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Chairman

Mr Geoff Warne
General Director, TLMI Ex-officio Member
(Up to September 2016)

Mr Brent Morgan
International Director, TLMI Ex-officio Member
(from September 2016)

Dr Sunil Anand
Secretary and Executive Director

Dr Nalini Abraham
Member

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Mr Bhal S. Chakranarayan
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Dr Gift Norman
Member

Ms. Linda Todd
Member

Operations Team

Dr Sunil Anand
Executive Director

Dr Mary Verghese
Director – Operations

Dr P. L. N. Raju
Director – Resource Mobilisation

Dr Jerry Joshua
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Ms Tina Mendis
Head – Sustainable Livelihoods and Empowerment Programme

Ms Nikita Sarah
Head – Advocacy and Communication

Dr Annamma John
Head – Research and Training

Mr Samuel Thomas
Head – Finance

Mr Melvin Moras
Head – Human Resource

Dr Shyamala Anand
Head – Learning and Development

Mr Benison Solomon
Head – Audit and Risk Management
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The Leprosy Mission Trust India’s (TLMTI) first Country Strategy (2011-2015) brought in a transformational change in the organisation. The three change themes in the strategy, namely, from disease-focused to person-focused, from only implementing to a combination of implementing and influencing, and from activity-focused to outcome-focused, and the six strategic priorities were largely responsible for this transformation.

After the completion of the first Country Strategy, building on the strong foundation of the transformational change brought in, TLMTI developed a new Country Strategy for the period 2016-18. The new Country Strategy called for a higher level of organisational effectiveness for the organisation to develop its programmatic, financial and organisational strengths to work towards increased sustainability. The sustainability envisaged through this approach was, sustainable change in the lives of people affected by leprosy and people from marginalised communities, and also sustainability of TLMTI’s programmes.

An organisation has to impact the lives of the people in the communities it works with to be relevant. For that, it has to innovate and evolve to have a competitive edge. When the organisation is relevant, it becomes sustainable. Sustainability is the ability of an organisation to strive towards realising its objectives, retaining the value frame. The organisation should be able to deliver its programmes with necessary financial and human resources, continuously renewing its systems, processes and methods. It should be able to be relevant in the external and internal stakeholder context.

In 2016, TLMTI focused on the processes that lead to transformation toward sustainability. It took significant steps through multi-disciplinary approaches for organisational transformation for long-term sustainability for the benefit of the communities and all stakeholders. The new Country Strategy gave direction in dealing innovatively to realise the organisation’s vision of ‘people affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy’. Leaders at all levels in the organisation challenged the status quo and took the time to dream big and then put in the required energy to make their dreams a reality.

This annual report provides a glimpse into the persistent and strategically-focused effort in the organisation in 2016 for managing change to ensure programmatic and organisational sustainability.
About us

The Leprosy Mission Trust India (TLMTI), a non-profit organisation registered under Societies Registration Act, 1860, and headquartered in New Delhi, is the largest leprosy-focused non-governmental organisation (NGO) in India. TLMTI works with people affected by leprosy and other neglected tropical diseases (NTDs); people with disabilities and other marginalised groups, particularly women. TLMTI is a member of TLM Global Fellowship, an international federation of 31 member-countries, who 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) addressing healthcare, education, sustainable livelihood, community empowerment, advocacy, research and training. These programmes are conducted 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.
Areas of expertise:

TLMTI’s areas of expertise are:

- All aspects of leprosy as a medico-social issue, including specialised leprosy referral service.
- 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, obstetrics and gynaecology).

Our Vision

“We work with individuals and communities disadvantaged by leprosy, irrespective of caste, creed and religion, by addressing their physical, mental, social and spiritual needs to uphold human dignity and eradicate leprosy.”

Our Mission

“Our values are:

- To be like Jesus
- Relevant
- Professionalism
- Upholding justice
- Integrity
- Inclusive

People affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy.”

Our Values
Message from the Chairman

It is with mixed emotions that I write this message. On the one hand, I am extremely happy and proud of TLM Trust India, its staff, and what it has achieved for people affected by leprosy, and how, over a period of some years, it has become much more self-reliant and less dependent on external funding. On the other hand, I am very sorry that Sunil Anand, the one who initiated the roll-out of the Country Strategy 2016-18, and who worked tirelessly to ensure this greater level of self-reliance, will soon be leaving us. But he leaves behind a legacy that highlights the importance of transformation to ensure sustainability.

Over the past few years, we have seen transformation in each TLMTI programme and unit, and we have seen a steady rise in the level of self-reliance and sustainability. Despite this, we have a long way to go and we need to work even harder, so that we are, finally, able to ensure elimination of leprosy from our country and also ensure elimination of the stigma that the people affected by leprosy so often face.

Let us pray that our Lord, in His mercy and His grace, will enable us to work tirelessly to see leprosy defeated and lives transformed.

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

The year 2016 was a very special year for us in TLMTI. It not only gave us reason to celebrate the remarkable achievements of the previous five years that put us on a path to significant transformation but also saw us embark on this exciting journey of implementing our new three-year strategy and achieving what we set out to do for the year. Our focus for the year was on sustaining transformation. This transformation was evident in the way we evolved from a service delivery oriented organisation to one that addresses holistic development of those affected by leprosy, other disabilities and those marginalised and in the resilience that we demonstrated in the midst of financial constraints by overcoming barriers and reaching a high level of sustainability.

TLMTI has undergone major changes in the past six years. These changes encompass its culture, its approach to the overall problem of leprosy, its appetite to take on challenges and in its visibility, both at the national and international levels. This would not have been possible but for the exceptional commitment to change and hard work of my colleagues across the Mission. It is to their credit that we have become the organisation we are.

I am thankful to our supporters and donors, partners and members of the Global Fellowship who were instrumental in helping us bring healing, inclusion and dignity to those affected by leprosy. My sincere thanks and appreciation to the Chairman and members of the Board for their confidence in me and my team.

Personally, it has been an amazing, enriching and a very satisfying experience for me in leading TLMTI through this transformation. God has been exceptionally good to us for which I am grateful.

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

Operations

It is with great pleasure I am reporting the progress we have made as an organisation in 2016. Traditionally, we have been an implementing organisation. In the last six years, we focused on a holistic and influencing approach to benefit people affected by leprosy and people from marginalised communities. This culminated in developing our new Country Strategy for 2016-2018, building on the gains of implementing Country Strategy 2011-2015. This was a step forward in our endeavour to address the unfinished work in leprosy.

This has geared us to delve into the areas of campaigning, working in close collaboration with the national programme of the government. This campaign aims to raise awareness about leprosy to enable people to suspect leprosy and seek early treatment provided free of cost at health facilities. We are conscious of the power of people affected by leprosy, that as champions and collectives, they can bring forth the issues they face.

Skill building, especially for young girls and boys, continued as decent livelihood is critical to inclusion, self-esteem and dignity. We are also endeavouring to work with central and state actors to ensure that the redundant discriminatory laws are repealed and recommendations for promoting inclusion, as listed in Report 256 of the Law Commission of India, are adopted. Our work in medical care for leprosy and the associated disability has given us an edge in sharing this knowledge in morbidity management with other associated neglected tropical diseases.

Another exciting landmark this year is the repeal of the Lepers Act, 1898, and the passing of the Rights of Persons with Disabilities Act, 2016 (RPD Act). The RPD Act adopts a rights-based approach for ensuring that persons with disabilities (including persons affected by leprosy) are not discriminated against and are able to effectively participate within the society.

It was a proud moment for us when 79 papers from TLMTI were accepted for presentation at the International Leprosy Congress, held in Beijing, China, in September 2016.

These new opportunities were the driving force behind our new Country Strategy. This is supported by capacity building and initiatives to improve team effectiveness, systems and procedures. All these help us to further develop and sustain our programmatic, financial and organisational strengths and integrity. This journey forward embraces transformation for realising our vision of “People affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy”.

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

In The Leprosy Mission Trust India, the change process started in 2011 - the organisation started moving towards sustainability, making it a priority interest. Sustainability has become the guiding influence for all of our work. We also looked at disseminating the concept of sustainability across the Mission, and hence, in the Annual Leadership Consultation in 2016, we deliberated on how to communicate (“sell”) the need for sustainability through Social Entrepreneurship across the organisation.

