Annual Report 2015

Healing • Inclusion • Dignity
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It is ironic that mankind, in spite of the enormous progress in medicine and social sciences, hasn’t been able to tame leprosy - a disease that is haunting humankind since prehistoric times. Even though we have discovered its biological cause and a sure-cure therapy, leprosy remains a huge medico-social problem in our country. It is still perceived as a mutilating, disfiguring, contagious and incurable disease. Because of this, people affected by leprosy are stigmatised and shunned, pushing them to the margins of society to live in sub-human conditions.

One of the challenges we face in leprosy management is combining multiple systems of medicine and stigma reduction strategies for full integration and participation of people affected by leprosy and their family members in the affairs of the society. This can be done only through a holistic approach. TLMTI, in its 142 years of work with people affected by leprosy in India, strived to work along those lines to bring healing, inclusion and dignity in their lives, making them equal citizens in the country.
About Us

The Leprosy Mission was founded in 1874 by an Irishman, Wellesley Cosby Bailey, who was moved to action seeing the plight of leprosy sufferers, outcast and uncared for by their own people and living with terrible physical deformities in inhuman conditions in the India of the 1870s.

Today, The Leprosy Mission Trust India (TLMTI) is the largest leprosy-focused non-governmental organisation (NGO) in India. TLMTI works with people affected by leprosy and other neglected tropical diseases, people with disabilities and other marginalised groups.

The organisation is registered under the Societies Registration Act, 1860 in India, and is headquartered in New Delhi. TLMTI is a member of TLM Global Fellowship, an international federation of 31 countries, which through a charter have made commitments to one another and to certain principles and ways of working.

Presence in India

TLMTI has its programmes operational in nine states (Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Maharashtra, Tamil Nadu, Uttarakhand, Uttar Pradesh and West Bengal) through 14 hospitals; six Vocational Training Centres; five residential facilities for care of the elderly and severely disabled people due to leprosy; a molecular biology research laboratory; advocacy and communication function; research and training function; and 10 community development projects.

TLMTI conducts its programmes in collaboration with central and state governments, World Health Organization (WHO), International Federation of Anti-Leprosy Associations (ILEP), grassroots-level organisations, and national and international development and research bodies. The organisation supports the National Leprosy Eradication Programme (NLEP) of the Government of India, in Chhattisgarh, Delhi and Maharashtra.
Areas of expertise

TLMTI’s areas of expertise are:

- All aspects of leprosy as a medico-social disease, including specialised leprosy referral services.
- Primary-level promotive and preventive healthcare through community outreach; institution-based and community-based disability management and livelihood skills training; laboratory-based, clinical and social science research; community-based rehabilitation and inclusive development; advocacy and communication; project management; monitoring and evaluation; training; and audit and risk management.
- Secondary-level general healthcare (dermatology, ophthalmology, general medicine and general surgery, and obstetrics and gynaecology).

To know more about TLMTI, please visit our website: www.tlmindia.org
Message from the Chairman

One year may not appear very significant in the life of an organisation that has completed 142 years! And yet, each year – in fact, every day – matters, as we inch towards a world without leprosy.

The work that we have on our hands, however, goes even beyond the eradication of leprosy and healing of people affected by leprosy. It includes ensuring that people affected by leprosy are included in the mainstream, without bias, and encompasses the assurance of dignity to those affected by the disease and to their family members, as well. To this end, The Leprosy Mission Trust India has worked tirelessly by creating awareness, by being a persistent advocate, by providing state-of-the-art compassionate healthcare, by undertaking focused research, by providing education and training, and by providing the affected people with opportunities for sustainable livelihood.

And where have we reached? Well, we have come a long way, but we have very much farther to go. It is a steep slope, it is a difficult climb, but our assurance lies in the fact that our Lord goes before us and will continue to direct our path.

GEORGE KOSHI
Chairman
The Leprosy Mission Trust India
It is a very special privilege for me to look back and reflect on 2015, the year which marked the end of a very significant five-year-period in the life of TLM Trust India culminating in the successful implementation of the five-year country strategy. The transformation we experienced as an organisation, the confidence and ability we showed in adapting to and managing change, the resilience we demonstrated in the face of serious resource constraints, and our commitment to learning and innovation give us a great sense of pride and accomplishment.

When we embarked on our country strategy in 2011, we set our programme direction and focus to address the issues surrounding healing, inclusion and dignity of people affected by leprosy. These five years of implementing the strategy have taught us much and given us satisfaction in the achievements we have had in addressing these issues. Through the many stories, statistics, individual accounts and other narratives, this Annual Report reflects, in a small way, the difference we were able to make in bringing healing, inclusion and dignity in to the lives of those affected by leprosy.

I am always amazed and humbled by the commitment shown by my colleagues across various levels of the organisation, who through their hard work, loyalty and enthusiastic response to challenges have made these achievements possible. Our supporters and donors, partners and members of the Global Fellowship have played a significant role in the difference we were able to make in the lives of those affected by leprosy, disability and other marginalised, for which I am thankful. I acknowledge with gratitude the constant support and encouragement I received from the Chairman and Members of our Board.

Unless the Lord’s hand was with us, we would not be in the position we are in today. For that, I am truly grateful.

DR SUNIL ANAND
Executive Director
The Leprosy Mission Trust India
Message from the Director – Operations

Dear Friends,

‘Healing, Inclusion, Dignity’ – The Leprosy Mission Trust India’s tagline – reflects the essence of what all human beings long for, especially when afflicted with a disease as stigmatising as leprosy!

Wellesley Cosby Bailey’s heart went out to the affected people when he first saw the devastating effects of leprosy. He and his wife, Alice, began a speaking ministry to tell people about the needs of people with leprosy they met in India. Even now, after 140 years since TLM was established, the issues of leprosy are very much the same – crippling disability, self and social stigma, redundant discriminatory laws, poverty, isolation and exclusion. Even today, we see children affected by leprosy with disability!

