THEME OF TLMTI ANNUAL REPORT 2014: THE POWER OF DIGNITY

Introduction to the theme

We all have an innate human longing to be treated with dignity. It has been universally acknowledged that dignity is a basic human right, and hence, Article 1 of the Universal Declaration of Human Rights (UDHR) says, “All human beings are born free and equal in dignity and rights”. Yet, violation of human dignity is rampant in our society, leading to alienation of people and communities whose dignity has been compromised.

Dignity is fundamental to human well-being and social thriving. Treating others with dignity has the power to bring out the best in them for creating a society where everyone grows to realise their full potential. The power of dignity is the power that makes us complete as human beings, complete as a society.

Sadly, even today leprosy is associated with stigma, resulting in discrimination and social exclusion of people affected by the disease. They are still shunned by the mainstream society to a sub-human existence at the fringes. By not treating them with dignity, the society has pushed them to a corner where they experience lack of self-worth, self-respect, and the respect of others - wiping out their identity!

The ignorance and misunderstanding about leprosy among the general public is the biggest obstacle for the people affected by the disease to claim their dignity. It is a major challenge for all who work in the field of leprosy to clear away the cobwebs of ignorance around leprosy and to facilitate a dignified life for people affected by leprosy.

In this report, we have put an effort to highlight how TLMTI, while working with people affected by leprosy, has brought dignity into their lives. So dear readers, welcome to Annual Report 2014. We hope you enjoy reading it as we enjoyed putting it together.

SPREAD THE WORD, LET’S PARTNER TO RESTORE THE DIGNITY OF PEOPLE AFFECTED BY LEPROSY!
ABOUT US

The Leprosy Mission Trust India (TLMTI), a member-country of TLM Global Fellowship, is the largest non-governmental organisation in India working with people affected by leprosy, people living with disabilities, and other marginalised communities (like women, people from tribal background, etc) for their inclusive development, for over 140 years.

Vision

TLMTI’s vision is: ‘People affected by leprosy living with dignity in transformed communities that have overcome leprosy’. To achieve its vision, TLMTI focuses on six major areas: Health, Sustainable Livelihoods, Advocacy, Organisational Development, Partnerships and Fundraising. Accordingly, TLMTI programmes are in the domains of Health, Sustainable Livelihoods & Empowerment, Advocacy & Communication, Research & Training, with the domain support of Learning & Development, Finance, Human Resources, Internal Audit & Risk Management and Fundraising domains.

Presence in India

TLMTI has its presence in nine states of India (Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Maharashtra, Tamil Nadu, Uttarakhand, Uttar Pradesh and West Bengal) through its 14 hospitals, six Vocational Training Centres (VTCs), seven community development projects, five Snehalayas (for the care of elderly people disabled by leprosy), a Molecular Biology Research Laboratory and a centre for Advocacy and Communication.

For more information, please visit our website www.tlmindia.org
Leprosy – the very word causes people to dread! Not merely because it mutilates the body and leaves the victim crippled for life, but even more because it deprives men, women and children affected by it, of self-respect and dignity.

The cause of the victims of leprosy was, for many years, a neglected cause. In India, The Leprosy Mission Trust India (TLMTI) was started to address the humungous issues faced by people affected by leprosy. And over the last 140 years, TLMTI has worked tirelessly to cure those affected by leprosy, and also to remove the stigma attached to the disease. And with God’s help, we have achieved significant success. The disease is now curable. There is also significant reduction in the spread of the disease. However, the biggest challenge that we face is in the area of stigma reduction and in restoring to the affected persons, their dignity and their self-respect. In order to be able to do this, we need to make people who are not affected by leprosy, think differently.

And we shall - with the help of the One who had compassion, who empathised and said, “I am willing, be thou clean”.

GEORGE KOSHI
Chairman
The Leprosy Mission Trust India Board
Message from
the Director

It is with pleasure and a great sense of achievement that I present this Annual Report for the year 2014. The articles, stories, quotes and the photographs give a glimpse of our work in various domains, the difference we have made in the lives of those we work with and the challenges we faced.

As an organisation, we are committed to healing, inclusion and dignity of children, women and men affected by leprosy and other disabilities. To that end, our programmes are geared towards making this a reality. Our focus on ensuring dignity emanates from the fact that man is created in God’s own image. To us ensuring dignity not only means giving voice to the voiceless and promoting their integration into the community as productive members, but also how we, as an organisation, respect them in the way we develop and implement our programmes and how we portray the needs of those affected by leprosy and other disabilities.

The achievements of the past year and the way we faced challenges are a result of the commitment and hard work of all my colleagues in the Mission and the support and encouragement given by the Chairman and members of our Board. I am thankful to all our supporters, donors, partners and members of TLM Global Fellowship whose support, prayers and encouragement we value. I am humbled and amazed at God’s faithfulness and goodness to us as an organisation and I am grateful for that.

DR SUNIL ANAND
Director
The Leprosy Mission Trust India
THROUGH HEALTHCARE

75,388 outpatient consultations for leprosy care

7,041 inpatient admissions for leprosy care

1,226 reconstructive surgeries to correct deformities due to leprosy

17,862 pairs of protective footwear supplied to people with loss of sensation in their feet

3,288 ophthalmic surgeries

THROUGH VOCATIONAL TRAINING FOR SUSTAINABLE LIVELIHOODS

1,346 students admitted for vocational training and education

83% job placement

13,790 people affected by leprosy supported through development and leprosy care initiatives

THROUGH COMMUNITY DEVELOPMENT INTERVENTIONS

1,852 students given financial assistance for continuing education

7,236 people from marginalised communities assisted in income generating activities

1,295 self-help and other groups formed for community mobilisation

1,37,558 marginalised women supported through empowerment initiatives

12,543 people with disabilities supported through development and disability management initiatives

17,862 pairs of protective footwear supplied to people with loss of sensation in their feet

1,226 reconstructive surgeries to correct deformities due to leprosy
RESTORING DIGNITY THROUGH OUR PROGRAMMES

The Leprosy Mission Trust India (TLMTI) upholds the values of healing, inclusion and dignity for all people, especially people affected by leprosy, the disabled and other marginalised groups. TLMTI’s hospitals provide specialised leprosy and non-leprosy services for the many patients who are battling with leprosy-related complications and struggling with discrimination and stigma. Our Sustainable Livelihoods programme focuses on educational support to students, social security assistance, institutional and community-based vocational training through Vocational Training Centres, and community empowerment on economic resilience and social well-being.

