	16	1	17	1	1	11	3	14	2	84	83	81	81	73	73	11	11	
	Lohardaga	20	8019	41	14	44	11	44	39	44	35	36	5	1	6	0	0	6	0	6	0	27	26	26	26	26	26	1	1	
	Simdega	28	3305	70	0	61	12	60	46	58	50	46	2	1	3	1	1	3	3	6	1	17	17	17	17	17	17	0	0	
	W.Singhbhum	39	4991	103	0	138	36	138	137	112	112	112	19	8	27	3	3	16	6	22	5	82	78	81	81	81	81	1	1	
	Saraikela	22	3113	65	0	70	9	69	62	67	41	41	5	2	7	2	2	4	2	6	1	39	35	35	35	38	38	1	1	
	Giridih	32	4406	35	23	67	22	66	64	66	23	9	9	16	25	0	5	3	1	4	1	15	15	15	15	15	15	0	0	
	E. Singhbhum	24	2748	60	0	96	19	94	94	90	57	57	6	5	11	0	3	3	4	7	1	41	40	40	40	41	41	0	0	
	Deoghar	52	10575	187	63	79	24	78	79	79	37	20	19	50	69	3	8	3	2	5	2	25	25	25	25	25	25	0	0	
	Godda	25	4302	42	19	55	9	55	52	55	22	3	11	8	19	1	2	6	0	6	2	8	8	8	8	8	8	0	0	
Dumka	34	6120	35	15	41	10	41	39	41	20	3	5	9	14	0	2	4	0	4	3	9	9	9	9	9	9	0	0		
Jamtada	34	6198	98	55	43	18	43	43	43	20	11	24	31	55	2	10	7	1	8	2	12	12	12	12	12	12	0	0		
Total	416	82651	964	215	1022	200	1008	921	998	645	560	147	132	279	16	39	89	29	118	22	456	440	425	421	427	427	29	29		
Karnataka	Ballari	79	2753	347	37	116	23	116	115	116	116	21	16	37	4	8	11	6	17	5	50	50	50	50	50	50	0	0		
	Raichur	110	2540	269	31	152	31	151	148	149	151	15	16	31	4	1	8	2	10	4	69	68	68	68	68	68	1	1		
	Koppal	71	2420	437	24	70	13	70	70	70	70	70	12	13	25	2	1	3	0	3	2	21	21	21	21	21	21	2	2	
	Vijayanagara	61	2533	232	29	67	13	66	66	66	66	66	16	13	29	4	7	7	3	10	4	18	18	18	18	18	18	0	0	
	Total	321	10246	1285	121	405	80	403	399	398	401	403	64	58	122	14	17	29	11	40	15	158	157	157	157	157	157	3	3	
Grand Total	949	99143	2671	496	2103	406	2075	1884	2064	1701	1524	270	223	493	44	73	199	53	252	51	858	837	797	790	820	820	40	40		

## Annexure - 4c Chhattisgarh, Jharkhand and Karnataka States 28 Districts DPMR activities Disability cases visited annual report -2025

