

# Annual Report 2016 FAIRMED FOUNDATION Sri Lanka



### **Vision**

"Together, determine to improve the circumstances of all people at risk or affected by Leprosy and other Neglected Tropical Diseases in Sri Lanka"

### Goal

"Through the use of lean systems, committed to strengthen the mechanisms that combat the causes perpetuating Neglected Tropical Diseases. Thereby facilitate an empowered and complete life, by one and by all"



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### **Abbreviations**

ALC Anti-Leprosy Campaign

DDG (PHS1) Deputy Director General (Public Health Services 1)

DTCO District Tuberculosis and Chest Officer

DLT District Leprosy Team

ILEP International Federation of Anti-Leprosy Associations

LPEP Leprosy Post-Exposure Prophylaxis

MoU Memorandum of Understanding

MLP Model Leprosy Programme

MDT Multi Drug Treatment

MB Multibacillary

MOH Medical Officer of Health
NCDR New Case Detection Rate

NF Novartis Foundation

NPTCCD National Program for Tuberculosis Control and Chest Diseases

PB Paucibacillary

PHI Public Health Inspector

PO Project Officer

POD Prevention of Disability

PHM Public Health Midwife

RE Regional Epidemiologist

RDHS Regional Director of Health Services

SL Sri Lanka

STPH Swiss Tropical Public Health institute

TOT Training of Trainers

WHO World Health Organization

YPO Yearly Plan of Operations

### **Company Profile**

Name of Company : FAIRMED FOUNDATION, Sri Lanka

Office Address : No. 20/72, Fairfield Gardens, Colombo 08,

Sri Lanka

Official Website : www.fairmedsrilanka.org

Official Social Media Presence: <a href="https://www.facebook.com/FAIRMED.SriLanka">www.facebook.com/FAIRMED.SriLanka</a>

**NGO Registration Number**: FL-153405

**Country Coordinator** : Dr. Nayani Suriyarachchi,

MBBS,MSc (Community Medicine)

**Manager Administration**: Ms. Chaminie Wijayalath,

BSc, MBA

**Company Secretary** : Ananda Sirisena and Company (Private) Limited

**Auditors** : B.R.DE SILVA & CO. No.22/4, Vijayakumaratunga Mw,

Colombo 5

**Banker** : National Development Bank PLC Sri Lanka



### Introduction

FAIRMED FOUNDATION with its Head Office in Bern, Switzerland was founded in 1959 as Leprosy Relief Emmaus Switzerland and concentrates its efforts mainly in the Asian and African continents, with special focus upon the regions south of the Sahara desert and the South-Asia region. Although our name has changed in the subsequent years, our purpose has stayed true to the founding mandate: to combat and eliminate Leprosy, thus bettering the lives of all people affected directly or indirectly. Over the years, FAIRMED has added to its mandate, the goals of covering one or more of the following thematic areas in each of our programme regions:

- Combat Neglected Tropical Diseases
- Provision of Health services for people with disabilities
- Provision of Health services for marginalized communities

Though our name changed in 2009 and scope expanded, being a Leprosy oriented organization from inception, FAIRMED FOUNDATION, continues to act as the sole local representative for the International Federation of Anti Leprosy Associations (ILEP); with the country office in Colombo channeling funds on a quarterly basis to the districts which in turn is predicated on the physical and financial progress of the previous quarter as assessed by the country office. Furthermore, technical assistance is provided for the implementation of programmes at the national and district levels.

Guided by these goals and affiliations, our programme activities since the turn of the century were designed and aligned with the United Nations Millennium Development Goals (MDGs) and in particular goal six designed to combat communicable diseases. With the adoption of the Sustainable Development Goals (SDG) in October 2015, the emphasis particularly on NTDs have intensified. This is evident through the parameters of target 3.3, which mandates that alongside other diseases such as AIDS, tuberculosis and malaria, the elimination of Leprosy is required by 2030.



FAIRMED's work in Sri Lanka has a long and detailed history dating back to 1981. Our desire to provide health care access for all people regardless of gender, social status, religious beliefs or political affiliations and enabling a lively and self-determined life has been a staple in the design and execution of our local programmes.

Building upon the platform set by the Memorandum of Understanding (MoU) signed with the Ministry of Health in 2014, for the implementation of the Model Leprosy Control Programme, FAIRMED FOUNDATION, Sri Lanka in 2015 and 2016, has strived to work more closely with our partners in Sri Lanka to combat the constant threat that Leprosy poses, especially to poor, disabled and largely vulnerable, and therefore marginalised communities in the country.

### **Our Partners**

In Sri Lanka, we work with the central and regional governmental programmes. Our main partners include: the Anti-Leprosy Campaign, Ministry of Health and district level government health authorities (RDHSs). Over the years, FAIRMED has successfully built a strong working relationship with the health care system and their respective communities across the country. Our work is also oriented towards empowering and enhancing government health service providers towards a more professional delivery of services as they are widely recognized and trusted by the community in general and more critically by the vulnerable populations which require the most attention. As such, our commitment towards the ALC and district level government health authorities are based on the understanding that they are the best equipped and able to approach those at risk or affected and secure their support in the battle to overcome the individual and cumulative impact that Leprosy has upon the person and community.

### FAIRMED FOUNDATION, Sri Lanka in 2016

At FAIRMED, Sri Lanka, we whole heartedly believe in the motto "less can be more" for we are well aware of the relatively small nature of our budgets when compared to the larger state and inter-state actors active in public health in Sri Lanka. Even though the size and scope of our efforts are limited, the focus in the past year has been to embolden our stakeholders to similarly believe in the motto and focus the fewer resources towards intensive activities to maximize our impact to reduce the disease burden.