The untiring efforts of the Advocacy and Communication programme resulted in the Law Commission of India submitting a report (Report No. 256) on ‘Eliminating Discrimination against Persons Affected by Leprosy’ to the Hon’ble Minister for Law and Justice. We also submitted recommendations for people affected by leprosy to be included in ‘The Rights of Persons with Disabilities Bill’. The Research and Training initiatives inculcate the spirit of enquiry for us to probe into unanswered questions of leprosy and its transmission, immune pathology and emerging resistance to drugs. As an organisation we believe in continued learning which is led by the Learning and Development team which supports the programme in monitoring and evaluation, documentation, project development, and disseminating key learnings.

TLMTI’s dedicated work with people affected by leprosy resulted in the organisation receiving the ‘Times of India Social Impact Award 2015’ under health category this year.

"Recently, for my daughter’s marriage, few of my relatives insisted that I invite people from the leprosy colony a day before, and not on the auspicious occasion. I did not agree. I do not believe in discriminating people on the basis of their caste or disease. As a village leader, when we ask for votes, we do not discriminate against people. They are our voters and have also elected us without bias”

Shri Ishakh, village Sarpanch (village head) of Anguri Thakuran, Bareilly, Uttar Pradesh, believes that TLMTI has succeeded in creating awareness about leprosy and the rights of people affected by leprosy. This has certainly benefited his village and reduced the stigma attached to leprosy.

Dr Mary Verghese
Deputy Director – Programmes

The compassionate and dedicated work of all the pioneers since 1874 continues in the Mission in both spirit and deed. We believe we can bring about this change and restore the dignity of our fellow human beings!

Yes, we can!

Annual Report 2014
HEALTHCARE PROGRAMMES

The strategic objective of health programmes is to build a holistic perspective into all TLMTI programmes. To achieve this, all 14 hospitals provide core leprosy services which include primary, secondary and tertiary care for leprosy. The hospitals also provide non-leprosy secondary services in dermatology, general medicine, ophthalmology, general surgery, plastic surgery, obstetrics and gynaecology. Allied services in physiotherapy, laboratory services and pharmacy are also provided.

In 2014, TLMTI continued to build capacity of government paramedical staff and other healthcare workers for improving the quality of leprosy services. The organisation also invested in training medical professionals of the government healthcare system and non-governmental organisations, as part of its commitment to strengthen the referral system.

TLMTI continued partnering with Amici di Raoul Follereau (AIFO India) in Assam and Meghalaya for reconstructive surgery. TLMTI’s surgeons conducted 12 reconstructive surgical procedures and two Continuing Medical Education (CME) programmes, one for the department of Plastic Surgery, and the other for the departments of Dermatology and Plastic Surgery in Guwahati Medical College. These were to build the capacity of medical professionals in leprosy in tertiary institutions.

Video recordings of six surgical procedures at TLM Hospital, Kolkata was done by R. G. Kar Medical College, Plastic Surgery department. Theses were used as teaching aid in the workshop of PLASTICON 2015 (The Conference of the Association of Plastic Surgeons of West Bengal).

TLMTI hospitals provided support to National Leprosy Eradication Programme (NLEP) of the Government of India in Delhi, Chhattisgarh, Maharashtra and Uttar Pradesh. The organisation has also built the capacity of 440 general healthcare workers, supported the Disability Prevention and Medical Rehabilitation (DPMR) programme of the Government of India, resulting in 770 referrals and monitoring visits.

Government of India’s National Leprosy Eradication Programme (NLEP) report states that 1,27,000 new leprosy cases were detected in India in the year 2013-14, out of which 9.49% (12,000) were children.
Komal’s life was saved because her mother knew the symptoms of leprosy

Komal, an eight-year-old girl from Beria Village in Barabanki, Uttar Pradesh, would have developed deformities due to leprosy and would have been stigmatised for life, but for the timely action taken by her mother, Anita.

Anita has two daughters. Komal, her elder daughter developed patches with numbness, on her left arm. Anita had in the past attended some of the awareness campaigns on leprosy organised by TLMTI, and knew the early signs of leprosy. Initially, she was very worried. “I would cry for several nights, fearing what would happen to my daughter’s hand. She is so young and her whole life is in front of her”.

However, her awareness about curability of leprosy came to her help. She knew that if treated early, leprosy could be cured. A relieved Anita took Komal to the local Primary Healthcare Centre, where she was treated with MDT. Komal is completely cured now. Anita does her bit by telling others in her village about the signs and symptoms of leprosy and the need to take early treatment.

It is alarming that as per Government of India’s National Leprosy Eradication Programme (NLEP) report, 12,000 children were newly diagnosed with leprosy in India 2013-14. Many people are not aware of the signs and symptoms of leprosy, and hence do not take medical treatment. This aggravates the disease, graduating to visible deformities which is one of the prime reasons of stigma and discrimination. If only parents, like Anita, knew about the need for early diagnosis and treatment, many children like Komal could have been saved from deformity!

Disability is not the end of the road...

Lalji was diagnosed with leprosy when he was 15. The complications of leprosy led to amputation of his right leg below knee, and he uses a prosthetic leg.

Three years ago, Lalji joined Rashtriya Vikalang Party, a political party that fights for the rights and entitlements of people with disabilities and other marginalised communities. The party has a large following, mainly elderly people, widows, people with disabilities and transgender people in Uttar Pradesh. Lalji became one of its active members, and worked for the welfare of people with disabilities. Widow pension, entitlements and facilities for people with disability, old age pension are some of the issues that Lalji works for. He has organised several rallies/protests and even gone to the Block Development Officer (BDO) and District Collector with his demands.

55-year-old Lalji Sah continues to mobilise people locally and spread awareness about leprosy, refer leprosy patients to TLM Hospital, Naini, from remote villages, and fights for their rights and entitlements.

