

Annual Report 2014



Anti Leprosy Campaign
Ministry of Health

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Abbreviations

ALC – Anti Leprosy Campaign
BH- Base Hospital
CBO – Community Based Organization
CLC – Central Leprosy Clinic
D/ALC – Director Anti leprosy Campaign
DDG – Deputy Director General
GH - General Hospital
HDI – Human Development Index
IEC – Information and Education
IPF – Individual Patient Form
IT – Information Technology
MB - Multibacillary
MDT – Multi Drug Therapy
MLT – Medical Laboratory Technologist
MOOH – Medical Officers of Health
MSD – Medical Supplies Division
NGO – Non Governmental Organisations
NHSL – National Hospital of Sri Lanka
NTD – Neglected Tropical Disease
PALs – Persons Affected with Leprosy
PB - Paucibacillary
PHI – Public Health Inspector
PHILC - Public Health Inspector Leprosy Control
PHLT – Public Health Laboratory Technologist
PoD – Prevention of Disability
RDHS – Regional Director of Health Services
RE – Regional Epidemiologists
SMI – School Medical Inspection
SLCD – Sri Lanka College of Dermatologists
WHO – World Health Organization

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1 Introduction

Anti Leprosy Campaign (ALC) is the focal point in the Ministry of Health that is responsible for prevention and control of leprosy in Sri Lanka. Main functions of the ALC include, program planning, implementation, monitoring and evaluation, information collection, and dissemination of information among all stakeholders. ALC is also mandated to build and sustain partnerships with partners and coordinate and solicits support for the Leprosy Program Action Plans.

This report presents data collected primarily from the Individual Patient Forms and Quarterly Returns of leprosy statistics received from health institutions and district level programme managers. It provides information on epidemiology of leprosy reported from districts islandwide and document programmatic efforts to control leprosy in Sri Lanka.

All leprosy patients in districts are treated and followed up in dermatology clinics situated at medical institutions at Base hospitals and upwards. Patient follow up and treat with MDT which is only available through such dermatology units. Disabilities which are detected before or during treatment are referred to rheumatologists, neurologists, physiotherapists by the dermatologists.

Directorate of Anti Leprosy Campaign consists of

1. Anti Leprosy Campaign office at NHSL Room 21
2. Central Leprosy Clinic at NHSL OPD
3. Leprosy Hospital in Hendala.
4. Administration Branch at Welisara

1.1 Anti Leprosy Campaign office at NHSL Room 21

In 1901, the British were legislated the Leper's Ordinance, which made the segregation of patients compulsory. In late 1940 Dapsone monotherapy was started and in 1954, the centrally controlled Anti Leprosy Campaign (ALC) was established to plan, implement, coordinate and evaluate leprosy control activities in the country. The Campaign trained Public Health Inspectors of Leprosy (PHI-L), one for each district, to conduct clinics, village surveys, contact surveys, defaulter tracing and community awareness programs. Till the early 1970s segregation was the main mode of control carried out. In 1982 Sri Lanka was introduced to Multi-Drug Therapy (MDT) for all patients. Sri Lanka was able to reach the WHO elimination target of less than one leprosy case per 10,000 populations in 1995.

1.2 Central Leprosy Clinic at NHSL

Central Leprosy Clinic is functioning under ALC is a walk-in clinic and provides comprehensive care including diagnosis, management, skin smear testing, physiotherapy services, counseling services and wound care. PALs are provided with needed splints and gutters, specially made shoes and ulcer care kits etc. There is a Consultant Dermatologist who is attached to the CLC who conducts clinics 5 days of the week.

1.3 Leprosy Hospital Hendala

Leprosy Hospital Hendala was established in 1708 which was one of earliest civil hospital in Sri Lanka. It is function under the administration of the Anti Leprosy Campaign (ALC). In the past this hospital is the main referral centre for patients with complications and for those who need rehabilitation. It also functioned as the main operational centre for field activities. Nevertheless admission to the Leprosy Hospital has been completely stopped since the introduction of MDT in 1982. However, patients who have been admitted two decades ago still remain in the hospitals and now provides inward services to patients with permanent deformities those were admitted when treatment was not available.

1.4 Administration Branch at Welisara

Administration branch is the main office where all the admin duties are conducted of ALC staff including the Director. This office handle the finance, promotions, transfer of ALC staff as an ordinary government office .

2 National strategy

Anti Leprosy Campaign is currently operating in accordance with the “National strategy for reducing the disease burden due to leprosy and enhancing quality of leprosy services for 2011-2015”.

2.1 Vision

Leprosy free country where the needs of existing persons affected by leprosy are fulfilled

2.2 Mission

To provide accessible, acceptable and cost effective quality leprosy services to all persons affected with leprosy and to sustain such services to ensure reasonable quality of life to those affected .

2.3 General Objective

To prevent grade 2 deformities by provision of quality leprosy services through early detection, treatment and rehabilitation services for those who need assistance.

2.4 Specific Objectives

1. To reduce the rate of new cases with grade 2 deformities down to 4% at the end of 2015, compared to the baseline value of 8% at the end of 2010
2. To increase early detection rate (less than 6 months of the onset of symptoms) to 75% from the current rate of 44%
3. To improve treatment completion rates up to 90% at the end of 2015.
4. To reduce development of new deformities while on treatment and after completing treatment.
5. To provide comprehensive disability prevention and management through education and improved rehabilitation services
6. To fight all forms of stigma associated with leprosy
7. To ensuring the rights of persons affected with leprosy.

3 National Action Plan for Control of Leprosy in Sri Lanka 2014 -2016

In line with the National Strategic plan, a plan of action has been developed and implemented from 2014 with the purpose of improving quality of leprosy control.