This maxim has greatly defined FAIRMED FOUNDATION over the years and is best seen through our specialization and commitment to combat leprosy through our two trailblazing projects the Model Leprosy Control Programme and Leprosy Post Exposure Prophylaxis (LPEP) programme. The LPEP project scheduled to run between 2015 and 2018 is concurrently implemented in six countries covering three continents; with Puttalam and Kalutara chosen as the implementation districts in Sri Lanka. The Model Leprosy Control Programme on the other hand completed its three-year cycle in December 2016. With the conclusion of the programme, our efforts are now directed at a new multiyear strategic plan, with a narrowed yet intensified focus towards enhanced active case detection and contact screening mechanisms.



### **Organizational Structure**

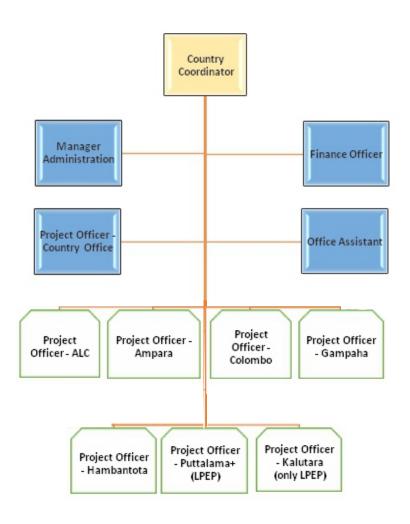
The Sri Lanka Country Office of FAIRMED FOUNDATION is the local branch of FAIRMED Switzerland and is headed by a Country Coordinator who ensures FAIRMED's local interests are aligned to its global goals in the active programme districts. The Country Coordinator reports via the Head of Programmes directly to the Director of FAIRMED Switzerland and is mandated to ensure that the identified outcomes are achieved on schedule and effectively in Colombo, Ampara, Hambantota, Puttalam, Gampaha and Kalutara Districts. To support the Country Coordinator's work, the country office is staffed entirely by locals and consists of a Manager Administration, Finance Officer, Project Officer and Office Assistant.

To support the implementation of the district level goals, as identified annually through the Yearly Plan of Operations designed by the districts with input and concurrence of FAIRMED FOUNDATION, six Project Officers (PO) have been assigned, one per district. They assist the District Leprosy team (DLT) headed by the Regional Epidemiologist, who is the Technical arm for all communicable diseases in the district to coordinate the leprosy activities. The POs also report directly to the Country Coordinator. The DLT, which is a home grown idea by FAIRMED and scaled by the Ministry of Health to all districts, is responsible for decision making regarding Leprosy control activities in the districts. All POs are responsible for the execution of the Model Leprosy Programme (MLP), this is with exception of the Kalutara District PO who solely attends the Leprosy Post Exposure Prophylaxis (LPEP) programme, as the district is not a part of the MLP framework. However, the Puttalam District's PO handles both the MLP and LPEP projects as they are concurrently administered in the district.

To assist the Anti-Leprosy Campaign (ALC), Ministry of Health to implement the National Plan of Action for the Control of Leprosy and to coordinate between the Campaign and FAIRMED FOUNDATION, a Project Officer has been employed and stationed with the ALC.



Figure 1. Organizational Structure FAIRMED FOUNDATION, Sri Lanka





### **Model Leprosy Programme**

The Model Leprosy Programme (MLP) conducted together with the Ministry of Health, Sri Lanka is designed to strengthen the existing collaborative partnership by agreeing on principles of cooperation and working relationship with regard to the implementation of selected activities in the National Plan of Action (2014-2016) in five selected districts. The MoU signed in March 2014 enables FAIRMED FOUNDATION, Sri Lanka to support the ALC and the five implementation districts to achieve the shared common goal of "Burden of Leprosy in Sri Lanka to be considerably reduced".

The MLP is conducted in Colombo, Gampaha, Puttalam, Hambantota and Ampara Districts. Faced with limitations in resources allocated to the public health apparatus, FAIRMED believes that greater effectiveness and success may be achieved through the focus of resources to the selected districts as opposed to operating throughout the island, which would dilute the potency of our efforts.

The measurements of success are derived from our general goal of 'Disability caused by Leprosy considerably reduced by 35%.' This in turn will be achieved through the six outcomes; namely:

- 1. Active transmission of disease curtailed.
- 2. Delayed presentation and defaulting from treatment (Deformity due to Leprosy) minimized.
- 3. All aspects of quality clinical management at treatment centers improved.
- 4. Satisfactory rehabilitation services made available to all leprosy patients with disabilities.
- 5. Trained human resources available for leprosy control.
- 6. Project activities adequately monitored.



Through the successful implementation of the MLP, it is intended that the Government of Sri Lanka would be enabled to analyze and internalize the best practices in the effective combat and control of Leprosy. Furthermore, external project evaluation will set the stage for recorded learning of experiences and assist in the shaping of future government efforts when combating Leprosy nationally. Through the strengthening of monitoring capabilities of the ALC, the project will provide both competence and confidence to the public health framework, thus, establishing standard operating procedures for future programmes conducted at the district and national levels.

### Assistance for Leprosy Control-National Level

FAIRMED FOUNDATION assisted the ALC, Ministry of Health to conduct activities identified according to the National Plan of Action 2014- 2016. The main activities supported by FAIRMED FOUNDATION in 2016 at the National Level are as follows:

### Outcome 6: Project Activities Adequately Monitored

FAIRMED has assisted the Anti Leprosy Campaign to conduct the following to monitor the activities carried out at district level.

- The annual review meeting for 2015 was conducted in March 2016 at the Audit-orium, Ministry of Health, Nutrition and Indigenous Medicine and was chaired by Dr. M.L.S.N. Fernando, Director ALC. The review assessed the progress achieved and sort solutions for the obstacles faced in 2015 throughout the country.
- The National Review for all FAIRMED funded districts were conducted in July 2016 at the Auditorium, Anti Leprosy Campaign and was chaired by Dr. Sarath Amunugama, DDG (PHS-1) of the Ministry of Health, Nutrition and Indigenous Medicine. The Regional Epidemiologists, Public Health Inspectors Leprosy and District Project Officers from the districts participated at the review alongside the Country Coordinator and staff of FAIRMED Sri Lanka.