“My disability has given me a new purpose in life - to fight for my rights and for the rights of many others who have been deprived of it”, says Lalji Sah, an ulcer patient admitted to TLM Hospital, Naini.
LIVELIHOODS AND EMPOWERMENT

The strategic objective of Livelihoods and Empowerment programmes of TLMTI is social inclusion of people affected by leprosy and people from other marginalised communities.

The activities conducted to fulfil this objective in 2014 enabled them to access skills-training and livelihood opportunities relevant to the local context. They accessed mainstream resources, like health facilities, livelihood opportunities, pensions, toilets, houses, aids & appliances, disability certificates, free travel passes, etc.

Vocational Training Centres (VTCs)

TLMTI’s six Vocational Training Centres (VTCs) train the most deprived and vulnerable young people affected by leprosy and general disabilities in trades and skills which meet both the market demand and the specific physical needs of people affected by leprosy (e.g., disability, limited mobility). A total of 1,069 students were trained in institutional and community-based vocational training in 2014. 83% of the students who graduated were placed in jobs. VTC, Vadathorasalur and VTC, Vizianagaram were registered with the government, under the ‘Persons with Disabilities Act, 1995’. This guarantees job placement for the students, and also gives them opportunity to avail loans for self-employment at subsidised interest rates.

VTC, Faizabad and VTC, Vadathorasalur have tied up with two corporate business houses under their Corporate Social Responsibility (CSR) programme. Through this, the VTCs received funds for skills-training with assured apprenticeship and job placement. VTC, Bankura has signed an MoU with MN Shiksha – a technical training initiative of Mahindra Navistar Automotives Limited, through which 21 students received advanced training in diesel mechanics, five students were placed in jobs, and the VTC received equipments worth Rs eight lakhs.

Community Development Projects

TLMTI’s community development projects, like Comprehensive Health, Advocacy, Networking, Garnering Empowerment and Development (CHANGED) project, Empowering Communities Project (ECP), Inclusive Holistic Development of Individuals with Disabilities (IHDID) project, SHGs towards Holistic Community Development Project (SHCDP), Securing Opportunities towards Advancing Revenue (SOAR) project and Women’s Empowerment Project (WEP) have substantially contributed towards restoring the dignity of the communities they worked with.

These projects supported the communities in accessing social welfare schemes, provided functional literacy, formed and built capacity of self-help groups and people’s organisations, provided strategic competence in livelihood promotion, rights’ defence and disability management.

Some of the key achievements of these projects are: six community core groups comprising people affected by leprosy, village elders, teachers and members of Panchayati Raj Institution (PRI) were formed in Kothara, in Maharashtra and Champa, in Chhattisgarh, as part of the community-driven response approach.
A new world of opportunities for Balagam Srinu

After he was diagnosed with leprosy when he was in 4th standard, Balagam Srinu, who hails from a poor family in Gunkalam village, in Vizianagaram district of Andhra Pradesh, suffered much ridicule and alienation at school. But somehow he completed 10th standard. After that, he became completely hopeless thinking about his bleak future. During this time, one of his friends told him about TLM Vocational Training Centre, Vizianagaram. He took admission for a course in Diesel Mechanics.

After successfully completing the course, Balagam got job in a local automobile workshop - Jayabheri Automobiles, in Vizianagaram. An expert diesel mechanic, Balagam earns Rs 4,500 every month. He is living with his mother in his own village now. The emotional travails of his childhood have given way to a life full of happiness; he has stepped in to a brand new world of opportunities!

A stitch in time that saved Nabibun’s family

When TLM’s Women’s Empowerment Project staff visited 40-year-old Nabibun in her village in Barabanki district of Uttar Pradesh, she did not show much interest in the self-help group which they talked about forming in her village.

The project team conducted a workshop on income-generating activities, which she reluctantly attended. But that proved to be a turning point in her life. She had learned tailoring when she was young, and after attending the workshop, she decided to start her own tailoring business. The self-help group loaned her the money required to buy a sewing machine; the project helped her in setting up a shop. Being a hard worker and passionate about her work, Nabibun’s tailoring business prospered. She is saving about Rs 3,000 every month from her business. Recently, she received orders from a garment export company. She is helping other members of the self-help group to start new ventures for income generation.

The atmosphere in Nabibun’s house has completely changed. Her husband who migrated to Delhi looking for a job is planning to return. All her children are in school now. Nabibun, once weary and weighed down by misery, greets everyone with a smile which speaks volumes of the transformation that has come in her life.

“The best way to predict the future is to create it”
- Peter Drucker.
**Dreams blooming after a dry spell of gloom**

Papia Mahato, a young girl from Bankura in West Bengal, could not have hoped for anything in life. Being poor and socially ostracised because of leprosy, her parents couldn’t send her to school. But against all odds, she completed her undergraduate studies. She successfully completed a course in Information and Communication from TLM Vocational Training Centre, Bankura. TLM got Papia placed in TATWA Technologies, a pioneer in Business Technology Services, in their Kolkata office. In 2014, while working, she completed her graduation. Now, she earns Rs 7,000 every month. There is hope and oodles of optimism in her family now. Dreams have come anew in her life too. She is now planning to get married!

Through its six Vocational Training Centres, TLMTI not only gives vocational education to young people from leprosy background and from other marginalised communities, but also supports them in getting job placements. Out of 1,178 students passed out of TLM Vocational Training Centres in 2014, 975 (83%) received job placements. Job placements are done through tie-up with corporate business houses.

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**Bringing back colours in Afroz’s life**

24-year-old Afroz Janana from Aruwaw village, Faizabad district, Uttar Pradesh is different from her three siblings. She was born with clubfoot, a birth defect that twisted her feet inwards. A graduate who wanted to pursue her Masters, Afroz was a conscientious child and always wanted to be self-dependent.

In 2008, under one of TLM’s livelihood programmes, Afroz received training in hand-embroidery from Vocational Training Centre in Faizabad. After the training, she worked for a year. But the programme could not sustain itself, and the work stopped, so did her earnings.

