The Hon’ble President of India, Shri Ram Nath Kovind, conferred the International Gandhi Award 2019 (institutional category) on The Leprosy Mission Trust India, in recognition of its long-standing work with people affected by leprosy, bringing them holistic healing, social inclusion, and a life of dignity, in a function held at Rashtrapati Bhavan, New Delhi.
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Community members, where one of TLMTI’s community empowerment projects work
In the year 1869, our founder, Wellesley Cosby Bailey, came face to face with the cruel reality of leprosy, in Ambala, Punjab. The suffering he saw prompted him to dedicate his life for the well-being of people affected by leprosy, and in 1874, founded The Leprosy Mission. The Leprosy Mission Trust India (TLMTI) was registered as a society under the Societies Registration Act, 1860.

People affected by leprosy are at the core that define the purpose of our organisation. The power of this purpose compels us to work relentlessly for bringing physical and mental healing, social inclusion, and a dignified life to people affected by leprosy.

When it comes to realising the purpose, passion means a lot. Passion powers determination to succeed! Fight against leprosy is an enormous task and we cannot do it alone. It is the shared purpose and passion of all members of the TLM family, our donors, partners, and well-wishers that help us bring change in the lives of people affected by the disease.

People give purpose, purpose unites and guides, and passion drives!

The year 2019 was a momentous one for us at TLMTI. We launched a new Country Strategy (2019-25) to align ourselves to be relevant in the changing environment.

This report reflects the progress of our work in 2019 towards achieving our vision, ‘People affected by leprosy living with dignity in a transformed, inclusive society that has overcome leprosy.’
Where we work

- **14** Hospitals
- **2** clinics
- **6** vocational training centres
- **5** residential facilities for care of the elderly
- **9** community empowerment projects
- **1** molecular biology research laboratory
- **2** training units

A leprosy training session for medical officers in one of the TLMTI training units
Institutions and projects, and geographical coverage

**ANDHRA PRADESH**
- TLM Salur Hospital
- TLM Vizianagaram Vocational Training Centre
- Children Unite for Action (CUFA) project
- Women as Change Agents (WACA) project

**TAMIL NADU**
- TLM Dayapuram Hospital
- TLM Vadathorasalur Hospital
- TLM Vadathorasalur Vocational Training Centre
- Inclusive Empowerment project
- Women as Change Agents (WACA) project
- Fundraising Office

**UTTAR PRADESH**
- TLM Barabanki Hospital
- TLM Faizabad Hospital
- TLM Naini Hospital
- TLM Faizabad Vocational Training Centre
- TLM Faizabad Snehalaya
- TLM Naini Snehalaya
- TLM Naini Training Unit
- Building Resilient Communities project
- College on Wheels (Accelerating Women's Empowerment through Education and Employment) project
- Women as Change Agents (WACA) project
- Fundraising Department

**BIHAR**
- TLM Muzaffarpur Hospital
- Children Unite for Action (CUFA) project
- Women as Change Agents (WACA) project

**CHHATTISGARH**
- TLM Champa Hospital
- TLM Chandkhuri Hospital
- TLM Champa Vocational Training Centre
- Support to NLEP
- Jaagruti project
- Udaan project
- Women as Change Agents (WACA) project

**DELHI**
- Registered Office
- Country Office
- TLM Shahdara Hospital
- Stanley Browne Research Laboratory
- Community Intervention Unit
- Women as Change Agents (WACA) project

**KARNATAKA**
- TLM Belgaum Clinic
- Belgaum Project Office
- Fundraising Office

**MAHARASHTRA**
- TLM Kothara Hospital
- TLM Miraj Hospital (Disability Management and Training Hub)
- TLM Nashik Vocational Training Centre
- Customised Protective Footwear project
- Support to NLEP
- Jaagruti project
- Udaan project
- Women as Change Agents (WACA) project

**UTTARAKHAND**
- TLM Almora Snehalaya
- TLM Almora Clinic

**WEST BENGAL**
- TLM Kolkata Hospital
- TLM Purulia Hospital
- TLM Bankura Vocational Training Centre
- TLM Bankura Snehalaya
- TLM Purulia Snehalaya
- Children Unite for Action (CUFA) project
- Community Intervention Unit
- Women as Change Agents (WACA) project

**UTTAR PRADESH**
- TLM Faizabad Hospital
- TLM Naini Hospital
- TLM Faizabad Vocational Training Centre
- TLM Faizabad Snehalaya
- TLM Naini Snehalaya
- TLM Naini Training Unit
- Building Resilient Communities project
- College on Wheels (Accelerating Women's Empowerment through Education and Employment) project
- Women as Change Agents (WACA) project

**Bihar**
- TLM Muzaffarpur Hospital
- Children Unite for Action (CUFA) project
- Women as Change Agents (WACA) project

**Chhattisgarh**
- TLM Champa Hospital
- TLM Chandkhuri Hospital
- TLM Champa Vocational Training Centre
- Support to NLEP
- Jaagruti project
- Udaan project
- Women as Change Agents (WACA) project

**Delhi**
- Registered Office
- Country Office
- TLM Shahdara Hospital
- Stanley Browne Research Laboratory
- Community Intervention Unit
- Women as Change Agents (WACA) project

**Karnataka**
- TLM Belgaum Clinic
- Belgaum Project Office
- Fundraising Office

**Maharashtra**
- TLM Kothara Hospital
- TLM Miraj Hospital (Disability Management and Training Hub)
- TLM Nashik Vocational Training Centre
- Customised Protective Footwear project
- Support to NLEP
- Jaagruti project
- Udaan project
- Women as Change Agents (WACA) project

**Uttarakhand**
- TLM Almora Snehalaya
- TLM Almora Clinic

**West Bengal**
- TLM Kolkata Hospital
- TLM Purulia Hospital
- TLM Bankura Vocational Training Centre
- TLM Bankura Snehalaya
- TLM Purulia Snehalaya
- Children Unite for Action (CUFA) project
- Community Intervention Unit
- Women as Change Agents (WACA) project
Message from the Chairperson

“Every good and perfect gift is from above, coming down from the Father”.