- In keeping with our routine commitments to the National Anti-Leprosy Campaign, FAIRMED provided funding for publishing the Campaign's Annual Report, which was distributed to all relevant stakeholders.
- As a part of the effort to strengthen the National Campaign, FAIRMED assisted in the improvement of ICT facilities through the procurement of a Firewall and Server to store the data and it is located at the Center for Information Technology Services at the University of Moratuwa.
- As a part of the process to expand the capacities of the Patient Management System at the Central Leprosy Clinic, Room 12 of the National Hospital, a Hardware and Internal Network was installed. Moreover, the development of the software for the installed system was also provided through this project.
- As a part of the push to decentralize and streamline the data collection process, support was provided for the expansion of onsite data entry capabilities for field public health staff and Tablets were provided to the relevant staff.
- Provided funding for custom made Leprosy Sandals for men and women with Leprosy foot ulcers and injuries, funding was provided for 714 sandals which were in turn distributed by the ALC to the districts.
- FAIRMED provided funding for the purchase of 400 punch biopsies which were distributed to the Dermatologists by the ALC based on the need.



## EXPENSES INCURRED DURING THE YEAR 2016 THROUGH THE FUNDING OF ANTI LEPROSY CAMPAIGN

The rate of utilization of funds for 2016 stands at 92.45%

Description	Total Expenditure (LKR)
Annual Review meeting for all districts	28,410
Review meeting with FAIRMED funded Districts	14,810
Publishing 2015 Annual Report (200 copies)	100,000
Stationary/ Printing	112,100
Improve facilities of the Server Room at ALC	250,000
Onsite data entry monitoring of five districts	198,490
Networking of CLC clinic at NHSL	103,500
IT consultation for district databases	223,000
Participate in International Leprosy Congress in Beijing 2016	394,682
Leprosy sandals for patients	749,700
Purchase 3mm Punch biopsy sets	150,000
Project Officer employed	624,000
Internet facility for Project Officer	10,673
	2,959,365

### Other Activities conducted at National Level

With the objective of encouraging Sri Lankan medical personnel to undertake operational research with regards to local NTDs whilst prioritizing Leprosy and Leishmaniasis, FAIRMED FOUNDATION via the Agreement signed with the Sri Lanka Medical Association (SLMA) in 2012 provided Research Grants to the following four research projects in 2016.

The title of the research conducted were:

1. "Leprosy in Jaffna District: Case load, Sociocultural factors, Stigma and Economic costs" by Dr. Subramaniam Sivaganesh



- 2. "A study of epidemiology of Leishmania donovani causing cutaneous leishmaniasis in Polpithigama MOH area; Kurunegala District, Sri Lanka" by Prof. N.K. Gunawardena
- 3. "Analysis of primary care treatment gap, socio-demographic and environmental risk factors of Leishmaniasis transmission in Anuradhapura" by Dr. Hema Weerakoon
- 4. "Study of zero-prevalence of cutaneous Leishmaniasis in Sri Lanka using two standard assays" by Dr. H.V.Y.D. Siriwardena



# Performance of Leprosy Control at the National Level 2016

District	New	district	NCDR	Defaulters	MB	MB%	<b>G2</b>	<b>62%</b>	Child	Child%	female	Female%	Diagnosis
	cases	population			cases		deformities		cases		cases		<6/12%
Ampara	41	267473	15.3	0	25	61.0	5	12.2	9	14.6	11	26.8	48.8
Anuradhapura	<i>L</i> 9	905000	7.4	6	48	71.6	5	7.5	9	0.6	19	28.4	37.1
Badulla	32	854000	3.7	0	21	9'59	5	15.6	1	3.1	7	21.9	45.2
Batticaloa	86	550000	16.9	1	57	61.3	4	4.3	8	9.8	42	45.2	46.2
Colombo	252	1831600	13.8	6	126	20.0	20	7.9	27	10.7	86	38.9	45.3
CMC	83	563400	14.7	2	38	45.8	2	0.9	16	19.3	31	37.3	40.5
Galle	105	1102000	9.5	1	22	52.4	2	4.8	11	10.5	47	44.8	34.0
Gampaha	231	2372000	2.6	9	120	51.9	17	7.4	16	6.9	66	42.9	43.9
Hambantota	6/	637000	12.4	4	37	46.8	4	5.1	8	10.1	29	36.7	52.7
Jaffna	33	602000	5.5	2	23	69.7	7	21.2	2	6.1	14	42.4	33.3
Kalmunai	20	423527	11.8	1	30	0.09	3	0.9	2	10.0	14	28.0	53.3
Kalutara	174	1261000	13.8	5	71	40.8	11	6.3	12	6.9	70	40.2	43.7
Kandy	23	1434000	1.6	2	15	65.2	3	13.0	1	4.3	9	26.1	6.09
Kegalle	61	000698	2.2	0	13	68.4	3	15.8	0	0.0	4	21.1	47.4
Kilinochchi	9	122000	4.9	0	3	20.0	1	16.7	0	0.0	4	66.7	33.3
Kurunegala	106	1676000	6.3	2	62	58.5	8	7.5	4	3.8	41	38.7	47.0
Mannar	3	106000	2.8	0	2	66.7	0	0.0	1	33.3	1	33.3	66.7
Matale	26	208000	5.1	0	12	46.2	1	3,8	0	0.0	13	50.0	58.3
Matara	7.5	845000	8.5	2	34	47.2	2	6.9	3	4.2	25	34.7	52.2
Moneragala	88	479000	7.9	1	18	47.4	2	5.3	9	15.8	11	28.9	42.4
Mullaitivu	8	95000	3.2	0	2	2.99	0	0.0	1	33.3	2	66.7	66.7
Nuwara Eliya	8	748000	1.1	0	9	75.0	1	12.5	0	0.0	2	25.0	12.5
Polonnaruwa	82	425000	19.3	1	41	50.0	9	7.3	7	8.5	30	36.6	56.6
Puttalam	89	801000	8.5	2	36	52.9	4	5.9	9	8.8	37	54.4	39.7
Ratnapura	106	1140000	9.3	7	61	57.5	10	9.4	8	7.5	41	38.7	52.0
Trincomalee	23	404000	5.7	1	17	73.9	2	8.7	2	8.7	8	34.8	31.8
Vavuniya	6	182000	4.9	0	7	77.8	1	11.1	1	11.1	2	22.2	25.0
Total	1832	21203000	8.6	58	086	53.5	138	7.5	158	9.8	708	38.6	54.7