It is heartening to see how the leaders across the organisation imbibed the concept of sustainability and changed their way of thinking and working, taking ownership of the change and showing an attitude of risk-taking. This was achieved largely through all unit leaders creating and strengthening their own teams. People, as much as finances, were seen as the key resources that the organisation can mobilise for its programme sustainability.

Throughout 2016, everyone in the Mission put all efforts to deepen the transformation process. As we went along, we looked at the structural change needed in the organisation for supporting the changed approach. This resulted in a deep and impactful change that completely altered the way we functioned. It led to change in the nature of responsibility and the leadership style at senior management level. It became more of guiding and mentoring the leadership at every level so that change could be sustained.

Accountability for sustained transformation galvanised the organisation to raise resources from within the country to meet the budget deficit. The fact that we met the budget deficit on our own for the second successive year is a testimony to the resource mobilisation capability of the organisation to meet its programme needs. All this became a reality because of the wisdom and ability that God has given to the leaders and staff of the Mission.

DR P. L. N. RAJU
Director – Resource Mobilisation
The Leprosy Mission Trust India
60% of the global new leprosy cases were in India*

127,334 new leprosy cases were detected in India in 2015-16**

Out of them:

- 65,595 (51.51%) were multibacillary cases
- 48,808 (38.33%) were women
- 11,389 (8.94%) were children

* http://apps.who.int/iris/bitstream/10665/249601/1/WER9135.pdf?ua=1
** http://nlep.nic.in/pdf/final%20annual%20report%202015%20March%202015-16(3).pdf
The year 2016 saw TLMTI’s Health programme implementing the strategic priorities outlined in the organisation’s new Country Strategy (2016-18). The programme adopted innovative strategies to bring discernible transformation in the programme for its sustainability and transformation in the lives of people affected by leprosy.

FIND AND CURE LEPROMY BEFORE IT CAUSES DEFORMITIES AND DISABILITIES

With the intention of encouraging people to seek medical treatment immediately on seeing the initial symptoms, the Health programme advocated for and had a positive and proactive engagement with the government for active case detection. The organisation supported Government of India’s Leprosy Case Detection Campaign (LCDC) for active case detection in Champa, Chandkhuri, Dayapuram and Vadathorasalur.

For building the expertise of TLMTI and government healthcare professionals to manage leprosy, its complications, and disabilities due to leprosy, TLMTI provided training to members of ILEP organisations, government health workers and members of other NGOs, in early detection of leprosy, with the help of five training modules developed for this purpose. Through its strategic partners, like Rehabilitation Council of...
India and medical colleges, TLMTI provided training to students of medicine, nursing, physiotherapy and occupational therapy, in early detection of leprosy.

Efforts were made for promoting models of a functioning referral system through providing quality services, nurturing new health professionals, developing tracking mechanism for referrals and providing medical and psycho-social rehabilitation services to ensure that strong, functioning referrals are in place in all TLMTI locations. As a first step towards this, existing models of referral system - one in Puri, Odisha, by LEPRA Society; another in Debra block in Midnapore, West Bengal, by NLR Foundation; and yet another in Dhule and Jalgaon districts of Maharashtra, by ALERT and FAIRMED - were analysed, and a model based on these was proposed.

Synergies were built with other programmes and movements addressing neglected tropical diseases (NTDs), water, sanitation and hygiene (WASH), and disability, for intensifying the scope for mutual influence and learning. Surveys and mapping of NTDs in TLMTI locations were conducted. Research on NTDs, WASH and disability are being initiated in two states – Chhattisgarh and Maharashtra.

**MANAGING ORGANISATIONAL CHANGE SUCCESSFULLY**

To develop the programmatic, financial and organisational strengths for transformation in the organisation for its sustainability, Health programme has contributed in developing TLMTI’s core competencies by providing quality, specialised leprosy care. As part of this, to support TLMTI’s endeavour to provide quality livelihood skills training through its VTCs, the hospitals referred eligible candidates who visited the hospitals, to TLM VTCs.

The programme continued clinical, social and laboratory-based leprosy research, including policy research. It provided trainings to refresh and update the knowledge of its staff in core competencies of the organisation, such as leprosy and other NTDs, dermatology, ophthalmology, physiotherapy, occupational therapy, disability management, nursing, counselling, sustainable livelihoods, community engagement, human rights, gender, training, research, and advocacy and communication. For this, training modules were prepared, and new recruits were trained on the organisation’s policies and protocols. All technical staff were sensitised to the latest decisions of NLEP and WHO, and were encouraged to keep themselves abreast of the latest developments in the management of leprosy.
Government of India, under its National Leprosy Elimination Programme, launched Leprosy Case Detection Campaign (LCDC) in 2016. LCDC is a door-to-door case detection campaign aimed at detecting ‘hidden’ cases of leprosy. The objective of the campaign, which was implemented across 149 districts of 19 states and Union Territories, was to provide timely treatment to patients so that they could be saved from physical disability and deformity.

LCDC was implemented in close association with various NGOs and other stakeholders. TLMTI supported the campaign at the national level and in the states where the organisation has its presence.

**TLMTI supported Government of India’s Leprosy Case Detection Campaign (LCDC)**

**TLM Salur Hospital**, in Andhra Pradesh, supported LCDC at the district level. From June to August, a team comprising multipurpose health workers and government paramedical staff and physiotherapists conducted door-to-door survey for detecting new leprosy cases in the hospital’s catchment area. In one such survey, the team found there was a sudden increase in the number of new leprosy cases. The team detected 57 new cases in two talukas - Balijipeta and Komarada. A total of 69 new cases were detected in Bobbili taluka. In Poosapatireega, Vepada, Rambhadrapuram and S. Kota talukas, 32 Grade-2 deformity cases were detected. There was an increase in the number of new cases in Vizianagaram district - from 260 to 346.
Examining a leprosy suspect case

TLM Muzaffarpur Hospital was actively involved in LCDC in Bihar. Before the start of the programme, there was a meeting of ILEP members with State Leprosy Officer, and at the district-level, with the District Magistrate, Civil Surgeon and Assistant Chief Medical Officer of Health.

Dr U. K. Hembrom, superintendent of the hospital, was one of the observers for monitoring and supervising the LCDC in Bihar. Dr Hembrom and his team visited all the 16 Primary Health Centres in Muzaffarpur district, between September 9 and 16 to monitor the progress of the campaign.

TLM Muzaffarpur Hospital was also part of case validation in Muzaffarpur district. District Leprosy Officer assigned two Primary Health Centres for case validation, in Aurai and Meenapur blocks. In Aurai block, 35 suspect cases were examined and 27 were confirmed, whereas in Meenapur block, 23 suspect cases were examined and 13 were confirmed.

Vimal Kumar Yadav, 29, lost his parents when he was a teenager. His grandfather raised him, but after his grandfather’s death, he started living all alone. He was barely 21 at that time. On his own, Vimal completed his graduation, and did a course in computers. Around two years ago, he developed rashes on his body. Initially, he took it lightly and did some self-medication. When the rashes became uncomfortable, he visited a government hospital where he was diagnosed with leprosy.

Vimal Kumar took multidrug therapy (MDT) for around six months but discontinued it since he had to travel frequently for work. He didn’t know that discontinuation could lead to complications. After around three months, he developed Type 2 lepra reaction. Nodules on the skin, with fever and joint pain, made his condition worse. He also developed severe ulcer on his left arm. He visited TLM hospital and was admitted for treatment. With the expert care at the hospital, Vimal is on the path to recovery.
Manju lives in Ashadeep leprosy colony, in Bhilai, along with her husband Devinder and three children. Her younger son was diagnosed with leprosy two years ago and treated for the same. A year ago, her 13-year-old daughter, Nandini, noticed patches on her body. She repeatedly told her family but they did not take it seriously. It was mainly due to lack of awareness and the stigma attached to leprosy. When the patches spread all over her body, including the face, her grandfather took her to Raipur government hospital. Nandini was diagnosed with MB (multibacillary) leprosy. Although living in the leprosy colony, the family did not disclose it to anyone. Nandini took MDT regularly for six months and then due to unavailability of the medicine, she stopped her medication. TLMTI staff is now facilitating Nandini’s family to get medicine from the nearby government hospital. The complete medicine for one year will be issued to her.