We, in TLMTI, took on these issues head-on, addressing issues of health, education, skilling, placement, livelihood, fair labour and above all, believing and promoting the right to life – living as dignified human beings. The year 2015 saw the close of implementation of TLMTI’s first country strategy (2011-2015). We have much to celebrate! We treated patients medically and encouraged them to live wholly. From a purely disease perspective, we practised a holistic approach to address the needs of people affected by leprosy and catalysing a positive environment by working closely with the Law Commission of India for drafting Report 256 and ‘Eliminating Discrimination against People affected by Leprosy’ Bill. We facilitated men and women to skill and earn fair wages, be entrepreneurs, be included in the social fabric and live with dignity. We promoted research all across the organisation to understand the science behind the disease and reasons behind the practices.

I hope, as you read through this Annual Report, you will be touched to be the change to fight leprosy.

DR MARY VERGHESE
Director – Operations
The Leprosy Mission Trust India
Message from the Director - Resource Mobilisation

During the year 2015, TLMTI reflected on how to strengthen itself financially to deliver the programme. The leaders of the organisation reflected and came to a broad understanding at the Annual Leadership Consultations in February, to implement the social enterprise concept in the organisation. It was a significant change in the thought process of the leaders after steadily working on to come to terms with the changing realities in the external environment.

It is a process of realisation, that to make healing, inclusion and dignity a reality for people affected by leprosy, we have to be resilient.

It is heartening that the leaders opened their minds to think differently, explored new opportunities and communicated the same down the line. Revenue generation in a responsible and sensitive manner to meet the cause of people affected by leprosy has become the common plank across the organisation. This new approach turned around many units to refocus them in line with the country strategy.

The organisation also stepped out to partner with others to raise resources. These were in terms of both individuals and organisations. An interesting lesson we learnt was, suffering of people affected by leprosy strikes a positive chord in the hearts of donors. They are willing to come forward and to be part of our journey. It is encouraging that as we engage more with the outside world, we find many willing partners. This partnership will stand in good stead as move forward.

DR PLN RAJU
Director - Resource Mobilisation
The Leprosy Mission Trust India
Healing
Healing
For a holistic human experience!

Leprosy hurts the body and strains social and family relationships of the person affected by the disease. It brings all types of misery due to the acute stigma attached to the disease. Drugs alone cannot cure leprosy. The patient needs healing of body, mind and emotions for a holistic human experience.
TLMTI addresses the issues relating to leprosy holistically through its healthcare, education, sustainable livelihood, community development, advocacy, research and training programmes. All TLMTI programmes are conducted with the single aim of bringing total transformation in the personal and community lives of people affected by leprosy.

TLMTI provides holistic healthcare services to people affected by leprosy and people from the general community. They include specialised leprosy care and care in the specialities of dermatology, surgery - especially reconstructive surgery - ophthalmology, internal medicine, obstetrics and gynaecology, and other allied services, such as physiotherapy, occupational therapy and laboratory services. In 2015, 594,559 outpatient consultations were done for healthcare, out of which 76,067 were for specialised leprosy care; 15,823 admissions were done for inpatient care, out of which 6,649 were for specialised leprosy care; 1,199 surgeries were done to correct deformities; 3,477 ophthalmic surgeries were done; 955 institutional deliveries were conducted; and 19,907 pairs of protective footwear were supplied to people with loss of sensation in their feet.

In 2015, the organisation provided leprosy care directly and through the referral system. Six of the 14 TLM hospitals (Barabanki, Faizabad, Champa, Muzaffarpur, Naini and Purulia) have shown an increase in referrals to the local government health facilities.
Support to National Leprosy Eradication Programme (NLEP) of the Government of India

TLMTI continued to support NLEP, at the national and state levels in three states (Chhattisgarh, Delhi and Maharashtra). Dr Sunil Anand, Executive Director, TLMTI, in his capacity as member of its sub-committee, contributed significantly in developing ILEP India’s strategy. TLMTI helped in building capacity of 1,585 general healthcare providers, supported the Disability Prevention and Medical Rehabilitation (DPMR) activities through mobilisation and referral services, and supported the monitoring and evaluation activities of NLEP.

Progress on Organisational Priorities

TLMTI focused on the organisational priorities of nursing, ophthalmology, dermatology and disability management to improve its service delivery.

Nursing was seen as a neglected area of TLMTI’s expertise. To improve this area, the organisation implemented the recommendations of the nursing audit done in 2014. A Nursing Coordinator was appointed and a core team of nurses was constituted. A nursing manual was brought out. The core team would monitor the maintenance of nursing standards in the hospitals.

A coordinator for ophthalmology was appointed and business plans were developed for six TLM hospitals (Kolkata, Kothara, Naini, Purulia, Salur and Shahdara).

Through capacity-building programmes, the medical officers’ knowledge on dermatology was updated, both theoretically and practically.

TLMTI’s position on disability was spelt out, which addresses locomotor disability and visual disability (both are seen in leprosy). The organisation developed care pathways and protocols to be followed for managing disability. As a step towards making all its units’ built environment barrier-free, TLMTI started accessibility audit of its units.

Response to Nepal Earthquake

When earthquake struck Nepal in May 2015, TLMTI rose up to the occasion and supported the relief work by networking with Emmanuel Hospital Association (EHA). The organisation made available 25 professionals in medical, paramedical and logistics disciplines. Of them, three physiotherapists and occupational therapists helped the earthquake victims in the field, as requested by TLM Nepal.
Leprosy is shrouded in mystery and characterised by deformity. The most common deformities related to leprosy – clawed hand, foot drop, lagophthalmos, collapsed nose - can be corrected by reconstructive surgery (RCS). RCS plays a vital role in restoring form and function in patients who suffer deformities due to leprosy. This helps in their rehabilitation and mainstreaming in the society. In 2015, TLMTI surgeons performed 1,199 surgeries to correct deformities in leprosy patients.
The power of words spoken in love

Sometimes, it takes only a few words spoken in love to bring a person back from the brink. TLMTI’s nursing coordinator, Mrs Irudaya Purana Kumar’s words did precisely that. It brought back 22-year-old Laxmi out of a situation that would have sucked her to its vortex of destruction.