In 2014, TLMTI approached Afroz to engage her in a new Community-based Vocational Education and Training (CBVET) livelihood initiative, and offered her a job as trainer. The project plans to set up a Chikan (a traditional embroidery style from Lucknow, Uttar Pradesh) embroidery unit linked to the local markets. As a trainer, Afroz is earning a salary of Rs 5,000 every month. She loves doing embroidery work - a skill she hopes will bring back colours in her life!

“We all are very excited about this new initiative [Chikan embroidery unit] of TLMTI. We want the project to be sustainable so that all of us are benefited.”

“I have succeeded in life only because of the vocational training and support given by TLM. My good wishes are always with TLM for the support and training TLM is giving to young girls like me, which help us to live with dignity.”

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ADVOCACY AND COMMUNICATION

One of the main aims of the Advocacy and Communication (A & C) domain of TLMTI is to address the issue of inclusive development of people affected by leprosy and people with other disabilities, by influencing government policies and practices. This is done through lobbying policy makers at various levels, and also by developing relevant communication materials to target negative attitudes and practices on leprosy and disability.

In 2014, as a result of lobbying the Ministry of Law and Justice of the Government of India, the Law Commission of India had recommended to bring in an overarching law that would nullify all laws that are discriminatory towards people affected by leprosy.

The A&C team took the lead and worked with all stakeholders, including people affected by leprosy, ILEP (International Federation of Anti-Leprosy Associations) members and people’s organisations on the recommendations made by TLMTI on the Rights of Persons with Disability Bill, 2015 (RPD Bill). The team made a representation before the Standing Committee on Social Justice and Empowerment on the RPD Bill, and lobbied Members of Parliament (MPs) for including recommendations that would benefit people affected by leprosy in the proposed bill.

HEAL India Campaign

HEAL (Hire, Educate, Accept the Leprosy-affected) India campaign, is a nationwide campaign aimed at bringing together people affected by leprosy, governments and civil society to challenge the misconceptions about leprosy that has rendered those affected by it unemployed, stigmatised and ostracised by the society.

Strategic partnerships were built with government bodies, like Ministry of Social Justice and Empowerment, National Human Rights Commission, Pt. Deendayal Upadhyaya Institute for the Physically Handicapped, etc, which helped in highlighting issues related to leprosy among the government and policy makers.

A tie up with the world-renowned ‘Mad Over Donuts’ — or MOD, as it is called, to create awareness and raise money through their 52 stores across India helped the campaign to raise 1.27 Lakhs, and also to reach out to over eight lakh people.

“HEAL India campaign should be conducted in all schools so that children who are scared of leprosy will know that this is not a disease to be feared” - Naina, a student of Arwachin International School, Dilshad Garden, New Delhi.
Challenging Anti-Leprosy Legislation (CALL) project

As a result of CALL’s lobbying the Ministry of Law and Justice of the Government of India, the Law Commission of India submitted its report titled “Leprosy Affected Persons and the Laws applicable to them” [Report no. 256] to the Law Minister of India recommending repeal or amendment of discriminatory legislation. The report also contains a draft legislation, ‘Eliminating Discrimination against Persons Affected by Leprosy (ED-PAL) Bill, 2015’, which seeks to nullify all laws discriminatory towards people affected by leprosy.

The project had formed 24 community-based organisations (CBOs) with a rights-based approach to advocacy, in Chhattisgarh and Uttar Pradesh. CBO members’ capacity was built in CBO management and also to claim their rights and entitlements. The state governments of Chhattisgarh and Uttar Pradesh had issued two orders directing the respective state health departments to provide free medical service in leprosy colonies as a result of the advocacy initiatives of the CBOs, supported by CALL.

Empowered CBO members had accessed social welfare schemes, strengthened their leprosy advocacy network, participated in gram sabha meetings and demanded their rights, claimed their rightful needs through memoranda submitted to the government authorities, conducted press conferences and highlighted leprosy-related human rights issues for wider social support.

“Earlier we used to go to government offices for our work, but could not talk to the right officers. Also, to avail government benefits, we required identification proof, and we had none. CALL facilitated getting them issued. It would have been difficult otherwise”
– Kailash Kashyap, Sambal Leprosy Colony, Moradabad district, Uttar Pradesh.

Under CALL’s guidance, people affected by leprosy, in Bareilly, Uttar Pradesh, formed a rights-based CBO, and named it Naya Savera Sangathan (NSS). NSS has opened a Soochna Kendra (Information Centre) for providing information on government social welfare schemes and other employment opportunities.

The Partnerships, Advocacy, Research & Training towards Inclusion (PARTI) project

The project empowered individuals excluded due to leprosy or disability to challenge discrimination and claim their human rights as equals in mainstream society. Five members of the project participated in the Disability Sports Trainers coaching camp held in July 2014. Subsequently, they introduced wheelchair basket ball games in the district of Tiruvannamalai, in Tamil Nadu.

An inter-district sports meet for individuals with disabilities was organised by the District Differently-Abled Welfare Office (DDWO) with the help of the project and the Tiruvannamalai Federation for Differently-Abled.
Champions in challenges – Selvam is one among them

“Earlier my sports life was on the streets and now I have made through to Nehru Indoor Stadium in Chennai. I feel dignified.”

Selvam from Tiruvannamalai district of Tamil Nadu was crippled by polio when he was five. Polio caused permanent impairment to both his legs, but that did not stop Selvam from playing cricket – he crawled on his knees and played, such was his love for sports! The turning point in his life came when one of TLMTI’s PARTI (Partnerships, Advocacy, Research & Training towards Inclusion) project staff noticed him playing cricket on the village road. The staff told Selvam about sports opportunities available to disabled sportspersons like him provided by Tamil Nadu Disabled Sports Council. He was admitted to a wheelchair basketball coaching camp organised by the project at Tiruvannamalai. He practiced passionately, and his practice made his sports perfect. He was selected to the Tiruvannamalai District Wheelchair Basketball team, and his team participated in state-level wheelchair basketball competition, at Chennai. They played as if their lives depended on it, and that paid off - their team lifted the champion’s trophy!

The Paralympics Association of Chennai is mentoring the coaching and development of athletes with disabilities through PARTI project so that many more Selvams can challenge their disabilities to become champions.