Expected outcomes of national plan of action are

1. Curtailing active transmission of disease
2. Minimizing delayed Presentation and defaulting
3. Improving quality clinical services,
4. Providing rehabilitation services,
5. Providing trained human resources
6. Monitoring program activities adequately

4 Main indicators

1. New case detection rate
2. Child case percentage
3. Deformity percentage
4. Multi bacillary percentage
5. Late presentation (more than 6 months)
6. Number of relapse cases
7. Numbers of defaulters restarting treatment

5 Epidemiology

5.1 National performance indicators in 2014

Table 1 Leprosy statistics Anti Leprosy Campaign 2009 – 2014*

	2009	2010	2011	2012	2013	2014
Total cases	1955	2091	2229	2211	2131	2281
New cases	1955	2091	2229	2189	1990	2157
NCDR	9.14	9.50	10.60	10.60	9.60	10.4
Child cases	190	202	238	163	182	213
Child percentage	9.92	9.7	10.72	7.64	9.17	9.87
Deformity cases	128	147	147	148	133	147
Deformity percentage	6.35	7.09	6.66	7.37	6.73	7.10
MB cases	935	967	1069	1089	947	1014
MB percentage	47.63	46.19	48.18	49.34	48.82	47.01
Late presentation (> 6months)	54	55%	55%	55%	46%	55%

* Totals are calculated excluding relapses and defaulters

Table 2 Reported Relapses & Defaulters Numbers;

	2012	2013	2014
Number of Relapses	11	59	37‡
Number of Defaulters restarting treatment	12	82	53‡

‡ Reporting started from 2012

‡ Numbers Not investigated

From 2001 - 2014 it was observed that the new case detection rates were fluctuating around 10 per 100,000 population. In 2014 NCDR was 10.4. There is a slight increase of new case detection rates after 2009 (Figure 1).

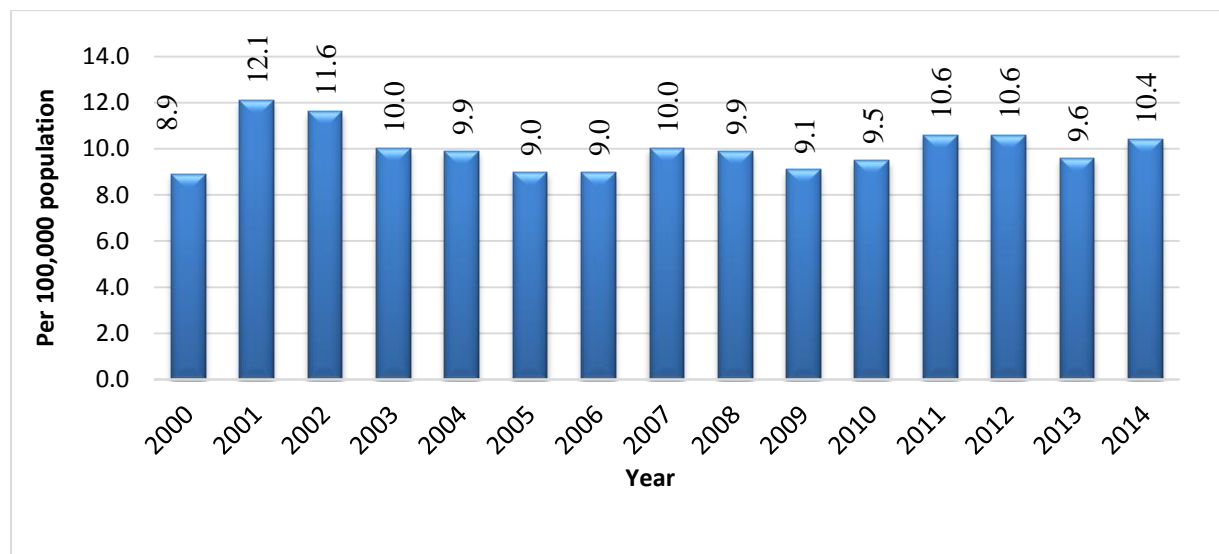


Figure 1 New case detection rate of Leprosy from 2001- 2014

MB percentage is increasing gradually over the past 10 years and have a rate of in 47.01% in 2014 (Figure 2).

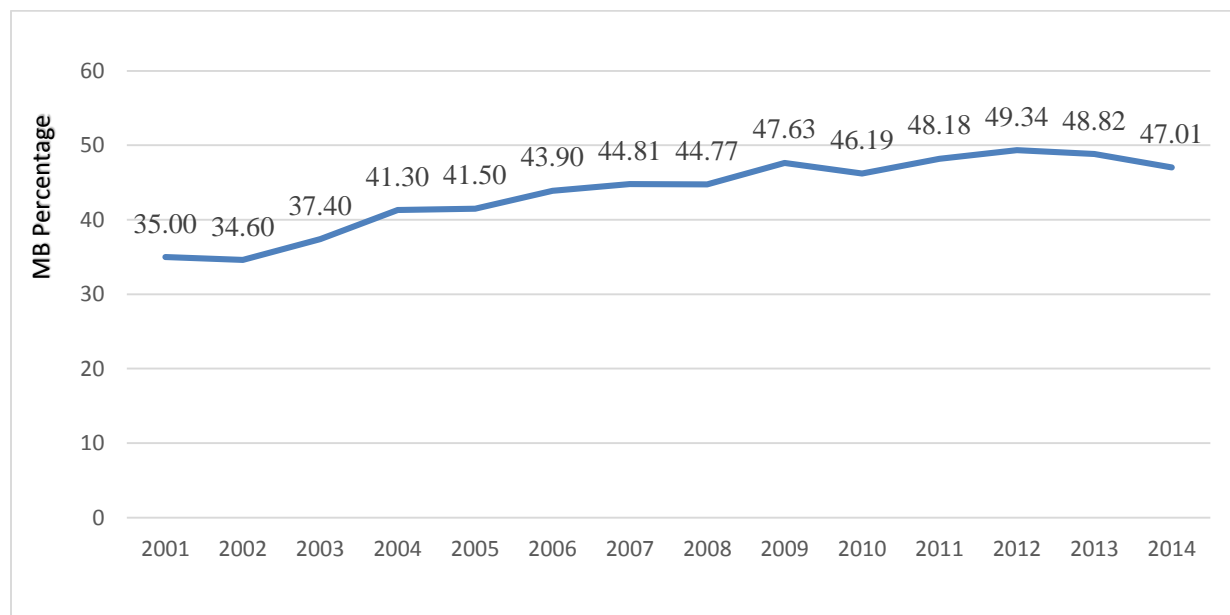


Figure 2 MB percentage at the time of diagnosis among leprosy cases from 2001 -2014

Percentage with grade 2 deformity showed a down wards trend from 2001 and now fluctuating around 7%. In 2014, 7.88% of patients had grade 2 deformity at the time of diagnosis (Figure 3).

