Enabling Change, Fostering Inclusion

ANNUAL REPORT 2017
Board of Governors

Mr Bhal S. Chakranarayan  
Chairman

Dr D. P. N. Prasad  
Member

Mr George Koshi  
Member

Dr Nalini Abraham  
Member

Dr Gift Norman  
Member

Mr Brent Morgan  
Ex-officio member

Ms Linda Todd  
Member

Dr Mary Verghese  
Executive Director and Secretary

Operations Team

Dr Mary Verghese  
Executive Director

Abraham George  
Director - Operations

Dr Famkima Darlong  
Head - Healthcare

Tina Mendis  
Head - Sustainable Livelihoods and Community Empowerment

Nikita Sarah  
Head - Advocacy and Communication

Dr Joydeepa Darlong  
Head - Knowledge Management

Amit Kumar  
Head - Fundraising

Samuel V. Thomas  
Head - Finance

Melvin Moras  
Head - Human Resource Management

Benison Solomon  
Head – Audit and Risk Management
# Table of Contents

Annual Report 2017 at a Glance  iv  
About us  vi  
Message from the Chairman  viii  
Message from the Executive Director  ix  
Message from the Director – Operations  x  
Healing through Comprehensive Healthcare  2  
Inclusive Growth, Sustainable Livelihoods  6  
Advocating for Change Together  12  
Finding Answers, Creating Sustainable Change  16  
Mobilising Resources for Accelerating Change  18  
Supporting Change  19  
The Creative Spark: Innovations in TLMTI  22  
Our Supporters  24  
Financial Information  25
Enabling Change, Fostering Inclusion

ANNUAL REPORT 2017 AT A GLANCE
Researchers believe leprosy has existed since 4000 BC. Despite this, leprosy is one of the most misunderstood diseases. There is a strong stigma associated with leprosy and this stigma wreaks havoc in the lives of people affected by the disease.

Stigma is defined as a degrading and demeaning attitude of society that discredits a person or a group because of an illness, deformity, colour, nationality or religion. It destroys a person’s dignity, marginalises affected individuals, violates basic human rights, and reduces the chances of a person reaching full potential.

There are many myths and misconceptions about leprosy fuelling the stigma associated with the disease. This has resulted in the loss of dignity for the persons affected by the disease. Mainstream society treats them as inferior and subjects them to diverse types of discrimination. The discriminatory laws make them unequal citizens of the country. It affects their access to education, employment opportunities and family life.

The need of the hour is to support people affected by leprosy to be included in society. They need opportunities to participate and make positive contributions. This annual report provides a glimpse of the unrelenting efforts of The Leprosy Mission Trust India in 2017 for fostering inclusion to realise its vision, ‘People affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy’.
About us

The Leprosy Mission was founded in 1874 as 'The Mission to Lepers' by an Irishman named Wellesley Cosby Bailey, in Ambala, India. Subsequently, in 1973, The Leprosy Mission Trust India (TLMTI) was registered as a Society under the Societies Registration Act of 1860. TLMTI is the largest leprosy-focused non-governmental organisation in India and is headquartered in New Delhi, India. The organisation works with people affected by leprosy and other neglected tropical diseases (NTDs), people with disabilities, and marginalised communities, especially women.

PRESENCE IN INDIA

TLMTI has a diverse set of programmes – Healthcare, Sustainable Livelihood, Community Empowerment, Advocacy, and Research and Training. These programmes are implemented through 14 hospitals and two clinics, six vocational training centres, five residential care homes for elderly persons affected by leprosy, eight community empowerment projects, and a research laboratory, spread across 10 states of India.

The organisation implements its programmes working in collaboration with the Central and state governments, the World Health Organization (WHO), International Federation of Anti-Leprosy Associations (ILEP), national and international development and research bodies, and grassroots organisations.
AREAS OF EXPERTISE

- 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, general surgery, and obstetrics and gynaecology).
Is leprosy still a major concern in India? Yes, sadly it is! As per the World Health Organization’s latest report, India accounts for 63% of the total leprosy cases worldwide!

It is against this backdrop that I feel honoured and privileged to be writing this message, as a part of the team striving to combat these figures. The team has been constantly raising the bar by working selflessly and impacting lives more than ever before. In India, the age-old stigmatisation still leads to social isolation of people afflicted by leprosy. With over 130,000 new leprosy cases detected every year, the number of people facing social ostracism is huge.

Over the last year, I’ve personally witnessed the effort and contribution of the team to provide not only medical aid to cure the disease but also comprehensive healthcare facilities, encourage community development initiatives to provide sustainable livelihoods and leave no stone unturned in restoring their dignity in society. In the words of Mother Teresa, “The biggest disease today is not leprosy or tuberculosis but rather a feeling of being unwanted”. This deep-rooted desire to influence change and bring about inclusion in the lives of people affected by leprosy, people with disabilities and people from marginalised communities is the motivation that keeps the team always moving ahead.

As The Leprosy Mission Trust India enters its 144th year, I look forward to another year of collaboration and working together with all stakeholders as we move towards our common goal of hastening the process of change in the lives of people affected by leprosy.

Thank you for your support. I continue to pray for our commitment to the people affected by leprosy, especially in India.

Bhal S. Chakranarayan
Board Chairperson
We in The Leprosy Mission Trust India are committed to creating an enabling environment for people affected by leprosy to live with dignity as valued members of society.

All our programmes are implemented with this as the guiding force. The year 2017 has been a memorable one for us. It marked the middle of implementing our Country Strategy 2016-18. We continued to provide comprehensive healthcare services, educational support, skills training, and empowerment opportunities to people affected by leprosy, people with disabilities and marginalised communities. In 2017 alone, we touched the lives of over a million people in 10 states of India through our programmes. Besides, over 290 leprosy champions function as change makers in their own communities.