Reported as of 31<sup>st</sup> December 2016, a total of 1832 new cases have been detected in Sri Lanka for the year 2016. This is down 145 new cases from the previous year which reported 1977 cases and 454 from year 2014 which reported 2286 cases. From this, 671 cases or 37% of the total number of cases were detected in the five districts in which FAIRMED invested control activities. This is a reduction of 31% from 2015 and 29% from 2014 where FAIRMED programme districts reported 974 cases and 949 cases, in both years, which accounted for approximately 50% of the country's total disease burden.

Further, Colombo district has once again reported the highest number of child patients with 27 cases, a substantial reduction of 56 reported in the preceding year and only accounting for 10.7% of the total case load in the district. Concerning the Female cases, Colombo and Gampaha have reported a similar number with 98 and 99 cases. The NCDR was 8.6 per 100,000 population in 2016.



### Assistance for Leprosy Control- District Level

### Outcome 1: Active Transmission of Disease Curtailed

The key activities undertaken in the districts to achieve this outcome

• Similar to the operational model used in 2015, all programme districts conducted school screening programmes throughout the year. In total, 181 suspected child patients were identified from over 100 programmes conducted in schools where the children were provided with a pictogram via the class teachers. The teachers were in turn instructed to have their parents/caregivers mark any skin patch detected on the child on the diagram. In many instances, as operational independence lay with the relevant district's MOH, the school screening programmes were conducted simultaneous to School Medical Inspections conducted by the MOHs who would additionally examine children reported with the skin patches. Those suspected cases were referred to the nearest Dermatology clinic.







• House to house (H2H) surveys were conducted, in all programme districts and a total of 20 H2H screenings were conducted, resulting in the screening of 31,778 persons at an average of 1588 persons per screening which was usually conducted over a 2 to 3 day period. Through the H2H screenings, a total of 334 suspected persons were referred to the nearest Dermatologist for diagnosis.









• Catering to the needs of the individual districts, FAIRMED made allocations for the conduct of **factory screening programmes** in the districts where such programmes were identified by the local stakeholders. Factory screenings were conducted in the Gampaha and Hambantota districts, where 12 and 5 individual programmes were conducted respectively. Between the two districts, 16,734 persons were screened with 27 suspected factory workers referred to the Dermatologist for diagnosis.





• In 2016 as well, the Hambantota district DLT conducted **screening clinics for prisoners** in the open prison camp at Weerawila. The 3 programmes screened a total of 131 persons.



• **Mobile Clinics** were conducted in 3 of the 5 programme districts where 13 clinics were conducted in all, reaching a total of 1223 persons residing in the most remote regions in Sri Lanka, which in some cases were more than 50km from the closest hospital. Pioneered in Puttalam and replicated elsewhere, a novel strategy used in the course of the past few years was to conduct a mobile clinic on the first Saturday or Sunday after the completion of a house to house survey, where persons who were not present for the survey were provided with further screening opportunity.











- In previous years, a shortcoming observed was the lack of access to Dermatol-ogists and Dermatological facilities by the rural poor as resources have tended to concentrate in urban centers, even in the rural districts. As such, commenced in 2015, FAIRMED continued to support strengthening of **Satellite Clinics** in the Hambantota, Colombo, Gampaha, Ampara and Puttalam Districts which are usually conducted either monthly or on a fortnightly basis.
- **Special advocacy programmes** were conducted in the Colombo, Ampara and Gampaha Districts to facilitate and encourage social service officers in the provision of travel allowances for persons affected with leprosy with grade 2 disability. The programme was also used as an awareness programme for the social service officers to dispel any fears they had in the execution of their responsibilities.









				Outc	omes of Ski	n Clinics				
	District	Total funds allocated (Rs)	Total funds utilized (Rs)	% utilization	Total screened	Cost per person (Rs)	No. of suspected cases identified	Cost of finding a suspected case (Rs)	Confirmed Leprosy cases	Cost of finding a Leprosy patient (Rs)
1	Ampara	650,000.00	567,960.70	87%	8,702	65.27	63	9,015.25	6	94,660.12
2	Puttalam	900,000.00	552,595.00	61%	4,580	120.65	180	3,069.97	4	138,148.75
3	Colombo	620,000.00	470,050.00	76%	15,080	31.17	122	3,852.87	11	42,731.82
4	Gampaha	825,000.00	766,579.50	93%	25,698	29.83	139	5,514.96	9	85,175.50
5	Hambantota	740,000.00	651,295.14	88%	90,639	7.19	85	7,662.30	6	108,549.19

Information provided above for skin clinics, includes data from the allocations set aside for School Screening Clinics, House to House Surveys, Clinics at Prison Camps, Factory Screenings, Satellite Clinics and Mobile Clinics.

• In an attempt to reduce the rate of treatment default, a **monthly transport allowance** was made available to all Leprosy patients attending the monthly dermatology clinics in the programme districts. The allowance was utilized as an incentive scheme to encourage the majority of patients who came from low income, daily wage households. Through the allowance, it has markedly reduced the number of defaulters in the district.











• Through the year, all districts in accordance with the YPO conducted awareness programmes. In Hambanthota, the programmes were conducted with the participation of the area's social organisations and volunteer groups. Twelve such programmes were conducted with the organization and participation by Mother's Society, which is a local area membership organization functioning thoughout the Southern Province.