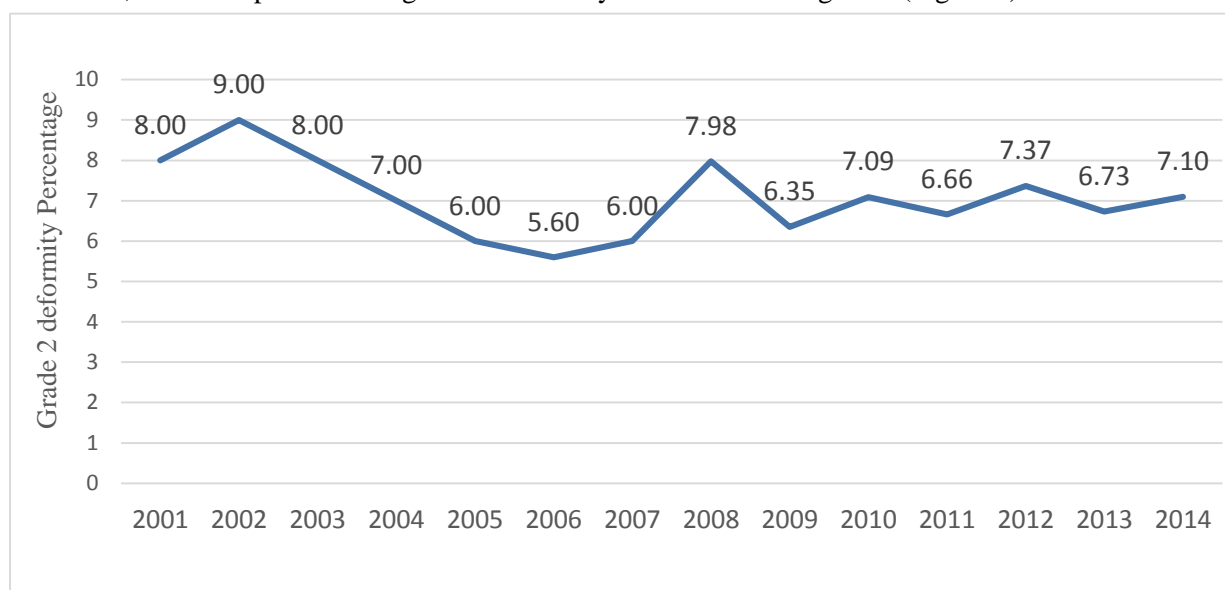


Figure3- Grade 2 deformity percentage at the time of diagnosis among leprosy cases from 2001-2014

Child percentages have been fluctuating around 10% from 2001 and 2014 and was 10.39% in 2014 (Figure 4).

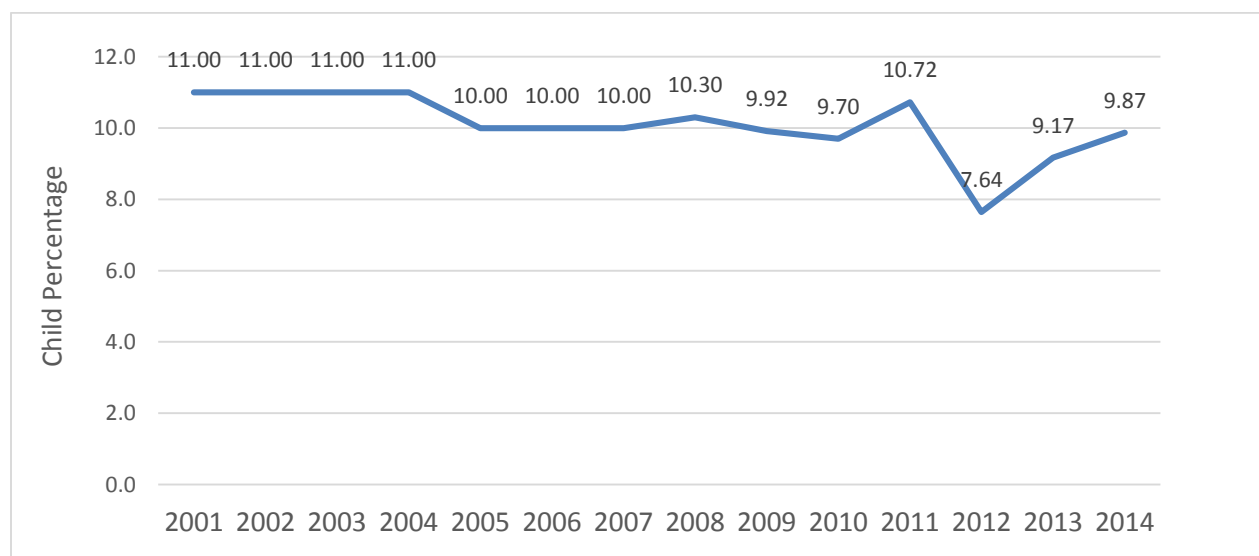


Figure 4 Child percentages at the time of diagnosis among leprosy cases from 2001-2014

5.2 Provincial performance Indicators - 2014

Highest percentage of leprosy cases in 2014 have been reported from Western province (41%), while Sothern and Eastern provinces accounted for 13% and 11% of respectively (Figure 5).