We worked closely with Central Leprosy Division, Ministry of Health & Family Welfare, Government of India, ILEP member organisations, and others who share our vision to bring change and foster inclusion for people affected by leprosy.

I am thankful to each one of my colleagues who have put in their best, addressed many challenges in fulfilling the purpose for which we are called for. Thanks to the amazing supporters and donors, and members of TLM Global Fellowship who played a significant role in addressing this shared cause. I acknowledge the support and encouragement from the Chairman and members of our Board.

I take this opportunity to ask for your continued support. As Helen Keller said, “Alone we can do so little; together we can do so much”.

**Dr Mary Verghese**
Executive Director
Message from the Director - Operations

For an organisation to be effective for the purpose it exists, it must be an agile, learning and an evolving organisation with a clear direction that is abreast with the changing times. The Leprosy Mission Trust India (TLMTI) is one such organisation that has evolved into the development organisation it is today through its 144 years of existence and depth of work.

The year 2017 was a year of transition. The current country strategy progressed into its second year of implementation with zeal and vigour. This also continued to be a year of innovations, some of which are mentioned in this annual report.

We collaborated with the National Leprosy Eradication Programme (NLEP) of the Government of India, both in terms of creating awareness through Sparsh Leprosy Awareness Campaign and reaching out to people affected by leprosy.

Through the year, the passion, hard work, and dedication of each staff enabled the organisation to bring change and foster inclusion of people affected by leprosy.

Abraham George
Director - Operations
Vision
People affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy.

Mission
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.
776,696 outpatient consultations for healthcare
14,145 admissions for inpatient care
94,545 consultations for specialised leprosy care
6,546 admissions for specialised leprosy care

A RECONSTRUCTIVE SURGERY AT TLM NAINI HOSPITAL, UTTAR PRADESH
The Leprosy Mission Trust India (TLMTI), through its healthcare programme addresses management of leprosy and its complications. It supports the government for active case detection; builds the expertise of both TLMTI and other healthcare professionals to manage leprosy; builds synergies with other programmes and movements addressing disability, neglected tropical diseases (NTDs), and water, sanitation and hygiene (WASH).

Some of the leprosy services offered by TLMTI hospitals are:

- **Lepra reaction (ENL)** is a common complication of lepromatous leprosy, where fever, ulcerated nodules, nerve pain and malaise incapacitate healthy young adults. TLMTI hospitals provide outpatient and inpatient care to such patients.

- **Trophic wounds** (infected ulcers in leprosy) are the commonest complications requiring hospitalisation. TLMTI hospitals are uniquely placed and have the commitment and expertise to debride and do daily dressings till the wounds are healed.

- **Correction of deformity** through tendon transfers and intensive physiotherapy are expert services offered by all TLMTI hospitals. Once the deformity is reversed, the patient can go back to school, college, or be fully integrated into the society.

Key highlights of 2017 are:

- 94,545 patient consultations for leprosy were done, including 6,516 new leprosy registrations, 6,653 care after cure, and 81,376 revisits.
- 2,679 cases reported for management of lepra reaction and neuritis.
- 1,113 patients underwent reconstructive surgeries, 1,473 ulcer debridement were done, and 18,811 pairs of footwear were supplied.
- 6,546 patients were admitted for inpatient treatment of leprosy.

TLMTI was part of Government of India’s Leprosy Case Detection Campaigns (LCDC) in planning and validation of cases and post-LCDC monitoring exercise. The organisation conducted certificate courses in leprosy for doctors and physiotherapists; orientation in leprosy for nursing students; and training for external agencies, such as for German Leprosy Relief Agency, physiotherapy colleges and government health workers.
Volunteers trained by the organisation mapped areas around TLMTI locations - Miraj, Kothara, Dayapuram, Vadathorasalur, Champa, Chandkhuri, Salur, Naini, Barabanki, Kolkata, and Muzaffarpur - for building synergies with other programmes addressing disability, NTDs, and WASH.

### Speciality services

Speciality services, such as dermatology, ophthalmology, general surgery, general medicine, obstetrics and gynaecology, paediatrics, dental services, and allied services, such as physiotherapy, podiatry, clinical laboratory, and X-rays were provided.

- 228,094 new consultations and 396,790 revisits were done.
- 7,599 patients availed inpatient services in various specialities.
Case study

Munia Devi has a New Family Now – TLM Purulia Hospital

From utter despair to resurgent hope, the story of Munia doesn't only break the odds but highlights how proper treatment and guidance can make a difference in the lives of people affected by leprosy.

Every time a train passed, Munia Devi shuddered. The brute locomotives brought her heart to her mouth every time they pounded through the railway station. Lying on the cold cement bench, she remembered the days when she lived with her parents. And that brought tears to her eyes.

26-year-old Munia Devi who belongs to West Singhbhum district in the state of Jharkhand was affected by leprosy when she was a child. She lost her mother, also affected by leprosy, four years ago, and her father soon after. The death of her parents was a huge blow to her. Left alone, Munia Devi thought life was not worth living. Before long, her uncle came to her rescue and took her to his house. But he soon felt she would become a burden to him and so decided to get rid of her. He plotted to kill her and throw her body in the nearby woods. Sensing danger, Munia Devi ran away from his house and came to Chakradharpur Railway Station but didn't know where to go. The railway station became her only refuge.

The passengers who came to Chakradharpur Railway Station were busy; no one had time for Munia Devi lying on the frigid cement bench on the railway platform, with deformed hands and feet and ulcerating wounds. But someone took pity on her and took her to TLM Purulia Hospital (in West Bengal). The hospital gave her prompt medical care and treated her ulcer. As part of rehabilitating her, the hospital trained her in knitting and embroidery work.