- James 1:17a

Another year has passed, and God's abundant blessing continues to pour down on us. As I reflect on all that The Leprosy Mission Trust India (TLMTI) has accomplished in the past year and look towards the infinite possibilities ahead, I can confidently say we are well on track to realising our vision which is to ensure people affected by leprosy live with dignity in a transformed, inclusive society.

Today, the commitment our founder, Wellesley Cosby Bailey made decades ago rings true more than ever. Our values form the foundation of our culture and the guide to how we work. Our Annual Report 2019 will give you an insight into the work we do and the happenings in and around TLMTI in the year gone by.

It was indeed a proud moment for all of us at TLMTI when at a function held at the Rashtrapati Bhavan, New Delhi, on February 6, 2020, the Hon'ble President of India, Shri Ram Nath Kovind conferred the International Gandhi Award 2019 (institutional category) on TLMTI in recognition of the long-standing, selfless work done by the organisation for people affected by leprosy - bringing them healing, social inclusion, and a life of dignity. This award has reinforced our passion and commitment, as a team, to work with renewed zest to realise the future we dream of - where people affected by leprosy, people with disabilities, and the marginalised are not left behind.

To all our supporters, partners, key stakeholders, staff members, volunteers, and those who are interested to know about our work, I thank you for all you have done and continue to do to help TLMTI. This annual report will give an idea of our achievements, our challenges, and our hopes and aspirations for the future! I take this opportunity to invite you to become a part of our journey by working towards a more inclusive and sustainable world!

Let us continue to wait on the Lord, thank Him for His provision, and pray for His grace and guidance as we move on to another year in His service!

God bless you!

BHAL S. CHAKRANARAYAN
Board Chairperson
Every person deserves an opportunity to live fully, yet every four minutes a person is diagnosed with leprosy in India, driving many to a life of poverty and exclusion. However, I’m pleased to report that, with your meaningful and unwavering support, The Leprosy Mission Trust India (TLMTI) could impact many more people in a meaningful way.

In 2019, we set the foundation for implementing our Country Strategy 2019-25 that contributes to the National and WHO Strategic Plan. There were many new beginnings with a renewed focus on leprosy, dermatology, disability management, ophthalmology, and diabetic services. We introduced new trades in vocational training and incorporated strategies to enhance the reach. We are encouraging champions, especially women, to support and influence families and communities to overcome leprosy. We adopted several measures to become more cost efficient and scaled up innovations to be agile and relevant.

People, purpose, and passion are at the core of our work. As we carry out our mission, we want people affected by leprosy, NTDs, and other disabilities to know we are passionate about healing and mainstreaming, and each life matters to us. TLMTI is made up of people who work with us, just as it is made up of people like you, who give us every support to help achieve our vision of people affected by leprosy living with dignity in a transformed, inclusive society.

When I visited our units, I was moved by the people I met, the stories of resilience, hope, and the commitment of our staff to deliver the highest quality of service possible.

There are stories of children like Kanti, who after going through several reconstructive surgeries to correct her disabilities because of leprosy, is now back in school and dreaming of becoming a part of the police force one day, instead of leading a life of isolation and discrimination.

There is Rupchand whose only source of livelihood was begging. However, after managing his disability, providing assistive devices and skills training, he is a proud owner of a grocery shop with a bright future awaiting him and his wife as entrepreneurs. It is stories like these that reinforce our determination to reach out to all those unreached and underserved communities. And it is because of your help and support that we could continue our journey towards transforming lives.

You are helping us answer the call. You are helping us open opportunities. You are helping to ensure a better and brighter future for many. Thank you for standing with us in this journey.

DR MARY VERGHESE
Executive Director
What we do

Our programmes

**HEALTHCARE**
Provides specialised leprosy care to persons affected by leprosy, and healthcare to the communities we serve. The programme is implemented through 14 hospitals and two clinics spread across 10 states of India.

**SUSTAINABLE LIVELIHOOD**
Provides institution-based job-oriented technical skills and employment opportunities to young boys and girls affected by leprosy, with disabilities, and from marginalised communities, through six vocational training centres. Also provides community-based vocational training to people from marginalised rural communities.

**COMMUNITY EMPOWERMENT**
Works with persons and communities marginalised due to leprosy, disability, gender, and poverty to facilitate their economic development and social inclusion.

A meeting of Self-Help Group members formed by one of the TLMTI’s community empowerment projects
ADVOCACY AND COMMUNICATION
Address the needs of people affected by leprosy through a rights-based approach. For this, TLMTI engages with various ministries and departments of the Central and state governments for creating an enabling policy and legislative environment. It uses innovative communication methods to influence social knowledge and attitudes on leprosy and other disabilities.

RESEARCH
Generates evidence-based knowledge in immunology, molecular biology, clinical, social, and operational aspects of leprosy through research at its Stanley Browne Research Laboratory, to eradicate the causes and consequences of leprosy.

TRAINING
Develops and retains expertise in leprosy and other Neglected Tropical Diseases (NTDs); Water, Sanitation and Hygiene (WASH); and disability through building the capacity of internal and external stakeholders.
TLMTI actively works on multiple aspects of development that are aligned with the different themes of the SDGs. TLMTI’s initiatives and their alignment with the SDGs are shown below.
Our Country Strategy 2019-25

To align with the changing environment and set the direction and establish priorities in the fight against leprosy, The Leprosy Mission Trust India developed a new country strategy for 2019-25. The five strategic objectives defined in the strategy are:

**STRATEGIC OBJECTIVE 1**
**TOWARDS ZERO LEPROSY**
Contributing to a reduction in new leprosy cases and leprosy-related disability cases.