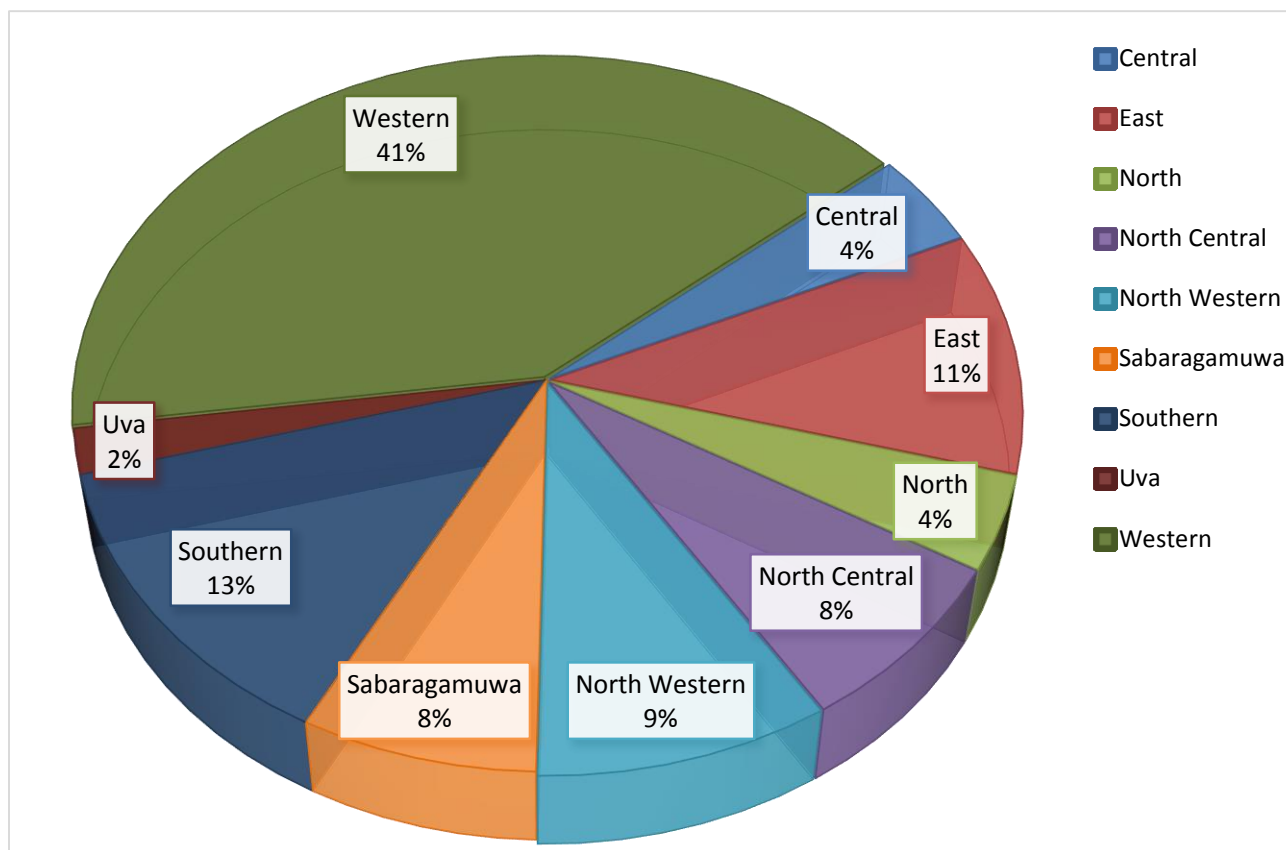


Figure 5 Total Leprosy cases diagnosed according to the province in 2014

Table 3 Leprosy Statistics provincial breakdown*

Province	Population	Leprosy cases		NCDR	MB		Child		Grade 2 deformity	
		New cases	%		cases	%	cases	%	cases	Rate for 100,000 population
Central	2590696	98	4.54	3.78	48	48.98	16	16.33	11	0.42
East	1578342	251	11.64	15.90	118	47.01	39	15.54	15	0.95
North	1075976	97	4.50	9.02	48	49.48	10	10.31	9	0.84
North Central	1295022	174	8.07	13.44	85	48.85	12	6.90	15	1.16
North Western	2417540	211	9.78	8.73	115	54.50	14	6.64	19	0.79
Sabaraga muwa	1948677	169	7.83	8.67	102	60.36	12	7.10	15	0.77
Southern	2508743	298	13.82	11.88	136	45.64	23	7.72	19	0.76
Uva	1280738	47	2.18	3.67	32	68.09	2	4.26	3	0.23
Western	5928104	936	43.39	15.79	416	44.44	96	10.26	64	1.08

*Totals are calculated excluding defaulters and relapses

5.3 District performance indicators -2014

Table 4 Leprosy Statistics district breakdown- 2014*

District	New cases	NCDR	MB cases	MB %	Child cases	Child %	Grade 2 Deformity cases	Grade 2 Deformity %	Grade 2 deformity rate for 100000 population
Kandy	55	3.95	26	47.27	9	16.36	6	10.91	0.43
Matale	22	4.48	12	54.55	5	22.73	3	13.64	0.61
Nuwaraeliya	17	2.40	10	58.82	2	11.76	2	11.76	0.28
Ampara	47	18.60	20	42.55	6	12.77	3	6.38	1.19
Batticaloa	93	17.43	43	46.24	22	23.66	2	2.15	0.37
Kalmunai	76	18.63	44	57.89	10	13.16	8	10.53	1.96
Trincomalee	19	4.95	11	57.89	1	5.26	2	10.53	0.52
Jaffna	56	9.45	24	42.86	4	7.14	5	8.93	0.84
Kilinochchi	1	0.87	1	100.0	0	0.00	1	100	0.87
Mannar	17	16.92	12	70.59	1	5.88	1	5.88	1.00
Mulliativu	8	8.55	5	62.50	1	12.50	2	25.00	2.14
Vauniya	7	4.02	6	85.71	4	57.14	0	0.00	0.00
Anuradhapura	83	9.42	42	50.60	7	8.43	6	7.23	0.68
Polonnaruwa	79	19.10	43	54.43	5	6.33	9	11.39	2.18
Kurunegala	115	6.99	59	51.30	5	4.35	7	6.09	0.43
Puttalam	88	11.40	56	63.64	9	10.23	12	13.64	1.55
Kegalla	50	5.88	30	60.00	7	14.00	7	14.00	0.82
Rathnapura	111	10.11	72	64.86	5	4.50	8	7.21	0.73
Galle	109	10.15	41	37.61	8	7.34	8	7.34	0.75
Hambantota	74	12.04	41	55.41	5	6.76	5	6.76	0.81
Matara	106	12.92	54	50.94	10	9.43	6	5.66	0.73
Badulla	23	2.80	16	69.57	2	8.70	2	8.70	0.24
Moneragala	23	4.99	16	69.57	0	0.00	1	4.35	0.22
Colombo	432	18.58	196	45.37	61	14.12	31	7.18	1.33
Gampaha	247	10.52	146	59.11	18	7.29	22	8.91	0.94
Kalutara	199	15.87	74	37.19	17	8.54	11	5.53	0.88