Munia Devi does not have a home to return to and the hospital has become her home and the hospital staff is now her family. A transformed person, she spends her time knitting and doing embroidery work, and counsels other leprosy patients to give them hope.
2,383 GRADUATES FROM VTCS AND COMMUNITY-BASED VOCATIONAL TRAINING COURSES

715 (30%) BOYS, GIRLS, AND WOMEN AFFECTED BY LEPROSY

310 (13%) BOYS, GIRLS, AND WOMEN WITH DISABILITIES

1,144 (48%) GIRLS AND WOMEN

2,019 (85%) JOB PLACEMENTS

SUSTAINABLE LIVELIHOODS PROGRAMME

STUDENTS UNDERGOING SKILLS TRAINING AT TLM CHAMPA VOCATIONAL TRAINING CENTRE, CHHATTISGARH
Inclusive Growth, Sustainable Livelihoods

With the adoption of the Sustainable Development Goals (SDGs), the 2030 agenda sets out to “reach the furthest behind first” and pledges that “no one will be left behind”.

In line with the SDGs, the Sustainable Livelihoods and Community Empowerment programmes of The Leprosy Mission Trust India (TLMTI) work towards ‘leaving no one affected by leprosy or other disabilities behind’. This is done by improving the terms on which individuals and groups take part in society - improving the ability, opportunity, and dignity of those disadvantaged due to leprosy and other disabilities.

TLMTI’s programmes, on one hand, focus on maximising the potential of individuals affected by leprosy and disability by helping them gain an understanding on rights, supporting education, life, vocational and business skills training, improving livelihood opportunities and enabling access to mainstream entitlements. On the other hand, they work with communities to change and transform unjust systems, structures, and relationships that have traditionally marginalised and excluded such individuals from development.

Interventions in 2017

TLMTI helps persons affected by leprosy and persons with disabilities better manage their impairments and disabilities in community settings where possible or seek the support of the hospitals for specialised medical interventions where needed. Its community-driven approaches and actions promote opportunities for education of children, skills development, and livelihoods in settings inclusive to all.

Because of these interventions:

- 615 individuals affected by leprosy/having disabilities and 398 caregivers gained knowledge in self-care (for prevention of disabilities).
- 589 people practised self-care regularly at home.
- 420 persons affected by leprosy and having disabilities received aids and assistive devices.
- 776 persons affected by leprosy and having disabilities underwent skills training in locally viable trades, such as agriculture, animal husbandry, fishery, organic farming, etc. Of them, 656 were supported by their communities in micro-enterprises and are earning between Rs 1,500 to Rs 8,000 per month.
- 1,119 children (579 girls and 540 boys - all affected by leprosy) enjoyed the same benefits and opportunities as their non-disabled peers in mainstream schools and colleges.
Reducing Stigma

The programmes were successful in challenging and addressing barriers that reinforce stigma and discrimination and exclude people affected by leprosy and persons with disabilities and their families from participating in social roles and activities. In the year gone by, TLMTI worked with community groups, leaders, teachers, school-going children and health personnel to spread positive messages about leprosy. A diverse range of innovative public awareness-raising campaigns about leprosy were developed and carried out in a variety of places, such as public meeting places, health centres, and schools. These campaigns have played a pivotal role in reducing leprosy-related stigma and the resultant social exclusion of the persons affected by the disease. Also, they have helped in reducing the fear associated with leprosy thereby encouraging patients to report early for treatment. As a result, 64 cases of leprosy were detected.

Creating a barrier-free physical environment

TLMTI believes that along with removing attitudinal barriers, creating a barrier-free physical environment for everyone is important for inclusive development. In 2017, the organisation worked towards creating a barrier-free physical environment accessible for people affected by leprosy and persons with disabilities.

Some highlights:

- TLMTI is empanelled with the Ministry of Social Justice and Empowerment to conduct access audits.
- Through its various programmes, the organisation has sensitised local institutions to the benefits of universal accessibility, conducted access audits and recommended changes needed in the infrastructure to make them accessible to all.
- This initiative has helped its employment partners in undertaking workplace modifications and promoting opportunities for inclusive employment.
- The organisation facilitated access audit of six Panchayat buildings and four village schools, and of them, two Panchayats and two schools have implemented the recommendations.

In 2017, TLMTI also facilitated joint activities, such as sports or cultural programmes, where people affected by leprosy, persons with disabilities and non-disabled persons came together. Inclusive sports activities, such as yoga, cricket, and basketball; picnics and celebration of festivals have strengthened the capacity of mainstream organisations in offering appropriate and accessible recreation, leisure and
sports activities. Equipment used for recreation, leisure, and sports have been adapted where needed to accommodate the needs of people affected by leprosy and other disabilities.

Promoting political participation

Political participation is a major challenge that people affected by leprosy and persons with disabilities face. Most often, many choose not to participate in political discourse because the issues that concern them are often ignored and/or they feel they have limited power to influence change and decision-making.

However, as a result of various interventions of the programme, people affected by leprosy and persons with disabilities regularly participated in Gram Sabha meetings in their villages, raising pertinent issues concerning their inclusion (and their right to equity) in the health, education, livelihood, and social sectors. A total of 264 people affected by leprosy and persons with disabilities contested Panchayati Raj elections and they continue to play a prominent role in the Panchayati Raj Institutions and its sub-committees in addressing the needs of people affected by leprosy and persons with disabilities. Working in the local self-government bodies has resulted in bringing visibility to leprosy and disability issues, and it led to various government departments responding to their needs.

Sustainable Livelihood

TLMTI equips disadvantaged young men and women affected by leprosy and disability and culturally restricted by gender from the most underprivileged sections of society. This is done by providing them with livelihoods and entrepreneurial skills, leadership skills, financial and workplace skills, and knowledge of human rights for them to engage in the formal economy through a first job.