	District	Total funds allocated (Rs)	Total funds utilized (Rs)	% utilization	No. of participants	Cost per participant (Rs)
1	Ampara	90,000.00	73,515.00	82%	121	607.56
2	Puttalam	20,000.00	13,575.00	68%	41	331.10
3	Colombo	104,000.00	104,000.00	100%	865	120.23
4	Gampaha	49,000.00	44,900.00	92%	479	93.74
5	Hambantota	130,000.00	109,280.00	84%	403	271.17

- In Ampara, taking into account the rural nature of the district's population, the District Project Officer would provide timely **notifications via Short Message Service (SMS)** to all consenting patients, reminding them of the venue, time, date and any other relevant information regarding their treatment. The main purpose of this strategy was to be used as means of preventing and dissuading any patient from defaulting on their treatment.
- To **engage the religious leaders** in the efforts to curb the rise of Leprosy in the Puttalam district, two awareness programmes were conducted at the RDHS office in Marawila and the MOH office in Puttalam. In all, 39 Pastors and Muslim clerics participated in the two events which were presided over by the Regional Epidemiologist.







# Outcome 2: Delayed Presentation and Defaulting from Treatment (Deformity due to Leprosy) Minimized

The key activities undertaken,

• To strengthen the counselling and communication skills of health staff in the Colombo, Hambantota and Gampaha districts, a selected group of Medical Officers, Public Health Inspectors, Public Health Midwives, Physiotherapists, Nurses and other staff were trained by a certified counsellor. The activity intended to improve the health care workers' effectiveness when dealing with the community and patients. In addition, the programme was used to address the health staff's own bias surrounding the disease.







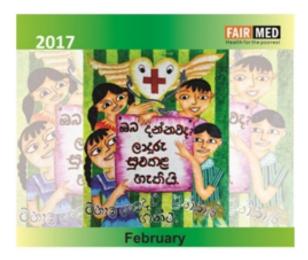
• Commemorating World Leprosy Day that fell on the 31<sup>st</sup> of January 2016, all FAIRMED funded districts conducted Art Competitions amongst children aged 11 to 18 years. Prizes were awarded to the 1<sup>st</sup>, 2<sup>nd</sup>, 3<sup>rd</sup> places and 10 consolation prizes were also awarded. Themed "Zero Disability in Children Affected by Leprosy", the competition not only intended to reduce the rate of delayed presentation of the disease but also attempted to inform and address the bias among school children and especially teachers, thus, curbing the spread of stigma amongst the younger generations. The art work depicted accurate images of the need to spread the word "Zero disabilities in children affected by Leprosy".







Selected artwork were used for the 2017 FAIRMED Sri Lanka desk calendar.



• Special screening programmes were conducted in the Thambapanni and Kalpitiya in January and February 2016 in the Puttalam district. In total, 269 persons were screened with 4 suspected persons referred to the Puttalam Base Hospital where 2 were confirmed as Leprosy.







• In Hambantota, FAIRMED also funded a Billboard for awareness generation in front of the Tissamaharamaya District General Hospital.





### Outcome 3: All Aspects of Quality Clinical Management at Treatment Centers Improved

The key activities undertaken in the districts were,

• To enhance awareness of patients and contacts of patients visiting the clinic, the Hambantota DLT designed and installed 5 cut-outs of 2 designs at the Tissamaha -ramaya, Tangalle and Hambantota hospitals. Printed in vernacular, one display board contains graphics to help the public to identify signs of Leprosy, while the other display board provides a brief overview of the disease and helps assure the reader that the disease is curable.





- Facilities were upgraded in two Dermatology clinics at Base Hospitals Puttalam and Marawila in Puttalam district during 2016 to strengthen the care given to the patients.
- In Gampaha, improvements were made to upgrade facilities at 3 dermatology clinics namely: Ragama, Negombo and Wathupitiwala.
- In Ampara, the facilities were improved at the BH Dehiaththakandiya to establish the satellite clinic.



# Outcome 4: Satisfactory Rehabilitation Services Made Available to All Leprosy Patients with Disabilities

The key activities undertaken in the districts were,

• As a part of our commitment to self-care of patient's, funding was provided for Ulcer Care kits and Self-Care kits.







• In Hambantota, support was provided to the physiotherapy unit of the District General Hospital, Hambantota to further improve its care facilities to provide occupational therapy for the disabled persons.











• The wound care clinic at the Mahaoya Base Hospital in Ampara was provided with assistance for the purchase of a Muscle Stimulation Machine and an Ultra Sound Machine.





- In Colombo, FAIRMED facilitated improvements were undertaken at the rehabilitation centers of the Moratuwa District Hospital and the Kolonnawa Central Dispensary.
- Facility improvements were provided in the Puttalam district to improve both the Puttalam Base Hospital as well as the Marawila Base Hospital's physiotherapy units.













### Outcome 5: Trained Human Resources Available for Leprosy Control

The key activities undertaken in the districts were,

• An overseas training programme on Leprosy control was provided for a batch of 15 PHIs, 3 each from the 5 programme districts. The training programme was held from the 6<sup>th</sup> to 17<sup>th</sup> June 2016 and was conducted at the training center of the Naini Leprosy Mission Hospital in Allahabad, India.







• Based on a special request made by the DDG (PHS-1), Ministry of Health, a two -week overseas training on Leprosy was arranged by FAIRMED FOUNDATION for five Physiotherapy Tutors from the School of Physiotherapy from 17<sup>th</sup> to 28<sup>th</sup> October 2016 at the training center of the Naini Leprosy Mission Hospital in Allahabad, India.