*Totals are calculated excluding defaulters and relapses

Highest number of new cases have been reported from Colombo district followed by Gampaha and Kalutara districts. Low numbers have been reported from districts in Northern Province out of all 26 districts (Figure 6).

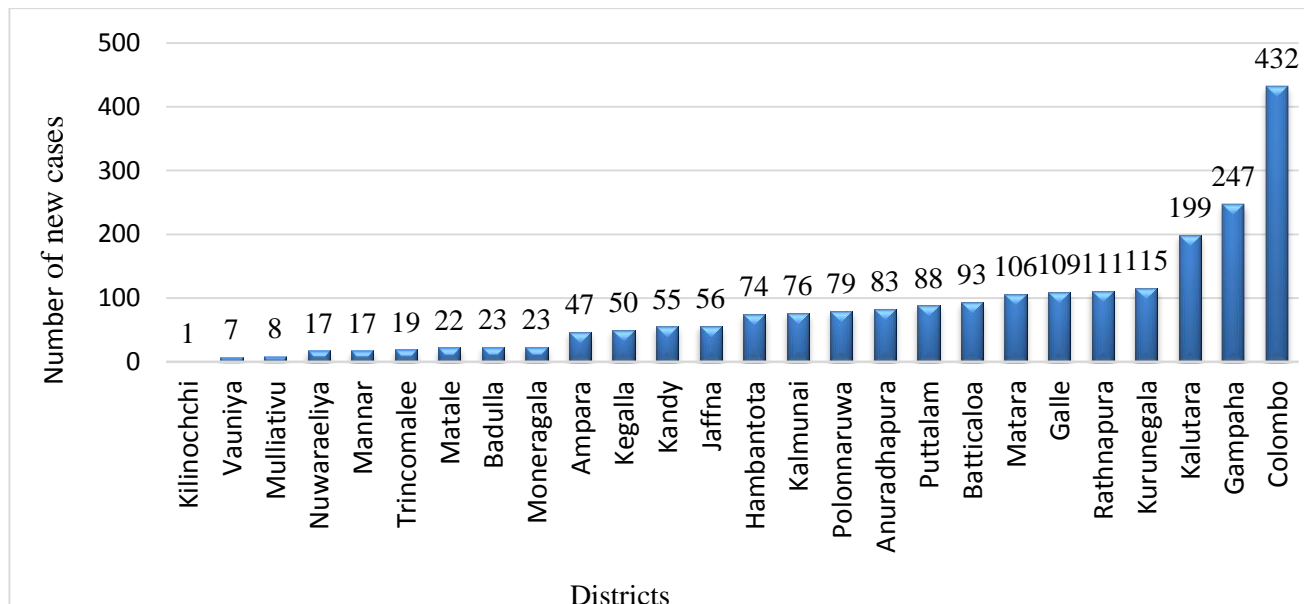


Figure 6 Number of New Leprosy cases detected based on the districts in 2014

Even though large number of patients are reported from Colombo, the new case detection rates for 2014 was highest for Polonnaruwa district (19.1%) followed by Kalmunai and Ampara districts. The rates were 18.63% and 18.6% respectively (figure 7).

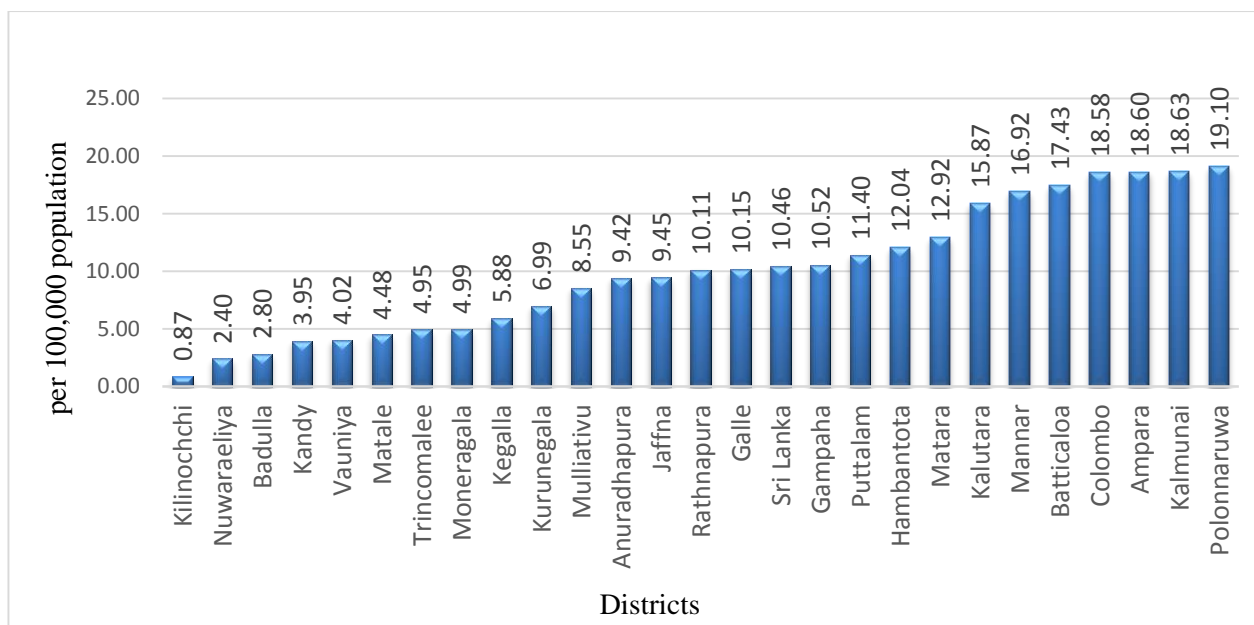


Figure 7 District New Case Detection rate of leprosy per 100,000 population in 2014

Highest child case percentage has been reported from Vauniya district with a rate of 57.1% followed by Batticaloa district and Matale district 23.7% and 22.7% respectively (Figure 8).

