

THE JOURNEY OF TLM IN INDIA

Leper Asylums or Homes for Lepers are started by European and American missionaries to house people ostracised because of leprosy. In due course, these homes are handed over to the then 'Mission to Lepers'.



1874

1874: The work of TLM in India 'The Mission to Lepers' is born



1884

1888: TLM Purulia (West Bengal)
1890-1988: TLM Subathu (Himachal Pradesh)
1886-2008: TLM Chandag (Uttarakhand)

1894

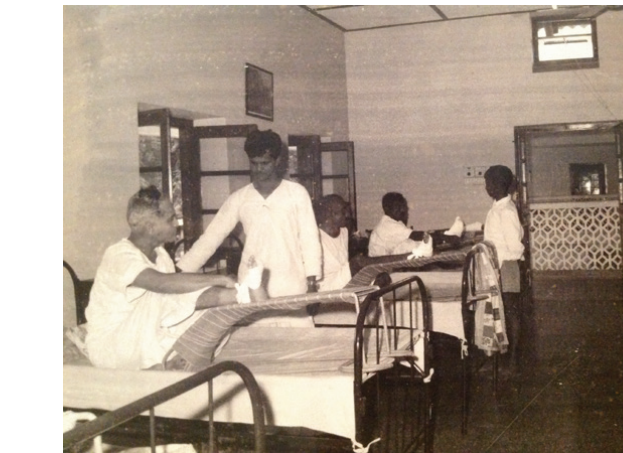
1902: TLM Naini Hospital (Uttar Pradesh)
1902: TLM Bankura Hospital (West Bengal)
1902: TLM Champa Hospital (Chhattisgarh)
1903-1984: TLM Taran Taran Hospital (Punjab)
1895-2010: TLM Poladpur (Maharashtra)
1896: TLM Miraj Hospital (Maharashtra)
1897: TLM Chandkhuri Hospital (Chhattisgarh)
1898: TLM Kothara Hospital (Maharashtra)
1899-1980: TLM Nashik Hospital (Maharashtra)
1899-2010: TLM Ramachandrapuram Hospital (Andhra Pradesh)
1901-2000: TLM Shantipur Hospital (Madhya Pradesh)

1904

1906: TLM Salur Hospital (Andhra Pradesh)
1906-1970: TLM Shevayur Hospital (Kerala)

1914

1912: TLM Belgaum Hospital (Karnataka)
1913: TLM Dayapuram Hospital (Tamil Nadu)



People with leprosy are offered hope for the 1st time as treatment with Chaulmoogra oil becomes widespread. Injections are painful, and only a few are 'cured', but the aura of cure sees the introduction of the term 'Leper Asylum cum Hospital'.

1961: TLM Barabanki (Uttar Pradesh)

1957-2002: TLM Jhalda Hospital (West Bengal)

1954

1950's:
• DDS monotherapy, the first real cure for leprosy begins to be widely used
• Reconstructive surgery to correct leprosy-related disabilities is pioneered by Dr Paul Brand, in Karigiri.



1960s: Leprosy control units set up

1964

1965: 91 yrs after it starts, the Mission changes its name to The Leprosy Mission to avoid the negative connotations of the word 'leper'.

1967-2002: TLM Parvathipuram Hospital (Andhra Pradesh)
1967-2000: TLM Kurupam Hospital (Andhra Pradesh)

1974

1976-2002: TLM Hospital Nuzvid (Andhra Pradesh)



1980: TLM VTC Nashik (Maharashtra)
1982: Multi-Drug Therapy (MDT) replaces DDS monotherapy
1984: TLM Shahdara Hospital (Delhi)

1984

Despite a cure, people with leprosy lose their jobs, face harassment in workplace, remain unmarried or are displaced from their families and homes. TLM's focus shifts to include these and other development issues.

1986: TLM Kolkata Hospital (West Bengal)
1989: TLM Almora Snehalaya (Uttarakhand)
1990: Community Based Rehabilitation starts
1994: Stanley Browne Research Laboratory Miraj (Maharashtra)
1990s: Emphasis on Prevention of Impairment and Disability begins

1994

1995: TLM VTC Vizianagaram (Andhra Pradesh)
1998: TLM VTC Bankura (West Bengal)
1998: TLM VTC Champa (Chhattisgarh)
1998: TLM VTC Vadathorasalur (Tamil Nadu)
1999: Diana Princess of Wales Health Education Centre (Media Centre, Noida)

2004

2000: The Post elimination phase of leprosy begins
2000-2012: Research Resource Centre
2002: TLM VTC Faizabad (Uttar Pradesh)
2002: TLMTI and other ILEP partners volunteer technical support to the National Leprosy Eradication Programme (NLEP). TLMTI supports NLEP in Chhattisgarh, Maharashtra, Delhi & Uttar Pradesh
2005: TLM Community Hospitals concept



TLM has 5 residential schools at Champa, Faizabad, Purulia, Vadathorasalur and Kothara for children of inmates of the Homes. Soon children from other places are admitted for leprosy treatment and education.

TLMTI undertakes various initiatives to address the issues of people affected by leprosy. Strategic partnerships and fundraising develop.

2014

2014: TLMTI celebrates 140 years of its existence in India

CELEBRATING 140 YEARS

"Overall, it is clear that the change has been tangible and visible, and has been experienced all across the organization. The Country Strategy has had significant impact; to see that an old and large organization has gone through this change is admirable and raises faith and hope. The progress has been systematic, supported by appropriate capacity building, a supportive organizational structure " 2015 Organizational Impact Assessment Report



2016 TLMTI implements second Country Strategy (2016-18), with six strategic priorities
◆ Changed Societal Mindsets
◆ Leprosy Detected and Cured
◆ Favourable Policy Environment
◆ Responsive Duty Bearers
◆ Empowered affected communities
◆ Organisational Effectiveness

TLM Homes transition to Hospitals providing specialised medical and surgical care.

Inmates are encouraged to return to their families and communities. Many settle near the hospitals in Leprosy Colonies.

Snehalayas (homes) are maintained for the few 'mercy patients' unwilling to leave. (TLMTI has 5 Snehalayas today with dwindling numbers of elderly residents)

Leprosy Control work in areas allotted by the government reaches people in their own homes through the Survey, Education and Treatment (SET) programme.



Duration of treatment reduces with MDT and MDT is available at all government centres.

One by one TLM schools are closed; only 1 (Kothara) continues as a govt aided non residential school for the local community

With integration of leprosy into the general health care system TLM hospitals hand over their control areas to the government and stop leprosy control activities.

TLM hospitals begin to be phased out in areas where leprosy services are no longer a need. TLM hospitals develop into community hospitals with specialisations that are relevant and sustainable while continuing to function as Tertiary Leprosy Referral Hospitals. TLMTI has 14 hospitals and 1 clinic today.