The Dhondhi EDGE - Earning Dignity, Gaining Employment

At the age of seven, Dhondhi would take his parents in a pushcart for begging. His mother was blind, father affected with leprosy. After his parents’ death, Dhondhi continued to beg, and lived in Rajiv Gandhi Kusht Ashram in Sappu Ka Purva village, in Raebareli, Uttar Pradesh.

After attending some training programmes on human rights conducted by CALL in 2011, Dhondhi realised that he had to leave begging and find alternative livelihood means to live a dignified life. In 2013, Dhondhi, his wife Munni Devi and son Sonu took up work in a brick kiln in Sultanpur. Impressed by his ambition and hard work, the owner of the brick kiln loaned Dhondhi his first cart and a horse!

Dhondi now owns two horses and a cart that are central to his livelihood. He started brick transportation business through which he earns about Rs 600 every day. After spending on daily needs and repaying the loan, Dhondi saves about Rs 200. As his economic status went up, Dhondhi started getting respect in the society... in fact, Dhondhi earned his dignity!
RESEARCH

Research in TLMTI has been reorganised in 2014. What was previously known as RRC (Research Resource Centre) based at Media Centre, in Noida, was shifted to TLM Community Hospital, Shahdara, New Delhi. The erstwhile RRC and Stanley Browne Laboratory, along with the research being done in the field, constitute Research Domain. It is hoped that this move will bring more coherence into the research activities and also encourage clinic-lab collaboration.

Towards achieving TLMTI’s objectives, new projects were developed and submitted in priority areas. Significant findings from research projects were written up for sharing through publications in peer-reviewed journals. Capacity-building of staff was also done with the Social Science Research Methodology workshop held in New Delhi. This has helped Livelihoods and Empowerment programme to incorporate research into its projects. A new initiative was also made to further collaboration between clinicians and laboratory scientists by holding a workshop which brought them to a platform to share views and experiences and brainstorm on multi-disciplinary projects.

More staff became involved in research, but found it difficult to give adequate time for research as they were occupied with their primary responsibilities. In spite of this, there was good representation from TLMTI at the Biennial Leprosy Congress held by the Indian Association of Leprologists, in Chandigarh. Two of TLMTI staff were awarded ‘Best Presentation in the Category’ prizes for their papers.

At SBL, Anti-inflammatory study, Molecular epidemiology study and Drug Resistance Surveillance have progressed well. A new study on transmission, supported by ‘effect:hope’ (TLM Canada) started, with focus on transmission among children in endemic areas. Training programmes were initiated at SBL to supervise projects for M.Sc and M.Tech students, as a part of their course curriculum.
LEARNING AND DEVELOPMENT

In 2014, Knowledge Management, Monitoring & Evaluation and Project Development came under the single domain of Learning & Development (L&D) with the priority of Learning as contributing to Programme & Organisational effectiveness. Acknowledging that knowledge is more important to the consumer of knowledge than the producer of knowledge, key learning from monitoring, evaluations, research, reviews and audits was collated and disseminated as:

- Key strategic learnings to be implemented in TLMTI programmes
- Key operational learnings to be implemented at project-level
- Key Research and Advocacy questions for further action
- Key innovations and good practices for adoption in current projects and incorporation into new projects

The Annual Leadership Consultations & Programme Review in February, and Midyear Programme Review in July-August were designed to generate maximum learning to inform ongoing plans and decisions at organisational and project levels. The Annual Country Learning ‘Engaging with Change’ in October generated significant programmatic learning due to its careful design and participatory involvement of external facilitators and stakeholders. A Participatory Learning Approach was used to learn from four years of TLMTI’s engagement with the government, NGOs and other partners, staff, people affected by leprosy and TLM Global Fellowship in the context of the three change themes underlying TLMTI programme - moving from being (i) disease-focused to person-focused (ii) only implementing to a combination of implementing and influencing, and (iii) activity-focused to outcome-focused.

A Board-level policy on Learning, developed by L&D, was approved by TLMTI Board in September. As the focal point for data collection for monitoring, and secondary data analysis for decision making, L&D supported different levels of the organisation and TLM Global Fellowship. L&D also facilitated project development in line with TLMTI programme priorities, by scanning for institutional funding and developing concepts for continued programme development and sustainability, working closely with other Domain Heads, field staff, and TLM supporting countries.

TLMTI’s Leadership Consultations programme, conducted in February 2014, generated critical awareness to use the transformative power of learning for innovation and organisational transformation.

TLMTI’s Annual Country Learning programme, conducted in October 2014, encouraged debates, networking, and the sharing of experiences to have a learning environment in the organisation to achieve organisational goals.
“The year 2014 saw a resurgence of commitment to face realities, take up challenges and find new avenues for coming together. Together, the organisation responded enthusiastically and energetically to re-engineer itself. There were joint commitments and mutual support to leverage our strengths. A set of learning processes were put into operation. Leadership development was the cornerstone of our organisational effectiveness work which enabled the leaders to share the vision, goals and challenges across the organisation.

New initiatives were taken to mobilise resources from within the country, both at the national and unit levels, with good success. All these initiatives contributed to the organisation programmatically upholding the dignity of people affected by leprosy in the country.”

Dr PLN Raju
Deputy Director – Resource Mobilisation

FUNDRAISING

TLMTI’s Country Strategy 2011-2015 recognises the need to prioritise raising resources locally, diversify income sources and invest in local brand building and fundraising initiatives.

In line with the Country Strategy priorities, after many deliberations, TLMTI’s fundraising strategy for 2014-16 was finalised. It is based on two key needs: diversification of sources of funds and supporting specific programmes for growth of the organisation. It was shared with the supporting countries for sharing their expertise and also for their partnership in funding the organisation’s fundraising activities. Support to strategy implementation was received from TLM Canada, TLM England & Wales, TLM Netherlands and TLM Switzerland. The fundraising activities were converted into a project and presented to the Project Ratification Group, which has approved it. With TLM England & Wales, a project funding agreement was signed. A Direct Mail appeal was sent, which received good response.

TLMTI has applied for listing on ‘GiveIndia’ fundraising portal and a provisional approval was received. TLMTI has signed an MoU with TLM England & Wales for part-funding its fundraising strategy implementation. TLMTI received good response from churches in Delhi for the Leprosy Sunday programme, with more than 20 churches inviting TLMTI staff to speak to their congregations. A database of churches in Delhi was prepared for future nurturing.