“It is the lack of awareness about the disease and stigma associated with the disease that leads to late diagnosis,”

says Vishwanath Ingle, the colony leader.
Customised Protective Footwear

Maintaining the ability to walk

TLMTI found that the customised MCR (micro-cellular rubber) protective footwear it provides to people affected by leprosy who have anaesthetic feet, though functional and effective, were not acceptable to patients because of the appearance and the stigma associated with the footwear itself! Further, shoemaking as a skill followed by individuals is giving way to a technology-based industry. TLMTI finds it difficult to get shoemakers who are willing to make customised footwear for leprosy patients.

To address this issue, TLMTI started a pedorthotics project – Customised Protective Footwear project, in Miraj, Maharashtra. The objective of the project is to increase independence and reduce stigma for people with leprosy by creating high-fidelity, customised, cost-competitive footwear using 3D scanning, computer-aided design (CAD) and computer-aided manufacturing (CAM) technologies.

The objective of the project is to increase independence and reduce stigma for people with leprosy.
A central fabrication unit (CFAB unit) has been set up in Miraj for manufacturing customised insoles and satellite clinics in three TLMTI hospitals – Miraj, Muzaffarpur and Shahdara, where scanning of feet of people affected by leprosy has started. The scans are sent to CFAB unit, where they are analysed, and suitable insoles are made. Once ready, the insoles would be sent to the hospital to be inserted in the footwear required by the concerned patients. In future, the organisation will be scaling the technology to all its 14 hospitals.

TLMTI received a grant from Google for this project, and collaborated with Motivation India as its knowledge partner.
The year 2016 witnessed TLMTI’s Sustainable Livelihoods and Community Empowerment programme striving towards building strong, equitable and sustainable communities through education, engagement and collaboration. Besides education and skills training for children and youth from leprosy and disability backgrounds, the key focus areas outlined for the year were strengthening grassroots civil society organisations and sensitising duty bearers towards collective action. The programme focused on addressing issues of power, inequality and social justice, and to bring about change that is empowering, fair and inclusive.

As a step towards actively involving people affected by leprosy in community decision making processes, they were encouraged to understand the functioning of local governance (Panchayati Raj Institutions), participate in village general council (Gram Sabha) meetings and contest local elections. In the states of Chhattisgarh, Maharashtra and Uttar Pradesh, 186 people affected by leprosy contested elections and 83 won; 54 people were nominated to various Panchayat sub-committees.

In order to spearhead movements in their own localities for raising awareness on leprosy and champion the cause of inclusion of the marginalised into the mainstream, 264 individuals affected by leprosy and other disabilities have come forward.

Livelihood support

Through community programmes, livelihood support relevant to the local economy and the aspirations of
A student supported with education scholarship

Education and skills training

A total of 1,008 children and adolescents affected by leprosy across eight states have been supported through scholarships to pursue their formal education. Of these, 121 are pursuing graduation and post-graduation degrees and 52 are in professional courses, like nursing, engineering, teachers training education, etc.

2,310 unemployed young people affected by leprosy and other disabilities were provided comprehensive market-aligned skills training, life and business skills. Through innovative employer engagement and disability-friendly workplace solutions, equal, inclusive, and dignified employment were arranged for the youth trained.

Community Empowerment

The year also witnessed our community empowerment programme facilitating literacy, education, skill-building, access and collective action necessary for inclusion and development for all.

A producer company owned and run by people affected by leprosy has been formed – perhaps the first of its kind in India. The company has established, collectively owned and operated ‘milk hub’ to assure a remunerative price and market support to the producers which include feed, veterinary services, procurement, and marketing services for the collection and sale of milk.

Around 700 individuals from the various community groups have initiated enterprises in agriculture and livestock.
Ms Khushida, who has been elected as the Gram Pradhan (Village Head) of Hazratpur village, in Barabanki, Uttar Pradesh, discussing local issues with women in her village.

The work in the community has also helped in raising awareness on two of the most basic and essential building blocks of a safe and healthy life - clean water and sanitation. Active engagement with the local government and groups were initiated to ensure availability of clean drinking water and latrines in rural areas.

The livelihoods and community development work has played a pivotal role in empowering people affected by leprosy and other disabilities to not only become independent and self-reliant entrepreneurs – but also to gain an equitable status within their family and community as decision-makers.

Literacy focusing on strong reading, writing, and math skills has been promoted among 350 women to manage their enterprises, family budget and mobility within the community.

People affected by leprosy attending the first general body meeting of the producer company – Cuddalore Community Livelihood Services Producer Company - owned and run by them.
Anil Khale…
On a mission to show the world that leprosy is not a limiting factor

It was a double whammy for Anil Khale. He lost his mother at a very young age and his father abandoned him soon after. If his grandmother had not taken him to her home, Anil would have perished in Konkat, his village in Raigad district of Maharashtra. His grandmother was affected by leprosy, and due to the stigma attached to the disease, people in her village shunned her.

Unable to bear the humiliation of being a social outcast, she took seven-year-old Anil and went to TLMTI's hospital in Poladpur (TLM Poladpur Hospital is closed now). By then, Anil had also contracted leprosy and due to the delay in treatment, his fingers clawed. He underwent reconstructive surgery, but due to neglect after the surgery, his fingers remained clawed.

TLMTI sent him to Kothara for schooling, and later he was trained as a motor mechanic at TLMTI’s Vocational Training Centre, in Nashik. After completing the training, he joined the VTC as an instructor in the diesel mechanic trade. He also completed his training from Central Training Institute and is now working as a senior instructor at the VTC.

Thirty-nine years old now, married and with two daughters, Anil is always eager to do his bit for people affected by leprosy. He supports leprosy-affected students financially for them to get a good education. He also motivates them to take part in sports for their overall development. Anil took the initiative and has arranged job placements in good companies for many students; he shares his personal experience with those who are stigmatised and have a low self-esteem. He has now taken the responsibility of forming a collective of graduates of the VTC, who are affected by leprosy.

Even when he received many job offers from other companies, Anil stuck to TLMTI. “The Leprosy Mission supported me from my childhood and I am in this position only because of the care and support given by the Mission,” says Anil. “There are more misconceptions about leprosy than any other disease. Because of this, people affected by the disease are stigmatised, and they are not able to achieve their full potential. I have taken it as my life’s mission to do whatever I can to show the world that people with leprosy are like anyone else, and they also have the potential to contribute to the society,” adds Anil.
From carpet weaving to auto mechanics
The tough, but successful journey of Prabhakant Maurya

Prabhakant Maurya’s is a case of fate staining his life’s fabric and then weaving colourful patterns into it.

A carpet weaver from Handiya district in Allahabad, Uttar Pradesh, Prabhakant Maurya felt weakness in his hand in 2003, and it started affecting his weaving work. He visited a local doctor who diagnosed it as a case of polio. The doctor gave him an injection and medicines for a month. Prabhakant found some improvement in his condition. He resumed his carpet weaving work, but one day found his hands becoming so weak that he couldn’t work anymore. He stopped working altogether, jeopardising his family’s livelihood. In 2006, his hands started clawing.

“One day my friend noticed my fingers and told me it might be the case of leprosy and asked me to visit the nearby government health centre. The doctor there asked me about my condition. I told him how my small finger started getting clawed in 2003, followed by all fingers in 2006. I also told him how a doctor in the village misdiagnosed me with polio. The doctor there asked if I have ever had MDT (multidrug therapy), and I told him that I haven’t. He gave me MDT for six months. He told me my fingers could be corrected with reconstructive surgery. I was referred to TLM Naini Hospital. On August 5, 2016, my hands were operated upon, and ever since, my hands are normal. TLM Naini Hospital referred me to TLM Vocational Training Centre in Faizabad (Uttar Pradesh) for a course in two wheeler automobile mechanics. For me, this is a second lease of life. After my fingers clawed due to leprosy, there was no means of livelihood for me and my family. Now I look forward to opening my own two wheeler automobile garage in my village.”
In 2016, TLMTI’s Advocacy programme worked towards having the voice of people affected by leprosy heard on issues that are important to them. It also worked at policy makers genuinely considering the views of people affected by leprosy when decisions concerning their lives are made. The programme aimed at bringing sustainable transformation in the lives of people affected by leprosy through policy advocacy to repeal discriminatory laws, and also building their capacity to speak out about their rights.

