The strategic priorities of TLMTI for 2011-2015 focus on 6 major areas:

1. Organisational Development
2. Health
3. Advocacy
4. Partnerships
5. Sustainable Livelihoods
6. Fund Raising

Wholeness through Healthcare
101155 Consultations for leprosy care
478318 Consultations for specialist care
3471 Surgeries for leprosy care
4197 Ophthalmic surgeries
4456 Obstetric and general surgeries
17461 Pairs of protective footwear supplied

Enabling through Education
1084 Admissions for Vocational Education
1814 Students financially supported to continue their education

Empowering through Livelihood
2795 People in income generating initiatives
1094 Vocational Education graduates
95% Graduates employed

2013 brought in a new logo:

In 2013, we changed our logo to reflect the new approaches we are taking in response to the needs of people affected by leprosy.

- Healing - restoration to physical and psychological health
- Inclusion - justice and participation
- Dignity - the right to be valued and treated equally

But some things about us have not changed at all like our commitment to people affected by leprosy to be able to live with dignity in transformed communities that have overcome leprosy.

Our Vision

Long Term: People affected by leprosy living with dignity in transformed communities that have overcome leprosy.

Short Term: To achieve this vision, TLMTI as laid out in its strategic plan of 2011-2015, is evolving from a service delivery oriented organisation to one addressing holistic development, rights of leprosy affected people and removal of stigma; working at every level of need.
Message from the Chairman

The year 2013 was a year of accelerating momentum and continued organisational development and growth of The Leprosy Mission Trust India (TLMTI) furthering its impact on the lives of people affected by leprosy.

To grow in the rapidly changing leprosy scenario requires a commitment to change; innovation; a focus on continuous improvement and attention to partnerships and all stakeholders.

The journey of TLMTI in evolving from only service delivery to addressing holistic development, rights of people affected by leprosy and removal of stigma, picked up steam, continuing to facilitate transformation at every level of need.

I would like to convey my sincere appreciation for your continued support and involvement that has made this possible. Many people have joined our cause and if you are already with us, thank you for your help and support. If not, then I would encourage you to join us.

The Lord has sustained us over the last 139 years! We can trust Him to continue to sustain us in the years to come and to make our work come to fruition in the fullness of His time. Let’s learn to trust Him, to pray to Him and to wait on Him and then do as He says. We have an important and exciting future ahead delivering real change to the people who most need it.

George Koah
Chairman, TLM Trust India Board

Message from the Director

It is my proud privilege to present this Annual Report for the year 2013. This report gives an overview of our work in bringing healing, inclusion and dignity to people affected by leprosy.

People affected by leprosy have been stigmatised for long and denied equal opportunities resulting in them being marginalised. Lack of awareness in the community about the disease is one of the main reasons for perpetuating myths and misconceptions about leprosy leading to people affected by it being denied access to education, livelihood opportunities, quality health care and entitlements, schemes and benefits. Healing, inclusion and dignity for people affected by leprosy can become a reality only when communities are actively engaged in empowering and enabling people affected by leprosy to speak up and claim their rights and live productive and dignified lives in the community.

The articles, stories and pictures in the Annual Report reflect in a small way our efforts to enable and empower people affected by leprosy and engage with communities to dispel the many myths and misconceptions about the disease.

I am grateful for the support, encouragement and guidance of our Board, for the commitment and hard work of all my colleagues who achieved much despite many constraints. I am also thankful to all our Supporters, Donors, Partners and Members of the Global Fellowship whose support, prayers and encouragement we value. We have been sustained by God’s unending goodness and faithfulness right through the year and I am grateful for that.

Dr. Sunil Anand
Director, TLM Trust India
The year gone by...
Working towards Empowering, Engaging, Enabling

About us

The Leprosy Mission Trust India (TLMTI), has over 139 years of its existence, touched the lives of millions of people affected by leprosy in India. It is the largest INGO in India working for people affected by leprosy, in the areas of health, education, sustainable livelihoods, community development, advocacy and research. TLMTI’s 14 Government of India recognised Tertiary Leprosy Referral Hospitals, 6 Vocational Education Institutes, a Medical Centre, a state-of-the-art Research Laboratory and various Community-Based Development Projects spread over 8 states in the country (Chhattisgarh, Maharashtra, Uttar Pradesh, West Bengal, Delhi, Tamil Nadu, Bihar and Andhra Pradesh) address the causes and consequences of this age old disease.

TLMTI works in partnership with the Government of India, WHO and other international development organisations. Our various initiatives have played a key role in reducing the stigma attached to the disease and mainstreaming people affected by leprosy.