Lakshmi, a graduate in Tamil literature is from a lower middle class family in Tamil Nadu. She lost her father three years ago. She worked as a salesgirl in a textile showroom earning Rs 3,000 every month.

When Laxmi was 19 years old, she developed a discoloured patch on her left knee, which she neglected. Then she lost sensation on that area. Laxmi was not aware of the signs of leprosy. After witchcraft and visits to many quacks, she was diagnosed with leprosy at a government hospital, and was put on MDT (multi-drug therapy) for one year. Laxmi shuddered on being told she was having leprosy. She kept it a secret, lest others isolated her due to the stigma attached to the disease.

After seven months, she stopped taking MDT as the medicines caused skin discolouration, and the inquisitive neighbours started questioning her. To add to her mental trauma, she developed foot drop and ulcer on her foot due to complications of leprosy.

In 2013, Laxmi came to TLM Dayapuram Hospital for ulcer treatment, as an outpatient. As a salesgirl working in a textile showroom, she had to stand for a long time, and that caused the ulcer to worsen. She was admitted to the hospital in 2015 for ulcer treatment. By that time, she lost her job in the textile showroom. She needed reconstructive surgery to correct the foot drop. She lost all hope and was on the verge of an irretrievable collapse.

In the hospital, Mrs Irudaya Purana Kumar was the nurse who took care of her. She counselled her, and gave her suggestions to start something on her own for livelihood. She advised her to get household items and sell them on instalment as many other women in her locality did.

Laxmi did what she was told, and that changed her life! She started earning a handsome amount every month. The love and care she received at TLM hospital changed her outlook on life. She started taking MDT tablets again, this time not fearing others. The counselling she received at TLM hospital gave her the boldness to tell others that she had leprosy, for she knew leprosy is like any other disease curable with MDT.

“Laxmi has great hopes for her future – a thriving business, her own family and above all, pursuing her dream of helping others like her, who have nowhere else to turn to when tragedy strikes,” says Irudaya Purana Kumar.
Includ
The deep-rooted stigma attached to leprosy leads to social exclusion of people affected by the disease. They are ostracised and often excluded from community gatherings and prevented from accessing community resources. These multiple deprivations result in people affected by leprosy not participating fully in the economic, social and political life of the society in which they live.
Inclusion is all about valuing individuals as they are, providing equal opportunity without discrimination. TLMTI, along with medical interventions, works for socio-economic development of people affected by leprosy. Providing opportunities for formal education, building vocational skills, and empowering marginalised sections of society play a vital role in creating an inclusive society. TLMTI’s interventions in these areas helped many people affected by leprosy and people from marginalised communities improve quality of their lives and participate in the community and contribute to its development.

**Education**

TLMTI provided financial support for schooling, graduate, postgraduate and professional studies to 1,653 children from leprosy background. Because of TLMTI’s initiative, 310 children were able to access government and corporate social responsibility (CSR) schemes, for education.
Vocational Training

For institutional and community-based vocational training, 1,399 students were admitted in the Vocational Training Centres run by the organisation. 34% of the trainees in the institution-based training and 78% in the community-based training were girls. 82% of the graduates were gainfully employed. Out of the 1,067 graduates who were employed, 76% were in fair labour conditions and 56% had the capacity to save about Rs 12,000 per annum.

Community Empowerment

A wide spectrum of approaches, ranging from local interventions for community-based rehabilitation to strategies for policy reform, was adopted in the community projects implemented at various locations. As a result, 8,082 households received improved income through livelihood opportunities; 1,508 self-help and other groups were formed for community empowerment; 169,492 marginalised women were supported through various empowerment initiatives; 25,152 people affected by leprosy were supported through development and leprosy-care initiatives; and 16,200 people with disabilities were supported through development initiatives and disability management.
Social inclusion focuses on enabling all people to participate actively in social, political, cultural and economic life within their community. TLMTI provides financial support for schooling, graduate, postgraduate and professional studies to students from leprosy background to improve their social status and to enable them to actively participate in their community.
For Anara Devi, a house is much more than four walls and a roof!

Rocky soil without irrigation facility makes agriculture difficult in Barsaita village in Allahabad district of Uttar Pradesh. Forty-seven-year-old Anara Devi couldn’t do much on the small piece of land she owned. She turned to goat-rearing to take care of her family of five – her husband and three daughters. Her husband, a daily wage labourer, couldn’t do much for the family.

Anara was diagnosed with leprosy when she was 30 years old. She summoned up her courage and took treatment for leprosy. It seemed her bad luck refused to stop stalking her. She was living with her family in a makeshift hut with asbestos sheets kept on mud walls. Lashing rains and roaring thunderstorms made their hut an unsafe place to live – they couldn’t even cook or sleep! Snakes and stray dogs were a constant menace. Safety of her grown up daughters was heavy on her mind. Living in that house was sheer misery for Anara and her family.

Stigma attached to leprosy was so deep-rooted in her village that others avoided Anara and her family. She found it difficult even to sell the milk produced by her goats. Social isolation, lack of proper place to live, safety of her daughters, future of the family... Anara’s miseries were unending.

At this juncture, TLM Naini Hospital came to her help. Under its ‘Low Cost Housing’ programme, the hospital built her a house with stone foundation, brick walls and gattar pattia (stone slabs fix restaurant iron bars) roof. The house has a living room, a bedroom, a bathroom and an attached toilet.

For Anara, a house is not only a shelter from the vagaries of nature, but it also brought her social standing. Once they started living in a pucca house, others’ attitude towards them changed. They visited them, and invited them for social functions.

“We never dreamt of living in a proper house. Now most of my worries have gone. People treat us as one among them,” said Anara with satisfaction writ large on her face.
Dignity
It is a fact that MDT can cure leprosy, but it cannot erase the social stigma and prejudice that come from a lack of public understanding about the disease. Discrimination against people affected by leprosy and their families continues in many parts of the world, especially in India. Leprosy, as a disease, can take its toll in human dignity of people affected by the disease.
Dignity is our inherent value and worth as human beings. Article 1 of Universal Declaration of Human Rights (UDHR) says, “All human beings are born free and equal in dignity and rights.” The Constitution of India guarantees all its citizens fundamental right to dignity. Dignity is a basic human right. It allows individuals and communities to feel respected, valued and connected with others around them.