**STRATEGIC OBJECTIVE 2**
**COMMUNITY EMPOWERMENT**
Supporting people affected by leprosy and people with disabilities to access sustainable livelihood opportunities.

**STRATEGIC OBJECTIVE 3**
**SPECIALITY SERVICES IN ALLIED AREAS**
Providing quality services in dermatology, disability, ophthalmology, and diabetes to underserved communities.

**STRATEGIC OBJECTIVE 4**
**THOUGHT LEADER**
Influencing policies in leprosy, disability management, and community empowerment.

**STRATEGIC OBJECTIVE 5**
**ORGANISATIONAL SUSTAINABILITY**
Building environmental and operational sustainability.

**ENABLERS**
**FOUR ENABLERS**
(Advocacy and Communication, Human Resource Management, Resource Mobilisation, Strategic Partnerships)
To create an environment across the organisation for effective execution of the strategic objectives.
Including the excluded through disability management at the doorstep
TLMTI launched a mobile therapy unit in Tamil Nadu to bring disability management services at the doorstep of people who cannot visit a hospital, by building the capacity of Primary Health Centre workers and supporting home/community-based disability management.

Amplifying voices of people affected by leprosy
Many champions took part in national and international events, highlighting issues and their experiences. Mangala and Suresh Dhondge from TLMTI shared their experiences with leprosy and how they overcame it at the 10th NTD NGO Network (NNN) conference held in the United Kingdom.

Completing twenty five years of excellence in leprosy research
TLMTI’s Stanley Browne Research Laboratory completed 25 years, and to commemorate the occasion, organised a one-day research symposium in New Delhi. Eminent leprologists spoke on frontline research in leprosy, on the occasion.

Participating in the 20th international leprosy congress
Excellent representation and participation of TLMTI staff were seen at the 20th International Leprosy Congress held in Manila, Philippines. With a focus on priorities for the future course of action for achieving zero leprosy, 72 research papers (28 oral and 44 posters) were presented.
Building and retaining leprosy expertise
Over 3,500 persons benefitted from workshops, awareness programmes and internships conducted by TLMTI in various aspects of leprosy, like early detection, management of leprosy and its complications, disability management, and inner wellbeing.

Repealing 12 discriminatory laws
The Central government amended five personal laws removing leprosy as a ground for divorce. Also, the states of Madhya Pradesh, Tamil Nadu, Gujarat, and Sikkim amended laws discriminating against people affected by leprosy in their respective states, thus repealing 12 discriminatory laws.

Recognising outstanding work for championing the cause of quality rural healthcare
TLMTI’s Dr Manotosh Elkana received the Healers of India Award instituted by Apollo Hospitals in recognition of his work in championing the cause of quality rural healthcare and working towards creating a healthier and brighter rural India.

Recognising exceptional service for people with disabilities
TLMTI’s senior occupational therapist and programme manager of its disability project, Mr G. Manivannan, received Seva Rathna Award instituted by Freedom Trust, Chennai, Tamil Nadu, in recognition of his exceptional service for the cause of people with disabilities.

2019
OUR WORK IN 2019
New leprosy cases 11,091
Outpatient consultations for specialised leprosy care 105,532
Admissions for specialised leprosy care 6,392
Outpatient consultations for managing reaction and neuritis 3,481
Outpatient and inpatient ulcer care 5,245
Reconstructive surgeries 1,643
Protective footwear supplied to people affected by leprosy 18,614

A physiotherapy session for a leprosy patient in one the TLMTI hospitals
Strategic Objective 1: Towards Zero Leprosy

Building skills and delivering holistic services to combat leprosy

Through this approach, TLMTI aims to reduce new leprosy and leprosy-related disability cases.

HIGHLIGHTS

Providing holistic leprosy services

TLMTI hospitals spread across 10 states of India continued to provide holistic and specialised leprosy services, including prevention of impairment and disability, and counselling. A total of 11,091 new leprosy patients and 94,441 follow-up patients visited its hospitals. Among the new patients, 7.8 per cent were children, 16.5 per cent were with Grade 1 disability and 28.5 per cent were with Grade II disability. Also, 3,481 patients visited the outpatient department for reactions and neuritis consultations. The inpatient services included admissions for management of 1,617 reactions and neuritis cases, 2,804 ulcer cases, 1,643 rehabilitative surgeries, 184 ocular complications, and 144 disability care. Counselling services were also provided. Out of the 4,106 cohorts of patients whose eye, hand, and feet scores were assessed while on multidrug therapy, 13.54 per cent showed an improvement, 77.2 per cent were status quo and 9.3 per cent showed worsening of the score when they were released from treatment in December.

Building sustainable leprosy expertise

TLMTI continued to invest in building leprosy expertise within and outside the organisation. The training units in Naini, Uttar Pradesh, and Miraj, Maharashtra, provided face-to-face training to different cadres of trainees. TLM Naini Training Unit offered reconstructive surgery training to surgeons, medical officers’ course, physiotherapy course in leprosy, orientation for medical students, and operation theatre technical training. At Miraj, courses were offered to paramedical workers, besides training doctors, physiotherapists, and social workers. A workshop for lay counsellors on the usage of WHO 5 questionnaire for the inner wellbeing of people affected by leprosy was also conducted. TLMTI trained staff on research methods, and the Stanley Browne Research Laboratory trained masters and doctoral students from a university in molecular laboratory techniques. Overall, 3,500 people were trained in clinical leprosy and its complications and management of disability. Among them, 300 were from government, 2,500 from non-governmental organisations and the rest from TLMTI.