TLMTI has a three pronged intervention approach for enabling people affected by leprosy realise their basic human rights:

• Bringing HEALING through comprehensive healthcare facilities
• Enabling INCLUSION through community development initiatives in education, social security and sustainable livelihoods
• Restoring DIGNITY through leading efforts in advocacy and research

In 2012 and 2013, we began repositioning our programmes as per the Country Strategy, incorporating the strategic evaluation recommendations and developed the Multi-year proposals with the buy in of the Operations Team and field leadership. This process along with leadership development initiatives across the different levels of leadership facilitated grounding of the Country Strategy in different programs. This led to certain strategic shifts in implementation and leveraging on this for influencing stakeholders both at the local, state and national level.

This year has been a year of change, experiencing the collective efforts and fruits of the work of all my colleagues at TLMTI especially, the Operations Team and the Field Leadership. It has resulted in improved quality of program implementation, visibility of TLMTI among policy makers at all levels and experiencing God’s faithfulness and provision.

Dr. Mary Verghese
Deputy Director- Programmes
Thematic Areas of Focus

Comprehensive Healthcare

In the year 2013, we have continued to care for people affected by leprosy through our hospitals. Whereas in the past we had concentrated in providing the care for as many as we could on our own, in the year 2013, many of our units have made a deliberate effort to partner with the government health services in caring for people affected by leprosy.

In the state of Chattisgarh, we have tried to make these services more accessible, by having our surgeons travel and operate in the various district hospitals and medical colleges. 102 surgeries were done in this manner. This strategy is being tried out in Chattisgarh and depending on its success we will advocate for this to be followed in other states. Through our support to the NLEP in 4 states, we have been able to train health workers (more than 250 District nucleus team members and more than 200 para medical health workers) in the diagnosis and management of leprosy.

We have collaborated with Amici di Reaol Follereau (AIDF India) in conducting reconstructive surgeries in Assam, where they are the IEP coordinator.

Further 11 of our hospitals have shown an increasing trend in referrals from the government for secondary and tertiary care, especially for reconstructive surgery. We have conducted 1113 reconstructive surgical procedures related to leprosy in our hospitals in 2013.

As always, we have tried to be holistic in our approach, considering the needs of education, livelihood and dignity and not just health. In addition to direct interventions through other TLM projects, in 2013 we have through advocacy seen that people affected by leprosy have had access to entitlements other than health care such as bus passes, Below Poverty Line (BPL) cards, Adhar (Identity) cards, RSBY (Health Insurance cards) etc.
Impacting those affected by leprosy and other disabilities and using innovative communication methods to influence social change and attitudes on leprosy and other disabilities. The Centre takes the lead in the visual documentation of TLMTI successes and it also a repository for stories, photos and evidence on various research studies.

In 2013 TLMTI made the critical move from its core strength of service delivery to one that influences policies and practices. The Media Centre organised a panel discussion, “Future Forward – A leprosy Inclusive Development Agenda”. It brought together bureaucrats from the Ministry of Social Justice and Empowerment, Ministry of Health and Family Welfare, disability experts, members of the National Advisory Council, people affected by leprosy and civil society and served to heighten issues of people affected by leprosy and the need for mainstreaming and inclusion.

The HEAL India (Hire, Educate, Accept Leprosy affected) campaign was launched at the national level with policy makers from Ministry of Health, Ministry of Social Justice and Empowerment (Disability Department), National Human Rights Commission, Disability Commission, World Health Organisation, civil society members, students bodies of Delhi University and young champions from among the people affected by leprosy.

The campaign intended to expand public and private dialogue and debate on leprosy, increase the accuracy of information put out and economic opportunities and aspirations of people affected by leprosy.

The Challenging Anti-Leprosy Legislation (CALL) Project succeeded in highlighting discrimination faced by people affected by leprosy in seven districts of Chhattisgarh and five of Uttar Pradesh. The project successfully engaged with four government departments to influence policy at the district and state level and facilitated the involvement of people affected by leprosy in the advocacy networks and the formation of community-based organisations. It helped with documentation of cases of discrimination, sensitisation of duty bearers and participation of people affected by leprosy in local self-government. It assisted in enhancing media coverage on leprosy issues and sensitisation of the community. As a result, two government orders were passed in Uttar Pradesh in favour of people affected by leprosy. (Order by Uttar Pradesh State Road Transport Corporation that people affected by leprosy with 40 percent disability can travel free of cost. Second, a nodal officer will be designated in every police station in Uttar Pradesh to address human rights violations of the poor and marginalised, including people affected by leprosy.