This is furthered by sensitisation of partners and employers on disability-friendly workplaces and non-discriminatory practices. In 2017, a total of 2,383 people from the target group graduated from TLMTI's vocational training centres and community-based vocational training courses. Of them, 2,019 have joined the Indian workforce as productive and socially responsible citizens, showcasing that given equitable opportunities and skills, they can be role models challenging established systems, promoting social inclusion and escaping poverty.
Case study

When Vinod’s Engineering Dream Came True

If there is ever a story about dreams coming true, it is the story of Vinod Matho. Even when the odds were stacked against him, he found a way to overcome them and build his future.

Vinod is the only child of his parents. His parents had been affected by leprosy ever since he could remember. They had to face a lot of discrimination in their village in the state of Jharkhand. Vinod was in his seventh standard when he was diagnosed with leprosy. He was treated at the local government hospital and was cured completely. Leprosy didn’t bother him; he carried on with his life. As a child, he used to tinker with toys, and his curious mind wanted to know how things worked - an engineer was sleeping somewhere inside him, his teachers used to say.

After he passed his 12th Board exam, Vinod was looking for an opportunity to study his favourite subject – engineering. He came to know about TLMTI’s vocational training centre (VTC) in Champa, Chhattisgarh, where young boys and girls affected by leprosy were offered training in job-oriented technical courses. He applied for a course in diesel mechanics trade and joined the 2016-17 batch. After successfully completing the training programme, he got a job as a service engineer at Jagdish Earthcon Services Pvt Ltd, a wholesale dealer of earthmoving machinery in Bilaspur, Chhattisgarh, with a decent salary.

He is happy that he can support his parents financially. “My parents are living alone. With no source of income, they find it difficult to keep the family going. Now I’m able to save and send money to my parents. I’m happy that they are living a happy life now. Also, I’m happy that I got training in the subject that I’m passionate about.”
Case study

Empowered Pushpa Devi Creates Change in Her Village

Self-help is the best help. Coming from an impoverished background, Pushpa Devi started her education at the age of 41 to become an epitome of success for her community and is continuing to set an example for others to follow.

A mother, ward member of the Gram Panchayat and accountant of a self-help group (SHG), 50-year-old Pushpa Devi switches her roles effortlessly.

Pushpa Devi started her education at 41 in an adult literacy class facilitated by The Leprosy Mission Trust India (TLMTI) under its Women Empowerment project. Sharing her experience, Pushpa Devi says, “As a child, I could not study as girls were not allowed to go to school. Today I can read and write, access information, sign documents and do a mathematical calculation.” For two years, she continued her education with her husband’s support, who is engaged in farming.

In 2011, with the facilitation of TLMTI, women from her village, Ramnagar in Barabanki district of Uttar Pradesh formed a self-help group (SHG) and started their savings. The SHG holds regular meetings where the group’s savings and different issues of the community and their solutions are discussed. TLMTI facilitates the meetings, provides information on various issues, such as health and sanitation, rights and entitlements, gender equality, and domestic violence. Over the years of her association with TLMTI, Pushpa Devi has emerged as a leader and has earned a lot of standing in the community.

TLMTI’s WEALTH (Women’s Empowerment through Advocacy, Livelihood Training and Health) project encouraged Pushpa Devi to contest Gram Sabha elections and in 2015, she became a ward member of the Gram Sabha. She actively participates in the affairs of the Gram Panchayat.

In 2017, the government sanctioned new ration cards and many families in her village did not get it. They submitted applications to the Gram Pradhan, but to no avail. In May 2017, Pushpa Devi, along with 12 women advocated for it. As a result, 35 families have been issued ration cards. They also got drains and kuccha roads (made of bricks and mud) constructed in the village. Recently, 14 solar lights were installed in the village.

Pushpa Devi is a strong advocate for women’s rights. “Toilets are a necessity for every household. It is difficult for women to go out in the field at odd hours. None of the 76 families living in Ramnagar has functional toilets. Now I’m educating the people here about the need to make our village open defecation-free,” she says.
AN ADVOCACY MEETING IN THE COMMUNITY
Advocating for Change, Together

The age-old stigma associated with leprosy has resulted in people affected by the disease being subjected to a great deal of social and legal discrimination. The Leprosy Mission Trust India (TLMTI), through its Advocacy and Communication programme, addresses this issue through awareness-raising among various stakeholders, including policymakers, to build an inclusive society where people affected by leprosy can live as equal citizens.

Interventions in 2017

Awareness-raising campaigns: TLMTI started a community-led leprosy awareness campaign in October 2017, by the name, ‘Pehla Sign Action Time’ (Take action at the first sign) in three states of India, namely, Chhattisgarh, Maharashtra and Tamil Nadu. This campaign aims to make people aware of leprosy, such as its cause, cure, and how leprosy-related disabilities could be prevented. The launch of the campaign was marked by the participation of various stakeholders and coverage by the media. Many joined forces to take a pledge, submit memorandums and take the issue forward. The community campaign will be scaled up and introduced in three new states in 2018.

For having a transformed, inclusive and informed society, TLMTI also conceptualised and started a mass media campaign, using a mascot, Sapna – a 12-year-old girl who has overcome the challenges of leprosy. This campaign has been adopted by the Central Leprosy Division of the Government of India for nation-wide implementation.

Private members’ bill: TLMTI partnered with NDTV and Novartis India to screen the documentary film on leprosy, The Unwanted, in major metropolitan cities of India. Mr KTS Tulsi, Supreme Court of India advocate and Rajya Sabha MP who attended one such screening came forward to take action for repealing the discriminatory laws. Later, he drafted a private members’ bill on leprosy, titled ‘The Rights of Persons Affected by Leprosy and Members of their Family (Protection against Discrimination and Guarantee of Social Welfare) Bill. Structured partly on EDPAL Bill, it aims to amend existing discriminatory provisions in various laws, address discrimination and provide for social, economic and cultural rights for people affected by leprosy and their family members. The bill was introduced in Parliament on December 29, 2017. This is a great step towards inclusion of people affected by leprosy.