To build staff competencies and keep them updated on the latest developments, three webinars were conducted for TLMTI staff on the management of leprosy with comorbidities, like anaemia, tuberculosis, and neuropathic foot.

Access to health insurance

Five TLMTI hospitals were empanelled with Ayushman Bharat Yojana of the Government of India, and the remaining hospitals are getting empanelled. Altogether, 305 leprosy patients and 1,200 general patients availed the benefits of the scheme.

Supporting government in early detection and reducing leprosy burden

At the national level, TLMTI gave technical support to the Central Leprosy Division, Directorate General of Health Services, Ministry of Health and Family Welfare, Government of India, to develop IEC materials for its Sparsh Leprosy Awareness Campaign (SLAC). The organisation also gave training support to the government’s National Leprosy Eradication Programme (NLEP) programme staff in addressing stigma, discrimination, and prevention of impairment and disability.

At the state level, the organisation provided technical and managerial support to the Chhattisgarh and Maharashtra governments in planning, implementing, and monitoring various campaigns under the NLEP. In Chhattisgarh, TLMTI facilitated capacity building of different cadres of health workers and supported in identifying hard-to-reach areas. In Maharashtra, TLMTI facilitated capacity building of ASHA workers and supported in clearing reconstructive surgery backlog.
Enrolled for vocational training 1,969
From leprosy background 60%
Girl students 44%
People supported in establishing livelihoods 175,058
People who won Gram Sabha elections 9
Strategic Objective 2: Community Empowerment

Empowering communities to drive sustainable development

This strategy aims at helping people affected by leprosy and disabilities gain access to sustainable livelihood and live a life of dignity.

HIGHLIGHTS

Providing sustainable livelihood

- **Institution-based technical and life skills training:** To harness the potential of young boys and girls affected by leprosy, disabilities, and those belonging to the marginalised communities, TLMTI has been equipping them with skills training and providing them employment support through its six vocational training centres (VTCS). TLMTI’s VTCS conduct NCVT (National Council of Vocational Training) and SCVT (State Council of Vocational Training)-recognised courses, such as diesel mechanics, motor vehicle mechanics, computer operator and programme assistant, welding, cutting and sewing, and electronics.

- **Community-based vocational training (CBVT):** To reach out to marginalised population with skills training and placement support, TLMTI, through its CBVT programme, has provided them training on a variety of locally viable trades, such as bedside nursing, tailoring, basic cosmetology, paper plate making, masala grinding, pickles-papad-chips making, detergent powder, phenyl, and hand wash making.

The VTCS in Champa, Chhattisgarh and Nashik, Maharashtra have registered their non-recognised courses with the Indian Centre for Research and Development of Community Education (ICRDCE). Through its community empowerment programmes, TLMTI supported 1,462 people affected by leprosy, 772 people with other disabilities, and 5,736 people from marginalised sections of society, especially women, in setting up local businesses.

People affected by leprosy were provided end-to-end support in starting their own enterprises. Five of these enterprises were showcased as livelihood demonstration centres. Further, the Government of Maharashtra adopted a vertical livelihood prototype developed by TLMTI as a livelihood model for people with disabilities and other marginalised communities.

Advancing community-led change

Leprosy champions are persons affected by leprosy who make a positive change by spreading awareness about leprosy and working to end stigma and discrimination. TLMTI identified champions and collectives of people affected by leprosy and disabilities who have addressed instances of discrimination, advocated for the repeal of discriminatory laws, raised issues in local governance, and worked for promoting inclusion. Through the combined efforts of champions and collectives, over 4,000 individuals affected by leprosy and other disabilities have accessed various government welfare schemes. Forty-two potential women affected by leprosy were identified and their capacities will be built in 2020 to champion the cause of leprosy. Champions from among children affected by leprosy were encouraged to lead the Children’s Parliament initiative and they took part in community development initiatives.

Creating inclusive and equitable communities

Supporting people affected by leprosy/disabilities and marginalised communities to understand and take part in local self-government is an important component of all community empowerment projects run by TLMTI. Those who are public-spirited and having leadership skills were identified and groomed to contest elections to Panchayati Raj Institutions. During the reporting period, Chhattisgarh and a few panchayats of Tamil Nadu held elections. Thirty-eight individuals affected by leprosy contested elections and nine were elected. They are leading the change in their communities and are helping many others like them to take leadership roles.
Outpatient consultation for general healthcare 718,344

- Dermatology 568,010
- Ophthalmology 32,621
- General medicine 88,277
- General surgery 6,223
- Obstetrics and gynaecology 4,073
- Others (including dental, diabetes) 10,733

Inpatient, including surgical services 5,652

- Diabetes 8,464

Patients treated through outreach camps 20,594

An eye surgery in one of the TLMTI hospitals
Strategic Objective 3: Speciality Services in Allied Areas

Providing quality healthcare to underserved communities

Through this strategy, TLMTI aims to provide quality services in dermatology, disability management, ophthalmology, and diabetes to underserved communities.

HIGHLIGHTS

Ensuring TLMTI hospitals are recognised for their non-leprosy expertise

Dermatology, disability, ophthalmology and diabetes are fields of expertise required for the treatment of leprosy and its complications. Even at present, many patients from within the communities seek treatment in these specialties. This strategy will ensure that TLMTI hospitals are recognised by the community and other hospitals for their expertise in areas where there is an unmet demand for quality care and treatment. It also enables TLMTI to attract doctors who are specialists in these areas and then train them in leprosy, thus increasing the pool of skilled human resources.

Dermatology: Dermatology is the most sought-after speciality in TLMTI hospitals. The organisation identified three of its hospitals (Naini, in Uttar Pradesh; Shahdara, in Delhi; Muzaffarpur, in Bihar) to upgrade the dermatological service. TLMTI conducted training in dermatology procedures for four hospitals.