CHANGING MINDSETS – KEY TO DISPELLING MYTHS ABOUT LEPROSY

For bringing about change in the societal mindsets towards leprosy and people affected by the disease, the programme advocated for and supported a mass media social impact campaign for raising public awareness on leprosy. For this, stakeholder mapping was done for target audience segmentation. The campaign will be rolled out in the next two years in 16 locations across five states. A proposal has been developed and the organisation is in the process of seeking partners to roll it out. A toolkit for

At the state-level, 283 members of Panchayati Raj Institutions and 21 employers were sensitised to discrimination against people affected by leprosy.
264 leprosy champions were selected and their capacity built; three of them attended International Leprosy Congress held in Beijing in September, and one attended CBR World Congress held in Malaysia in October.

For influencing decision makers for positive action for social inclusion of people affected by leprosy, 21 cases of discrimination against people affected by leprosy were documented, as evidence.

Action was initiated to address issues of discrimination by collaborating with NDTV to produce a short film – The UNwanted. Positive actions taken by the government were documented and publicised at national level in four newspapers and two news channels. Such actions were publicised in the states of Chhattisgarh, Maharashtra and Tamil Nadu through eight newspapers and 16 news channels. To help people affected by leprosy present their first-hand experience of discrimination, 264 leprosy champions were selected and their capacity built; three of them attended International Leprosy Congress held in Beijing in September, and one attended CBR World Congress held in Malaysia in October, and shared experiences with other participants.

To build alliances with mainstream groups, disability and other organisations and movements to generate wider public support for the cause of leprosy, TLMTI collaborated with partners, such as National Bank for Agriculture and Rural Development (NABARD), Larsen & Toubro Ltd, Ashok Leyland Ltd, Lux Industries Pvt Ltd, Maruti Suzuki India Limited, and Maharashtra Khusth Sangh.

A POLITICALLY SUPPORTIVE ENVIRONMENT FOR DEVELOPMENT OF PEOPLE AFFECTED BY LEPROSY

In order to create a politically supportive environment so that government formulates policies that are favourable for development of people affected by leprosy, the programme engaged with the government for passing of ‘Eliminating Discrimination against Persons Affected by Leprosy’ (EDPAL) Bill in the Parliament. At national level, 69 members of Panchayati Raj Institutions, one State Leprosy Officer and members of three NGOs were sensitised to Report 256 of the Law Commission of India. Members of 68 collectives of people affected by leprosy in six states were also sensitised to the Report so that they could advocate for repealing discriminatory legislation and implementing recommendations for rehabilitation.

People affected by leprosy were provided opportunity to interact with duty bearers during CREATE Conference organised in Delhi, in April, by TLMTI.

In order to leverage TLMTI’s expertise as a knowledge partner with relevant government bodies, TLMTI started working with National Human Rights Commission (NHRC), and National Platform for the Rights of the Disabled (NPRD).

FOR INCREASING ORGANISATION’S EFFECTIVENESS

TLMTI’s Communication Hub made great strides in internal and external communication through a process of persuasive, engaging communication. Popular social media tools and platforms, such as Blog, Facebook, Twitter and YouTube were extensively used for this. The Hub developed communication materials on TLMTI’s new Country Strategy (2016-18) and disseminated to all stakeholders and staff. This has helped in having a uniform understanding of the Country Strategy across TLMTI and understanding of the direction and performance of the organisation. Two media partnerships were developed and this helped in building TLMTI as a trusted brand.
Deepak Sandu Pawar, 25, belongs to Kelgion village of Aurangabad district, in Maharashtra. He was diagnosed with leprosy when he was 20. His brother also had leprosy. Deepak was treated at a government hospital for leprosy. After his treatment, in 2012, Deepak joined the two-and-a-half-year diploma course in optometry being conducted by TLM Kothara Hospital.

After the course, he opened his optometry clinic in Raipur, in Chhattisgarh. Deepak’s day starts early morning at 7:00 am, leaving for health camps in Raipur and neighbouring areas. Over a short span, Deepak has earned a reputation for himself. Around 11:30 am he attends to patients visiting his eye clinic. At an average, Deepak earns Rs 40,000 every month.

Deepak is championing the cause of leprosy. He believes that people like him, who had undergone the trauma of leprosy, can play a crucial role in demystifying leprosy, and can help many leprosy patients to come forward for early treatment.
Coming together is the beginning, keeping together is progress, working together is success, and this is exactly what TLMTI's partnership with NDTV is all about.

A simple conversation with NDTV a year back, a television programme, called 'The Real Deal', and a commitment to join hands to fight against leprosy resulted in a film called 'The UNwanted'.

NDTV, after seeing the harsh realities of leprosy, the large number of people who have been ostracised because of the fear about the disease and the lack of correct information decided to produce The UNwanted, a documentary film, in association with TLMTI. The film takes us on an emotional and informative journey on leprosy in India today, its reality and challenges for the people who are affected. And the film is dedicated to create awareness and foster an informed and rational dialogue on the issue. The film can be used widely to disseminate the correct information about leprosy and creating a leprosy-free India.
A human rights activist, dynamic leader, and eloquent orator, thirty-seven-year-old Pawan Kumar Sahu is the face of Diprapara leprosy colony, in Durg, Chhattisgarh. His father was affected by leprosy and had visible deformity. He did odd jobs to take care of his family.

“When I was six, I worked in a hotel in Durg, doing odd jobs. Once my father asked me if I wanted to study; I said yes, and he took me to a school run by an organisation that provided free education and hostel to children who had a leprosy background. I studied there up to class 8. I wanted to continue my studies, but the school, by that time, had closed down. My family could not afford to send me to another school, and hence I returned to my parents”, shares Pawan.

After returning from the hostel, Pawan tried his hands on different jobs. Initially he worked as a daily wage labourer. After that, for five years he worked as a cycle-rickshaw puller. During that period, a friend referred him for a job as a caretaker in juvenile justice home. “The salary was Rs 1,950 per month, and I used to earn around Rs 2,500 as a rickshaw puller. I felt, in the long run, the job would help me. I worked in the juvenile justice home for eight years”, says Pawan.

In his colony, during community meetings, it was mandatory for at least one member of the family to attend it, or else, a fine of Rs 5-10 would be charged. Sometimes, Pawan had to attend the meeting representing his father. Since he was the most educated youth in the colony, he would read and write for other community members. Gradually, his participation increased and he also accompanied the community members to Nagar Nigam (urban local governing body) office and other government offices. Today, Pawan Kumar is the leader of the colony and takes complete responsibility of the colony.

Pawan’s interaction with TLMTI started in 2006, when it provided residents of Diprapara leprosy colony information on forming self-help groups (SHGs). Pawan liked the concept of SHG and started three SHGs in his colony. Two are active up till now.

“TLMTI, through its Challenging Anti-Leprosy Legislation (CALL) project, has created a lot of awareness in our colony. On the basis of that, we have started living a dignified life. They have informed us about our rights and how to access them. CALL project informed us that whatever issues we have, we have to submit memoranda to the respective government departments. With CALL project’s support, we submitted many memoranda and because of this, in 2010, concrete roads were laid in the colony; a borewell and a hand pump were installed. CALL provided us the right guidance, because of which we gained immensely”, says Pawan.

Pawan has been identified as a leprosy champion by TLMTI. As a champion, Pawan attended the International Leprosy Congress, in Beijing, in September 2016. During his visit to Beijing, even though he lacked fluency in English, he made an effort to talk to other participants. “People from different countries shared their experiences. There are many people struggling the way we struggled, I could share with them how we transformed our colony, and many were inspired by it”, says Pawan.
Social science research
Research for sustainable change

Research programme in TLMTI underwent major transformation in 2016 to make the programme sustainable, and also to use the reservoir of knowledge to devise new applications to bring sustainable change in the lives of people affected by leprosy. The learning was disseminated throughout the organisation and among other stakeholders through well-defined training programmes.

Research is a cross-cutting issue in TLMTI. The main objective of research in the organisation is to find solutions to the problems and obstacles which hinder the control and eventual eradication of leprosy. While basic sciences research in immunology and molecular biology is carried out in TLMTI’s Stanley Browne Laboratory, in Delhi, clinical and field research projects are implemented across its hospitals, vocational training centres, and community development projects.

TLMTI was involved in a number of large multi-centre projects at Stanley Browne Laboratory and in the field. Some of them were done independently and some in collaboration with organisations, such as Indian Council of Medical Research; Department of Biotechnology, Ministry of Science and Technology, Government of India; medical colleges; and universities.