		Provide o	verseas traini	ng to health	staff	
	District	Total funds allocated (Rs)	Total funds utilized (Rs)	% utilization	No. of participants	Cost per participant (Rs)
1	Ampara	700,000.00	659,600.37	94%	4	164,900.09
2	Puttalam	700,000.00	659,600.37	94%	4	164,900.09
3	Colombo	700,000.00	659,600.37	94%	4	164,900.09
4	Gampaha	700,000.00	659,600.37	94%	4	164,900.09
5	Hambantota	700,000.00	659,600.37	94%	4	164,900.09

• FAIRMED FOUNDATION arranged a training on Project Management with the Sri Lanka Institute of Development Administration (SLIDA) for 6 District Project Officers, Project Officer – ALC and the Project Officer – FAIRMED. The programme was a part of our organization's substantial commitment towards continuous learning and growth of our cadre's professional capacities.





### Outcome 6: Project Activities Adequately Monitored

The key activities undertaken in the districts were,

- Conducted district level annual reviews with all local stakeholders in all programme districts. The reviews were used as a platform for the district to assess its overall performance and for knowledge sharing at a sub-district level, namely, at the MOH level where all respective Medical Officers of Health would present the progress at field level and discuss further measures towards the elimination of Leprosy. This platform is key in encouraging local stakeholder ownership of the funded programmes.
- Supported the DLTs in the five districts and the Anti Leprosy Campaign by employing six Project Officers in order to assist in the Leprosy control activities.
- Assistance provided to the districts in order to publish the annual district newsletter on Leprosy control activities conducted in year 2015.
- Assisted facility upgrades at the District Leprosy units in RDHS offices of the five districts.

	In	frastructure de	velopment	
	District	Total funds allocated (Rs)	Total funds utilized (Rs)	% utilization
1	Ampara	648,000.00	640,160.00	99%
2	Puttalam	783,000.00	654,600.00	84%
3	Colombo	573,000.00	455,281.00	79%
4	Gampaha	348,000.00	293,979.00	84%
5	Ham bantota	673,000.00	651,925.00	97%

Provided logistical support for the DLTs.

		Support with	logistics	
	District	Total funds allocated (Rs)	Total funds utilized (Rs)	% utilization
1	Ampara	256,000.00	208,425.00	81%
2	Puttalam	271,000.00	191,870.00	71%
3	Colombo	256,000.00	231,582.00	90%
4	Gampaha	266,000.00	217,272.00	82%
5	Ham bantota	256,000.00	239,880.00	94%



### Leprosy Post Exposure Prophylaxis Project

The Leprosy Post Exposure Prophylaxis (LPEP) project is an operational research commenced in year 2014 in six countries, where further reduction of new case detection rates has been a challenge. In Sri Lanka, the project commenced in year 2015, along with Tanzania, India, Nepal, Myanmar, and Indonesia with Brazil and Cambodia joining in year 2016. Internationally, the LPEP project is funded by Novartis Foundation for Sustainable Development, and the Swiss Tropical Public Health Institute (STPH) provides technical support and data analysis for the project for Sri Lanka and assesses the programme with specific focus upon reporting and recording system to ensure the consistency of approaches, procedures and indicators across LPEP project countries. FAIRMED Sri Lanka, as a member of the International Federation of AntiLeprosy Associations (ILEP), has committed to provide technical support and channel the Novartis Foundation's funds to the project in Sri Lanka.

To implement the project, FAIRMED FOUNDATION signed a MoU with the Director General of Health Services, Ministry of Health. Accordingly, the ALC will provide technical assistance and monitor the LPEP project in the relevant districts with the support of the RDHS, RE, PHI Leprosy and the District Project Officers.

Moreover, the LPEP project has the primary objective of 'evaluate[ing] the impact on Leprosy incidence and feasibility of contact tracing and single dose Rifampicin as leprosy post – exposure prophylaxis under routine programme conditions'. This primary objective will be achieved through the attainment of three specific objectives namely:

- 1. The routine implementation of contact tracing and administration of LPEP in a structured fashion.
- 2. The feasibility evaluation of the implementation of LPEP in terms of compliance and other factors.
- 3. Impact assessment of contact tracing and LPEP on the incidence of leprosy through an improved disease surveillance and reporting system.



During the pilot study period from 2015-2018, the project will attempt to record the experience and lessons learnt from the implementation districts of Puttalam and Kalutara, based on which an islandwide intervention may be designed and implemented in the future. The project will continue until the end of year 2018.

### LPEP Milestones in 2016

- As the required doses of Rifampicin was distributed from the Central Drug Stores of the Chest Clinic at the end of 2016, no new stocks were requested, with the districts opting to redistribute the drugs between MOHs to reduce wastage.
- Due to the Rifampicin drugs multi-dimensional use, especially in the treatment of Tuberculosis, close collaboration has been critical between the LPEP programme and the National Tuberculosis programme. At the request of the District Tuberculosis Control Officer, all necessary information is shared with the latter unit and the National Programme for Tuberculosis Control and Chest Diseases (NPTCCD).
- The second Annual Review of the LPEP project was hosted by Sri Lanka in November 2016. The meeting brought together stakeholders from all programme countries to review the progress of the study. Furthermore, the stakeholders evaluated the outcomes of the services provided in each country and evaluated its benefits so as to shape future planning processes. The participants were provided with the opportunity to visit a Dermatology Clinic and a MOH office to learn regarding the field level programmes carried out in Sri Lanka. At the forum, Sri Lanka was represented by the Acting Director ALC, Dr. Priyantha Karunarathne, the Consultant Community Physician, Dr. Supun Wijesinghe and FAIRMED FOUNDATION Country Coordinator, Dr. Nayani Suriyarachchi.





• The first monitoring mission was held in June and the second monitoring mission of the LPEP programme was held in December and was carried out by representatives of FAIRMED Switzerland and SwissTPH.