The Disability Rights project at Thiruvananthapuram district in Tamil Nadu through a rights-based approach, sensitised right holders and duty bearers on the rights and entitlements of people with disabilities and their access to resources and livelihood options. As a result, the Disability Commission of Tamil Nadu Government has accepted the supply of MGR (micro cellular rubber) footwear for persons with leprosy, and a change in the location of the District Disability Aided Welfare Office for better accessibility. Also the announcement of a maintenance grant by the State Government for persons with leprosy with 40 percent disability, ensuring rights of persons with disabilities (PwD) on usage of coaches reserved for PwDs in the Indian Railways; inclusion of persons with disabilities for employment and for the post of field supervisors, organisation of district camps in collaboration with three government departments — District Differently Aided Welfare Office, District Leprosy Office, District Administration and other NGOs. The initiatives have also resulted in securing livelihood options for people affected by leprosy and other disabilities.

Obstacles to opportunity: Looking beyond disability

From rural Thiruvananthapuram, 38-year-old Aarthi, is an active member of the Disability Rights Federation. Earlier, even the SHG ignored her. Undaunted, her activism has enabled many like her to access their rights.

Initially, the monthly Physically Handicapped Pension (PHP) of Rs 1000 reached persons with disability through a postman who took a bribe of Rs 30 from each person. Aarthi reported this, action was taken and the bribe stopped. She encouraged a young widow to get remarried and worked relentlessly at ensuring employment through the MGNREGA scheme for the 38 persons with disability living in her village. Now she helps to create awareness on disability rights and has been made head of a SHG for a cluster of 10 Panchayats. Now everyone sees ability in her disability!
Education and Skills-based training

We at The Leprosy Mission Trust India believe that Education and Vocational Education is a critical requisite for socio-economic change. It increases people’s capacity to provide for them and lift them out of poverty, enabling inclusion in the mainstream.

Our programme promoting Education (Catch Them Young) for children and young adults from leprosy backgrounds for 2013 focussed not only on education as an inherent right for every child, but also ensured that education accessed was meaningful. Community and school awareness programs aimed at raising awareness on various issues surrounding leprosy and creating an informed society. The programme empowered families affected with leprosy to know the importance of education and gain an understanding of the varied educational schemes and services available through the Government and other organizations. This resulted in increased acceptance of children from leprosy backgrounds not only in schools but also in securing government’s educational benefits for the underprivileged. 274 school-going children received educational scholarships from the Government earmarked for children from marginalized backgrounds. Besides, we provided comprehensive sponsorship range of educational requirements supporting not only school fees but also material support such as uniforms, school bags, shoes, umbrellas etc. which enabled 1610 children to go to school with dignity. 166 young adults were supported in pursuing graduation and post graduation education. Another 50 students are engaged in professional courses such as engineering, nursing and teachers training.

Our Vocational Education Programme through its Institutional and Community based training was repositioned with a focus on providing skills training not only as per market needs but also according to trainee convenience. 1178 young adolescents were engaged in various Government approved courses in 2013. Of these 536 comprised of married women, young girls and boys who were unable to benefit from institutional training and were provided the same in their own communities. The community based training was conducted by organizing community groups (Panchayati Raj members, elders, teachers) who supported the training by identifying trades, students and venue for training, resulting in community ownership. Besides, quality technical skills, the Vocational Education programme enabled holistic development of its trainees through its life skills and soft care programmes. Along with making the workplaces disability friendly, all requisite aids and appliances were provided to ensure that students did not miss out on any training due to their disabilities. A lot of emphasis was laid on in-plant training to ensure that trainees have knowledge and skills about the latest technologies in their respective trades. Placement support was provided and 85% of the graduates of the 2012-2013 batch are gainfully employed under fair labour conditions.

Redefining life’s meaning

Hari Om belongs to Lakhimpur Kheri in UP. He was diagnosed with leprosy when he was just 16. After many failed efforts to seek treatment, he finally went to the TLMTI Hospital. While undergoing treatment, he was also encouraged to pursue his education and therefore enrolled in the Vocational Training Centre at Faizabad. He completed the treatment, training and apprenticeship and stepped out as a totally changed person with renewed aspirations and energy. Hari Om considers the input on his skills as the most important he has received as it helped him in looking at life with a fresh outlook. He now works in Faizabad and earns about Rs. 9000 per month and feels happy about supporting his parents back home.
Sustainable Livelihoods

Our Sustainable Livelihoods Programme recognises that it is essential for communities to be engaged and enabled in order to develop self-reliance. Through this programme, we work alongside people affected by leprosy to enhance capabilities in order to increase economic resilience and improve social well-being.