Ophthalmology: Cataract and uncorrected refractive errors are the two principal causes of avoidable visual impairment, and responding to this, TLMTI has partnered with Essilor 2.5 NVG for providing refractive error services in Shahdara hospital, in Delhi.

TLM Kothara hospital, in Maharashtra, has been identified as a centre of excellence (secondary level) in ophthalmology.

Diabetes: Diabetes is an important cause of global morbidity and mortality. Considering the need existing in the community, all TLMTI hospitals have designated diabetes clinics. Staff from eight hospitals have undergone training in diabetes management. Overall, 8,464 diabetic consultations were done.

Disability management:
- Locomotor disability: TLMTI has extended the expertise in leprosy-related disability management to include other locomotor disabilities at the hospital and community levels. This speciality is being developed in three of its hospitals (Naini, in Uttar Pradesh; Purulia, in West Bengal; Salur, in Andhra Pradesh).
- Low vision: Four hospitals (Naini, in Uttar Pradesh; Kothara, in Maharashtra; Salur, in Andhra Pradesh; Purulia, in West Bengal) were identified to be developed as low vision centres. In the month of December, two staff from Salur and Purulia hospitals have undergone training in low vision.
- Mobile therapy unit: People affected by leprosy and people with disabilities, especially in rural areas, find it difficult to reach therapy centres. To provide these services in rural villages, TLMTI set up a mobile therapy unit in Cuddalore and Villupuram districts of Tamil Nadu. In the mobile therapy unit, all the required therapy equipment is provided and services are rendered at the patients’ doorstep. This mobile unit serves a dual purpose - addressing the disability management needs of the target population and building capacity of local medical and paramedical professionals in disability management.

Getting national accreditation

All TLMTI hospitals are working towards being NABH (National Accreditation Board for Hospitals and Healthcare Providers)-compliant for developing patient-centred standards and being recognised for offering accredited quality healthcare services. In the first phase, seven hospitals - Shahdara, in Delhi; Naini, in Uttar Pradesh; Muzaffarpur, in Bihar; Purulia, in West Bengal; Salur, in Andhra Pradesh; Dayapuram, in Tamil Nadu; Kothara, in Maharashtra - have started the process of NABH accreditation.
Papers published in peer-reviewed journals  

21

High impact research findings published  

2

Papers presented at the International Leprosy Congress  

72

Trainees trained in leprosy  

3,500
Strategic Objective 4: Thought Leader

Disseminating knowledge and building leprosy expertise

Through this approach, TLMTI aims to influence policies in leprosy, disability management, and community empowerment.

HIGHLIGHTS

Disseminating research findings

During the reporting period, 21 research papers pertaining to transmission, disability, and discrimination were published in peer-reviewed journals, such as PLOS and Leprosy Review. Two of the high-impact research papers were, ‘Factors influencing social participation of persons with disabilities’ from its CREATE (CSOs for Resource Mobilisation, Empowerment, Advocacy, Training, and Employment) project, and ‘Utility of multiplex PCR for early diagnosis of leprosy.’

TLMTI staff took part in the International Leprosy Congress held in Manila and made 72 oral and poster presentations.

TLMTI is partnering with the National Institute of Health Research, the United Kingdom, for improving the management of leprosy ulcers through self-care.

Providing training in leprosy

To develop and retain leprosy expertise, TLMTI continued with its training activities. This included training health professionals from the government and development sectors, upgrading the curriculum for training medical officers, and developing a training course for orienting para-medical workers to leprosy. Further, an online leprosy curriculum is being developed.

A wall painting to raise awareness about leprosy in a village.
Strategic Objective 5: Organisational Sustainability

Staying relevant for sustainability

This strategic objective seeks to build the environmental and operational sustainability of the organisation.

HIGHLIGHTS

Exploring alternate energy options

The concept of environmental sustainability is at the core of all activities in TLMTI, and towards this, the organisation constantly explores alternate energy options. As solar power is pollution-free and does not emit greenhouse gases, two TLMTI hospitals (Salur, in Andhra Pradesh and Chandkhuri, in Chhattisgarh) installed solar plants with funding from IFCI Limited, a public sector non-banking financial company. Four hospitals (Shahdara, in Delhi; Muzaffarpur, in Bihar; Kothara, in Maharashtra; Naini, in Uttar Pradesh) had already installed solar power plants in 2018.

Upgrading the monitoring framework

TLMTI is strengthening its Management Information System (MIS) by developing a unified data dashboard. Vocational training centres and community development projects have already started integrating with the larger MIS being developed. The organisation launched a new reporting format for leprosy cases during the reporting period - a step towards developing a unified data dashboard.

Mitigating natural disasters

One of the key priorities was to build capacities and resilience of the organisation in disaster management. All TLMTI institutions now have disaster mitigation committees and have developed their own plans.
How did reconstructive surgery help Deepa Devi take control of her future?

When she was studying in 12th class, painless blisters started appearing on Deepa Devi’s hand. And slowly, her entire hand became numb. Deepa Devi’s parents took her to a hospital in Khairabad, near her village in Sitapur district of Uttar Pradesh. There, she was diagnosed with leprosy and was put on a 12-month course of multidrug therapy (MDT). Meanwhile, her parents got her married. However, after three months, she discontinued medications.

After a few months, Deepa Devi developed a claw hand – a deformity because of leprosy. Her husband was angry with her because of her leprosy, and one day took her to her parents and left her with them. After one year, her parents found another match for her and got her married. Her present husband was very understanding and took her back to Khairabad hospital where she restarted her treatment.