### International Missions to Sri Lanka

Monitoring Visit by FAIRMED Switzerland, Swiss Tropical Public Health Institute and Novartis Foundation- From 29<sup>th</sup> May to 3<sup>rd</sup> June 2016 as a Part ofthe LPEP Midyear Review

**Dr. Peter Steinmann** and **Dr. Tanja Barth-Jaeggi** (SwissTPH), **Ms. Ingrid Mason**, Head of Programmes (FAIRMED Switzerland) and **Ms. Zaahira Gani** (Novartis Foundation) visited Sri Lanka on a monitoring mission to conduct an assessment of programme activities in the country.

On the first day, the mission commenced with a visit to the ALC to discuss the status of the project implementation. The ALC provided an overview of the LPEP project's implementation in the Puttalam and Kalutara districts.

On the 2 <sup>nd</sup> day, the delegation travelled to the Puttalam district and visited the Naththandiya MOH office, a patient's household and the DTCO in Puttalam to assess the drug management of Rifampicin. To execute the LPEP study, drugs are distributed from the DTCO to the Public Health Inspector -Leprosy and are distributed under the supervision of the Regional Epidemiologist (RE) to the relevant MOH Offices. At the end of the day, a debriefing was conducted and recommendations were shared with the stakeholders.

On the 3<sup>rd</sup> and 4<sup>th</sup> days, the team visited the Kalutara district. During the evaluation, the team met the Regional Director of Health Services (RDHS) and the RE. Thereafter, the team visited the Panadura MOH office and a patient's household. The 3<sup>rd</sup> day concluded with a visit to the Horana Base Hospital, Dermatology Clinic and meeting with the Dermatologist to discuss the LPEP recruitment process.

The final day of evaluation commenced with a visit to the Wadduwa MOH office and the team observed the screening process of the contacts at MOH level. The monitoring mission concluded with a debriefing, which was attended by the RDHS and his team, ALC and FAIR-MED Sri Lanka.













The second monitoring mission for LPEP Project by the Swiss Tropical Public Health Institution (STPH) and FAIRMED Switzerland-From the 28<sup>th</sup> of November to the 30 of November 2017

**Dr. Bart Vander Plaetse,** Head of Programmes and **Dr. Marc Bonenberger**, Programme Officer, FAIRMED Switzerland, **Dr. Peter Steinmann** and **Dr. Tanja Barth-Jaeggi** from SwissTPH visited the country for the end of year review of the LPEP project at its one year mark after rollout in the previous year.

On the 28<sup>th</sup> of November, the Monitoring team together with the staff of ALC and FAIRMED FOUNDATION, travelled to the Puttalam district and visited the MOH office in Kalpitiya, Dermatologist at the Puttalam District Hospital and the MOH office Puttalam. The following morning, the mission returned to Puttalam and reviewed performances at the MOH office Chilaw and MOH office Dankotuwa. On the final day of the review, the mission visited the Regional Director of Health Services' office in Madampe and discussed the outcomes of the LPEP project as experienced by the district. Furthermore, the challenges and other programme related considerations were discussed such as those concerning the collection and analysis of relevant data.











### **Special Mentions**

2016 proved to be an eventful year for FAIRMED FOUNDATION, Sri Lanka and below are some of the efforts which require a special mentioning.

• FAIRMED FOUNDATION Sri Lanka unveiled its own Facebook page to expand and deepen our reach to all stakeholders and to enhance the public understanding of Leprosy. The Group intends to catalogue and make transparent the work that is being done in Sri Lanka by FAIRMED and its partners and to leave no space for misconception on the part of the public.

The page is also used as a dissemination tool and functions as a key component of our broader awareness and advocacy campaign aimed at not only informing the public of the newest developments in the world and Sri Lanka but is also used as a means of engaging the public to solicit their views and opinions wherever possible to make our work in Sri Lanka inclusive.

- Doubling down on our commitment towards engaging and educating the public, 15 Frequently Asked Questions were developed with simple and easy to grasp answers and published on the Facebook page. The questions covered topics such as symptoms of the disease, treatment, and social considerations.
- 2016 also proved to be an important year for the National Anti Leprosy Cam-paign's administrative setup with the transfer of its Director Dr. Nilanthi Fernando. FAIRMED FOUNDATION extends its sincere and heartfelt gratitude to Dr. Fernando for her courage and steadfast commitment to our decade's long partnership and making possible the execution of both the Model Leprosy Project as well as bringing to Sri Lanka the Pilot Study the Leprosy Post Exposure Prophylaxis project. The Acting Director, Dr. Priyantha Karunarathne took over the reins and continues to function in this capacity.



• As the Model Leprosy Programme wound down in 2016, Dr. Eric Post and Prof. A. Pathmeswaran conducted an external evaluation of the project from 10<sup>th</sup> to 21<sup>st</sup> of October 2016. The evaluation report was submitted to the country office Sri Lanka and FAIRMED, Switzerland. The document is to be used as a key tool in the development of the next multi year strategy from 2017- 2021.











### Way Forward

Through our experiences over the past year and more importantly the project cycle spanning the past 3 years, FAIRMED FOUNDATION has come to understand that it is of fundamental importance that the few public health Non-Governmental Organizations working in Sri Lanka continue to foster closer and deepen cooperation so as to prevent overlap of activities and regressive competition using the scarce resources that are available at our disposal. In light of these realities, irrespective of the course of direction our new project cycle from 2017- 2021 will take, we are convinced and committed to knowledge sharing with our partners at other NGOs and stakeholders across the board at the national and regional levels.

Transparent and precise communication is the path that FAIRMED FOUNDATION, Sri Lanka intends to pursue in the years ahead. We also firmly believe that this is the formula and source of strength that will underpin our efforts and thereby contribute towards the realization of the target 3.3 of the Sustainable Development Goals catering to the elimination of Leprosy as a global public health concern.



### **Appendences**

### Appendix 1- Independent Auditors Report

### B.R.DE SILVA & CO.



Private & Confidential

### INDEPENDENT AUDITOR'S REPORT TO THE MEMBERS OF FAIRMED FOUNDATION

### 1. Report on the Financial Statements

We have audited the accompanying Financial Statements of Fairmed Foundation which comprise the statement of financial position as at 31st December 2016 and the statement of comprehensive income, statement of changes in reserves and statement of cash flow for the year ended, and a summary of significant accounting policies and other explanatory notes.