In 2016, basic science research at the Stanley Browne Laboratory has focused on issues of transmission of Mycobacterium leprae, which are still not fully understood. Using PCR (Polymerase Chain Reaction)
techniques, the presence and viability of M. leprae in the environment surrounding the residences of highly bacillated patients has been demonstrated. Focal transmission from a source case and transmission in children are also being studied. Two new projects on the transmission of leprosy have been initiated in 2016. Drug resistance is an emerging problem in leprosy and is the second priority for basic sciences research in TLMTI; this is part of the WHO Sentinel Surveillance project.

In the field, research undertaken was in early detection, lepra reaction, disability, stigma and associated issues, and effectiveness of programmes to empower affected communities. In the hospitals, research was focussed on improving the lives of people suffering from leprosy. This included improved surgical techniques, more effective aids and appliances for patients with disability, footwear for those with deformed feet, methods of facilitating inclusion of persons with disability, early diagnosis and management of nerve involvement. Mental health and social issues were also studied to better understand stigma. This was done with a view to addressing social isolation. TLMTI explored new areas, such as other neglected tropical diseases (NTDs) and GIS (geographic information system) mapping of communities, to identify problems to facilitate planning of future programmes.

The work done by the organisation was recognised by the scientific community, as evidenced by the papers published in peer-reviewed journals and presentations at academic forums.
Collecting swab sample

TLMTI staff who participated in the 19th International Leprosy Congress, held in Beijing, China, in September 2016. TLMTI presented nearly 50 papers at the Congress; this was the largest contribution from a single organisation.

TRAINING

The Training domain of TLMTI, along with the HR domain, developed a skills audit tool to map the skill sets in the organisation. This was field tested at TLM Vadathorasalur. To have uniformity in training, training modules for leprosy, other neglected tropical diseases (NTDs) and water, sanitation and hygiene (WASH) were developed. The modules available for advocacy, community-based rehabilitation (CBR) and community-based inclusive development (CBID) will be incorporated for the future trainings.

Four workshops were conducted for nurses working in TLMTI hospitals. Nurses were trained on topics, like diagnosis and treatment of leprosy, early detection and management of reaction and neuritis, management of deformities, methods of rest for hands and feet (slings, crutches, PoP cast, wheelchair, etc), and diabetes, neglected tropical diseases (NTDs) and water, sanitation and hygiene (WASH).
Training in organic farming, supported by HDFC Bank
Organisations, being dynamic systems, can never underestimate their power to adapt. Changing and transforming are the mantras that will warranty an organisation’s ability to survive and sustain. This is especially true in the case of non-governmental organisations (NGOs) which face the challenge of declining funding scenario. A shift from dependence to independence comes only when an organisation summons its power to change and transform for its sustainability.

TLMTI’s resource mobilisation activities in 2016 were aimed at making its programmes financially sustainable, in line with the strategic priority of organisational effectiveness outlined in its Country Strategy 2016-18.

The organisation is focused on bringing about transformation in various segments of donors, such as individuals, corporates, churches and institutions.

Individual fundraising was done with the objective of creating a database of individual donors for sustained long-term giving. Three direct mail appeals (acquisition) for MCR protective footwear and ulcer treatment were sent through 2.90 lakh mailers, and Rs 73.46 lakh were raised through this. Three direct mail appeals (retention) for reconstructive surgery and ulcer treatment were sent through 10,046 mailers, and Rs 49.42 lakh were raised through this. Through face-to-face and tele-facing fundraising channels, 758 new donors were acquired. Total donation received through these channels was Rs 36.74 lakh. Rs 9.64 lakh were raised through GiveIndia platform and Rs 18.80 lakh through payment gateway.
total of 3,506 new donors were acquired in 2016, taking the total donor base to 6,637.

**Corporate fundraising** was done to build long-term partnerships for programme funding. Proposals were submitted to Central Warehousing Corporation Ltd, National Small Industries Corporation, Narotam Sakaria Foundation and State Bank of India, worth Rs 76.88 lakh. Bharat Heavy Electricals Limited donated a biofeedback machine worth Rs 4.20 lakh and sponsored 10 VTC students with Rs 4.50 lakh; HDFC Bank donated Rs 13.45 lakh for providing community-based vocational education, and UAE Exchange donated Rs 4.50 lakh for skill development through VTCs. Bharat Petroleum Corporation Limited has committed Rs 90 lakh for vocational education of 216 VTC students, out of which Rs 18.14 lakh has come in 2016.

**Church fundraising** was done to sensitise churches to the issues of leprosy and build partnerships. Baptist Church was the main source of fundraising in Mizoram. In Delhi/NCR, Leprosy Sunday was observed in 30 churches. Church contacts and Delhi Christian Chorus continued their support in 2016 also, with Rs 1 lakh donated for reconstructive surgery. A total of Rs 29.96 lakh were collected from churches.

TLM England and Wales, TLM Switzerland, TLM Netherlands, and effect:hope (TLM Canada) continued supporting fundraising activities of the organisation.

**Institutional fundraising** was done with the objective of programme development through new projects with two-three year funding. TLMTI submitted 28 proposals with a combined budget of approx. Rs 49 crore, out of which four proposals were successful: 1) for a wheel alignment machine for motor mechanics trade at TLM VTC Nashik, from the German Consulate in Mumbai; 2) for organic farming trade at TLM VTC Faizabad, from the Australian Embassy in New Delhi; 3) for ulcer care activities at TLM Naini Hospital, from Tavola Valdese OPM, Italy; and 4) for the Cuddalore flood relief appeal, from TLM Global Fellowship.

**Unit-level fundraising** was done to raise funds locally; often, they were donations in kind, like vehicles, equipments and food. The aggregate value of donations received was nearly Rs 170 lakh. National fundraising team supported the units, whenever required in attending meetings with the donors. The organisation is in the process of hiring three regional fundraising officers, in Maharashtra, Uttar Pradesh and West Bengal.
Bharat Heavy Electricals Limited (BHEL) officials and TLMTI officials, after BHEL donated a biofeedback machine to TLM Shahdara Hospital

Bharat Petroleum Corporation Limited (BPCL), under its Saksham – Skill Development Project, partnered with TLMTI for providing employment-based skill development for young boys and girls with leprosy, at TLM Vocational Training Centres in Champa, Faizabad and Nashik

OPTIMISING THE USE OF LAND RESOURCES

TLMTI started organic farming on trial basis in the unutilised lands in its hospital premises in Kothara, in Maharashtra, and in its VTC premises in Faizabad, Uttar Pradesh.

RENEWABLE ENERGY

To reduce its energy cost and the negative impact on the environment, TLMTI started installation of a 50 KV solar power plant at its hospital in Naini, Uttar Pradesh. Power production would go on stream in 2017. Project proposals were prepared to install solar power plants in its Salur (Andhra Pradesh) and Shahdara (Delhi) hospitals.
Transformation in the organisation

In 2016, TLMTI saw the beginning of a transformation in its operations. This was prompted wholly by the organisation’s new Country Strategy that called for a new approach to support its programmes to deliver sustainable change in the lives of people affected by leprosy.

One of the priority areas in the new Country Strategy was to improve organisational effectiveness, so that the organisation recognises, adapts and responds to the changing internal and external environment through developing relevant programmatic, financial and organisational strengths. This is expected to help the organisation sustain and effectively implement its programmes so that healing, inclusion and dignity become a reality in the lives of people affected by leprosy and people from other marginalised communities.

The organisation started thinking in terms of making it a flexible and effective organisation having a stakeholder-centric approach to organisational activities in a productive environment. This approach has started transforming the organisation into a proactive entity, and the results were seen in 2016.

TLMTI’s Learning and Development, Human Resource, Finance and Audit and Risk Management Domains supported immensely in developing the organisation’s programmatic, financial and organisational strengths.
LEARNING AND DEVELOPMENT DOMAIN

Focus areas in 2016 were organisational learning; programme development; monitoring and evaluation; and GIS (geographic information system) disease mapping.

Organisational learning: Key learnings identified in 2016 for implementation as good practice in the programme in 2017 were 1) Corporate ethics for all aspects of business conduct and practices; 2) Programme orientation for new staff in a TLMTI location with hospital, VTC and community project; 3) Enhancing revenue generation in TLMTI hospitals; and 4) Policy on patents/intellectual property rights for innovations/research by individuals when done as staff on the organisation’s time and with organisational resources.