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			Total No. of CSOs/ Vol/ Govt staff/ others are attended
					Practising Self Care	Is Self Care materials available?	Practicing Exercises	Number having planter anaesthesia or ulcer or G2	Using Appropriate Footwear	Number need customised Footwear	Eligible for RCS	Willing for RCS	Disability Certificate Issued	Receiving Disability Pension	Total No. of POD camps conducted	Total No. of patients attended		
Chhattisgarh	Mahasamund	27	67	53	16	67	12	44	43	2	15	12	5	5	3	44	44	
	Baloda Bazar	18	47	40	19	47	16	26	26	0	8	6	8	8	7	78	114	
	Raipur	34	77	63	38	77	31	56	55	1	9	8	6	6	3	38	73	
	Sarangarh-Bilimgarh	7	40	39	33	31	31	24	16	0	7	3	2	5	4	65	27	
	Raigarh	22	39	39	37	39	37	28	24	0	1	0	4	2	9	170	83	
	Sakti	12	22	21	18	18	17	10	9	1	0	0	0	0	0	0	0	
	Korba	14	72	72	60	63	57	47	41	1	0	0	0	0	3	63	15	
	Mungeli	23	46	40	18	46	15	20	20	0	2	1	3	3	1	8	19	
	Jangir- Champa	21	25	20	21	22	21	14	11	0	3	0	1	3	9	104	48	
	Bilashpur	23	35	34	31	31	30	10	10	0	6	2	0	0	1	8	10	
	GPM	8	12	9	6	8	6	6	1	0	2	0	0	0	0	0	0	
	Durg	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
	Total		209	482	430	297	449	273	285	256	5	53	32	29	32	40	578	433
	Jharkhand	Ranchi	65	195	106	148	172	170	99	95	16	38	11	33	16	2	10	14
		Gumla	40	124	90	89	106	101	70	64	9	11	1	23	14	5	36	38
Lohardaga		23	61	37	44	57	49	32	28	1	5	0	11	3	0	0	0	
Simdega		30	97	67	58	62	41	66	63	11	12	6	22	19	0	0	0	
W.Singhbhum		45	163	128	114	118	87	85	81	15	17	9	54	15	0	0	0	
Saralkela		31	98	52	77	78	72	44	44	1	34	10	8	7	0	0	0	
Giridih		16	27	14	25	22	25	25	10	0	13	12	2	2	0	0	0	
E. Singhbhum		32	127	72	91	96	83	71	70	5	26	17	46	42	0	0	0	
Deoghar		20	35	19	35	33	34	35	8	5	12	12	13	12	1	5	8	
Godda		16	20	14	19	19	19	20	2	0	12	12	0	0	0	0	0	
Dumka		21	43	20	41	34	39	42	4	3	20	19	9	9	1	1	1	
Jamtada		18	38	16	38	36	37	38	9	5	12	12	14	15	1	1	1	
Total			357	1028	635	779	833	757	627	478	71	212	121	235	154	10	53	62
Karnataka		Ballari	79	102	102	72	94	11	61	60	0	11	10	80	73	8	27	92
		Raichur	110	144	142	90	136	17	75	73	0	8	8	97	90	11	35	121
	Koppal	71	113	113	79	98	14	55	55	0	16	16	84	74	9	32	159	
	Vijayanagara	61	92	92	60	88	11	45	44	0	11	10	68	61	7	23	176	
	Total		321	451	449	301	416	53	236	232	0	46	44	329	298	35	117	548
Grand Total		887	1961	1514	1377	1698	1083	1148	966	76	311	197	593	484	85	748	1043	



**Annexure - 5**

**Bihar 28 districts DPMR activities annual report at SLRC level -2025**

Quarter	Total no. of patients attended								No. of PHC/CHC Referred	Type of patients										Diagnosis			New Case			UT			Reaction								Treatment Given					Physiotherapy					Customised Footwear Supplied				Aids & Appliances				MCR Footwear		RCS Eligible		Referred for RCS		12-Months			24-Months			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	PB	MB	PB	Total	First Time	Follow-up	Total	Type I	Type II	Neuritis	Recurent	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	740	18	62	120	2035	249	3244	1263	1423	275	379	283	114	273	0	4010	735	86	442	1263	564	171	735	1174	249	1423	557	100	658	96	11	286	368	654	152	95	379	28	654	1854	632	30	684	316	21	18	47	13	16	258	78	35	15	21	544	52														
II	705	40	106	174	2149	228	3402	1364	1452	369	484	287	181	169	0	4306	924	82	356	1364	701	223	924	1254	198	1452	546	72	661	102	9	384	469	853	237	99	484	33	853	2024	812	37	699	327	19	7	62	77	38	232	95	55	18	63	773	82														
III	603	28	119	254	2511	124	3639	1425	1696	338	550	226	178	233	0	4646	852	168	405	1425	672	180	852	1483	213	1696	579	59	682	56	4	399	489	888	218	86	550	34	888	2044	860	54	675	501	18	3	81	79	52	191	147	83	3	25	696	124														
IV	411	26	67	309	2249	168	3230	1094	1683	294	412	241	106	227	0	4057	653	110	331	1094	517	136	653	1517	166	1683	476	55	615	80	11	293	413	706	168	91	412	35	706	2092	698	42	613	259	14	0	50	27	39	213	76	40	24	17	540	50														
Annual	13515	1172	2499	112	354	857	8964	769	13515	5346	6254	1276	1825	1037	579	902	17019	3164	446	1536	5146	2454	710	3164	5428	826	6254	2158	286	2616	334	35	1362	1739	3101	775	371	1825	130	3101	8014	3002	163	2071	1203	72	28	240	196	145	894	396	213	60	126	2553	308													