Leprosy strikes fear in the society due to the popular perception that it is a mutilating, disfiguring, highly infectious and incurable disease. Stigma surrounding leprosy is deep-rooted, fuelled by myths and misconceptions about the disease. Denied the same opportunities for education, employment and marriage as other members of society, people affected by the disease find themselves marginalised and hard-pressed to support themselves. Shunned by the society, many of them live in isolated colonies, where their only livelihood means is begging.

Adding to this social discrimination is the legal discrimination they face: there are about 16 laws that discriminate against people affected by leprosy. These laws allow leprosy as a ground for divorce, discriminate against people affected by leprosy who resort to begging for livelihood, bar them from contesting elections, charge higher life insurance premium from them, stop them from travelling in trains, obtaining driving licences, etc. In other words, these laws violate fundamental rights of people affected by leprosy, like right of participation in political life, right to marriage and family life, right to employment, right to inclusion, and right to freedom of movement. These laws are an abuse of human rights and a denial of equal rights which are guaranteed by the Constitution of India, under Article 14 (Right to Equality) and Article 1 of Universal Declaration of Human Rights.

Influencing Policy at the National Level

TLMTI advocated with various ministries for legal equality for people affected by leprosy.

As a result of TLMTI’s advocacy, the Law Commission of India submitted a report on eliminating discrimination against people affected by leprosy, to the Ministry of Law and Justice, Government of India (Report 256). The said report has recommendations for rehabilitation of people affected by leprosy and also a draft Bill, ‘Eliminating Discrimination against People Affected by Leprosy’ (EDPAL) Bill, 2015, for repealing laws discriminatory towards people affected by leprosy.

The implementation of the recommendations and enactment of the Bill will open avenues of dignity for people affected by leprosy.

Because of TLMTI’s engagement with Ministry of Social Justice and Empowerment, and the Governor, and Chief Minister of Uttar Pradesh, the state government (Uttar Pradesh) increased the pension amount for people affected by leprosy, from Rs 800 to Rs 2,500, per month.
Empowering Affected Communities

TLMTI made concerted efforts to empower people affected by leprosy in the states of Chhattisgarh, Delhi and Uttar Pradesh. Its efforts were to build awareness among young adults on issues of marginalisation, rights and entitlements. The focus was on developing capacities to articulate their issues effectively, so that they are better equipped to negotiate with their respective duty bearers. TLMTI developed champions from among people affected by leprosy who would be change agents and act as influencers in the community. They are expected to spearhead to build a culture of dignity in their community.

TLMTI’s Challenging Anti-Leprosy Legislation (CALL) project, which completed its tenure in 2015, facilitated formation of 24 rights-based community-based organisations (CBOs) in project areas in Chhattisgarh and Uttar Pradesh, and 4,956 people affected by leprosy had joined advocacy groups formed by the project. There is encouraging evidence to show that advocacy group members, after adopting a rights-based approach, are claiming and defending their rights and have shifted their focus from living on charity to a dignified life. They bargain collectively for their rights and entitlements; access services in the government healthcare institutions as part of their right to health; access government social welfare schemes; document cases of discrimination faced by them and take up these issues with the media. They also engage with Panchayati Raj Institutions (local self-government), and access their rightful needs through memoranda to government authorities. They challenge discrimination and inequality, and advocate for social inclusion and equal distribution of resources, which would give them a dignified life.

IN CHHATTISGARH AND UTTAR PRADESH

- 24 RIGHTS-BASED CBOs FORMED
- 4,956 PEOPLE AFFECTED BY LEPROSY JOINED ADVOCACY GROUPS

IN UTTAR PRADESH

- 2500 INCREASED PENSION FOR PEOPLE AFFECTED BY LEPROSY AS A RESULT OF TLMTI’S ENGAGEMENT WITH THE GOVERNMENT
- 800
Dignity is where our freedom to choose and act begins. TLMTI’s programme to promote literacy among marginalised communities empowers them to live with dignity, eradicate poverty and reduce inequality.
It was a long haul for Khursheeda, but she made it!

Tears welled up in Khursheeda’s eyes when she narrated her past. She belongs to a conservative family in rural Uttar Pradesh. She was married to Kamrool Hasan, who drove a taxi for livelihood. Violence at home gave her sleepless nights and sapped her will to live. But somewhere deep inside her, she nursed her dream to overcome and succeed. “Life is just not easy, especially when you don’t have freedom to choose,” she said. “You need to be very determined and consistent in your effort,” she added.

Khursheeda never learned to read and write. Her ‘success dream’ brought her to the adult literacy classes conducted by TLMTI’s Women’s Empowerment Project. She continued studying and completed her graduation. She worked hard to improve her communication and other soft skills. Her aim was to become a member of the Gram Panchayat (local self-government). She contested elections in 2010, but couldn’t win. She realised that if she joined a self-help group (SHG), she could garner enough support to win the next election.

In 2015, TLMTI’s WEALTH project started capacity-building programmes for women from marginalised communities, so that they could contest Gram Panchayat elections. Khursheeda, along with several other women from different SHGs, expressed willingness to contest elections. She attended the capacity-building programmes organised by the project, and contested the election. Her persistence paid, she was elected as a member of the Gram Sabha. Her dreams came true on the day when she was elected as the Gram Pradhan (village head).

“As Gram Pradhan, my priority is to help women like me unravel their potential and do what they want for themselves,” Khursheeda said.

“Life is just not easy, especially when you don’t have freedom to choose,” she said. “You need to be very determined and consistent in your effort,” she added.
Research and Training
A Cross-Cutting Process

Research is an integral part of TLMTI’s activities to bring healing, inclusion and dignity to the lives of people affected by leprosy. It is a cross-cutting issue, carried out both at the national and field levels. Different aspects of leprosy, from basic sciences (such as, immunology, genetics and clinical research) to the social aspects of leprosy (including stigma and discrimination) are researched at TLMTI. These are done with the aim of improving the quality of life of people affected by leprosy and their communities and influencing policies that impact their lives, at local and national levels. The knowledge thus gained is disseminated throughout the organisation and among other stakeholders through well-defined training programmes.