“Being a nurse, I know about leprosy and heard about The Leprosy Mission Trust India. Many people are donating for cancer patients and orphanages because they want to help them, but still there are many who do not know that leprosy is curable. People are scared of the deformity due to leprosy and isolate these patients. So we need to help them. It is my pleasure if I can help at least one of them” – Rumpa, who donated her first salary to TLMTI in 2014.

“Partners in change”
A national-level fundraising strategy workshop was conducted in November 2014 to deliberate and finalise TLMTI’s fundraising strategy for 2014-16, with the help of external facilitators.

State Bank of India, as part of their Corporate Social Responsibility (CSR) initiative, donated a medical van to TLM Hospital, Shahdara, New Delhi. Smt. Arundhati Bhattacharya, Chairperson and other officials of the bank, Dr. Sunil Anand, Director, TLMTI, flagged off the van from SBI Parliament Street office to TLM Hospital, Shahdara, on May 13, 2014.

American Express Bank donated wheelchairs, micro-cellular rubber (MCR) footwear, mattresses, pillows and bed sheets to leprosy patients in TLM Hospital, Shahdara, and school kits to students from the leprosy colony, in June 2014. The Bank also sponsored nursing expenses of Vikas, a student from the leprosy-affected family, for a full year.
HUMAN RESOURCE

In the changing external and internal organisation context, one of the key challenges of the Human Resource domain in 2014 was to develop leadership competence, both at the Operations Team-level and at Unit-level for grounding the organisation on the priorities of Country Strategy. Leadership development was facilitated through a series of leadership programmes to empower the leaders to perform optimally to achieve these priorities.


All Domain Heads and Unit Heads attended Profession of Management course (Level I & II) conducted by Louis Allen International; Senior Management Team and Domain Heads attended a special leadership development programme on ‘Disruptive Innovation and Social Entrepreneurship’ facilitated by Strides Management Consultancy; 21 staff, including some Deputy Superintendents and select Business Office heads with leadership potential attended Second Line Leadership Development Programme; thematic workshops on gender, partnership, participatory learning approach and fundraising were also conducted to create awareness and strengthen decision making process.

In 2014, 105 new staff joined the organisation, whereas 125 resigned/retired. Three candidates secured UG admissions in Christian Medical College - two in CMC, Vellore and one, in CMC, Ludhiana - and one candidate secured PG admission in CMC, Ludhiana for MS (General Surgery). With this, as of now, TLMTI has sponsored a total of 10 candidates - six MBBS, two BDS and two MS (General Surgery).

Capacity-Building Project

The project, in 2014, organised capacity-building programmes for Senior Management Team, Domain Heads and Unit Heads, to build their capacity and knowledge for achieving the objectives of TLMTI’s Country strategy. These programmes benefited the participants in terms of becoming better and sensitive leaders and decision makers.

The project provided training in various thematic areas, like advocacy, human rights, gender, partnerships, counselling and participatory learning approaches to the Core Resource Team.

Core Resource Team members were trained on topics, such as holistic needs, people’s participation, going beyond the disease, stigma and discrimination, gender, building partnerships for enhanced effectiveness in work and transparency in partnership. This has helped them in training TLMTI staff in their units and community volunteers.
“Human rights training was very beneficial to us. We learnt about our rights, and now we educate our community on them,” say four community volunteers from Inclusive Holistic Development of Individuals with Disabilities (IHDID) project, in Kothara, Maharashtra. They say this about the increase in their confidence to work in the communities and deal with people in power, such as gram panchayat members, local MLA and the Police: “Earlier we were fearful. Now with the knowledge on ‘The Persons with Disabilities Act’, and human rights, we feel confident.”

The Core Resource Team, supported by Regional Supervisors and external consultants, trained TLMTI staff and community volunteers. The trainings were successful in building their knowledge and changing their attitudes and beliefs. This helped them to improve relations with other agencies, including the government, and gain conceptual clarity on partnership, human rights and gender.

The project reached out to a wide range of staff in hospitals, projects, Vocational Training Centres, community volunteers, local leaders and patients. These trainings have enhanced their knowledge, and many of the participants have commented that it was a “refreshing experience” to learn important concepts, such as advocacy, gender and human rights.

AUDIT AND RISK MANAGEMENT

For Audit and Risk Management domain of TLMTI, 2014 was a transforming year. Its focus was shifted from only finance audit to management and programmatic audit also, with an outcome-oriented approach.

From a risk perspective, TLMTI is under a challenging operative environment. The risk management priorities were to provide the right decision-making tools to identify and assess risk and the risk reward framework to make proper decisions.

A total risk framework was designed to cover the programmatic and strategic risks that emanate from statutory compliances, programme quality, sustainability and income. Audit tools and checklists were developed covering all aspects of a unit’s activities. Moreover, where new risks were identified, the audit checklists were revisited for improvisation. A dynamic platform was thus created, raising the Audit and Risk Management function to a higher and more meaningful level.

Management audits were conducted at TLM Hospitals in Shahdara, Kolkata and Salur, and audit reports have been submitted. Management audits were also conducted at TLM Vocational Training Centres in Nashik and Vizianagaram. Specific audits were conducted at Provident Fund department, administration section of TLMTI Country office and TLM Hospital, Miraj. In order to bring in a risk management culture in the organisation, regional workshops were conducted at Media Centre, Nashik, Purulia and Vadathorasalur.
WHO WE WORK WITH – OUR PARTNERS

TLMTI’s multifaceted interventions for bringing healing, inclusion and dignity in the lives of people affected by leprosy would not have been possible without the support of our valued partners:

- The Government of India/State governments
- American Leprosy Missions (ALM)
- CBM International
- Church of North India (CNI)
- Church of South India (CSI)
- European Union (EU)
- Foundation Word and Deed
- Indian Council of Medical Research (ICMR)
- International Federation of Anti-Leprosy Associations (IFEA)
- National Leprosy Eradication Programme (NLEP)
- Rotary International
- State Bank of India
- Swedish International Development Cooperation Agency (SIDA)
- Swedish Mission Community (SMC)
- TLM Australia
- TLM Canada
- TLM England and Wales
- TLM Netherlands
- TLM New Zealand
- TLM Scotland
- TLM Sweden
- TLM Switzerland
- UK Department for International Development (DFID)
- World Health Organization (WHO)