## Annexure - 5a Bihar 28 districts DPMR activities annual report at PHC level -2025

Quarter	No. of PLRC	Monthly Progress Reports Available	Treatment Register	Reaction Register	Disability Register	MDT Stock Register	No. of Cases Referred to SLRC/TLRC through Referral Forms (From Jan - Till Date)							No. of Cases Received from SLRC/TLRC through Feedback Forms	Patient Information Card Available	Adequate Stock of MDT Available	Adequate Stock of Tab. Prednisolone Available
							Suspect	Child cases detected	Child cases referred	Ulcer Care	Neuritis /Reaction	RCS	Others				
I	118	83	112	85	88	91	74	35	8	18	4	4	102	115	113	104	
II	136	92	126	93	97	101	117	39	6	30	12	4	176	136	100	119	
III	116	82	105	93	88	93	79	34	8	29	7	0	135	115	97	107	
IV	139	89	115	103	92	93	152	49	109	31	10	0	163	136	114	112	
<b>Total</b>	<b>509</b>	<b>346</b>	<b>458</b>	<b>374</b>	<b>365</b>	<b>378</b>	<b>422</b>	<b>157</b>	<b>131</b>	<b>108</b>	<b>33</b>	<b>8</b>	<b>576</b>	<b>502</b>	<b>424</b>	<b>442</b>	

## Annexure - 5b Bihar 28 districts DPMR activities cases visited annual report -2025

Quarter	Under Treatment Patients Visit				Contact Examination (Team)				Received Patient Information Card				No. of New Cases Identified & Diagnosed by the Team During Field Visit				No. of New Leprosy Reaction Cases Identified by the Team During Field Visit							Reaction Patients Visit				Self Care Activities							
	No. of the of PLRC visited	No. of UT cases	No. of correctly diagnosed	No. of on Regular Treatment	No. of Had Family History of Leprosy Treatment	No. of Contacts	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	Receiving any Govt. Scheme benefit
I	118	271	270	257	51	2284	380	4	2	233	21	4	25	7		12	7	7	5	17	48	12	76	76	72	71	143	85	66		40		89	28	62
II	136	336	331	314	64	3023	644	7	4	269	27	8	35	4		12	4	2	25	45	18	118	118	116	115	223	164	99	67		67	148	22	62	
III	116	372	369	356	108	2599	499	13	4	307	8	8	16	1		13	5	3	28	51	29	128	127	126	123	167	103	65	40		108	19	45		
IV	139	353	347	334	101	2595	495	9	10	311	5	7	12	0		7	4	0	17	31	13	112	111	106	104	170	85	84	56		84	39	54		
Total	509	1332	1317	1261	324	10501	2018	33	20	1120	61	27	88	12	0	44	20	12	12	87	175	72	434	432	413	703	437	314	0	203	0	429	108	223	

## Bihar 28 districts DPMR training and meeting activities annual report - 2025

### Annexure - 5c

Quarter	2 Days Trainings Conducted at district Level				One Day Trainings (Referral)							One Day Trainings Conducted at PHCs Level				District level NLEP Meetings Attended												
	Total No. of Trainings Conducted	Total No. of Participants Attended				Total No. of CME Conduct	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	Dermatologist	Ophthalmologist	Orthopedic	Physiotherapist	Others		Total	MOs	NLEP Staff	NPs		Others	Total	MOs	NLEP Staff	NPs	Others	Total			
I	0	0	0	0	0	4	11	11	16	0	42	3	0	5	52	2	59	15	127	177	42	361	25	15	127	177	42	361
II	0	0	0	0	17	15	22	33	0	87	23	10	76	209	35	330	24	120	269	39	452	32	24	120	269	39	452	
III	2	0	31	22	53	1	0	1	5	3	3	3	16	43	3	65	65	143	227	127	562	31	65	143	227	127	562	
IV	0	0	0	0	3	3	4	5	0	14	2	0	11	9	1	21	21	44	118	10	178	15	6	44	118	10	178	
Annual	2	0	31	22	53	23	37	55	0	146	31	13	108	313	41	475	110	434	791	218	1553	103	110	434	791	218	1553	