The Annual Country Learning (ACL) with its theme ‘Innovation for Sustainability’ contributed to the ongoing effort to foster an organisational culture of innovation. Leaders pledged commitment to encouraging innovation in their teams. TLM Muzaffarpur Hospital’s turnaround and the Google Footwear project were presented as good examples of innovation for sustainability.

TLMTI learned from other organisations: 1) TLM Global Fellowship members on institutional fundraising; 2) Google on how it fosters a culture of innovation; 3) LEPRA Society on its NTD (neglected tropical diseases) projects and software now used in our GIS disease mapping; and 4) Indian Institute of Public Health, Hyderabad, on GIS mapping.

Programme development through institutional fundraising (IFR): 28 proposals were developed in 2016 in response to various institutional funding calls. We received funding for four proposals in 2016. There were many firsts in IFR in 2016: 1) We contributed significantly to a TLM multi-country proposal to the MacArthur 100 and Change grant; 2) We interacted with a potential large institutional funder to build rapport and interest in TLMTI’s leprosy disability work; 3) We organised the IFR workshop in Delhi, a first of its kind in TLM Global Fellowship, where eight country members participated.

Monitoring and evaluation: Evaluation of TLMTI’s Health programme marked an important shift towards thematic/programmatic evaluations. The evaluation will guide strategic programme and hospital-level interventions for healthcare impact, especially in leprosy. L&D developed a Workplace Training/Learning Evaluation format for training conducted by the organisation.

GIS disease mapping: The organisation acquired new knowledge in GIS disease mapping through pilot surveys to map NTDs and WASH (water, sanitation, and hygiene) in TLMTI locations in two states, and leprosy-affected clients attending its hospitals, VTCs and projects. A new questionnaire and clear volunteer training and data validation criteria for surveys in 2017 will be developed with the learning from the pilots. Also, GIS mapping of all leprosy-affected clients in TLMTI programmes is planned in 2017.

Research: L&D presented three papers based on data from monitoring and evaluation, at the International Leprosy Congress, Beijing. These will be prepared for publication in peer-reviewed journals in 2017, and the evidence will also be used in advocacy.

Dr Sunil Anand, Executive Director, TLMTI, delivering the keynote address at the Annual Country Learning
FINANCE DOMAIN

Financial turnaround of TLMTI: Financial resources were never a constraint in TLMTI in earlier years. However, the situation has changed in the recent years. Though there was no working capital or reserves available in TLMTI, careful management of the cashflow ensured that no programme suffered due to lack of funds. In 2015, the Organisation had a budget deficit of Rs 10 crores, which could impact implementation of its programmes. TLMTI generated additional resources to the tune of Rs 14 crores in 2015, because of which the funding gap of about Rs 10 crores was plugged. The income target for 2016 was set based on the achievements of 2015, but there was still a funding gap of Rs 5.16 crores. The good performance continued in 2016 with an additional income of Rs 7.32 crores vis-a-vis the annual target, thereby fully managing the gap. The financial performance of TLMTI Units has been improving steadily, with eight of its hospitals having self-sustainability beyond 75%. Five of these hospitals are funding other programmes, after meeting all their expenses.

Country Strategy priority - sustainability of TLMTI programmes: The target for 2016 was to generate internally 65% of the resources required for running the programmes, either through the operations/services, or through resource mobilisation initiatives. It is a matter of great pride that the Organisation could achieve 66% financial sustainability in 2016 against the target of 65%. Further, two of the key focus areas forming part of the Country Strategy implementation plan (Finance) were ‘Developing Unit Level financial expertise’ and ‘Introducing the new multiyear planning / budgeting’. For this, capacity-building of the TLMTI Unit leadership/key staff has been planned to cover all the Units within a period of 3 years. As against the plan of covering eight Hospitals and three VTCs in 2016, the Domain could successfully complete the program in seven Hospitals and two VTCs. The country office Finance Team visited the field units and facilitated strengthening financial expertise at the Unit level. The outcome/response was encouraging. Further, TLM Global Fellowship has introduced activity-based budgeting. This was piloted on a trial basis in five TLMTI Units from April 1, 2016. Learnings from the pilot phase helped the management to suitably modify the new multi-year budgeting, and it was implemented in all Units from January 1, 2017. The accounting systems are being modified to align with the activity-based plan/budget made for 2017.

Achievements

• TLMTI Society has 22 FCRA Registrations for its Country Office and the various Units. The Organisation received renewal orders for all the 22 Registrations from the Ministry of Home Affairs, Government of India.
• The Society has received clean Income Tax Assessment Order for the financial year 2012-13, eleventh time in succession. Further, we also got exemption from Income Tax Assessment for one year, i.e., financial year 2013-14.
• Settlement of advance grant liability of the previous year’s amounting to Rs. 300 lakhs.
• Investment in HMS hardware to the extent of Rs. 144 lakhs in spite of funding constraints. This investment greatly supported the new HMS, which could not be managed with the outdated hardware.

HUMAN RESOURCE DOMAIN

In 2016, TLMTI accorded high priority on the development of its leaders at various levels, and HR Domain embarked on leadership development through structured leadership development programmes. Six operations team members underwent specialised functional management training at Indian Society for Applied Behavioural Science (ISABS) and Indian Institute of Management.

TLMTI has been taking conscious decisions and steps towards sustainability. As an organisation, it has innovated newer methods and processes to nurture and sustain the culture of innovation. Profession of Management intervention was made to foster innovation as a managerial competency and to explore the methods and understand the framework and tools to further the practices and institutionalise the culture of innovation. As part of this, all unit leaders attended advanced-level programme of Profession of Management workshop.
Middle management-level staff were trained in second-line leadership. This was to build the competency of second line leaders to meet the new environment and to help and support the unit leadership in achieving the organisation’s vision.

Staff in Tamil Nadu, Chhattisgarh and members of various projects were trained as part of unit-level organisational development. This was done with the objective of creating effective units that respond quickly, decisively, and wisely to the changes in the environment and achieve the Country Strategy objectives.

**AUDIT AND RISK MANAGEMENT DOMAIN**

Audit and Risk Management Domain continued to build and sustain a culture of risk awareness and management across the organisation. Ample involvement, brainstorming, and discussions with various key stakeholders have enabled the Domain to keep itself in a vantage position to learn, advise and recommend along with the stakeholders as they implement, including the new Country Strategy. Focus areas for the Domain have been risk assessment of new projects, and innovative auditing and reporting styles have been brought in to make the objective of the Domain more relevant. Emphasis has also been given to building the strength of the co-auditors by imparting them ‘on the audit’ practical training. The Domain is also aligning itself internally to introduce thematic audits from 2017.

**Significant achievements**

- Professional executive summaries have conveyed more clarity of the concerns across the units audited. Frequent audit briefings to the Senior Management Team to make them aware of the concerned risks.
- During 2016, the Domain focussed on audits on Vocational Training Centres, community development projects and also the Domains of Resource Mobilisation, and Research. The Snehalaya in Almora was also audited, along with some of the hospitals.
- Country Strategy risks were also identified. The Domain sensitised the organisation’s core team in Chhattisgarh for effective implementation of the new Country Strategy; reviewed the database and documentation processes of the VTCs and community development projects. Alignments have been done to bring about thematic audits for 2017.
- The Domain sensitised the new staff of the newly launched three projects (CSOs for Resource Mobilisation, Empowerment, Advocacy, Training and Employment [CREATE] project; Women’s Empowerment through Advocacy, Livelihoods Training and Health [WEALTH] project; and SHGs towards Holistic Community Development [SHCD] project) on risk management, and recommended mitigation plans for the risks identified in these projects.
- On-the-field trainings have been given to newly inducted audit members on the tools and techniques of programmatic auditing and risks.
- The Domain interfaced along with other counterparts in implementation of the new Hospital Management System and the newly introduced activity-based budgeting. The Domain also assessed the risks of new project proposals, participated in the regional reviews, and interacted with external auditors.
- The core staff of the Domain applied the principles learnt from leadership training (Profession of Management) which also helped in bringing valuable insights in the style of conducting the management audits.

**Innovations**

The Domain adopted many innovative approaches to make its function sustainable. Some of them were:

- Aligned internally to launch thematic audits from 2017.
- The areas of corporate fundraising and corporate social responsibility (CSR) were emphasised in the audit of the resource mobilisation function.
- Brainstormed with the auditees while auditing, for better inputs for programme quality and generation of new ideas.
- Best practices advised in the audit recommendations.
- Applied results-based management concepts in audits; domain audits introduced.
Building leaders: the heart of organisational transformation

“I studied nursing at Our Lady School of Nursing, St Joseph Hospital, Dindigul, in Tamil Nadu, in 1980, and graduated in 1983. It was Rev. Br James Kimpton, who encouraged me to study nursing. He supported me and my family those days.