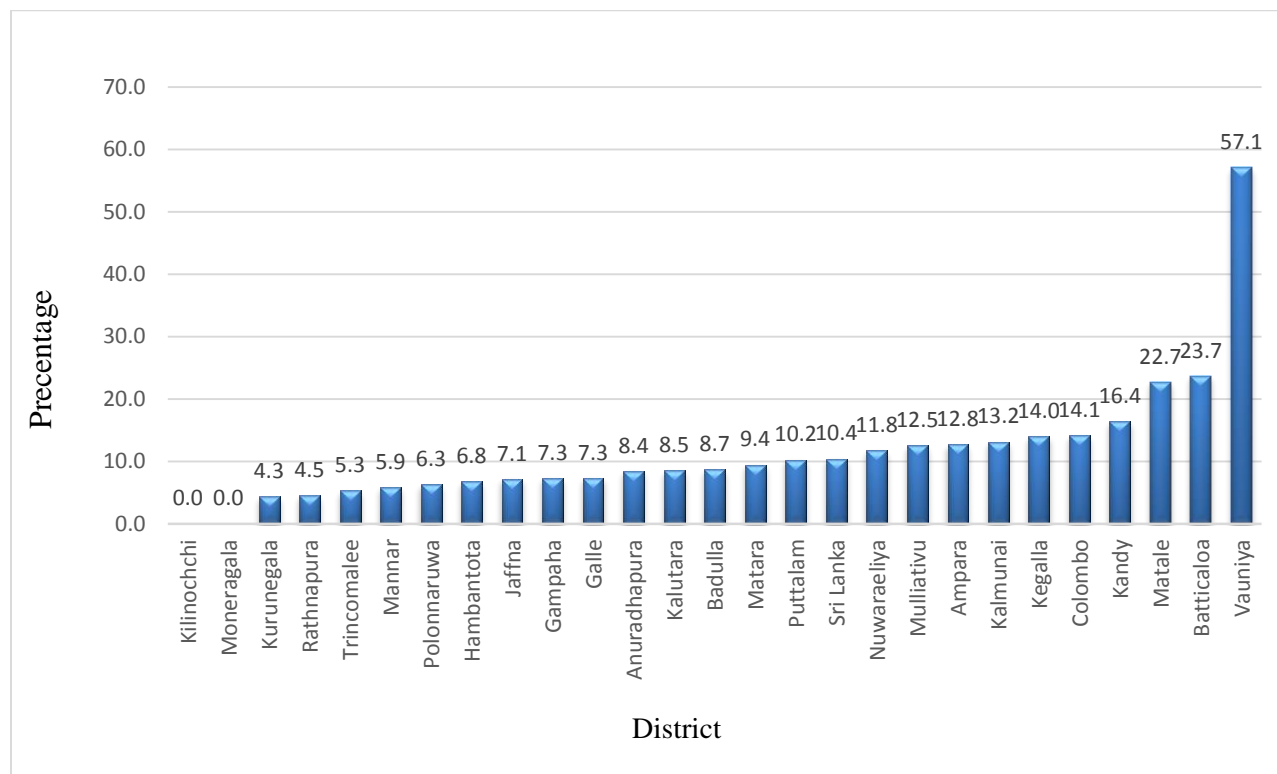


Figure 8 Child case percentage according to the districts in 2014

6 Activities of Anti Leprosy Campaign in 2014

6.1 Social activities and programmes of Anti Leprosy Campaign

- 1) Model Leprosy Control Programme initiated in five high endemic districts including Colombo, Gampaha, Hambantota, Ampara and Puttalam in line with National Action Plan for control of leprosy 2014 – 2016
- 2) Leprosy post exposure prophylaxis pilot study protocol was initiated which is to be implemented in 2015 November.
- 3) New Patient File was introduced to all Dermatology Clinics to standardize the follow-up and record keeping for all leprosy patients.
- 4) Contact tracing registers was introduced to Medical Officers of Health offices to improve leprosy contact tracing at the latter part of 2014.
- 5) Establishment of satellite Dermatology clinics in districts to improve accessibility for leprosy patients in inaccessible area (Table 5).

Table 5 Places of Satellite Clinics Established

District	Satellites clinics
Colombo	IDH / Prison Hospital Walikada
Kalutara	DH Beruwela / DH Matugama
Gampaha	BH Kiribathgoda / BH Minuwangoda
Puttlam	DH Dankotuwa / DH Mampura
Kurunegala	BH Dambedeniya / BH Galgamuwa
Anuradhapura	BH Padaviya / DH Kakirawa
Polonnaruwa	BH Medirigiriya
Kegalle	DH Daraniyagala
Rathnapura	DH Balangoda / DH Kolawana
Badulla	DH Giraadurakote / BH Bandarawela
Moneragala	DH Thanamalwila / BH Bible
Ampara	BH Mahaoya
Batticalloa	BH Valaccheniya / DH Thirukovil
Jaffna	BH Point Pedru / DH Chakani
Kandy	DH Theldeniya
Nuwara Eliya	DH Rikilagaskada/ DH Watawala
Galle	DH Hikkaduwa /BH Udugama
Matara	BH Deniyaya
Hanbantota	BH Tissamaharamaya

6.2 List of special events / innovations in 2014 (highlights of the year)

1. World Leprosy Day – Activities were conducted with a pressconference to increase public awareness through mass media in 2014 along with several district media seminar programmes.
2. Signing of Memorandum of understanding with FAIRMED Foundation for implementation of model leprosy programme in five districts
3. Initiation of house to house community screening surveys in identified high endemic districts as a new strategy to improve new case detection
4. Initiation of special activities for implementation of Bangkok Declaration for further reducing leprosy burden in Sri Lanka under the Sasakava funds.