<b>Annexure -6 Involvement of Community Social Workers (CSWs) in DPMR Programme - 2025</b>				
<b>Parameters</b>	<b>Jharkhand</b>	<b>Bihar</b>	<b>Chhattisgarh</b>	<b>Total</b>
Total No. of districts covered	5	18	4	27
Total No. of CSO/Vols involved	6	14	4	24
No. of Persons affected by leprosy with disabilities at the beginning of the quarter/annual	3848	18402	3941	26191
No. of Persons affected by leprosy with disabilities deleted from the list	345	645	57	1047
No. of Persons affected by leprosy with disabilities added to the list	308	666	716	1690
No. of Persons affected by leprosy with disabilities at the end of the quarter/annual	3811	18423	4600	26834
No. of Persons affected by leprosy with disabilities visited during the quarter/annual	3832	5344	2459	11635
No. of persons with plantar ulcers (among Patients visited)	1006		437	1443
No. of practising self care	2413	3178	1634	7225
No. of them required foot wear	2098	1953	1044	5095
No. of them wearing appropriate foot wear	1951		708	2659
No. of patients having Disability Certificate.	988	2448	238	3674
No. of patients receiving Pension.	833	1879	221	2933
No. of patients identified for RCS.	298	1368	101	1767
No. of patients RCS done	46	108	26	180
No. of referred to hospital/PHC for any problems	75	203	47	325
Total No. of persons identified for LEP support during quarter/annual	49	266	51	366
Total No. of persons received LEP support during quarter/annual	8	36	14	58
No. of LEP beneficiaries monitored during quarter/annual	132	147	107	386
No. of suspects referred to PHC for diagnosis during quarter/annual	247	295	252	794
No. of leprosy cases confirmed during quarter/annual	201	282	154	637
No of Under treatment patients visited	1372	595	1254	3221
No. of Under treatment patients taking regular treatment	1349	473	1242	3064
No. of reaction patients visited	412	168	423	1003
No. of reaction patients taking regular treatment	411	95	400	906

## Annexure-7 Projects annual TB report- 2025

Name of the State	Name of the Project	Total No. of TB suspects examined	Total No. of sputum positive	Total No. of TB patients registered	Total No. of new TB patients registered	Among them NSP TB patients registered	Total No. of all re-treatment TB patients registered	Sputum conversion rate for NSP patients	Sputum conversion rate for RT patients	Cure rate for NSP patients	Cure rate for RT patients	Total 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	1686	40	73	66	35	7	88%	100%	96%	100%	7	26	26	1
Delhi	Delhi	6358	1311	4064	3477	1139	587	85%	82%	84%	89%	3	145	145	13.4
<b>Total</b>		<b>8044</b>	<b>1351</b>	<b>4137</b>	<b>3543</b>	<b>1174</b>	<b>594</b>	<b>90%</b>	<b>93%</b>	<b>93%</b>	<b>93%</b>	<b>10</b>	<b>171</b>	<b>171</b>	<b>7.2</b>



## Bihar NTEP training and meeting activities annual report - 2025

### Annexure - 8a

State	District	Health facilities level on the job Trainings										Health Facilities level Meetings							District level Meetings ( NTEP)																
		Total No. of Trainings Conducted/ facilitated at PHCs Level					Total No. of Participants Attended					Total No. of Meetings Conducted / Facilitated at HF's Level			Total No. of Participants Attended				Total No. of Meetings Conducted / Attended		Total No. of Participants Attended														
		MOs	NTEP Staff	PHC Staff	Field staff	ASHAs	Others	Total	NTEP Staff	ANM	ASHAs	Others	Total	NTEP Staff	PHC Staff	ANM	ASHAs	Others	Total	Mos	NTEP Staff	PHC Staff	ANM	ASHAs	Others	Total	MOs	NTEP Staff	ICTC Staff	Others	Total				
	Darbhanga	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	25	0	13	40					
	Saharsa	1	24	23	25	0	2	76	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0					
	Madhubani	0	0	0	0	0	0	0	1	4	2	45	3	54	0	0	0	0	0	0	0	0	0	0	0	3	81	1	8	94					
	Supaul	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	53	2	17	77						
	Madhepura	1	2	19	2	21	0	6	50	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	2	19	1	29	51					
	<b>Total</b>	<b>2</b>	<b>43</b>	<b>25</b>	<b>46</b>	<b>0</b>	<b>8</b>	<b>126</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>45</b>	<b>3</b>	<b>54</b>	<b>6</b>	<b>15</b>	<b>21</b>	<b>48</b>	<b>98</b>	<b>26</b>	<b>14</b>	<b>222</b>	<b>6</b>	<b>21</b>	<b>48</b>	<b>98</b>	<b>26</b>	<b>14</b>	<b>222</b>	<b>9</b>	<b>13</b>	<b>178</b>	<b>4</b>	<b>67</b>	<b>262</b>