During 2014 and 2015, there was a focused initiative in TLMTI to inculcate the spirit of enquiry within the organisation. These efforts are bearing fruit, with involvement of more staff in a broad range of research topics.
Laboratory Research

In 2015, TLMTI undertook laboratory research projects focusing on molecular epidemiology of leprosy, transmission of *M. Leprae* infection in children, drug resistance and association of vitamin D level with leprosy spectrum. Four new projects, funded by Indian Council of Medical Research, were started in 2015. They deal with developing a laboratory-based test for diagnosis of early leprosy, understanding the mechanism of type 1 reaction in leprosy, evaluation of fixed duration MDT efficacy using real-time reverse transcription, and role of mimicking proteins of host and *M. Leprae* in the pathogenesis of type 1 reaction. Other partners in laboratory research are, Department of Bio-Technology, Government of India, and effect:hope (TLM Canada).

Field Research

TLMTI regularly conducts operational research, aimed at understanding, studying and improving service delivery and efficacy of programmes. In 2015, the organisation undertook two field projects. These projects were funded by Leprosy Research Initiative. The first, a pilot study, titled Bench to Basti, was on promoting early detection of leprosy, in Chhattisgarh. The findings of the study will be shared with NLEP for field application. The second project – a multi-centric study started in three endemic states of India, in collaboration with Netherlands Leprosy Relief, and German Leprosy Relief Association – is a comparison of three types of targeted, community-based health education aimed at promoting early detection.

Two more field research on ‘Developing a severity scale for Erythema Nodosum Leprosum’ in Purulia hospital, and ‘Early mobilisation of fingers after reconstructive surgery’ were started in Naini and Kolkata hospitals.

Training

As part of its endeavour to train its staff and other stakeholders in various aspects of leprosy and core areas of its intervention, TLMTI trained 50 medical doctors in leprosy, podiatry, WASH (water, sanitation and hygiene); and NTDs (neglected tropical diseases); and advocacy and human rights. Seventy community development programme staff were trained in NTDs and WASH. TLMTI’s training unit attached to its hospital in Naini conducted regular training courses in leprosy for NGOs and health workers of Government of India’s National Leprosy Eradication Programme. TLMTI’s hospitals in Shahdara and Purulia conducted trainings for medical electives, interns and doctors from Myanmar and Sri Lanka.

TLMTI published research papers in peer review journals to disseminate the new knowledge gained through its research.
Core Thematic Domains
that support TLMTI’s programmes

For effective implementation of its programmes to bring healing, inclusion and dignity in the lives of people affected by leprosy and people from other marginalised communities, TLMTI’s programmes are supported by various core thematic domains in the organisation: Learning and Development, Resource Mobilisation, Human Resources, Internal Audit and Risk Management, and Finance.

**Learning and Development**

Learning and Development Domain of TLMTI has the responsibilities of organisational learning, monitoring and evaluation, and programme development.

**Focused institutional fundraising for ongoing programme and new initiatives resulted in 28 proposals submitted and seven funded.**

Among these, the European Commission grant for CREATE project (CSOs for Resource Mobilisation, Empowerment, Advocacy, Training and Employment), and the Google grant for 3D Scan-enabled Customised Protective Footwear were large grants from high profile institutional funders that raised visibility of TLMTI and its cause. Winning the 2015 Google Impact Challenge: Disability, demonstrated TLMTI’s capacity to develop high quality competitive proposals. For the first time, TLMTI applied for embassy grants and received funding from the Australian Consulate, Mumbai, for TLM VTC Nashik’s printing trade equipment.

Learning and Development Domain successfully coordinated the 2016-18 Country Strategy development process throughout 2015. It organised the Annual Country Learning with the theme ‘Towards Sustainability: A Social Entrepreneurship Model?’ which explored the organisation’s early experiments with this approach and deepened its understanding of social entrepreneurship.

Six (end) evaluations were conducted and reported, among which was the impact assessment of the Country Strategy 2011-15. Besides this, annual and mid-year programme reviews were conducted.

Over the last three years, TLMTI has been recognising innovations within the organisation. The 2015 awards went to two units - Inclusive Holistic Development of Individuals with Disabilities (IHDID), Kothara, for developing 10 acres of land as an organic farming and training centre; this is a scalable idea within TLMTI. The other was given to TLM Muzaffarpur Hospital for the turnaround in its operations based on the application of principles learnt in the Profession of Management workshops.

In 2015, TLMTI applied for, and was empanelled as Access Auditor under Accessible India Campaign by the Ministry of Social Justice and Empowerment, Department of Empowerment of Persons with Disabilities, Government of India, for 2016. Apart from conducting access audit for listed public buildings, the empanelment gives TLMTI standing when it advocates for disabled-friendly access to public buildings in its own locations.

Learning and Development Domain organised Annual Leadership Consultations, with the theme, Sustainable Transformation.
Resource Mobilisation

The organisation took a conscious decision to strengthen its domestic fundraising by creating a function at the national level, and developed a fundraising strategy, which has three components - individual, corporate, and church fundraising.

**Individual Fundraising at National Level** was done with the objective of creating a database of donors who would become regular givers to TLMTI.

**Highlights 2015**
- As part of direct mail fundraising, TLMTI sent out four appeals, two new acquisition mails and two in-house mails. Through this, the organisation raised Rs 5,350,402.
- Face-to-face and tele-marketing were new initiatives that brought much dividend. The organisation raised Rs 1,241,101 through this initiative.
- Successfully started e-mail fundraising, towards the end of 2015. This was for raising funds for helping victims of Tamil Nadu floods. Raised Rs 85,000 through this initiative.
- Since March 2015, TLMTI is live on ‘GiveIndia,’ one of the biggest fundraising portals. For facilitating online donation, TLMTI partnered with HDFC Bank for the payment gateway on its website. Received online donation to the tune of Rs 724,000 by providing this facility.
- As a result of sharing TLMTI’s fundraising strategy with supporting countries, TLM England and Wales, effecthope (TLM Canada), TLM Switzerland and TLM Netherlands came forward to support the fundraising initiatives of the organisation.
- Managed to get the facility of using Google AdWords, worth USD 10,000 per month, free of cost.