In 2013, our livelihoods programme systematically implemented multiple strategies at individual, household, community and policy level. Members of 980 self-help groups (SHGs) continued to save on a regular basis. They were encouraged to lend internally from the group savings to those with personal needs. Skills training in various rural enterprises were given to 743 young girls and women from 557 SHGs. Groups or individual members within the groups were linked to micro-financial services through nationalised banks. This enabled 317 SHGs to start businesses and contribute ₹ 1500 or more on a monthly basis to the family income. Besides, women are also undergoing adult literacy classes and this helps them to manage the SHG activities.

The livelihoods programmes have also advocated for and included people affected with leprosy as supervisors in the National Rural Employment Guarantee Act (NREGA). NREGA guarantees 100 days of employment to those registered under the scheme. The livelihoods programme also works with traditional artisans with disabilities enhancing their skills to produce quality and competitive products. This has resulted in the emergence of a not-for-profit producer company, self-managed producer associations and access to technical expertise and linkages. It has also resulted in women contributing to the family income through fair wages, people with disabilities becoming productive members and the provision of an appropriate work environment for people with disabilities through resource mobilisation and adaptive technologies.

Skills training in various rural enterprises were given to 743 young girls and women from 557 SHGs

Through our various livelihood initiatives we have successfully formed and registered a block level Samajik Vikas Samiti as an apex body for credit and business development support. Four block level Disabled People’s Organisations were recognised by the government as units for approving benefits and schemes for disabled and eight multipurpose cooperatives.

Recognising that welfare and rehabilitation too are needed at times, has resulted in 56 elderly individuals affected by leprosy being supported financially through a nominal pension. As many as 34 individuals affected by leprosy were provided a secure house in their very own community.

All the livelihoods programmes focus on achieving good health, reduction in leprosy-related stigma, participation in family and community activities, awareness and access to rights. On the one hand, the programme worked with SHGs, federations and Disabled Peoples Organisations to improve their knowledge and ability to access their rights and entitlements, to communicate and engage with others, ultimately leading to their power to make choices, express opinions and make decisions which in turn made them advocates for the cause. On the other hand it mobilised the community and empowered them to address the needs of people affected with leprosy along with their family members. People affected by leprosy have also been capacitated to contest the local Panchayat elections and to be at the centre of decision-making thereby influencing change. Many have won these elections and are actively contributing to the development of the community as a whole which is resulting in improved access to water, sanitation, housing and electricity for all.
Capacity building & Training

At TLMTI, training and technical assistance are used to build both internal and external capacities and is available for healthcare providers, government staff, independent institutions and other stakeholders. The aim is to provide knowledge and skills they need to bring about a change in the lives of people affected by leprosy, learn from their experiences, and to improve service delivery and programmes.

A comprehensive national level Training Strategy has been developed to capitalise on the strengths within TLMTI on leprosy including disability, community based rehabilitation and programme management contributing to developing and maintaining expertise. This entails catering to individuals and organisations both nationally and internationally, including members of the Global Fellowship. Currently training is being conducted at the unit level for participants from India and abroad. Through support to the National Leprosy Eradication Programme (NLEP) in four states, we have been able to train health workers in the diagnosis and management of leprosy (more than 250 District Nucleus Team members and over 200 paramedical health workers).

An intensive Capacity Building Project has been built in the focus areas of the project. The Leadership Development Programme of TLMTI leaders led by the Senior Management Team, Operations Team, Hospital Superintendents, VTC Principals and Programme Managers was planned through the Human Behaviour Lab process as a tool at the initial stage of the project. Besides this, many other interventions for TLMTI leadership development were introduced in 2013. The programme greatly impacted organisational effectiveness and decision-making by the senior leaders. Therefore, more leadership development workshops and trainings on various subjects have been planned across levels in 2014.

23 Core Resource Team members of the Capacity Building project were trained on Advocacy, Human Rights, Partnership and Gender issues. They in turn trained 133 key project staff and going further over 200 volunteers and community leaders. The Training Unit at TLMTI’s Nani (Alabadia) Hospital has been actively involved in capacity building in leprosy and motivating medical and paramedical staff and students nationwide to do for leprosy, for the past 40 years. Courses and curricula are regularly adapted to the needs of the country and the groups of trainees. Training is practical, interactive, learner-friendly and patient-oriented. The strength of the training is the high patient load at Nani (clinical material) and the competent, highly qualified and committed staff for all aspects of clinical care for the leprosy affected (Medical, Surgical, Physiotherapy, Occupational Therapy, Counselling and Nursing).