## Annexure - 9 Delhi DR TB cases registered and out comes from 2010 to 2025

Particulars	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
MDR TB Cases registered	19	31	88	43	58	59	46	70	103	147	150	197	191	184	160	158
12 months Culture Conversion	14	13	64	38	32	20	38	46	65	98	101	155	155	140	62	33
Cured	14	19	40	28	28	24	26	40	57	98	101	150	155	140	62	33
Completed	0	2	5	1	2	6	4	4	6	9	6	10	3	6	1	0
Defaulter	0	2	20	8	5	8	7	12	20	19	7	15	19	18	11	1
Died	3	3	17	4	11	8	3	8	7	9	17	11	10	9	4	3
Treatment Reg Changed														6	1	1
Failure /(Reg. Change)	1	5	3	1	11	9	3	4	9	10	17	10	1	2	0	0
Transfer Out	1	0	3	1	1	4	3	2	4	2	2	1	3	3	2	0
Still under treatment															79	120
Total outcome cases	19	31	88	43	58	59	46	70	103	147	150	197	191	184	160	158
Treatment success rate	74%	68%	51%	67%	52%	51%	65%	63%	61%	73%	71%	79%	81%	79%		

## Annexure 10 Diagnostic samples processed at DTRC Nellore - Andhra Pradesh Annual report 2025

District	Tuberculosis Follow up samples received and inoculated in L-J media		Tuberculosis Diagnosis samples			1st line Line Probe Assay						2nd line Line Probe Assay					
	Total	Culture positive	Total	Smear Positive	Smear Negative	Total	Inconclusive	Both Sensitive RIF & INH	Resistant		Total	Inconclusive	Both Sensitive	Resistant			
									RIF	INH	RIF & INH				FLQ	SLI D	FLQ & SLID
Annamayya			1302	644	658	644	1	597	2	35	9	46	0	43	3	0	0
Nellore			2061	1337	724	1337	3	1161	12	125	36	173	2	151	19	1	0
Kadapa			2273	1303	970	1303	6	1184	11	85	17	113	1	101	9	2	0
Tirupati			2412	1727	685	1727	2	1546	11	130	38	179	2	156	20	1	0
Chittoor			1179	616	563	616	3	572	2	27	12	41	1	38	2	0	0
Total			9227	5627	3600	5627	15	5060	38	402	112	552	6	489	53	4	0

## Annexure 11 Diagnostic and follow up samples processed at DTRC Darbhanga - Bihar state Annual report 2025

District	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	Resistant			Total	Inconclusive	Both sensitive	FLQ	SLID	FLQ & SLID
											RIF	INH	RIF & INH						
Darbhanga	611	54	557	36	409	68	9	721	11	579	7	42	82	161	10	88	58	0	5
Madhubani	669	61	608	43	93	23	3	1052	18	905	5	53	71	168	6	92	62	1	7
Saharsa	25	3	22	2	2	2	0	82	2	71	0	3	6	15	2	8	4	0	1
Supaul	157	13	144	6	3	1	0	258	5	230	1	9	13	36	1	24	11	0	0
Madhepura	75	9	66	4	1	0	0	204	4	183	1	6	10	18	0	8	10	0	0
Samastipur	509	43	466	28	15	4	1	1358	23	1194	7	72	62	167	12	96	54	1	4
Muzaffarpur	746	69	677	46	13	3	0	389	6	290	10	26	57	116	2	59	52	1	2
Sitamarhi	503	47	456	38	4	2	0	1092	13	938	7	62	72	131	11	61	56	0	3
Sheohar	33	5	28	2	0	0	0	16	0	15	0	0	1	16	0	14	2	0	0
Total	3328	304	3024	205	540	103	13	5172	82	4405	38	273	374	828	44	450	309	3	22