I worked in different hospitals, and in June 1992, I joined The Leprosy Mission Trust India. Looking back, I realise it was God's plan. While I was working in a hospital in Madurai, one Ms Yesuudaiyal, who had done Auxiliary Nursing course in TLM Dayapuram Hospital, told me about TLMTI, and asked me to apply there.

At that time, Mr Richard Baskaran was the hospital superintendent and Mrs Eben Baskaran was the nursing superintendent at TLM Dayapuram Hospital. I applied and was selected. Mrs Eben Baskaran gave me an excellent exposure to various nursing practices. This was a learning opportunity for me and I could upgrade my knowledge in all aspects of nursing. She was very particular that nurses should talk in English at work place and carry themselves with dignity.

She encouraged me to do higher studies. I had a longstanding dream to do B. Sc Nursing course, and in May 2004, I applied to Christian Medical College (CMC), Vellore, for Post Certificate B. Sc Nursing programme.
Dr Cornelius Walter, the then Director, TLMTI, sponsored me for the course. I successfully cleared my entrance exams and joined CMC, in August 2004. I was 44 years old then. Initially it was very difficult for me to cope with the studies, but my tutors, classmates and friends helped me succeed.

I returned to TLM Dayapuram Hospital in September 2006, as B. Sc. staff nurse. TLMTI gave me enough opportunities in my professional growth. I was trained in advocacy, human rights, gender, counselling, community-based rehabilitation and developing partnerships. After these trainings, I was able to facilitate formation of self-help groups, meet village leaders and do community development work. Dr Jerry Joshua, whenever he visited the hospital for performing reconstructive surgery, encouraged me to do nursing audit/assessment. I didn’t know much about this, so I checked with my seniors and juniors in CMC, and other nursing colleges. In October 2014, Dr Shyamala Anand (Domain Head - Learning and Development) asked me if I could accompany two external evaluators, Mrs Lucy Salomon and Sr Molly, to five of our hospitals for conducting nursing assessment. Terms of Reference for this was sent to me. I was aghast; this was totally a new concept for me.

But I took up this as a challenge to learn new concepts in nursing so that we could implement them in our hospitals to improve the quality of our services. I was still a Staff Nurse, waiting for my next promotion in January 2016.

In March 2015, there was an opening in TLMTI for Nursing Programme In-charge. Nurses who had done B. Sc Nursing, and who had five years experience were encouraged to apply. I was not initially interested, since there were only five years left for my retirement. But I applied, and after the interview, I was appointed as Nursing Programme In-charge, on April 1, 2015. As the Nursing Programme In-charge, I visit all TLMTI hospitals to ensure that nursing standards are maintained in the hospitals. I also attend various conferences all over the country. God has helped me so far to discharge my duties. I am thankful for all the opportunities and encouragement I got in TLMTI."
How TLMTI helped change lives in 2016

THROUGH HEALTHCARE PROGRAMME

- 685,465 outpatient consultations for healthcare
- 1,315 surgeries to correct deformities
- 15,063 admissions for inpatient care
- 84,135 consultations for specialised leprosy care
- 1,315 surgeries to correct deformities
- 6,525 admissions for specialised leprosy care
- 18,782 pairs of protective footwear for people with loss of sensation due to leprosy
- 3,410 ophthalmic surgeries
- 6,525 admissions for specialised leprosy care
- 2033 institution-based deliveries

THROUGH SUSTAINABLE LIVELIHOOD PROGRAMME

- 1,145 young boys and girls enrolled for vocational training
- 54% girl students
- 22% students with disabilities
- 73% job placement

THROUGH COMMUNITY EMPOWERMENT PROGRAMME

- 1,008 students given financial assistance to continue education
- 6,778 households with improved income through livelihood initiatives
- 2,033 self-help and other groups supported for community empowerment
- 254,507 marginalised women supported through empowerment initiatives
- 19,666 people affected by leprosy supported through development and self-care initiatives
- 17,812 people with disabilities supported through development initiatives and disability management
How big can you dream?
Innovations in TLMTI in 2016

An idea remains just an idea unless it is applied to generate value to the stakeholder’s life. An applied idea that adds value becomes an innovation. An aptitude for innovation and its practise decide whether an organisation stays relevant.

Innovation has become a way of life in TLMTI for the last three years. TLMTI recognises innovations that are appropriate, scalable and replicable by honouring them with awards of excellence. In 2016, the organisation received 24 entries from its units and projects for Innovation Awards 2016.

Out of these, the following four innovations were honoured with awards of excellence. The awards were presented during TLMTI’s Annual Leadership Consultation, held in Lonavla, Maharashtra, from February 8 to 11, 2017:

**CUSTOMISED FOOTWEAR FOR PROVIDING HIGH-QUALITY FOOT CARE IN LEPROSY**

TLMTI found that the customised MCR (micro-cellular rubber) protective footwear it provides to people affected by leprosy who have anaesthetic feet, though functional and effective, were not acceptable to patients because of the appearance and the stigma associated with the footwear itself! Further, TLMTI finds it difficult to get shoe-makers who are willing to make customised footwear for leprosy patients, as shoemaking as a skill practised by individuals is giving way to technology-based industry.

To address this issue, TLMTI started a pedorthotics project - Customised Protective Footwear project, in Miraj, Maharashtra. The objective of the project is to increase independence and reduce stigma for people with leprosy by creating high-fidelity, customised, cost-competitive footwear using 3D scanning, computer-aided design (CAD) and computer-aided manufacturing (CAM) technologies.

The central fabrication unit (CFAB unit) set up in Miraj, for manufacturing customised insoles will receive foot-scans of people affected by leprosy from satellite clinics in TLMTI hospitals. The scans will be analysed, and suitable insoles will be made. Once ready, the insoles will be sent to the hospital to be inserted in the footwear required by the concerned patients.

**CITIZENS’ ACCOUNTABILITY CHARTER**

Women’s empowerment through Education, Advocacy, Livelihoods Training and Health (WEALTH) project works in 34 Gram Panchayats (GPs) in Barabanki district of Uttar Pradesh. Out of these, 10 GPs have expressed willingness to address leprosy, disability and gender inequality in their villages.

The project sensitised the members of the GPs to leprosy, disability, gender inequality and Water, Sanitation and Hygiene (WASH). The project advised them to demonstrate their commitment to create awareness about leprosy and not to discriminate against people affected by the disease, to educate children in the village, to respect and protect women, etc, by putting up Citizens' Accountability Charter in Isroleet village.
Accountability Charter in their villages. All the 10 GPs have put up the Citizens’ Accountability Charter in their villages, by December 2016. This has brought about a positive change in the attitude of people.

**ANNAPURNA SANKALP - AN INITIATIVE FOR SUSTAINABLE FOOD DONATION**

TLM Kothara Hospital spends around Rs 1,300,000 a year for providing food to its inpatients (at an average of Rs 3,500 per day for 50 patients). The hospital often finds it challenging to raise this amount. In India, people believe that feeding needy people is an act of worship, and so, people are willing to donate food on special occasions, like festivals, birthdays or other memorable days.

To cash in on this belief, the hospital came up with an initiative, called Annapurna Sankalp. Through this initiative, the hospital encouraged people to donate one-time food or a whole day’s food. A one-time donation of Rs 50,000 would mean a day is reserved each year for the donor. The concept is that if the amount is invested in a fixed deposit, it will generate bank interest of Rs 3,500 per year which will take care of the food expense for the whole day. The names of donors of Rs 50,000 and above would be put up permanently on the walls of the outpatient department waiting room. The hospital also kept large containers at the outpatient department for patients to deposit rice, dal, sugar and other food items.

**MARTIAL ARTS AND SELF-DEFENCE CLASSES**

The increasing number of crime against women is alarming, and TLM Vocational Training Centre (VTC), in Nashik, Maharashtra, felt a need to empower its female students so that they could protect themselves from such crimes. With this in view, the VTC started martial arts and self-defence classes for its girl students, engaging a qualified trainer. The students are trained thrice a week in karate and kickboxing. All female students of the VTC are attending the classes, and their self-confidence has improved appreciably.