Persons trained in 2013

- 24 Three orientation courses for Medical Officers - UP DLOs, Delhi DLOs (via NLR) and TLMTI doctors
- 31 Five certificate courses for physiotherapy students from various colleges including MPT students from Bangalore
- 11 (via WHO) - Leprosy Control staff of various cadres from the Government of Nepal
- 22 (via NLR) - Dermatologists and Orthopaedists from District Hospitals in UP
- 22 TLMTI advocacy project staff
- 19 ALERT India staff from Mumbai
- 8 Medical Students from CMC Vellore
- 239 Student Nurses (local nursing schools)
- 33 In-service trainees, volunteers and elective students from India and other countries

In 2014, the focus will be to facilitate training so that it is operationalised in a coordinated manner at the national level. TLMTI is exploring accreditation of the training programmes from national and international agencies.

Better care through training

Sunita Rana is a young medical nurse in TLMTI’s hospital in Kolkata. Groomed as a Core Resource Trainer under the Capacity Building Project, Sunita, who had never stepped out of Kolkata to travel, found this responsibility extremely daunting. She was quiet and shy and most uncomfortable in this new role for it required her to speak in front of strangers for hours. However, Sunita changed this moment of limitation into that of a challenge and decided to fight it out. She laughs while remembering all the negative feedback she received for the sessions she had led as a trainer but the support from ASK trainers, her Regional Supervisor and the encouragement from her Superintendent helped her overcome her shyness and emerge as a skillful trainer. “I love my role now, I feel so confident and empowered and want to make sure that every staff and patient in our hospital gets the useful information I have from these various trainings.”
Research

Research is a cross-cutting aspect of our work and the goal here is to generate evidence to address issues related to leprosy. Following the evaluation of the Stanley Browne Laboratory and the Research Resource Centre, all research activities have been streamlined under the Research Domain which is housed in the Shahadara hospital to increase coherence between the laboratory and clinical and field research.

83 papers were accepted at the International Leprosy Congress at Brussels with TUMIT staff receiving three out of the 12 young scientist awards there.

The Global Leprosy Program of World Health Organisation organised a meeting at Cebu in the Philippines in February 2014 to review the status of drug resistance in leprosy within the surveillance network of 14 sentinel sites and 11 reference laboratories from endemic countries.

The Stanley Browne Laboratory (SBL) is one of the reference laboratories and the TUM hospitals in India comprise one sentinel site. From 2009-2013, seven cases of rifampicin resistance along with nine cases each of diaphone and fluoroquinolones resistance were identified. In addition 26 relapse cases were identified at TUMIT’s Pune hospital in West Bengal and their samples were collected from the field area. Of the 26 patients, three were identified to be rifampicin resistant totally, 10 cases of rifampicin resistance. SBL had identified a novel mutation in the RNA responsible for the rifampicin resistance. This was accepted for further validation and West Bengal has been included as a WHO priority area to be intensively screened for drug resistant leprosy with the help of the National Leprosy Eradication Programme.

Four studies have been completed. A randomised control trial of Azithromycin to treat leprosy nerve damage and neuritis; development of a population-based leprosy registry and new case detection strategies to eradicate leprosy; methods to enhance voluntary early reporting at PHCs and other integrated settings; and development of community-based and patient-driven methods to prevent defaulting from multi drug therapy (MDT) in leprosy (PREDEM). Reports have been submitted to the donor agency and the approved projects awaiting funding focus on early deflection, transmission, nerve function impairment and reactions. Concept proposals on scales to measure stigma, perception of cotyory dwellers on stigma reduction and community-based methods to promote acceptance have been submitted to ICMR and ICDDR,

In 2013, 13 research papers from TUMIT were published in peer reviewed journals. The scope for 2014 will be widened to generate evidence on issues around social exclusion, denial of rights and entitlements in addition to basic, clinical and operational research. We will also follow up on publishing papers presented at the ILC in Brussels in peer reviewed journals.

Our priorities for 2014 include enhancing the capacity of our staff to undertake research; working at intensive projects in advocacy, social inclusion, drug resistance, contact tracing and stigma related issues.