MEMBERS OF THE GOVERNING BOARD, THE LEPROSY MISSION TRUST INDIA

Mr George Koshi
Chairman

Mr B. S. Chakranarayan
Member

Dr D. P. N. Prasad
Member

Mr George Abraham
Member

Mr Geoff Warne
Ex-officio Member

Dr Bimal Charles
Member

Dr Sunil Anand
Executive Director/Ex-officio Member

Dr Gift Norman
Member

Dr Nalini Abraham
Member

Mr Brent Morgan
Member/Representative of Global Fellowship
GOVERNMENT OF INDIA AND TLMTI MEET ON A COMMON GROUND

Government of India and The Leprosy Mission Trust India join hands for rehabilitation of people affected by leprosy

A two-day national consultation on rehabilitation of people affected by leprosy was organised by the Department of Disability Affairs, Ministry of Social Justice & Empowerment, Government of India, with technical assistance from Pandit Deendayal Upadhyay Institute for the Physically Handicapped (PDUIPH), in collaboration with The Leprosy Mission Trust India (TLMTI), in New Delhi on February 18 and 19, 2014.

The objective of the consultative process was to bring all major stakeholders together and prepare a framework for rehabilitation of people affected by leprosy. A wide cross section of people and organisations working in the field of leprosy discussed and deliberated priorities, gaps and challenges, as well as some good practices and models of rehabilitation that have worked in different parts of the country with people affected by leprosy. A large number of people affected by leprosy from different parts of the country also participated in the consultation.

Mr Awanish Kumar Awasthi, Jt. Secretary, Department of Empowerment of Persons with Disabilities (DEPwD) mentioned that the problem is not limited to medical needs, which is where thinking of a holistic rehabilitation becomes imperative. He added that the problem also requires “rehabilitation of the thinking” of people from the general community who tend to see leprosy with horror and abhorrence. He reiterated that there was a great need to identify and list out the number of leprosy colonies, with exact numbers of residents, and put the data in the form of a directory to enable better outreach and systematic action.

The programme commenced with the ceremonial lighting of the lamp by the dignitaries.

Ms Stuti Kacker, Secretary, Dept of Disability Affairs, Ministry of Social Justice & Empowerment, Govt of India, in her keynote speech spoke about developing a common vision and plan of action for rehabilitation of people affected by leprosy.

Various stakeholders from the medical, corporate, media and the NGO sector, and also people affected by leprosy participated in the consultation.
140 YEARS OLD AND STILL GOING STRONG!

Healing, Inclusion, Dignity Forum marking 140 years of the foundation of The Leprosy Mission Trust India held in Delhi

A two-day Healing, Inclusion, Dignity Forum was co-hosted by The Leprosy Mission Trust India (TLMTI) and The Leprosy Mission International (TLMI) on September 29-30, 2014, in New Delhi, on the occasion of 140 years of TLMTI’s working with people affected by leprosy.

Members of TLM Global Fellowship, member-organisations of ILEP (International Federation of Anti-Leprosy Associations), other like-minded NGOs, World Health Organization (WHO), and about 20 people affected by leprosy or people with disabilities attended the Forum, making it a total of 220 participants from over 30 countries.

Dr Sumana Barua of WHO, Prof. Cairns Smith of Aberdeen University, Ms Stuti Kacker, Secretary, Dept of Disability Affairs, Ministry of Social Justice & Empowerment, Govt of India, and Mrs Jayashree P.K., a successful entrepreneur who had a personal encounter with leprosy, delivered keynote speeches.

About 60 participants, representing different organisations, shared their views on the three thematic areas of healing, inclusion and dignity, in the concurrent sessions held during the Forum.

The Forum was attended by 220 people from more than 30 countries. These included delegates from The Leprosy Mission, partner leprosy organisations in ILEP, other NGOs, World Health Organization, and at least 20 people with personal experience of leprosy or disability.
A SOLEMN NIGHT OF WARMTH AND GET-TOGETHER!

TLMTI hosts celebration dinner during the Healing, Inclusion, Dignity Forum to commemorate its 140th anniversary

The Leprosy Mission Trust India hosted a celebration dinner for its guests from TLM Global Fellowship who attended Healing, Inclusion, Dignity Forum on the occasion of its 140th anniversary, on September 29, 2014, in New Delhi.

Dress code for the evening was traditional wear, and the memorable evening became vibrant with guests from different parts of the world coming in their customary outfits making it a meeting point of diversity. The ceremonial lighting of the lamp was spectacular with representatives of each of the member-countries of the TLM Global Fellowship lighting one of the 36 lamps fixed on the logo of The Leprosy Mission. During the function, the eighth Wellesley Bailey Awards for courage and achievement were presented to two remarkable human beings, Mr Shehu Sarkin Fada from Nigeria and Mr Md Matiar Rahman from Bangladesh.

THE DAY BELONGS TO THE OVERCOMERS!

Two TLMTI staff members win National Award for Empowerment of Persons with Disabilities 2014

Two of TLMTI’s staff members made the organisation proud in 2014: both received National Award for Empowerment of Persons with Disabilities 2014, from Shri Pranab Mukherjee, Hon’ble President of India, at Vigyan Bhavan, New Delhi on 3rd December 2014, on the occasion of the International Day of Persons with Disabilities.