6.3 Measures taken to improve health manpower and human resources

1. Carder position created and advertised for Consultant Community Physician at ALC
2. Carder position created and advertised for Consultant Dermatologist post at ALC Central Clinic
3. Created and advertised 3 posts of Medical Officers for ALC
4. Request a Medical Officer Health Informatics for development of web based health management information system for ALC
5. Appointment of permanent PHI leprosy in 20 districts which was vacant.
6. Conducting PHI training workshop and training 21 leprosy control PHI on August and September.
7. Training programmes conducted by ALC for MLT /PHLTs on slit skin smear testing and 10 MLTs and 10 PHLTs trained on July.
8. Establishing skin smear testing in 20 centers such as BH Karawanella, Dambulla and Chilaw.
9. Conducting RE and MO dermatology training at NHSL Neuro trauma auditorium by ALC in October

7 Services of Central Leprosy Clinic

Table 6 Services of Central Leprosy Clinic from 1st of January to 31st of December 2014

Total number of Patient visits		3907
Number of leprosy patients	Male patients	90
	Female patients	63
	Total	153
Number of defaulters	MB patients	0
	PB patients	5
	Total	5
Number of reactions	Type I reactions	18
	Type II reactions	2
	Total	20
Change treatment PB to MB		0
Number of new deformities while on treatment		3
Number of smear done	Positive	278
	Negative	632
	Total	910
Number of deformities	Grade 1	8
	Grade 2	2
	Total	10
Number of patient on	Steroids	22
	Clofazamine	2
	Thalidomide	5
Number of Treatment completed in 2014	MB patients	9
	PB patients	45
	Total	54
Number of patients given physiotherapy		28
Number of laboratory investigations		703

8 Services of Leprosy Hospital Hendala

- Total no of wards /units - 4
- Total no of beds - 60
- Total admissions in 2014 - 2
- Patients turnover - 2
- Average length of stay - life long
- Number of patient's end of 2014 - 39
- Number of Deaths in 2014 - 02

Table 7 No of patients provided clinic visits to Other Hospitals in 2014

Hospital	No of Visits
National Hospital Colombo	101
Teaching Hospital Ragama	41
Eye Hospital Colombo	10
Chest Hospital Welisara	23
Cancer Hospital Maharagama	01

Table 8 Donation received for Leprosy Hospital Hendala in 2014

	Donor	Type of Item
1	Ruth Reuter	Commode Chair -2 Wheel Chair -1 Boiler Electric -2 Refrigerator -1
2	Lodstar (PVT) Company	Audio System -1 Radio -1
3	FAIRMED Foundation	Walking path for patient in Handala Hospital

Entertainment for the patients at leprosy hospital Hendala

Since Hendala hospital inpatients are living for long time ALC has organized several activities during 2014 such as Leprosy day walk, Dansala Programme at wesak poya day and end of year paduru party.

9 Human Resources in 2014

Anti Leprosy Campaign had following number of staff in each category as at the end of year 2014.

Table 9 Anti Leprosy Campaign staff

Category of Staff	Approved cadre	Anti Leprosy campaign office at NHSL	Leprosy Clinic at NHSL	Administrati on Branch at Welisara	Hendala Leprosy Hospital
		In position end of 2014	In position end of 2014	In position end of 2014	In position end of 2014
Medical Administrator (Senior Grade)	1	-	-	-	-
Consultant Community Physicians	-	1	-	-	-
Consultant Dermatologist	-	-	-	-	-
Medical Officer	7	1	5	-	1
RMO / AMO	1	1	-	-	-
Administrative officer	1	-	-	-	-
Public Health Nursing sister	1	-	1	-	-
Nurse	7	-	-	-	7
Pharmacist	1	-	-	-	1
Dispenser	1	-	1	-	1
Medical Laboratory Technologist	1	-	1	-	-
Physiotherapist	1	-	1	-	-
Public Health inspectors	1	1	1	-	-
Development Officer	5	1	-	2	-
Public Management Assistant	13	1	-	8	2
Health Driver	5	-	-	4	1
Attendant	11	-	1	-	10
Lab orderly	1	-	1	-	-
K.K.S.	3	-	-	1	1
Health Helper	23		4	2	16
Diet stewards	1	-	-	-	1
Cook	1	-	-	-	1
Baber	1	-	-	-	-

10 Budget

Table 10 Capital expenditure 2014

No	Activities	Indicators			Expenditure Rs.
		Output	Targets Physical	Achieved targets	
1	Conducting special skin clinics	Number of clinics performed	170	109	757,177.93
	Training of health staff at primary care level	Number of health staff training programmes	156	94	2,612,063
	Social marketing campaigns	KAP study	1	Not done	-
	Community screening	Community screening programmes	12	7	703,861.5
2	Skin smears testing to all institutions where a Consultant Dermatologist are attached by training of MLTs	Training programmes for PHLTS Leishmaniasis	5	3	96,750
	Provision of a lab register To provide comprehensive IEC for patients on self-care advices Development of patient follows up sheets and printing necessary registers	Lab register available in all clinics No of IEC developed patient follows up sheets developed	Registers 150 Contact register 500 Posters 10000 Leaflets 100000 File cover 6000 Disability asses form 6000 Stickers	Registers 150 Contact register 500 Posters 10000 Leaflets 100000 File cover 6000 Disability assess form 6000 Stickers	852,400
	Provision of splints and gutters	splints and gutters	Shoes 900 Wrist belt 400 Gutter split 1000 Foot drop splint 200 Finger loop 2000 Self-care kits 1000	Shoes 900 Wrist belt 400 Gutter split 1000 Foot drop splint 200 Finger loop 2000 Self-care kits 1000	865,197.5