Deepa Devi was exhilarated when she came to know that her claw hand could be corrected through reconstructive surgery available at TLM Faizabad Hospital. There, she underwent the surgery and the function of her hand improved considerably.

Deepa Devi has great hopes now. She wants to raise a family and live a comfortable life. To help her realise her dream, TLMTI plans to enrol her for a training in tailoring at its Faizabad Vocational Training Centre.
How did we develop a unique diagnostic test that can detect about 92 per cent paucibacillary cases of leprosy?

Interventions to tackle Neglected Tropical Diseases (NTDs) have the greatest relevance to Sustainable Development Goal 3 (Good health and well-being), where the focus on equity, and its commitment to reaching people in need of health services, is necessarily aligned with the target of Universal Health Coverage.

TLMTI’s Stanley Browne Research Laboratory, while researching for such interventions, developed a unique multiplex polymerase chain reaction (multiplex PCR) diagnostic test that can detect about 92 per cent paucibacillary (PB) cases of leprosy. Early diagnosis of leprosy is important for combating the severity of the disease and its consequences. If not diagnosed early, leprosy can lead to disability. Late diagnosis increases the possibility of the disease spreading in the community. Multiplex PCR, using more than one gene specific to target DNA, is a more efficient detection tool.

In this study, slit skin scrapings, blood, nasal swabs, and saliva from PB and multibacillary (MB) cases, and household contacts of PB cases, were tested by multiplex PCR using three different gene targets, namely RLEP, 16SrRNA, and sodA. The researchers found an increase in overall diagnostic positivity for M. leprae DNA detection by multiplex PCR as compared to individual PCR. With nasal swabs using multiplex PCR, the positive and negative predictive values were 0.5454 and 0.8333, respectively. There is a remarkable increase in positive predictive value in slit skin smear of PB cases and nasal swabs of household contacts using multiplex PCR.

In conclusion, our findings suggest the utility of multiplex PCR for early diagnosis and household contact surveillance for leprosy.
How did a livelihood intervention help Rupchand break the cycle of poverty?

Rupchand Ramaji Chaturkar suffered from paralytic polio when he was a child which left him with 80 per cent disability. He lives in Amravati district in Maharashtra and is married to a woman affected by sickle cell disease. He could not get a job when he grew up and resorted to begging on the streets to eke out a livelihood. The money earned by begging was meagre to keep the wolf from the door, so to speak.

When TLMTI’s Jaagruti project, supported by The Hans Foundation through CBM, started working in Amravati, the staff met Rupchand and enquired about his livelihood. They wanted him to have a decent livelihood. As a first step, they arranged a wheelchair for him. While the project was doing a livelihood assessment of persons with disabilities, Rupchand showed interest in starting a grocery shop. The project helped him get a house built under the Pradhan Mantri Awas Yojana, which has a facility for running a grocery shop. They gave him training in managing a grocery shop through its skill development programme. Seeing Rupchand’s commitment to hard work in running his shop, the project selected his shop as a demonstration centre for grocery store business so that others can take a leaf out of his book and start income-generating activities.
How did livelihoods for individuals affected by leprosy and disabilities not only earn them an income but contribute to sustaining the environment?

As the world is working hard to achieve the Sustainable Development Goals (SDGs), TLMTI’s Inclusive Empowerment Project in Tamil Nadu plays its part by employing the business model concept to support social and environmental benefits for local communities.

The project promotes production of areca nut leaf plates as a sustainable livelihood option for people affected by leprosy and people with disabilities. They provide training, technical, and marketing support to develop them as local producers, while considerably reducing pollution from plastic and polystyrene foam plates.

Areca nut palm is one of the important commercial crops of Tamil Nadu. Though its nuts (betel nuts) are used widely in various forms, the sheaths attached to the leaf do not have any commercial value and are discarded. Plates made from these sheaths are in great demand because of the environmental awareness prevalent in society. The project also ensures that these plates meet international quality standards through optimised manufacturing process, with hygienic conditions, adhering to strict quality assurance systems.

This unique business model offers a new, powerful paradigm for sustainable development. Also, it provides opportunities for community empowerment, supporting the green economy.
How does Children’s Parliament promote early detection of leprosy and dispel the fear of the disease?

Children’s Parliament is a forum for students and young people of a village or a neighbourhood to come together and contribute to the public debate to influence policies and decisions that affect their lives by representing their interests and opinions to the decision-makers of the village.

TLMTI has facilitated the formation of many such forums in places where it runs community empowerment projects. It forms Children’s Parliament in every neighbourhood of 25-30 houses. All the children between 6-18 years of age are part of the parliament irrespective of their educational or social background. TLMTI’s Children Unite for Action (CUFA) project and other projects working with children affected by leprosy and disabilities have formed over 14 Children’s Parliaments in different parts of the country. The project’s key activities include developing champions, providing educational support, mentoring children, and making them aware of their rights and duties.

Since their inception, Children’s Parliaments have been engaging with Gram Panchayats and advocating for the basic needs of the community. But one of the most important works of the members of the Children’s Parliament is creating leprosy awareness in the communities and schools to promote early detection of leprosy. They do this through activities, such as conducting public rallies, distributing posters and pamphlets about leprosy, visiting schools to sensitise students to leprosy, and organising street plays.