**Corporate Fundraising at National Level** was done with the objective of making the corporates aware of TLMTI’s work and building partnerships through specific project funding.

**Highlights 2015**
- TLMTI units were supported in identifying potential corporates and developing proposals.
- Empanelled with reputed verifying organisations, like National CSR Hub and TISS. This will help the organisation to approach public sector undertakings (PSUs).
- Efforts were made to get TLMTI enlisted with Indian Institute of Corporate Affairs (IICA), an approved body of the Ministry of Corporate Affairs, Government of India, for accessing donations from corporates.

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*Prof. Samdhong Rinpoche and Mr Jamphel Lhundup, Trustees of The Dalai Lama Trust, with TLMTI officials on the occasion of signing MoU for partly supporting TLM VTC, Vadaathorasalur, Tamil Nadu, for a period of four years.*
- Funding proposals worth Rs 2,800,000 were approved by BHEL (for biofeedback machine at TLM Shahdara Hospital), HDFC Bank (for community-based vocational training in Chhattisgarh) and UAE Exchange (for sponsorship of 10 students at VTC, Vizianagaram).

**Church Fundraising at National Level** was done with the objective of sensitising the church to the issue of leprosy and seeking prayer and financial support.

**Highlights 2015**

- Covered 47 churches in Delhi, NCR and other cities, like Agra, Dehradun and Meerut, for Leprosy Sunday celebrations. Raised Rs 614,435 through this. The Baptist Church in Mizoram donated Rs 2,000,000.
- Encouraged church groups to visit TLM Shahdara Hospital. Delhi Christian Chorus donated 400 pairs of MCR protective footwear. Centenary Methodist Church entered into partnership with TLM Shahdara Hospital for a period of five years.

**Fundraising at the Unit Level**

TLMTI units took great initiative to raise funds locally; often, they were donations in kind, like vehicles, equipments and food. The aggregate value of such goods was more than Rs 12,300,000. National fundraising team supported units, whenever required, in attending meetings with the donors.

**Supporters**

We could bring total transformation in the lives of people affected by leprosy and their family members only because of the support, involvement and enthusiasm of our committed supporters. Some of our donors who have partnered with us for providing special footwear to people affected by leprosy:
Human Resources

In an emerging environment, for TLMTI to be relevant, Human Resource Domain worked towards developing leaders through structured leadership development programmes. This was done through developing second-line leadership and Profession of Management interventions.

Fifteen middle management-level staff were identified and trained in second-line leadership workshop. They will support the unit heads in implementing TLMTI’s new country strategy and in managing the organisational change process.

All unit leaders and domain heads had undergone the Level 3 of Profession of Management workshop. This helped them to deepen their understanding of management, with focus on leading and controlling; learn and build on leadership initiatives; and communicate change.

Audit and Risk Management

The Audit and Management Domain in TLMTI started the process of moving from a compliance-based internal audit to a broader management audit process to enhance the effectiveness of internal audit process.

In a four-day Audit and Risk Management workshop held in April, 16 staff from across different levels and functions in the organisation were trained to become internal auditors. They now take part in the audits and are getting exposure to actual management audits.

The mid-year review and annual review provided opportunities for interaction between the staff and Audit and Risk Management Domain to look at risks in the sustainability plans projected by the units for 2015. Statutory compliances of the units were also reviewed.

The audit process has changed its approach to a partnership-cum-consultative approach involving key staff of the units, with opportunities for brainstorming. This has built a new culture of mutually supportive relationship between the auditors and the auditees, without sacrificing the objectivity in auditing.
Our Partners

TLMTI’s interventions for bringing healing, inclusion and dignity in the lives of people affected by leprosy were possible only because of the support of our valued partners:
Awards and Recognitions

TLMTI’s interventions for bringing sustainable change in the lives of people affected by leprosy were acknowledged by the government and others, and the organisation and individuals in the organisation were honoured with the following awards and recognitions in 2015:

For the Organisation

**THE TIMES OF INDIA SOCIAL IMPACT AWARDS 2015**

This is an award given every year by The Times of India group. TLMTI received the award for its work in the field of leprosy. “No group in India is as marginalised as the leprosy-affected. As their numbers have fallen, leprosy is no longer treated as a national emergency and international support has declined. TLMTI has done extraordinary work in a totally neglected area. By giving the Trust an award, you send out a strong signal” - Justice (Retd) Ajit Prakash Shah, jury member (former Chairman of the Law Commission of India, and former Chief Justice of Delhi High Court).

**RECOGNITION BY THE GOVT OF MAHARASHTRA**

Three TLMTI units in Maharashtra - TLM Kothara Hospital; Richardson Leprosy Hospital, Miraj; and Vocational Training Centre, Nashik - were felicitated by the Government of Maharashtra for their support to the government, in elimination of leprosy.

**SOCIAL MEDIA FOR EMPOWERMENT AWARD**

TLMTI was nominated for the Social Media for Empowerment Award, in the category, Community Mobilisation. Social Media for Empowerment Awards are given every year by Digital Empowerment Foundation, for the best social media initiatives for the empowerment of the deprived and marginalised sections of society. TLMTI was nominated for this award for its social media campaign, #TogetherForTamilNadu, for raising funds for helping the victims of the devastating floods in Tamil Nadu, in November-December 2015.
NATIONAL AWARD

Mr Keshaba Thanapati, Acting Principal, TLM VTC, Faizabad, Uttar Pradesh, received national award in the category, Role Model – Leprosy-cured. National awards are given every year by Department of Empowerment of People with Disabilities, Ministry of Social Justice and Empowerment, Government of India.