A courageous spark

Tinku, a resident of Sultangarh, UP, was about 15 when he discovered his first lesion. He and his parents were obviously grief-stricken and disease about treatment and who to contact. Someone in his village directed him to the TUMIT Hospital at Shahadra in Delhi. Tinku was put on MDT and after sometime underwent surgery. Thereafter, he followed a well-guided and need-based physiotherapy regime. The change in his body became evident and that brought back a sense of hope and courage. Once strong and healthy, he decided to join the TUMIT VTC at Faizabad where he learned the skills of a diesel mechanic. Tinku is now working at Mahindra & Mahindra and earns over ₹ 6000 per month. He feels he has not only gained good health by treating the disease but also has gained immense confidence and courage in the process.

Transforming life

Sofia Banu is from a small village in Subarnpur, UP. When she first discovered patches on her skin, she quietly went to a local quack whose treatment resulted in a serious disfiguration in her condition. Her lower and upper extremities were affected and gradually got deformed. From a happy, energetic young girl, Sofia Banu became listless and thought of ending her life. People around suggested different doctors and hospitals and along with her family she kept moving around till she reached TUMIT Hospital in Naini. There, she underwent reconstructive surgery. As she gained strength and confidence, she enrolled in the VTC in Faizabad. Sofia successfully finished the tailoring course and gained some useful skills which are now helping her to earn almost ₹ 5000-5500 per month. Looking back, she feels she has gained immensely in courage, confidence and the ability to remain hopeful.
Organisational Effectiveness

MONITORING & EVALUATION

TMUJI's Monitoring and Evaluation (M&E) function exists primarily to monitor that M&E findings inform strategic and operational planning, budget formulation and execution as well as mid-year and annual reviews and reporting.

In line with the Country Strategy 2011-15, M&E has shifted emphasis from being implementation based (concerned primarily with the implementation of activities) to results based (examining if real changes have occurred). Participation M&E with active inclusion and involvement of all key stakeholders in all M&E activities is the approach adopted, and integration of M&E systems with existing management and decision-making systems is an ongoing and developing process in TMUJI.

Highlights of 2013 were establishing a functioning Monitoring Section with participation, buy-in and utilisation by the domain and unit Leadership and generating learning for strategic and operational decisions. Two thematic evaluation reports brought out in 2013, on Prevention of Impairment and Disability and Vocational Training for Sustainable Livelihoods put TMUJI M&E on the map for their high quality, strategic learning and over 10 research papers presented in the 2013 International Leprosy Congress at Brussels. M&E has also built up a pool of evaluators both external and internal from diverse fields to contribute to organisational learning.

AUDIT AND RISK MANAGEMENT

The Audit and Risk Management function plays a crucial role, given the aftermath of external and internal factors that have pushed the need for proactive risk management and control into the spotlight. Time and again TMUJI has undergone unprecedented crises, which range from fund crunch issues to staff reduction and change in government policies, to maintaining focus on leprosy and the need for influencing in order to succeed in implementing the Strategic Plan.

This function recognises the need for culture, processes, systems and structures that are directed towards the effective management of potential opportunities and adverse effects within the TMUJI operational environment.

In 2013, audits across units laid stress on ownership, accountability, responsibility, and evaluation of internal controls to maintain their adequacy and strength. Units were informed about their risk factors and mitigation plans, which in turn contributed to building a culture of risk management across the units that were audited.

Priorities for 2014 include a move towards an active buy-in at all levels through a formalisation of both the audit risk management process and capacity building in audit and risk management for staff from the field, unit heads, domain levels and the country office. Best practices prescribe a combination of internal audit staff and other employees with the right expertise.

This approach increases the likelihood of translating ownership of processes, systems, risks and mitigation plans across the various levels of the organisation in more participative ways so as to appropriately align with the Country Strategy.

The other priority is the introduction of a management audit approach which fits the audit paradigm from a compliance style to a more creative approach. Quality systems will be in place for effective and efficient ways to manage the hospitals, projects and VTCs.

HUMAN RESOURCES

The core function of this domain is to empower people through various engagements and enable them to perform optimally in order to achieve Country Strategy priorities.

Highlights of 2013 included bringing role clarity to Domain Heads not just individually but also as members of Operations Team. The changing organisation context, both external and internal, warrants a cohesive operations team to ground the Country Strategy priorities.

A workshop with Sandia Consulting, Chennai was organised. Apart from role clarity, this helped the operations team to identify significant organisational and personal issues to be dealt with. Workshops on other thematic issues such as Advocacy, Human Rights, Gender, Partnerships, etc were also organised for the Operations Team, to enable a better understanding of the Country Strategy priorities. Domain expectations mapping was also initiated to strengthen bonding among Domain Heads. As leadership strengthening was carried out under the new organisation structure, the Domain Heads are a critical layer of management in translating the Country Strategy to ground level implementation. It was felt that Domain Heads and some Unit Heads be given intensive management development inputs to create the "bench strength" of leadership below the Senior Management Level. A concept note was prepared for this purpose.