# GLOSSARY

<b>DFIT</b>	<b>Damien Foundation India Trust</b>
<b>DTRC</b>	<b>Damien TB Research Centre</b> (a facility in Nellore and Darbanga for diagnosis, management and research in MDR TB)
<b>FCRA</b>	<b>Foreign Contribution Regulation Act</b>
<b>GHS</b>	<b>General Health Staff</b>
<b>HIV</b>	<b>Human Immunodeficiency Virus</b>
<b>HF</b>	<b>Health Facilities</b>
<b>IEC</b>	<b>Information Education and Communication</b>
<b>ILEP</b>	<b>International Federation of Anti-leprosy Associations</b>
<b>INR</b>	<b>Indian Rupees</b>
<b>INH</b>	<b>Isoniazid</b>
<b>IP</b>	<b>In patient</b>
<b>LEP</b>	<b>Livelihood Enhancement Programme</b> (a socio-economic rehabilitation programs implemented by DFIT assisted projects)
<b>LJ</b>	<b>Lowenstein–Jensen</b>
<b>LPA</b>	<b>Line Probe Assay</b>
<b>LT</b>	<b>Laboratory Technician</b>

# GLOSSARY

<b>MB</b>	<b>Multi Bacillary leprosy</b>
<b>MCR</b>	<b>Micro Cellular Rubber</b> (Rubber sheet used for insole in the footwear of leprosy affected person with anaesthesia or deformity in the foot)
<b>MDR TB</b>	<b>Multi Drug Resistant Tuberculosis</b>
<b>MDT</b>	<b>Multi Drug Therapy</b>
<b>MTB</b>	<b>Mycobacterium Tuberculosis</b>
<b>NGO</b>	<b>Non-Governmental Organization</b>
<b>NLEP</b>	<b>National Leprosy Eradication Programme</b>
<b>NSP</b>	<b>New Sputum Positive</b> (Pulmonary TB never treated or minimally treated less than a month and found to be sputum positive)
<b>NTEP</b>	<b>National Tuberculosis Elimination Programme</b>
<b>OPD</b>	<b>Out patient Department</b>
<b>PA</b>	<b>Public Announcement system</b>
<b>PAL</b>	<b>People Affected by Leprosy</b>
<b>PB</b>	<b>Pauci Bacillary Leprosy</b>
<b>PHC</b>	<b>Primary Health Centre</b> (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

<b>PMDT</b>	<b>Programmatic Management of Drug Resistant TB</b>
<b>POD</b>	<b>Prevention of Disability</b> (Important component of leprosy control aimed at preventing the occurrence and management of disability)
<b>RMP</b>	<b>Rural Medical Practitioner</b>
<b>RIF</b>	<b>Rifampicin</b>
<b>RNTCP</b>	<b>Revised National TB Control Programme</b>
<b>RCS</b>	<b>Re-Constructive Surgery</b>
<b>STLS</b>	<b>Senior TB Laboratory Supervisor</b>
<b>STO</b>	<b>State TB Officer</b> (Programme Officer in a State in-charge of TB control)
<b>STS</b>	<b>Senior TB Supervisor</b>
<b>TB</b>	<b>Tuberculosis</b>
<b>TBS</b>	<b>Tuberculosis Supervisor</b>
<b>TU</b>	<b>Tuberculosis Unit</b>
<b>WHO</b>	<b>World Health Organization</b>
<b>XDR TB</b>	<b>Extensively Drug Resistant Tuberculosis</b>



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### Reach Us:

📍 Damien Foundation India Trust, No. 14, Venugopal Avenue, Spur Tank Road, Chetpet, Chennai-600031  
 ✉ info@damienfoundation.in 🌐 www.damienfoundation.in 📞 91-44-2836 0496 / 2836 1910 📱 +91 98401 42743

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