Rights of persons with disabilities: Submissions regarding leprosy issues were also made in the processes of the framing of Central and Delhi State Rules under the Rights of Persons with Disabilities Act, 2016.

Networking with the media: Apart from the issues of leprosy being covered in leading national and regional print and electronic media, many media houses were sensitised to take forward the issues related to leprosy.

Digital media: Aligning with the strategic priorities of TLMTI’s Country Strategy 2016-18, Advocacy and Communication team developed a dynamic and engaging website for TLMTI (www.leprosymission.in). The organisation’s presence on social media increased manifold during this period with the interactive content that was posted regularly.
Case study

Empowering Communities to Lead the Change

Mobilisation at multiple levels of society has helped to raise the voice of people affected by leprosy.

Leprosy is a leading cause of permanent physical disabilities among communicable diseases and many people affected by the disease are living with disabilities.

In its many efforts to empower people affected by leprosy to voice their concerns and take initiatives to address them, The Leprosy Mission Trust India (TLMTI) facilitated interactions between Delhi Viklang Adhikar Manch (DVAM), National Platform for the Rights of the Disabled (NPRD), and people affected by leprosy in Tahirpur colonies in Delhi. Since then, over 100 people affected by leprosy have become members of DVAM. The continued interactions with other members have helped people affected by leprosy prioritise their most pressing issues. As a first step, they had taken the issue of monthly pension under Delhi government’s RCL (Rehabilitation Centre for Leprosy-Affected Persons) scheme. This was because over 300 people with leprosy-related disabilities had not received their monthly pension arrears. Because of their joint efforts, 149 of them received their pension arrears.

People affected by leprosy have understood that when they join hands with other like-minded organisations, their voice would become stronger and they would be heard better – the power of collaboration in action!

A MEETING OF PEOPLE AFFECTED BY LEPROSY WITH DELHI VIKLANG ADHIKAR MANCH (DVAM) AND NATIONAL PLATFORM FOR THE RIGHTS OF THE DISABLED (NPRD)
Finding Answers,
Creating Sustainable Change

The Leprosy Mission Trust India (TLMTI) conducts research as a cross-cutting programme across all its institutions and projects. The primary aim is to find solutions to the problems that hinder the control and eradication of leprosy. Through the multidisciplinary and multicentre research carried out in the laboratory, hospitals, and in the field, TLMTI generates evidence-based knowledge in immunology, molecular biology, clinical, social and operational aspects of leprosy to eradicate the causes and consequences of leprosy.

Interventions in 2017

Stanley Browne Laboratory: Stanley Browne Laboratory (SBL) of TLMTI is a WHO-recognised national drug resistance surveillance centre for leprosy. SBL seeks to address the urgent need for research in different aspects of leprosy concerning basic science, such as immunology and molecular biology, to help answer questions and solve the problems of the disease. The laboratory
continued its work in the focus areas prioritised earlier, namely transmission, early detection, reactions and neuritis, drug resistance, prevention of disability, and stigma. The ongoing projects undertaken by the laboratory are: Drug Resistance Surveillance, Association of Vitamin D Level with Leprosy Spectrum and Reactions, Development of Laboratory-Based Test for Diagnosis of Early Leprosy, Understanding the Mechanism of Type 1 Reaction in Leprosy, Evaluation of Fixed Duration MDT Efficacy, Pathogenesis of Type 1 Reaction, Transmission of *Mycobacterium leprae* Infection in Children, Transmission of Leprosy by Molecular Methods, and Nasal Swab Positivity in Paucibacillary Leprosy Patients.

**Field-based research:** TLMTI conducted the following field-based research in the areas of clinical, operational and social sciences:

- A multicentre study, titled, ‘A comparison of three types of targeted, community-based health education aimed at promoting early detection’ is being conducted at five sites in three states of India, where leprosy is endemic.
- Early mobilisation after tendon transfer surgery, supported by Indian Council of Medical Research, is being conducted in Kolkata.
- An emancipatory research to assess the effectiveness of community-based organisations (CBOs) as change agents for promoting inclusion of people affected by leprosy/disability. This research is the first of its kind undertaken by TLMTI.
- 18 oral and poster presentations were made at national and international conferences and nine papers were published in peer-reviewed journals. SBL continued to conduct training programmes to supervise projects for M. Sc. and M. Tech. students as part of their course curriculum.

Partnership with universities/institutions (All India Institute of Medical Science, New Delhi; Safdarjung Hospital, New Delhi; Guru Teg Bahadur Hospital, New Delhi; Jalma Institute of Leprosy and other Mycobacterial Diseases, Uttar Pradesh; National Institute of Mental Health and Neurosciences (NIMHANS) Bangalore; GLA University, Uttar Pradesh, and others) was sought for conducting research. A one-day symposium themed ‘Relapse and Drug Resistance: Present Scenario and Critical Issues’ was conducted in November 2017, where clinicians and leprologists presented their thoughts and cases detailing the problem of relapse and the therapeutic management of such cases.

**Training**

Training in TLMTI is done for developing and retaining leprosy expertise, which is lost gradually due to the falling numbers of leprosy cases worldwide. Training is crucial for organisational development as it enhances the knowledge, skills, and capabilities of employees. In TLMTI, training is a continuous process where its staff and other stakeholders are trained in various aspects of leprosy and its core areas of intervention.

**Highlights**

- Workshops on ulcer management were conducted for all TLMTI medical officers in two phases.
- Physiotherapists underwent podiatry training as part of the Customised Protective Footwear project.
- Other training programmes, such as certificate course in leprosy for medical doctors, in-service training in leprosy for medical officers, in-service training in reconstructive surgery, in-service training for counsellors, training on hospital disaster preparedness and response plan, programme on human rights and advocacy, and capacity building on Goods and Service Tax (GST), were also conducted.