It is encouraging to note that Children’s Parliament members have become a support mechanism for children affected by leprosy across villages and leprosy colonies.
## Our major supporters

<table>
<thead>
<tr>
<th>Supporting Organization</th>
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<tbody>
<tr>
<td>TLM International</td>
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<tr>
<td>TLM England and Wales</td>
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<tr>
<td>TLM Australia</td>
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<td>TLM Germany</td>
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<td>TLM Hungary</td>
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<td>TLM Netherlands</td>
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<td>TLM New Zealand</td>
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<td>TLM Northern Ireland</td>
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<td>TLM Scotland</td>
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<td>TLM Sweden</td>
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<tr>
<td>TLM Switzerland</td>
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<tr>
<td>effecthope (The Leprosy Mission Canada)</td>
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<tr>
<td>The Swedish International Development Cooperation Agency (SIDA)</td>
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<tr>
<td>European Union</td>
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<tr>
<td>Embassy of Japan</td>
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<tr>
<td>International Federation of Anti-Leprosy Associations (ILEP)</td>
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<tr>
<td>National Leprosy Eradication Programme (NLEP)</td>
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<tr>
<td>Skill India</td>
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<tr>
<td>Indian Council of Medical Research (ICMR)</td>
</tr>
<tr>
<td>Bharat Petroleum Corporation Ltd</td>
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<tr>
<td>The New India Assurance Co. Ltd</td>
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<tr>
<td>National Scheduled Castes Finance and Development Corporation</td>
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<tr>
<td>Life Insurance Corporation of India</td>
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<tr>
<td>ECGC Ltd</td>
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<tr>
<td>National Bank for Agriculture and Rural Development (NABARD)</td>
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<tr>
<td>REC Foundation</td>
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<tr>
<td>IFCI Social Foundation</td>
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<tr>
<td>RINL CSR Foundation</td>
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<td>The Hans Foundation</td>
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<tr>
<td>Vision Foundation of India</td>
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<tr>
<td>GiveIndia</td>
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<tr>
<td>Mahindra and Mahindra Limited</td>
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<tr>
<td>Tata Motors Limited</td>
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<tr>
<td>National Centre for Promotion of Employment for Disabled People (NCPEDP)</td>
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<tr>
<td>Nipman Foundation</td>
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<tr>
<td>Quest Alliance</td>
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<tr>
<td>Skills for Progress (SKIP)</td>
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<tr>
<td>CBM International</td>
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<tr>
<td>Essilor 2.5 NVG</td>
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<tr>
<td>Freedom Trust</td>
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<tr>
<td>International Reinsurance and Insurance Consultancy</td>
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<tr>
<td>Krishna Institute of Medical Sciences, Karad</td>
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<tr>
<td>Mace Project and Cost Management Pvt Ltd</td>
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<tr>
<td>Owari Precision Products (India) Pvt Ltd</td>
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<tr>
<td>Church of North India</td>
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<tr>
<td>Church of South India</td>
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</tbody>
</table>
Highlighted partnerships

Support for vocational education
In a two-year project from 2017-19, Bharat Petroleum Corporation Limited (BPCL) partnered with TLMTI to provide vocational education to boys and girls affected by leprosy to promote their social and economic inclusion. Under this partnership, TLMTI trained 792 boys and girls in various NCVT/SCVT-certified technical courses. Of the students who graduated, 596 got wage employment, 33 opted for self-employment and 118 proceeded for higher education.

Support for ulcer care
India’s leading multinational general insurance company, The New India Assurance Co. Ltd joined hands with TLMTI to provide ulcer care to 700 people affected by leprosy from its six hospitals. The financial support helped TLMTI hospitals provide quality treatment of ulcers caused due to leprosy and put those suffering on a path to rehabilitation.

Support for rooftop solar system
IFCI Foundation supported the installation of a 130 kW grid-connected rooftop solar power system in TLM Salur and Chandkhuri hospitals. This support helped TLMTI save money by reducing electricity bills and reduce carbon footprint by using renewable sources of energy.
Support for infrastructure development

REC Ltd supported the infrastructure development, such as inpatient ward, operation theatre, ICU, and maternity ward, in TLM hospitals in Faizabad, Vadathorasalur, and Champa. The work is in progress. The project will benefit patients from underserved communities, including people affected by leprosy.

Support for reconstructive surgeries

Bharat Petroleum Corporation Ltd (BPCL) supported reconstructive surgeries (RCS) for 220 leprosy patients in two hospitals in Maharashtra - TLM Kothara Hospital and TLM Miraj Hospital. These surgeries helped the patients return to normal life, with decent livelihood.

Support for livelihood

The Hans Foundation supported TLMTI to provide sustainable livelihood opportunities to 400 people with general disabilities, leprosy-related disabilities, and marginalised women in the state of Chhattisgarh. The aim of this programme is to enhance local employment opportunities and increase household incomes, thus promoting economic inclusion and dignity of the target population.
Board of Governors

Mr Bhal S. Chakranarayan
Chairperson

Mr George Koshi
Member and Treasurer

Dr D. P. N. Prasad
Member

Dr Gift Norman
Member

Dr J. V. Peter
Member

Mr N.R. Rayalu
Member

Mr Brent Morgan
Ex-officio member

Dr Mary Vergheese
Executive Director and Secretary

Operations team

Dr Mary Vergheese
Executive Director

Abraham George
Director – Operations

Samuel V. Thomas
Director – Finance and Administration

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

Melvin Moras
Head - Human Resource Management

Benison Solomon
Head – Audit and Risk Management

Joseph Thomas
Head – Finance
FINANCIAL INFORMATION
### Abridged financial statements

#### BALANCE SHEET AS ON 31ST DECEMBER 2019

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>Capital Fund (Represented by Fixed Assets)</td>
<td>35,35,80,676</td>
<td>34,76,11,891</td>
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<tr>
<td>Capital Project Fund</td>
<td>6,50,95,525</td>
<td>2,81,85,505</td>
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<tr>
<td>General Fund</td>
<td>(7,84,99,111)</td>
<td>(6,44,42,487)</td>
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<tr>
<td>Advance Against Sale of Assets</td>
<td>5,56,00,000</td>
<td>5,56,00,000</td>
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<tr>
<td>Designated/Programmes/Other Funds</td>
<td>5,15,58,088</td>
<td>4,33,82,073</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>44,73,35,178</strong></td>
<td><strong>41,03,36,982</strong></td>
</tr>
</tbody>
</table>