### 2. Management's Responsibility for the Financial Statements

The Management of the foundation is responsible for the preparation of these Financial Statements that give a true and fair view in accordance with Sri Lanka Statements of Recommended Practice for Not – for Profit Organizations issued by the Institute of Chartered Accountants of Sri Lanka and for such internal control as Management determines is necessary to enable the preparation of Financial Statements that are free from material misstatements, whether due to fraud or error.

### 3. Auditor's Responsibility

Our responsibility is to express an opinion on these Financial Statements based on our audit. We conducted our audit in accordance with Sri Lanka Auditing Standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance whether the Financial Statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Financial Statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Financial Statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation of the Financial Statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by Board, as well as evaluating the overall presentation of the Financial Statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.



Fairmed Foundation -2016

### Other Matter

The Financial Statements of Fairmed Foundation for the year ended 31st December, 2015 were audited by Jayasinghe & Co. who expressed an unqualified opinion on those statements on 01st April, 2016.

### Opinion

In our opinion, the financial statements give a true and fair view of the financial position of the Foundation as at 31st December 2016 and its financial performance and cash flows for the period then ended in accordance with Sri Lanka Statement of Recommended Practice (SoRP) for Not-for-Profit Organizations (NGO's) issued by the Institute of Chartered Accountants of Sri Lanka.

BR. CO. SCEZZO B. R. DE SILVA & CO.

Chartered Accountants

Colombo 05.

Date: 31-03-2017

DS/PK/rw





### Appendix 2- FAIRMED FOUNDATION Income Statement

			Page (1)	
		,		
Notes		_		
Notes	RS.	Cis	Ks.	
(3)	32,432,0	053.10	40,567,482	
	32,432,0	053.10	40,567,482	
(4)	(2,959,3	365.00)	(7,694,214)	
(5)	(3,110,2	206.64)	(4,270,416)	
(6)	(3,043,4	162.86)	(4,425,830)	
(7)	(7,283,4	178.00)	(7,405,030)	
(8)	(3,552,3	82.43)	(4,108,677)	
(9)	(3,177,8	38.64)	(3,805,734)	
(10)	(3,635,3	68.78)	(3,859,439)	
(11)	(4,934,9	72.00)	(3,893,054)	
(12)	(734,9	78.75)	(726,009)	
(13)		-	(379,078)	
	(32,432,0	53.10)	(40,567,482)	
(14)		_	65,161	
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(15)		_	-	
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		-	03,101	
	(4) (5) (6) (7) (8) (9) (10) (11) (12) (13)	Notes     Rs.       (3)     32,432,6       32,432,6       (4)     (2,959,3       (5)     (3,110,2       (6)     (3,043,4       (7)     (7,283,4       (8)     (3,552,3       (9)     (3,177,8       (10)     (3,635,3       (11)     (4,934,9       (12)     (734,9       (13)     (32,432,0       (14)	(3) 32,432,053.10 32,432,053.10 (4) (2,959,365.00) (5) (3,110,206.64) (6) (3,043,462.86) (7) (7,283,478.00) (8) (3,552,382.43) (9) (3,177,838.64) (10) (3,635,368.78) (11) (4,934,972.00) (12) (734,978.75) (13)	2016         2015           Notes         Rs.         Cts         Rs.           (3)         32,432,053.10         40,567,482           32,432,053.10         40,567,482           (4)         (2,959,365.00)         (7,694,214)           (5)         (3,110,206.64)         (4,270,416)           (6)         (3,043,462.86)         (4,425,830)           (7)         (7,283,478.00)         (7,405,030)           (8)         (3,552,382.43)         (4,108,677)           (9)         (3,177,838.64)         (3,805,734)           (10)         (3,635,368.78)         (3,893,054)           (11)         (4,934,972.00)         (3,893,054)           (12)         (734,978.75)         (726,009)           (13)         -         (379,078)           (32,432,053.10)         (40,567,482)           (14)         -         65,161           -         65,161         -





### Appendix 3- FAIRMED FOUNDATION Statement of Financial Position

FAIRMED FOUNDATION			Page (2)
STATEMENT OF FINANCIAL POSITION	ON		
AS AT 31 <sup>ST</sup> DECEMBER, 2016		2016	2015
	Notes	Rs. Cts	Rs.
ASSETS			1101
Non Current Assets			
Property, Plant & Equipment	(16)	476,913.53	633,593
Total		476,913.53	633,593
Current Assets			
Receivables	(17)	1,086,786.64	2 207 544
Cash & Cash Equivalents	(18)	12,847,897.05	2,387,544
	(10)	12,047,097.03	15,577,279
Total		13,934,683.69	17,964,824
Total Assets		14,411,597.22	18,598,417
EQUITY & LIABILITIES			
Reserves			
Restricted Fund		7,500,078.49	7,805,047
Unrestricted Fund		4,228,506.34	4,228,506
Total		11,728,584.82	12,033,554
Current Liabilities			
Payables	(19)	2,683,012.40	6,564,863
Total		2,683,012.40	6,564,863
Total Equity & Liabilities		14,411,597.22	18,598,417
life.			
10		30.03.	2017
Finance Officer		Date	
The Management is responsible for the p	reparation and prese		l Statements.
Signed for and on behalf of the Foundation	on by,		
	<u>Name</u>	// X 11 // V	Signature
COUNTRY COORDINATOR	Dr. Mayan	2017.	2 Oymanleh
DATE	30/03/	2017	
	, ,	The same of the sa	
The notes to the Financial Statements or Statements.	n pages (05) to (20), f	orm an integral part of	the Financial



"Leprosy work is not merely medical relief, it is transforming frustration of life into joy of dedication, personal ambition into selfless service."

- Mohandas Karamchand Gandhi