Capital expenditure 2014 continue

No	Activities	Indicators			Expenditure Rs.
		Output	Targets Physical	Achieved targets	
4	Sponsoring national events and district health related events	Number of events sponsored	3	1	56,469.01
	World leprosy day	Leprosy day events	21	1	39,700
5	Logistical support for Anti Leprosy Campaign	Equipment for ALC procured	Wax bath1 Infrared lamp 1 Ultrasound machine 1 Computer 4 Printer 3 UPS 5 Computer table 2 Steel cabinet 6 Filing cabinet 6 Drawers 1 Water filter 3 Safe box 2 Office table 10 Executive table medium 2 Office chairs 18	Computer 4 Printer 3 UPS 5 Computer table 2 Steel cabinet 6 Filing cabinet 6 Drawers 1 Water filter 3 Safe box 2 Office table 10 Executive table medium 2 Office chairs 18	1,729,724.97
6	Conducting Provincial/ District monitoring meetings with key stakeholders	Number of Provincial/ District monitoring meetings	9	7	158,323.74
7	Conducting Quarterly review meetings	Number of conducted review meetings	11	7	156,279.08
	Total				8,295,065.59

Table 11 Annual Expenses 2014 (Capital and recurrent)

Budget line	Allocation		Budget line	Total expenses	
	2013	2014		2013	2014
111-1-9-1001	18,218,000	20,585,589	Salaries	17,764,266.62	18,628,153.23
111-1-9-1002	7,492,000	7,596,122	Overtime	5,761,153.50	8,069,766.62
111-1-9-1003	15,907,000	17,877,101	Others	14,393,177.66	7,908,807.52
111-1-9-1101	487,000	527,000	Travel Expenses	355,147.45	498,143.38
111-1-9-1201	131,000	142,000	Office equipment	135,958.84	155,113.24
111-1-9-1202	1,042,000	1,475,000	Fuel	375,193.47	337,506.00
111-1-9-1203	4,677,000	3,731,000	Raw food	3,462,716.78	3,950,189.83
111-1-9-1205	306,000	591,000	Others	258,435.86	452,572.19
111-1-9-1301	426,000	744,000	Vehicle Maintenance	470,673.90	741,595.11
111-1-9-1302	288,000	367,000	Machinery and Equipment maintenance	105,721.26	78,857.08
111-1-9-1303	368,000	850,000	Building maintenance	107,359.62	850,000.00
111-1-9-1401	26,000	22,000	Transport expenses	5831.00	2100.00
111-1-9-1402	637,000	491,000	Postal and communicati	276,322.77	
111-1-9-1403	2,328,000	1,792,000	Water and electricity	2,130,248.35	2,013,735.54
111-1-9-1404	282,000	1000	leases	32,849.73	0
111-1-9-1405	4,558,000	6,263,000	other	5,186,352.04	7,733,770.15
111-1-9-1506	327,000	603,984	Land mortgages	693,990.04	597,577
111-1-9-1508	172,000	238,924	other	118,340.00	54,360

Annual Expenses 2014 (Capital and recurrent) continue

Budget line	Allocation		Budget line	Total expenses	
	2013	2014		2013	2014
256-1-1-0-1003	30,000	-----	salaries	20,691.06	-----
111-2-131-2001 (11)	5,813,110	3,000,000	Building maintenance	5,611,796.74	5,215,709
111-2-14-10-2502 (13)	5,000,000	1,150,000	World health organization	1,908,649.51	7,684,777
111-2-14-5-2102-03	8,5711	-----	Telephone	8571.00	-----
111-2 -2 - 14-5 -2003	2,650,000	270,364	Vehicle repair	49,616.00	246,600
111-2-13-25-2104-(11)	2,630,674	-----	Buildings	4,918,930.60	-----
111-2-14-5-2102-02	524983	227,163	Office equipment	429,365.00	227,163
111-2-11-2401-5	-----	56,650	Training	-----	38,463
111-2-13-13-2103-3	-----	203,120	Hospital equipment	-----	203,120
Total	74,406,478	68,805,017		64,581,358	65,688,078

11 Funding Agents

World Health Organization funds.

Table 12 WHO Funded Activities in 2014

Activity conducted	Amount spend	Out come
Media Seminar to Mark the World Leprosy day in endemic districts	111,642.29	Funds has been sent to five districts and they have done the Media seminar.
External Review of Leprosy Control Activity by WHO Reviewers in Colombo District and Other districts	246,620.00	External reviews came on 9 th of October.
Media Conference to Mark Leprosy Day	81,680.29	This was held HEB on 23rd march 2014.
Training of district teams on enhanced leprosy control activities, standard regimens, disability care	81,300.34	Activity Completed.
Training of district teams on enhanced leprosy control activities, standard regimens, disability care	42,812.86	Activity Completed.
Training of REs, MOOH, MOO (Dermatology) and other health staff on enhanced leprosy control, standard treatment regimens and disability	98,970.00	Activity Completed
Training of REs, MOOH, MOO (Dermatology) and other health staff on enhanced leprosy control, standard treatment regimens and disability	29,970.00	Activity Completed.
Regional Training for health staff engaged in Management of leprosy and disabilities related to leprosy	780,000.00	Sent 4 PHI to India for 2 weeks On the 07.07.2015
Regional Training for health staff engaged in leprosy management and disability management.	520,000.00	Sent 3 Medical officers to India for 2 weeks on the 07.07.2015

Bangkok Declaration Special Fund

This fund was focused on improving both the capacity of health staff and new case detection. The project started in 2014 and it will be conducted up to 2018. Project was approved by GLP and The Nippon Foundation. The project reports (Annual and project completion) will include programmatic achievements and financial statement as per WHO regulations.

FAIRMED

Previously known as Leprosy Relief Emmaus Switzerland. Under an agreement signed with the Ministry of Health, Sri Lanka, FAIRMED FOUNDATION is providing assistance to the Anti Leprosy Campaign (ALC) in Sri Lanka for Leprosy control activities.