**TRAINING IN LEPROSY AT TLM TRAINING UNIT, NAINI, UTTAR PRADESH**
Mobilising Resources for Accelerating Change

Several resource mobilisation initiatives of The Leprosy Mission Trust India (TLMTI) have borne fruit in 2017 through individuals, corporates, trusts and foundations.

TLMTI entered into long-term partnerships with corporates to fund its programmes across India. Corporate companies, such as Bharat Petroleum Corporation Limited (BPCL), Rural Electrification Corporation Limited (RECL), Bharat Heavy Electricals Limited (BHEL), State Bank of India (SBI), and HDFC Bank supported various programmes of the organisation.

**Highlights**

- BPCL’s support helped many young boys and girls affected by leprosy get gainful employment after receiving job-oriented technical training in TLMTI’s vocational training centres.
- SBI provided funds for installing a solar power plant in TLM Shahdara Hospital, New Delhi.
- BHEL supported TLMTI’s work by donating medical equipment.
- National Small Industries Corporation supported TLMTI by sponsoring reconstructive surgeries.

Many churches were sensitised to the issues of leprosy. A total of 31 churches in Delhi/NCR, including Church of North India, Methodist Church, and Baptist Church were sensitised to leprosy and the work of the organisation. A total of 200 church congregations across the country celebrated Leprosy Sunday.

In addition, TLMTI received part-funding from The Symphasis Foundation, through TLM Sweden, for ulcer care. The Swedish International Development Cooperation Agency, through TLM Sweden, supported College on Wheels project of the organisation.
The various programmes of The Leprosy Mission Trust India (TLMTI) worked for facilitating the change for creating an inclusive society where people affected by leprosy can live as equal citizens. The programmes were supported by other Domains of the organisation - Learning and Development, Human Resource, Finance, and Audit and Risk Management.

LEARNING AND DEVELOPMENT DOMAIN

Highlights

Over the years, TLMTI has been evolving as a learning organisation. In 2017, the Learning and Development Domain had trained 86 volunteers to map and analyse the burden of disability and neglected tropical diseases (NTDs), in all areas where the organisation has its presence, except Delhi, Faizabad, and Purulia.

In recognition of the stigma associated with the term ‘mental health’, the organisation has proposed to address ‘inner well-being’ to provide holistic care to people affected by leprosy and persons with disabilities. Promoting inner well-being is therefore of paramount importance in TLMTI’s work. It was taken up as a new initiative in TLMTI’s Annual Country Learning 2017 to create awareness about the issue.

The Domain facilitated the evaluation of four community empowerment projects run by TLMTI. They were: Inclusive Holistic Development of Individuals with Disabilities (IHDID) project; Partnerships, Advocacy, Research and Training towards Inclusion (PARTI) project; Securing Opportunities towards Advancing Revenue (SOAR) project; and Catch Them Young (CTY) project. Thematic evaluation of vocational education and gender was also conducted.
FINANCE DOMAIN

Financial performance

TLMTI, over the last two years, has strategically focussed on sustainability. The journey towards this gathered momentum in 2015 when the leadership came together in Kochi for the Annual Leadership Consultation and made a commitment for working towards financial sustainability (Kochi Commitment). And the additional achievement took care of the funding gap. The same trend continued in 2016 and 2017.

This was made possible by the combined efforts of TLMTI leadership and staff across its programmes and also due to careful management of the cash flow by the leadership at the Country Office and the units. The overall organisational sustainability ratio achieved by December 2017 was 69%.

Key focus areas and achievements

- Developing financial expertise of TLMTI’s hospitals, vocational training centres and other programmes by Central Finance Team’s visit and support: Out of the eight units targeted for the year, the team has completed seven; the remaining unit is being taken up in 2018. The outcome of the exercise has turned out to be very effective and useful. Because of this exercise, it was observed that the financial management skills of the unit leaders and staff have improved.

- Piloting new multi-year budget (MYB)/implementation of the modified MYB: The modified MYB was introduced on January 1, 2017. Alignment of the MYB with financial accounting in hospitals was delayed due to the delay in completing the required modifications in the Hospital Management Software. Further progress in the matter is targeted in 2018.

- Introduction of Goods and Services Tax (GST): All TLMTI units were individually registered under GST, a value-added tax levied on most goods and services, w.e.f. July 1, 2017. The capacity of the staff has been built and complete compliances were ensured. TLMTI has successfully introduced and implemented GST.

- Income Tax annual scrutiny assessment completed: The organisation has received a clean assessment order in November 2017 (for the Assessment Year 2015-16).
HUMAN RESOURCE MANAGEMENT DOMAIN

Highlights

TLMTI has been able to invest in leadership development at the national and unit levels to have the requisite bench strength at various levels to take ownership of its programmes. Towards this, unit-level organisational development was implemented in the hospitals and vocational training centres in Andhra Pradesh, Chhattisgarh, Maharashtra, and Tamil Nadu. Leadership programmes, such as Edward de Bono’s Six Thinking Hats, inner well-being, and design thinking were conducted for the unit- and national-level leaders. Design thinking was extended to one batch of second-line leadership.

Twenty-three middle management staff were trained through leadership workshops to perceive organisational challenges and their role in the changing the organisational environment.

The organisation has been greatly benefitted from the Capacity Building Project funded by SIDA (Swedish International Development Cooperation Agency) through TLM Sweden over the last six years. It has enabled TLMTI to enhance its technical capacities in newer areas and build leadership bench strength across the organisation in a structured and cascading manner.

Sensitisation on Sexual Harassment of Women at Workplace (Prevention, Prohibition and Redressal) was conducted for the senior management team, operations team, unit leaders, and business office heads.