Priorities 2014: To achieve its objective, Human Resources will continue to focus on developing and maintaining expertise in the existing and newer areas, reorganising staffing based on the programme requirements, developing talents by using the concept of Leadership Pipeline through career and succession planning. Most importantly, spiritual nurturing through Alpha courses.

In the year 2013 the focus of our effectiveness was to be "relevant" and "sustainable". As an organisation we saw a clear and definite change in the thought process of the leadership to face the emerging programme and financial situation. The interface between the programme and OE domain has increased and became more interlinked. There has been a sense of optimism and confidence in the organisation that together as a team we can achieve the Country Strategy. Priorities and work towards achieving the Short Term Vision. Over the last year we saw TMUJI programmes became more agile and resilient.

Dr. PLN Raju
Deputy Director - Organisation Development
Stronger Together

Our partnerships with our supporters and donors go from strength to strength. Moving towards greater inclusion of those afflicted by leprosy wouldn’t have been possible without the unwavering support of our donors who share our vision to help people affected by leprosy live a dignified life.

Hear some of our donors speak....

Donors Speak – State Bank of India

State Bank of India has taken one small step forward in its commitment under Corporate Social Responsibility by donating a Bio-Food Maslinia to the Leprosy Mission Hospital – Naini (Allahabad) last year. It is indeed a matter of great satisfaction to know that the dedicated team of the Leprosy Mission is able to make out better for the needy patients on the basis of the part of the Bank, Shri V.S. Negi, DGM, State Bank of India

Donors Speak – Mad Over Donuts

"Mad Over Donuts is a brand that stands for gourmet donuts, madness and celebration. It takes a lot of heart to share happiness and give, but we didn’t want our association with HEAL India to be only about charity and goodwill. It’s about raising funds, getting our donut lovers to participate in this HEAL India movement, and helping them savour this great experience with us. In the last one month we are extremely happy to have together raised Rs 10 lakhs through our corporate programme with HEAL India, the fundraising and awareness drive hosted through our 45 stores across India and through our massive online following. We wish The Leprosy Mission Trust India the best in all its endeavours."

Tarak Shethcharya, CEO, MAD OVER DONUTS

Donors Speak – Rotary Club

It was a long and bumpy road putting this together but well worth the effort. The new unit looks much more efficient and I am sure you will have more productivity with the new equipment!

Tore Mac Millan, President, The Rotary Foundation, ROTARY INTERNATIONAL

Donors Speak – Rotary Club – Eilie

We are happy to renovate and modernise the Footwear & Spilt degradation at The Leprosy Mission Hospital, Naini, Allahabad and to assist in procuring the essential tools and materials used in the unit. Besides the project helping the poorest of the poor patients suffering from leprosy it has brought great satisfaction to all Tailors involved.

Mr. Naresh Roy
Rotary Allahabad Elite

"Alone we can do so little; together we can do so much."

- Helen Keller

TLM England and Wales’s partnership with TLM Trust India has resulted in some innovative ideas coming to fruition in 2013. Just a few examples include Challenging Anti-Leprosy Legislation (CALL), which has developed momentum seeing some existing advocacy successes with people affected by leprosy empowered to challenge injustice. The CRAFT project in Tamil Nadu has become a social enterprise setting up a not-for-profit company with people affected by leprosy and disabled people as shareholders. The Medical Centre’s HEAL campaign has raised awareness about leprosy among companies, schools children and government helping to put leprosy back on the agenda in India. Working together to develop, design, fund and implement projects enables us to utilise each other’s skills and expertise ensuring the best possible results for people affected by leprosy. Look forward to continue to work closely with TLM Trust India staff in 2014 to help continue to transform lives.

Sian Arulanantham, Head of Programmes, TLM England and Wales

Growing Partnership

TLM Netherlands and TLM India are in partnership for many years. In the partnership we are both very open to understand that roles change over time. We enjoy to discover our new role. As we journey together we grow stronger and are capable to overcome challenges and adequately respond to the changing world around us. Like Muhimba we can both say: "With You".

Nico Zwemstra, Head of Program Coordination, Leprazending Nederland

“We really value our close working relationship with our colleagues at TLM India Trust. They combine professionalism and passion for those they serve and the partnership we have with them makes us both stronger. We look forward to this continuing in the future.”

Brent Morgan, Executive Director, The Leprosy Mission New Zealand

"Alone we can do so little; together we can do so much."