Ms Anju Chaurasiya from TLM Hospital, Barabanki, Uttar Pradesh, received the award for the Best Employee (leprosy-cured), and Mr Sanjay Panzade from TLM Hospital, Kothara, Maharashtra, received the award for being a Role Model in overcoming leprosy and its consequences.
### BALANCE SHEET AS AT 31ST DECEMBER, 2014

<table>
<thead>
<tr>
<th>Sources of Funds:</th>
<th>INR (As at 31.12.2014)</th>
<th>INR (As at 31.12.2013)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Fund (Represented by Fixed Assets)</td>
<td>344,927,349</td>
<td>357,682,626</td>
</tr>
<tr>
<td>Capital Project Fund</td>
<td>32,947,761</td>
<td>20,369,002</td>
</tr>
<tr>
<td>General Fund</td>
<td>(121,380,354)</td>
<td>(115,746,056)</td>
</tr>
<tr>
<td>Designated/Programmes/Other Funds</td>
<td>126,017,402</td>
<td>117,825,673</td>
</tr>
<tr>
<td>Total</td>
<td><strong>382,512,158</strong></td>
<td><strong>380,131,245</strong></td>
</tr>
</tbody>
</table>

### Application of Funds:

<table>
<thead>
<tr>
<th>Fixed Assets:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Block</td>
<td>773,206,014</td>
</tr>
<tr>
<td>Less: Depreciation</td>
<td>428,278,665</td>
</tr>
<tr>
<td>Net Block</td>
<td>344,927,349</td>
</tr>
<tr>
<td>Capital Work in Progress</td>
<td>9,105,787</td>
</tr>
<tr>
<td>Investments</td>
<td>11,060,000</td>
</tr>
<tr>
<td>Current Assets:</td>
<td></td>
</tr>
<tr>
<td>Cash and Bank Balances</td>
<td>77,283,456</td>
</tr>
<tr>
<td>Amount Receivable</td>
<td>15,941,768</td>
</tr>
<tr>
<td>Less: Current Liabilities:</td>
<td></td>
</tr>
<tr>
<td>Amount Payable</td>
<td>75,806,202</td>
</tr>
<tr>
<td>Net Current Assets</td>
<td>17,419,022</td>
</tr>
<tr>
<td>Total</td>
<td><strong>382,512,158</strong></td>
</tr>
</tbody>
</table>

### INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER, 2014

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Contributions</td>
<td>230,872,850</td>
<td>231,608,324</td>
</tr>
<tr>
<td>Local Contributions</td>
<td>13,313,680</td>
<td>22,240,125</td>
</tr>
<tr>
<td>Receipts from Patient Care</td>
<td>244,724,728</td>
<td>225,927,869</td>
</tr>
<tr>
<td>Receipts from other Services</td>
<td>16,573,125</td>
<td>20,160,329</td>
</tr>
<tr>
<td>Local Fund Raising</td>
<td>11,625,040</td>
<td>5,636,121</td>
</tr>
<tr>
<td>Interest</td>
<td>4,368,354</td>
<td>3,674,528</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>3,392,132</td>
<td>4,452,699</td>
</tr>
<tr>
<td>Excess of Expenditure Over Income Carried to General Fund</td>
<td>18,527,071</td>
<td>22,943,464</td>
</tr>
<tr>
<td>Total</td>
<td><strong>543,396,980</strong></td>
<td><strong>536,643,459</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Expenses:</td>
<td></td>
</tr>
<tr>
<td>Treatment</td>
<td>309,117,854</td>
</tr>
<tr>
<td>Public Health</td>
<td>5,983,074</td>
</tr>
<tr>
<td>Livelihood Programmes</td>
<td>86,404,892</td>
</tr>
<tr>
<td>Prevention of Disabilities</td>
<td>9,816,305</td>
</tr>
<tr>
<td>Health Promotion &amp; Advocacy</td>
<td>19,597,966</td>
</tr>
<tr>
<td>Research</td>
<td>11,419,162</td>
</tr>
<tr>
<td>Training / Workshops</td>
<td>12,100,536</td>
</tr>
<tr>
<td>Resource Mobilisation Expenses</td>
<td>1,919,244</td>
</tr>
<tr>
<td>Grant to Aided Centres</td>
<td>7,719,356</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>87,037,947</td>
</tr>
<tr>
<td>Total</td>
<td><strong>543,396,980</strong></td>
</tr>
</tbody>
</table>
FINANCIAL POSITION AS AT 31ST DECEMBER, 2014
(Figures INR in Lakhs)

Sources of Funds
- Capital Fund (Represented by Fixed Assets): 90.17% (3,447.27)
- General Fund: 31.73% (1,213.80)
- Capital Project Fund: 8.61% (329.48)
- Designated/Programmes/Other Funds: 32.95% (1,260.17)

Application of Funds
- Fixed Assets (Incl. Cap WIP): 92.56% (3,540.33)
- Cash & Bank Balances: 20.20% (772.83)
- Investments: 2.89% (110.60)
- Amounts Payable: – 15.65% (– 598.64)

Working Results for the Year 2014

Income
- Receipts from Patient Care: 45.04% (2,447.25)
- Local Contributions: 2.45% (133.14)
- Foreign Contributions: 42.49% (2,308.73)
- Receipts from Other Services: 3.05% (165.73)
- Local Fund Raising: 2.14% (116.25)
- Interest: 0.80% (43.68)
- Miscellaneous Income: 0.62% (33.92)
- Deficit: 3.41% (1,85.27)

Expenditure
- Livelihood Programmes: 15.90% (864.05)
- Health Promotion & Advocacy: 1.81% (98.16)
- Research: 2.10% (114.19)
- Training / Workshops: 2.23% (121.01)
- Prevention of Disabilities: 1.61% (90.35)
- Resource Mobilisation: 0.35% (19.19)
- Administrative Expenses: 16.01% (870.38)
- Public Health: 1.10% (59.83)
- Treatment: 56.89% (3,091.18)
- Other Services: 3.05% (165.73)

Funding of TLMTI Programmes 2014

Major Institutional Donors’ Funding (through TLM Supporting Countries)
- DFID UK, through TLM E&W
- Rotary UK, through TLM E&W
- SIDA, through TLM Sweden
- Woord & Daad, through TLM Netherlands
- PRISMA, through TLM Netherlands
- CBM International

Major Indian Donors
- Indian Council of Medical Research [Govt. of India]
- State Bank of India [Public Sector Undertaking]
- Member of Parliament [Local Area Development Fund, Purulia]
- Danieli Corus India Pvt. Ltd
“Speak up for those who cannot speak for themselves, for the rights of all who are destitute. Speak up and judge fairly; defend the rights of the poor and needy.”

PROVERBS 31:8-9