SPARSH 2015 AWARD

Dr Manotosh Elkana, Superintendent, TLM Chandkhuri Hospital, also the ILEP Coordinator of the state, was honoured by the Government of Chhattisgarh with ‘Sparsh 2015’ (‘Sparsh’ means ‘touch’) award for excellence in services to the people affected by leprosy, in the state.

Leprosy Situation in India

Every four minutes, one person is newly diagnosed with leprosy in India

58.8% of the global new leprosy cases are in India

125,785 new cases were detected in 2014-15

11,365 children (under the age of 15) were newly diagnosed with leprosy in 2014-15
Passionate about Innovation

Innovations in TLMTI in 2015

As part of sharpening its learning processes and building a learning culture in the organisation, TLMTI has been encouraging innovations for the past two years. Learning has become a part of TLMTI’s culture. Innovative thinking, ideas and practices are being encouraged as never before, and applied across the organisation.

The organisation recognises innovations that are appropriate, scalable and replicable by honouring them with awards. In 2015, TLMTI received 18 entries from its units for the Innovation Awards 2015. Some of them were: Improved patient-care for financial self-sufficiency; applying leadership principles learnt at leadership development programme to turn around Muzaffarpur hospital; customised footwear for people affected by leprosy who have foot with collapsed arch; assistive devices toolkit to improve quality of life of people with leprosy; sustaining disability management expertise in the VTCs; creating a barrier-free built environment to promote accessibility of the disabled; organic farming on unused hospital land in Kothara; and empowering women from marginalised communities to take part in local self-government.

Out of them, two were selected for the award. They were: Applying leadership principles learnt at leadership development programme to turn around Muzaffarpur hospital; and, organic farming in Kothara. The awards were presented during the Annual Leadership Consultation 2016, held in Pondicherry, from February 9 to 12, 2016.

Many TLMTI units have replicated these innovations, improving the way they work.

Using social entrepreneurship principles for programme sustainability was the innovation widely applied across all units and functions, and it is showing results.

TLMTI has documented these innovations and circulated among stakeholders for shared organisational learning.
Culmination and Completion of the Country Strategy 2011-15

TLMTI’s Country Strategy 2011-15, the organisation’s first country-level plan of action designed to achieve its vision, focused on six strategic priority areas - Organisational Development, Health, Advocacy, Partnerships, Sustainable Livelihood, and Fundraising. It focused on three change themes: (1) from being disease-focused to person-focused (2) from being only implementation to a combination of implementation and influence (3) from being activity-focused to outcome focused.

An assessment carried out by external evaluators to find out the impact of the country strategy, during May-July 2015, has shown the following:

1. **IMPACT ON THE CHANGE THEMES:** There has been a significant shift towards a person-focused approach in all TLMTI units. All programmes moved beyond service delivery, adding components of enablement. Many have adopted a rights-based approach. Throughout the organisation, staff, rather than doing activities, started strategising to achieve results.

2. **IMPACT ON STAFF AND LEADERSHIP:** There has been a positive change in the mindset of staff across the organisation. A second line of leadership was developed. The senior management team and operations team debated and discussed organisational issues without being protective or defensive about their respective domains.

3. **IMPACT ON CURRENT PROGRAMMES:** Community empowerment programmes adopted a facilitative mode, encouraging community to be in leadership. VTCs were proactive in addressing quality and forming partnerships. Hospitals, VTCs and community projects in TLMTI locations worked together with a common goal.

4. **IMPACT ON PARTNERSHIPS:** Long-term relationship with diverse organisations – the government, private sector, media, NGOs, consultants, expert agencies - helped to take TLMTI’s mission forward.

5. **IMPACT ON THE COMMUNITY:** The mindset of affected communities changed, with many of them taking ownership and responsibility. Also, there were increased advocacy efforts by the community.

6. **IMPACT AT STATE AND NATIONAL LEVELS:** TLMTI’s engagement with other stakeholders broadened significantly. At the national level, TLMTI has engaged not just with Ministry of Health and Family Welfare, but also with Ministry of Social Justice and Empowerment, National Human Rights Commission (NHRC) and Law Commission of India.

For TLMTI, having a country strategy was a new experience. The change planned was huge, and progress envisioned required enormous programmatic, managerial and cultural shifts. In spite of this, there has been a significant change.
### BALANCE SHEET AS AT 31ST DECEMBER, 2015

#### SOURCES OF FUNDS:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Fund (Represented by Fixed Assets)</td>
<td>337,423,132</td>
<td>344,927,349</td>
</tr>
<tr>
<td>Capital Project Fund</td>
<td>29,059,819</td>
<td>32,947,761</td>
</tr>
<tr>
<td>General Fund</td>
<td>(72,936,116)</td>
<td>(121,380,354)</td>
</tr>
<tr>
<td>Designated/Programmes/Other Funds</td>
<td>112,118,624</td>
<td>126,017,602</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>405,665,459</strong></td>
<td><strong>382,512,158</strong></td>
</tr>
</tbody>
</table>

#### APPLICATION OF FUNDS:

**Fixed Assets:**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Block</td>
<td>783,876,324</td>
<td>773,206,014</td>
</tr>
<tr>
<td>Less: Depreciation</td>
<td>446,453,192</td>
<td>428,278,665</td>
</tr>
<tr>
<td><strong>Net Block</strong></td>
<td><strong>337,423,132</strong></td>
<td><strong>344,927,349</strong></td>
</tr>
<tr>
<td>Capital Work in Progress</td>
<td>15,336,207</td>
<td>9,105,787</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>352,759,339</strong></td>
<td><strong>354,033,136</strong></td>
</tr>
</tbody>
</table>

**Investments**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Bank Balances</td>
<td>104,403,925</td>
<td>77,283,456</td>
</tr>
<tr>
<td>Amount Receivable</td>
<td>17,578,018</td>
<td>15,941,768</td>
</tr>
<tr>
<td><strong>Less: Current Liabilities:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount Payable</td>
<td>80,310,823</td>
<td>75,806,202</td>
</tr>
<tr>
<td><strong>Net Current Assets</strong></td>
<td><strong>41,671,120</strong></td>
<td><strong>17,419,022</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>405,665,459</strong></td>
<td><strong>382,512,158</strong></td>
</tr>
</tbody>
</table>

### INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER, 2015

#### INCOME

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Contributions</td>
<td>235,102,257</td>
<td>230,872,850</td>
</tr>
<tr>
<td>Local Contributions</td>
<td>17,808,940</td>
<td>13,313,680</td>
</tr>
<tr>
<td>Receipts from Patient Care</td>
<td>317,052,939</td>
<td>244,724,725</td>
</tr>
<tr>
<td>Receipts from other Services</td>
<td>18,661,936</td>
<td>16,573,125</td>
</tr>
<tr>
<td>Local Fund Raising</td>
<td>18,457,601</td>
<td>11,625,040</td>
</tr>
<tr>
<td>Interest</td>
<td>5,793,852</td>
<td>4,368,354</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>6,841,849</td>
<td>3,392,132</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>619,719,374</strong></td>
<td><strong>524,869,909</strong></td>
</tr>
</tbody>
</table>

#### EXPENDITURE

**Programme Expenses**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>357,968,240</td>
<td>309,117,854</td>
</tr>
<tr>
<td>Public Health</td>
<td>8,127,303</td>
<td>5,983,074</td>
</tr>
<tr>
<td>Livelihood Programmes</td>
<td>82,806,936</td>
<td>86,404,892</td>
</tr>
<tr>
<td>Prevention of Disabilities</td>
<td>12,259,819</td>
<td>9,816,305</td>
</tr>
<tr>
<td>Health Promotion and Advocacy</td>
<td>26,683,111</td>
<td>19,597,966</td>
</tr>
<tr>
<td>Research</td>
<td>15,382,836</td>
<td>11,419,162</td>
</tr>
<tr>
<td>Training/Workshops</td>
<td>12,011,249</td>
<td>12,100,536</td>
</tr>
<tr>
<td>Fund Raising</td>
<td>6,185,696</td>
<td>1,919,244</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>86,712,136</td>
<td>87,037,947</td>
</tr>
<tr>
<td>Excess of Income Over Expenditure Carried to General Fund</td>
<td>11,582,050</td>
<td>(18,527,071)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>619,719,374</strong></td>
<td><strong>524,869,909</strong></td>
</tr>
</tbody>
</table>
**FINANCIAL POSITION AS AT 31ST DECEMBER, 2015**

(Figures INR in Lakhs)

### SOURCES OF FUNDS

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
<th>Amounts in Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Fund (Represented by Fixed Assets)</td>
<td>83.18%</td>
<td>3,374.23</td>
</tr>
<tr>
<td>General Fund</td>
<td>17.98%</td>
<td>(729.37)</td>
</tr>
<tr>
<td>Designated/Programme/Other Funds</td>
<td>27.64%</td>
<td>1,121.19</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>5,224.62</td>
</tr>
</tbody>
</table>

### APPLICATION OF FUNDS

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Amounts in Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amounts Payable</td>
<td>15.46%</td>
<td>(627.33)</td>
</tr>
<tr>
<td>Cash and Bank Balances</td>
<td>25.74%</td>
<td>1044.04</td>
</tr>
<tr>
<td>Investments</td>
<td>2.77%</td>
<td>112.35</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>1733.72</td>
</tr>
</tbody>
</table>

### WORKING RESULTS FOR THE YEAR 2015

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Amounts in Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from Patient Care</td>
<td>51.16%</td>
<td>3,170.53</td>
</tr>
<tr>
<td>Local Contributions</td>
<td>2.87%</td>
<td>178.09</td>
</tr>
<tr>
<td>Foreign Contributions</td>
<td>37.94%</td>
<td>2,361.02</td>
</tr>
<tr>
<td>Interest</td>
<td>0.93%</td>
<td>57.94</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>1.10%</td>
<td>68.42</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>6,029.08</td>
</tr>
</tbody>
</table>

### INCOME

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Amounts in Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Receipts from Patient Care</td>
<td>51.16%</td>
<td>3,170.53</td>
</tr>
<tr>
<td>Local Fundraising</td>
<td>2.99%</td>
<td>184.57</td>
</tr>
<tr>
<td>Interest</td>
<td>0.93%</td>
<td>57.94</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>1.10%</td>
<td>68.42</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>3,650.46</td>
</tr>
</tbody>
</table>

### EXPENDITURE

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Amounts in Lakhs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Livelihood Programmes</td>
<td>13.36%</td>
<td>828.07</td>
</tr>
<tr>
<td>Public Health</td>
<td>1.31%</td>
<td>81.27</td>
</tr>
<tr>
<td>Treatment</td>
<td>57.76%</td>
<td>3,579.68</td>
</tr>
<tr>
<td>Surplus</td>
<td>1.87%</td>
<td>115.82</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td>4,390.04</td>
</tr>
</tbody>
</table>

### FUNDING OF TLMTI PROGRAMMES 2015

- American Leprosy Missions (ALM) 0.02%
- TLM N. Ireland 0.48%
- TLM Germany 0.11%
- TLM Switzerland 2.54%
- TLM E&W 16.42%
- TLM Scotland 1.05%
- TLM Sweden 3.71%
- TLM Netherlands 5.86%
- TLM New Zealand 1.24%
- TLM Australia 2.78%
- Effect:Hope (TLM Canada) 6.29%
- TLM Hungary 0.48%

**Major Institutional Donors’ Funding (through TLM Supporting Countries & Others)**
- Rotary UK, through TLM E&W
- SIDA, through TLM Sweden
- Woord & Daad, through TLM Netherlands
- PRISMA, through TLM Netherlands
- LRI Netherlands
- CBM International
- Serendimenthe Organic and Fair Trade Foundation

**Major Indian Donors**
- Indian Council of Medical Research (Govt. of India)
- Life Insurance Corporation of India
- IFCI Social Foundation
- Dalai Lama Trust
- Kolkata Gives
- GiveIndia

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Learn to do right; seek justice.
Defend the oppressed.
Take up the cause of the fatherless;
plead the case of the widow.

ISAIAH 1:17