#### APPLICATION OF FUNDS:

**Fixed Assets:**
- Gross Block | 90,19,81,363 | 87,18,78,260 |
- Less: Depreciation | 54,84,00,687 | 52,42,66,369 |
- Net Block | 35,35,80,676 | 34,76,11,891 |
- Capital Work in Progress | 3,11,96,323 | 1,75,10,372 |
- Total | 38,47,76,999 | 36,51,22,263 |

**Investments**
- INR 4,16,03,501 | INR 4,16,03,501 |
- INR 4,86,26,611 | INR 4,86,26,611 |

**Current Assets:**
- Cash and Bank Balances | 10,33,03,393 | 6,56,74,264 |
- Amount Receivable | 2,47,30,729 | 2,00,30,730 |
- Less: Current Liabilities:
  - Amount Payable | 10,70,79,444 | 8,91,16,886 |
  - Net Current Assets | 2,09,54,678 | (34,11,892) |
- Total | **44,73,35,178** | **41,03,36,982** |

#### INCOME & EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST DECEMBER 2019

**INCOME**

<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>Foreign Contributions</td>
<td>19,29,60,487</td>
<td>22,10,23,426</td>
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<tr>
<td>Local Contributions</td>
<td>3,99,02,880</td>
<td>3,96,96,978</td>
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<tr>
<td>Receipts from Patient Care</td>
<td>54,61,01,285</td>
<td>49,20,13,759</td>
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<tr>
<td>Receipts from other Services</td>
<td>3,11,96,323</td>
<td>1,02,38,479</td>
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<tr>
<td>Local Fundraising</td>
<td>5,68,02,622</td>
<td>9,59,28,093</td>
</tr>
<tr>
<td>Interest</td>
<td>80,18,211</td>
<td>51,36,910</td>
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<tr>
<td>Excess of Expenditure Over Income / Deficit</td>
<td>1,48,65,568</td>
<td>3,35,09,423</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>88,93,71,569</strong></td>
<td><strong>85,84,60,649</strong></td>
</tr>
</tbody>
</table>

**EXPENDITURE**

<table>
<thead>
<tr>
<th></th>
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<th></th>
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</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>56,46,19,987</td>
<td>50,86,23,914</td>
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<tr>
<td>Public Health</td>
<td>40,37,564</td>
<td>1,02,38,479</td>
</tr>
<tr>
<td>Livelihood Programmes</td>
<td>8,03,51,221</td>
<td>9,59,28,093</td>
</tr>
<tr>
<td>Prevention of Disabilities</td>
<td>2,10,72,830</td>
<td>2,18,86,731</td>
</tr>
<tr>
<td>Advocacy</td>
<td>4,30,72,294</td>
<td>4,32,79,928</td>
</tr>
<tr>
<td>Research</td>
<td>1,86,05,984</td>
<td>2,06,69,726</td>
</tr>
<tr>
<td>Training / Workshops</td>
<td>1,08,97,050</td>
<td>1,63,49,957</td>
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<tr>
<td>Fundraising</td>
<td>3,62,24,377</td>
<td>2,26,54,677</td>
</tr>
<tr>
<td>Administrative Expenses</td>
<td>11,04,90,262</td>
<td>11,88,29,144</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>88,93,71,569</strong></td>
<td><strong>85,84,60,649</strong></td>
</tr>
</tbody>
</table>
FINANCIAL POSITION AS ON 31ST DECEMBER, 2019

(Figures INR in lakhs)

WORKING RESULTS FOR THE YEAR 2019

(Figures INR in lakhs)

APPLICATION OF FUNDS

SOURCES OF FUNDS

FUNDING OF TLMTI PROGRAMMES 2019
**Major Indian donors**

REC Foundation  
Bharat Petroleum Corporation Ltd  
The New India Assurance Co. Ltd  
Indian Council of Medical Research  
CBM International  
IFCI Social Foundation  
Rotary Club Allahabad Elite  
The Hans Foundation  
Government of Maharashtra  
Government of Chhattisgarh  
Government of West Bengal  
ECGC Limited  
Life Insurance Corporation of India  
Hon’ble Governor of Uttarkhand  
TATA Motors  
RINL CSR Foundation  
MACE Ltd  
Danieli Corus India Private Limited  
Give India  
Dwarka Prasad Trust  
Vision Foundation of India  
Owari Precision Products (India) Pvt.Ltd  
Bethany School, Visakhapatnam  
International Reinsurance & Insurance Consultancy  
Biochemical & Synthetic Products Private Limited  
Karen Williams Charitable Trust  
AKT Groups of Educational Institutions  
Innerwheel Club of Delhi

A counselling session for a young leprosy patient in one of the TLMTI hospitals
Green Park Free Church, Delhi
St. Mark’s Cathedral, Bangalore
Sri Subramanyaswamy Temple Trust
Peoples Action for National Integration
Coastal Charitable Foundation
SKIP Bangalore
Operation Blessing India
Dr. Raj Kumar Songa
Dr. Bethapudy Ratna Sunder Rao
Mr. Sanjay J. Khatri
Mrs. Rita Saxena
Mr. Edgar D'souza
Mr. Sanjay Mehwala
Mr. Peter Rasquinha

Mr. Sanjay Agarwal
Mrs. Regina Periera
Mr. Guru Krishna K. Subramaniam
Mr. James Prakasam & Mrs. Grace Dayamani
Mr. Pravin Mutha
Mr. Amod Kumar
Mr. Ashalata Alexander
Mr. Vikram Lal
Mr. Mohamed Haniffa
Dr. Sengupta