- Helen Keller
Financials

**BALANCE SHEET AS AT 31ST DECEMBER 2013**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capital Fund</strong></td>
<td>357,682,526</td>
<td>366,776,170</td>
</tr>
<tr>
<td>(Repr. by Fixed Assets)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Capital Project Fund</strong></td>
<td>20,389,002</td>
<td>23,085,305</td>
</tr>
<tr>
<td><strong>General Fund</strong></td>
<td>(115,745,096)</td>
<td>(108,079,510)</td>
</tr>
<tr>
<td><strong>Designated/Programmes/Others Funds</strong></td>
<td>117,825,673</td>
<td>133,058,629</td>
</tr>
</tbody>
</table>

**Total** | 386,101,245 | 416,440,679 |

**APPLICATION OF FUNDS**

<table>
<thead>
<tr>
<th>Fixed Assets</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Block</td>
<td>78,692,623</td>
</tr>
<tr>
<td>Less: Depreciation</td>
<td>40,927,997</td>
</tr>
<tr>
<td>Net Block</td>
<td>37,764,626</td>
</tr>
</tbody>
</table>

**Capital Work in Progress** | 94,620,000 |
**Investments** | 1,423,000 |
**Current Assets:**
**Cash and Bank Balances** | 5,954,908 |
**Amounts Receivable** | 1,861,238 |
**Total** | 38,571,214 |

**Less: Current Liabilities:**
**Amounts Payable** | 7,448,514 |
**Net Current Assets** | 17,525,795 |
**Total** | 38,571,214 |

**FINANCIAL POSITION AS AT DECEMBER 31, 2013**

**INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER 2013**

<table>
<thead>
<tr>
<th>Income</th>
<th>Rupees 2013</th>
<th>Rupees 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Foreign Contributions</strong></td>
<td>23,18,06,324</td>
<td>23,58,30,025</td>
</tr>
<tr>
<td><strong>Local Contributions</strong></td>
<td>27,46,64,867</td>
<td>24,63,11,656</td>
</tr>
<tr>
<td><strong>Interest</strong></td>
<td>36,74,824</td>
<td>32,06,757</td>
</tr>
<tr>
<td><strong>Miscellaneous Income</strong></td>
<td>36,52,275</td>
<td>45,29,905</td>
</tr>
<tr>
<td><strong>Excess of Expenditure Over Income</strong></td>
<td>29,43,465</td>
<td>3,52,04,535</td>
</tr>
<tr>
<td><strong>Carried to General Fund</strong></td>
<td>52,66,43,469</td>
<td>52,98,76,478</td>
</tr>
</tbody>
</table>

**Expenditure**

<table>
<thead>
<tr>
<th>Programme Expenses</th>
<th>Rupees 2013</th>
<th>Rupees 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>20,34,46,767</td>
<td>27,06,67,362</td>
</tr>
<tr>
<td>Public Health</td>
<td>1,24,04,948</td>
<td>1,83,00,308</td>
</tr>
<tr>
<td>Livelihood Programmes</td>
<td>6,49,54,993</td>
<td>7,36,23,374</td>
</tr>
<tr>
<td>Community Development Programmes</td>
<td>1,66,54,564</td>
<td>1,45,72,624</td>
</tr>
<tr>
<td>Prevention of Disabilities</td>
<td>1,94,29,926</td>
<td>76,23,621</td>
</tr>
<tr>
<td>Health Promotion &amp; Advocacy</td>
<td>1,63,13,626</td>
<td>1,79,02,145</td>
</tr>
<tr>
<td>Evaluation</td>
<td>28,45,803</td>
<td>19,95,387</td>
</tr>
<tr>
<td>Research</td>
<td>1,01,11,045</td>
<td>1,92,90,499</td>
</tr>
<tr>
<td>Training / Workshops</td>
<td>96,75,511</td>
<td>23,90,567</td>
</tr>
<tr>
<td>Resource Mobilisation Exps</td>
<td>45,89,499</td>
<td>65,17,658</td>
</tr>
<tr>
<td>Grant to Aided Centres</td>
<td>77,10,356</td>
<td>1,12,75,083</td>
</tr>
<tr>
<td>Administrative Exps</td>
<td>8,75,69,131</td>
<td>8,78,00,489</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>52,66,43,469</td>
<td>52,98,76,478</td>
</tr>
</tbody>
</table>

**Working Results for the Year 2013**

(Figures – Rupees in Lakhs)
2 Corinthians 6:10
We own nothing, and yet we have everything.
We are poor, but we give spiritual riches to others.

Our hearts ache, but we always have joy.