AUDIT AND RISK MANAGEMENT DOMAIN

Highlights

TLMTI strives to be professional in its attitude, actions and management, and work at every level of need and be appropriate in its practice. The organisation is committed to sound governance, accountability, and good stewardship. In light of this, Audit and Risk Management recognises the need for culture, processes and structures that are directed towards effective management of potential opportunities and adverse effects, while achieving the objectives.

With the facilitation by the Domain, TLMTI was able to align with the statutory requirements to get timely renewals on clinical registration for hospitals and legal issues relating to pharmacies, keeping in mind the latest changes from the government.

The Domain stood along with Sustainable Livelihood, Healthcare programmes and Fundraising Domains as these programmes underwent innovative changes, by strengthening Memorandums of Understanding (MoUs) and legal agreements which led to safeguarding the interests of the organisation.

The Domain has been able to groom a pool of auditors from within the organisation (staff of Healthcare and Sustainable Livelihood programmes, and Finance Domain) who have played a key role in enhancing quality across the organisation’s programmes and systems.
The Creative Spark

Innovations in TLMTI in 2017

Peter Drucker, the American management consultant, educator, and author once said, “If you want something new, you have to stop doing something old”. For the last four years, innovation has been at the core of strategy development and organisational change in The Leprosy Mission Trust India (TLMTI). This was adopted to create a culture that is focused on solving problems, bring about improvement in the services being offered, and align practices with the changing environment. Thus, innovation has steadily become a way of life in TLMTI.

TLMTI recognises innovations that are appropriate, scalable and replicable by honouring them with awards of excellence. In 2017, the organisation received 11 entries from its units and projects for Innovation Awards 2017. Of them, the following four innovations were honoured with awards of excellence. The awards were presented during TLMTI’s Annual Leadership Consultation, held in New Delhi, from February 6-7, 2018:

Bedside assistant course

With the emergence of healthcare as one of India’s largest sectors, both in terms of revenue and employment, newer requirements have also emerged. One such need is the growing demand for bedside nursing assistants. TLMTI’s Champa Vocational Training Centre in Chhattisgarh has started a certificate course that prepares students for employment in the healthcare sector. As a part of this course, students will perform, demonstrate, and practice for a minimum of 450 hours of basic nursing assistant care in approved facilities. This course has a strong potential for employment and contributes to the emerging need for bedside assistants.
Agriculture

- **Green revolution**
  When it comes to raising funds for providing job skills training to young boys and girls affected by leprosy, TLM Champa Vocational Training Centre (VTC) leaves no stone unturned. The VTC put the unused land in the campus to best use by carrying out organic farming of vegetables and other crops. The VTC produced vegetables such as tomatoes, mushroom, spinach, cauliflower, cabbage, onion and radish worth Rs 4 lakhs.

- **Transforming vacant land into productive use**
  Because of a shortage of water, monkey menace, natural disaster (most of the trees uprooted by a cyclone) and other odds, TLM Vadathorasalur in Tamil Nadu had land lying vacant with few trees and sparse vegetation. The unit decided to make good use of the land. This initiative was tried earlier too but did not take off due to various reasons. This time around it was done more scientifically involving an agricultural scientist. The soil was tested and drip irrigation was introduced and around 800 trees were planted.

- **Organic farming**
  Chandkhuri is a small place, 80 km from Raipur, in Chhattisgarh. It is usually water scarce with summer temperatures even touching 48 degrees. Despite this, the unit decided to experiment with organic farming and decided to cultivate paddy crop. Selected and treated seeds were identified and sown during July-August, 2017. Necessary manure, treatment and irrigation were given as per requirement. Finally, the crop was harvested in December. After threshing, 34 quintals of paddy were harvested providing a net income of Rs 20,000.
Our Supporters
## Financial Information

### BALANCE SHEET AS AT 31ST DECEMBER 2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Capital Fund (Represented by Fixed Assets)</td>
<td>35,86,78,213</td>
<td>36,56,13,602</td>
</tr>
<tr>
<td>Capital Project Fund</td>
<td>2,73,97,690</td>
<td>3,09,73,620</td>
</tr>
<tr>
<td>General Fund</td>
<td>(4,77,76,964)</td>
<td>(5,84,70,232)</td>
</tr>
<tr>
<td>Advance Against Sale of Assets</td>
<td>5,56,00,000</td>
<td>6,77,37,796</td>
</tr>
<tr>
<td>Designated / Programmes / Other Funds</td>
<td>4,72,51,932</td>
<td>5,05,07,378</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44,11,50,871</strong></td>
<td><strong>45,63,62,164</strong></td>
</tr>
</tbody>
</table>

### APPLICATION OF FUNDS:

<table>
<thead>
<tr>
<th>Fixed Assets:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Gross Block</td>
<td>85,31,93,043</td>
</tr>
<tr>
<td>Less : Depreciation</td>
<td>49,45,14,830</td>
</tr>
<tr>
<td>Net Block</td>
<td>35,86,78,213</td>
</tr>
<tr>
<td>Capital Work in Progress</td>
<td>1,05,65,238</td>
</tr>
<tr>
<td>Investments</td>
<td>3,00,632</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Current Assets:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and Bank Balances</td>
<td>10,12,18,825</td>
</tr>
<tr>
<td>Amount Receivable</td>
<td>1,73,42,185</td>
</tr>
<tr>
<td>Less : Current Liabilities:</td>
<td></td>
</tr>
<tr>
<td>Amount Payable</td>
<td>4,69,54,222</td>
</tr>
<tr>
<td>Net Current Assets</td>
<td>7,16,06,788</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>44,11,50,871</strong></td>
</tr>
</tbody>
</table>

### INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER 2017

<table>
<thead>
<tr>
<th>INCOME</th>
<th>INR (2017)</th>
<th>INR (2016)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foreign Contributions</td>
<td>23,03,76,248</td>
<td>23,56,37,072</td>
</tr>
<tr>
<td>Local Contributions</td>
<td>2,55,10,671</td>
<td>2,73,81,129</td>
</tr>
<tr>
<td>Receipts from Patient Care</td>
<td>45,15,17,856</td>
<td>39,00,75,195</td>
</tr>
<tr>
<td>Receipts from other Services</td>
<td>1,49,56,279</td>
<td>1,67,73,321</td>
</tr>
<tr>
<td>Local Fund Raising</td>
<td>3,61,65,061</td>
<td>2,97,79,044</td>
</tr>
<tr>
<td>Interest</td>
<td>65,02,773</td>
<td>77,34,931</td>
</tr>
<tr>
<td>Other Receipts</td>
<td>84,30,150</td>
<td>48,10,988</td>
</tr>
<tr>
<td>Excess of Expenditure Over Income / Deficit</td>
<td>1,47,11,789</td>
<td>3,30,41,286</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78,81,70,827</strong></td>
<td><strong>74,52,26,966</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENDITURE</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Programme Expenses:</td>
<td></td>
</tr>
<tr>
<td>Patient Care</td>
<td>46,49,11,343</td>
</tr>
<tr>
<td>Public Health</td>
<td>1,45,60,872</td>
</tr>
<tr>
<td>Livelihood Programmes</td>
<td>8,09,21,841</td>
</tr>
<tr>
<td>Prevention of Disabilities</td>
<td>1,91,55,256</td>
</tr>
<tr>
<td>Advocacy</td>
<td>3,59,02,413</td>
</tr>
<tr>
<td>Research</td>
<td>2,53,02,849</td>
</tr>
<tr>
<td>Training / Workshops</td>
<td>2,32,76,819</td>
</tr>
<tr>
<td>Fund Raising</td>
<td>2,21,24,858</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td><strong>10,20,14,576</strong></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>78,81,70,827</strong></td>
</tr>
</tbody>
</table>
FINANCIAL POSITION AS AT 31ST DECEMBER, 2017
(Figures INR in Lakhs)

**SOURCES OF FUNDS**
- CAPITAL FUND (Represents by Fixed Assets) 81.31% 3,586.78
- CAPITAL PROJECT FUND 6.21% 273.98
- GENERAL FUND 20.83% (WT 77)
- DESIGNATED / PROGRAMMES OTHER FUNDS 10.71% 492.32
- ADVANCE AGAINST SALE OF ASSETS 14.60% 556.00

**APPLICATION OF FUNDS**
- FIXED ASSETS (Incl. Cap Inv) 83.70% 3,692.43
- INVESTMENTS 0.07% 3.01
- CASH & BANK BALANCES 22.94% 1,062.19
- AMOUNT RECEIVABLE (6.72%) (296.12)

**WORKING RESULTS FOR THE YEAR 2017**

**INCOME**
- RECEIPTS FROM PATIENT CARE 37.29% 4,315.18
- LOCAL CONTRIBUTIONS 3.34% 250.11
- FOREIGN UNN (MBU FUND) 29.23% 2,303.76
- RECEIPTS FROM OTHER SERVICES 1.90% 149.56
- LOCAL FUND RAISING 4.59% 361.65
- IN I&M: 0.82% 65.03
- OTHER RECEIPTS 1.06% 84.30
- DEFICIT 1.07% 147.12

**EXPENDITURE**
- PUBLIC HEALTH 1.85% 146.11
- LIVELIHOOD PROGRAMMES 10.37% 809.22
- PREVENTION OF DISABILITIES 2.43% 191.55
- RESEARCH 3.21% 253.03
- TRAINING / WORKSHOPS 2.95% 232.97
- ADMINISTRATIVE EXPENSES 12.93% 1,010.15
- FUND RAISING 2.63% 229.2

**FUNDING OF TLM PROGRAMMES 2017**
- TLM Trust India 66.75%
- TLM England & Wales 16.60%
- TLM Scotland 0.89%
- TLM Sweden 4.16%
- TLM Netherlands 1.09%
- TLM New Zealand 0.74%
- TLM Australia 1.59%
- TLM Switzerland 2.09%
- TLM Hungary 0.14%
- TLM N/Ireland 0.36%
- TLM Germany 0.13%
- Lepra Research Initiative 0.58%
- Effect: Hope (TLM Canada) 4.68%
Major Institutional Donors’ Funding
(Through TLM Supporting Countries & Others)

European Union, through TLM E&W
SIDA, through TLM Sweden
Woord & Daad, through TLM Netherlands
LRI Netherlands
Medical Mission Fund, through TLM Netherlands

Major Indian Donors

Bharat Petroleum Corporation Ltd
CBM International
Google India
Cancer Care Foundation
Vision Foundation of India
Convergys India Service Pvt Ltd
Dwarka Prasad Trust
CBN Foundation
Bharat Heavy Electricals Ltd
GiveIndia
QUEST Alliance
jilloo G. Irani & Silla B F J Foundation
Kolkata Gives
SKIP Bangalore
Assembly of God Church School
Ashirvadam Trust
Indo-German Institute of Advanced Technology
Springdale Presbyterian Church
Iskcon Society for Krishna
TATA Motors, Bangalore
HDFC Bank Limited
India Council of Medical Research (GOI)
Department of Biotechnology (GOI)
Hon’ble Governor of Uttarkhand
Government of Maharashtra
Government of Tamil Nadu
Government of Chhattisgarh
Dr. Latika Gujar
Mr. Akshay Sahney
Mrs. Sukriti Karmakar
Dr. Sundar Rao
Mr. Rudolph Rodrigues
Mrs Aruna Bhatt
Mr. Prakash Kulkarni