In 2016, TLMTI’s Barabanki Hospital, Champa Hospital, Dayapuram Hospital, Muzaffarpur Hospital, Naini Hospital, Nashik Vocational Training Centre and National Fundraising Dept, raised funds beyond their projected annual budget. They also were honoured with awards of excellence at Annual Leadership Consultation 2017.
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:
# Financial Statements

## BALANCE SHEET AS AT 31ST DECEMBER, 2016

<table>
<thead>
<tr>
<th>Sources of Funds</th>
<th>INR (As at 31.12.2016)</th>
<th>INR (As at 31.12.2015)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Fund (Represented by Fixed Assets)</td>
<td>365,613,602</td>
<td>337,423,132</td>
</tr>
<tr>
<td>Capital Project Fund</td>
<td>30,973,620</td>
<td>29,059,819</td>
</tr>
<tr>
<td>General Fund</td>
<td>(58,470,232)</td>
<td>(72,936,116)</td>
</tr>
<tr>
<td>Designated / Programme / Other Funds</td>
<td>50,507,378</td>
<td>112,118,624</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>388,624,368</strong></td>
<td><strong>405,665,459</strong></td>
</tr>
</tbody>
</table>

## Application of Funds:

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Block</td>
<td>832,179,057</td>
<td>783,876,324</td>
</tr>
<tr>
<td>Less: Depreciation</td>
<td>466,565,455</td>
<td>446,453,192</td>
</tr>
<tr>
<td>Net Block</td>
<td>365,613,602</td>
<td>337,423,132</td>
</tr>
<tr>
<td>Capital Work in Progress</td>
<td>20,705,500</td>
<td>15,336,207</td>
</tr>
<tr>
<td>Investments</td>
<td>386,319,102</td>
<td>352,759,339</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Bank balances</td>
<td>110,893,737</td>
<td>104,403,925</td>
</tr>
<tr>
<td>Amount Receivable</td>
<td>19,858,179</td>
<td>17,578,018</td>
</tr>
<tr>
<td>Less: Current Liabilities</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Amount Payable</td>
<td>128,759,776</td>
<td>80,310,823</td>
</tr>
<tr>
<td>Net Current Assets</td>
<td>1,992,140</td>
<td>41,671,120</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>388,624,368</strong></td>
<td><strong>405,665,459</strong></td>
</tr>
</tbody>
</table>

## Income and Expenditure Account for the Year Ended 31ST December, 2016

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Contributions</td>
<td>235,637,072</td>
<td>235,102,257</td>
</tr>
<tr>
<td>Local Contributions</td>
<td>27,381,129</td>
<td>17,808,940</td>
</tr>
<tr>
<td>Receipts from Patient Care</td>
<td>390,075,195</td>
<td>317,052,939</td>
</tr>
<tr>
<td>Receipts from other Services</td>
<td>16,767,321</td>
<td>18,661,936</td>
</tr>
<tr>
<td>Local Fund Raising</td>
<td>29,779,044</td>
<td>18,457,601</td>
</tr>
<tr>
<td>Interest</td>
<td>7,734,931</td>
<td>5,793,852</td>
</tr>
<tr>
<td>Miscellaneous Income</td>
<td>4,810,988</td>
<td>6,841,849</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>712,185,680</strong></td>
<td><strong>619,719,374</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Treatment</td>
<td>439,798,158</td>
<td>357,968,240</td>
</tr>
<tr>
<td>Public Health</td>
<td>5,446,323</td>
<td>8,127,303</td>
</tr>
<tr>
<td>Livelihood Programmes</td>
<td>106,882,069</td>
<td>82,806,934</td>
</tr>
<tr>
<td>Prevention of Disabilities</td>
<td>20,112,443</td>
<td>12,259,819</td>
</tr>
<tr>
<td>Health Education and Advocacy</td>
<td>11,934,423</td>
<td>26,683,111</td>
</tr>
<tr>
<td>Research</td>
<td>22,092,434</td>
<td>15,382,836</td>
</tr>
<tr>
<td>Training / Workshops</td>
<td>18,261,805</td>
<td>12,011,249</td>
</tr>
<tr>
<td>Fund Raising</td>
<td>17,440,134</td>
<td>6,185,696</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>103,259,177</td>
<td>86,712,136</td>
</tr>
<tr>
<td>Excess of expenditure over income carried to General Fund</td>
<td>(33,041,286)</td>
<td>11,582,050</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>712,185,680</strong></td>
<td><strong>619,719,374</strong></td>
</tr>
</tbody>
</table>
FINANCIAL POSITION AS AT 31ST DECEMBER, 2016
(Figures INR in Lakhs)

**SOURCES OF FUNDS**

**CAPITAL FUND**
- Represented by Fixed Assets
- 94.08% 3,656.14

**GENERAL FUND**
- 13.00% 505.07
- (18.05)% (584.70)

**APPLICATION OF FUNDS**

**FIXED ASSETS**
- (Incl. Cap WIP)
- 99.41% 3,863.19
- (28.02)% (1,089.02)

**INVESTMENTS**
- 0.08% 3.13

**CASH AND BANK BALANCES**
- 28.53% 1,108.94

**AMOUNT RECEIVABLE**
- 4.64% 170.40

**WORKING RESULTS FOR THE YEAR 2016**

**INCOME**

**RECEIPTS FROM PATIENT CARE**
- 54.77% 3,900.76

**LOCAL CONTRIBUTIONS**
- 3.84% 273.81

**FOREIGN CONTRIBUTIONS**
- 33.09% 2,354.37

**RECEIPTS FROM OTHER SERVICES**
- 2.35% 167.67

**LOCAL FUNDRAISING**
- 4.18% 297.79

**INTEREST**
- 1.09% 77.35

**MISCELLANEOUS INCOME**
- 0.68% 48.11

**EXPENDITURE**

**LIVELIHOOD PROGRAMMES**
- 15.01% 1,068.82

**PUBLIC HEALTH**
- 0.77% 54.46

**TREATMENT**
- 61.75% 4,397.98

**DEFICIT**
- (4.64)% (330.41)

**AMOUNT RECEIVABLE**
- 4.64% 170.40

**FINANCIAL MANAGEMENT**

**HEALTH EDUCATION AND ADVOCACY**
- 1.68% 119.35

**RESEARCH**
- 3.10% 220.92

**TRAINING / WORKSHOPS**
- 2.56% 182.62

**FUNDRAISING**
- 2.65% 174.40

**FUNDING OF TLMTI PROGRAMMES 2016**

**TLM Trust India**
- 65.46%

**TLM England & Wales**
- 17.28%

**Leprosy Research Initiative**
- 9.09%

**TLM Scotland**
- 3.97%

**TLM Sweden**
- 1.91%

**TLM Switzerland**
- 1.91%

**TLM Hungary**
- 0.17%

**TLM N.Ireland**
- 0.22%

**TLM Germany**
- 0.13%

**TLM Denmark**
- 0.08%

**American Leprosy Mission (ALM)**
- 0.02%

**Effect : Hope (Canada)**
- 4.74%

Annual Report 2016
Major Institutional Donors’
(through TLM Supporting Countries & Others)

European Union through TLM E&W
Rotary UK through TLM E&W
Hand in Hand through TLM E&W
SIDA through TLM Sweden
Woord & Daad through TLM Netherlands
LRI Nethrtlands
Medical Mission Fund through TLM Netherlands

Major Indian Donors

Google India
Indian Council of Medical Research (GOI)
CBM International
Govt. of Maharstra
Hon’ble Governor of Chhattisgarh
Bharat Petroleum Corporation Ltd
Life Insurance Corporation of India
Bharat Heavy Electricals Ltd
Mumbai Port Trust
Australian High Commission
German Embassy
Dalai Lama Trust
HDFC Bank Limited
Vision Foundation
BSES Yamuna Power Limited
UAE Exvchange & Financial Services Ltd
Danieli Corus India Pvt Ltd
Quest Alliance
Give India
Oldham Methodist Church
Mr. Peter Resquinha
United Drilling Tools Ltd
Bethany School
Mrs. Monika Bhola
Summit Online Trade Solutions Pvt Ltd
Ms. Rita Saxena
Koormanchal Academy
Mrs. Aruna Bhatt
Kolkatta Gives
Mr. Armod Kumar
Delhi Christian Chorus
Mrs. Joy Parera
Mr. Sudarshan Kumar Birla