Project Report

Report period from:	January 2022	**Report period to:**	December 2022

1. Project Summary

Project Title (same as in the project proposal)			
Karuna – Stepping Stone Charitable Society			
Project Location: Country	India	**Region / District/ Town / Village**	Mumbai
Project start date	January 2022	**Project end date**	December 2022
Fincode			
Report written by	Karuna Project	**Email address:**	karuna@sscsindia.org
Date submitted			

Budget summary (Local currency)	**Annual Budget**	**Actual expenditure during the reporting period**	**Total Expenditure this year**
	3,700,000.00	**2,932,961.00**	**2,932,961.00**

The year 2022 has been one of the best years for Karuna Project in terms of detecting new cases of leprosy. Partnership with a government hospital and two Primary Health Centres resulted in detecting new cases through Medical Camps and Awareness Programmes. The response to this is of a mixed feelings for the Karuna Team, on one hand we are glad we were able to detect new cases and put them on treatment through MDT on the other hand the team was saddened to know that leprosy is affecting both children and adults. This has also motivated the team to travel far, interact with more people to detect as many cases as possible to make the nation a leprosy free nation.

During the first six months the team was able to successfully organize two events. The World Leprosy Day event impacted the people with leprosy in a big way; the community leaders pledged their support to work along with Karuna. The other event was the International Women's Day on 8th March the team gave the microfinance and tailoring class women an opportunity for them to recognise the many talents they possess. The women got a good opportunity to set up food stalls and it was a sell-out, encouraged by this some ladies set up food and clothes stalls during the local festivals and events organised by the municipal corporation. We conducted a Business Start-up and Entrepreneurship Training in two communities for the women in the Microfinance Groups in partnership with Learning Links another NGO. More than 15 women came up with business plans at the end of the training and six business plans have been selected as a pilot project by the NGO and they have received 5000 rupees each as seed money.

We thank TLM UK, Lauren Information Technologies Pvt. Ltd., Anthony Waste Handling Cell and many other individuals for all the support and encouragement given to the work of Karuna.

In the last one-year Karuna Project have provided medical care and treatment to 1263 male, 2 male child and 1512 female leprosy patients and 2 female children. We also treated 437 male and 1102 general female patients, 187 male and 169 general female children a total of 4836 treatments.

The Karuna Project provided Ulcer Care Kits to 166 male and 120 female patients that suffer with ulcer wounds.

Three male and four female patients died during this reporting year. They were all in their seventies.

Is the project working and effectively addressing the problem(s) identified in the proposal? Yes / No / Partially – explain why.

The Karuna Project has been effectively addressing the problems of the target population through the various initiatives of the project.

The project's medical mobile clinic has been functional non-stop for leprosy patients. The Medical camps have been amazingly effective in detecting new cases and referring them successfully to the government hospitals for further testing and treatment. The team also conducted medical camps in the community closure to people's residences so that more numbers could access the camps and that would help in the early detection of new cases.

The team as part of advocacy has been aiding the PALs and their families to obtain an e-Shram card. A portal is built to create a national database of unorganized workers; the holders of the card are eligible for insurance and pension. The team has introduced a government loan scheme for small startups to the women in the microfinance groups. The team also facilitated a Training by a local NGO on entrepreneurship and use of social media in business promotion.

The team is taking every opportunity to encourage the ladies through the microfinance groups and the tailoring classes to focus on becoming economically independent. To develop skills and find work or start small businesses. After much work they have now started approaching their local leaders to address the issues they are facing. The team has been progressively teaching them to take their own initiatives to find solutions to their challenges and not to be dependent.

2. Reporting Framework

You can copy and paste the text for columns 1 to 3 from your project proposal into this table and then add the actual achievement in the remaining columns, as appropriate. Add rows as necessary.

If your indicators are qualitative, please feel free to write in the space below the table.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Outcome 1	ZL 3.2 / GF KPI 3 + 4 Number of new leprosy cases diagnosed in TLMEW, supported projects - disaggregated by gender, age and disability level (Grade 0, 1 & 2) & referred by Karuna	4	10	4	10	24	• 14 new cases of leprosy they have been referred to the government hospital for treatment in the first half of the year. 3 Male in their thirties, 1 eleven-year-old boy and 1 thirty-year-old female. • 10 new cases were detected and put on PB, MB MDT. Four minors including a 2-year-old girl has been tested positive for leprosy. The two-year old's grandmother too is affected by leprosy.
Output 1.1	ZL 1.1 Number of TLMEW partner staff with increased leprosy medical expertise, through TLMEW support ZD 4.2 How many different churches send staff/volunteers to help with the mobile clinic	5	0	0	0	0	• No church volunteers have participated as most churches are focused on rebuilding their congregation post lockdown.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Output 1.2	Number of training modules attended Number of trainings cascaded to other staff	3 5		3	3 2	5	The Karuna Team attended three internal trainings. Two related to Safeguarding by the Project Leader and the third Handling Medical Emergencies by the team's Doctor. Two trainings on Safeguarding by TLMEW staff for the Karuna Team and for the trustees and staff of all the Stepping Stone projects was conducted via zoom.
Output 1.3	Reduction in stigma towards leprosy affected beneficiaries ZL3.6 Number of churches and number of other faith communities engaged in leprosy-awareness activities ZLD 2.3 / GF KPI 10 Number and proportion of surveyed people affected by leprosy/disability that experience improved inclusion in their communities.	10	16 1	 1 1	 1	16 1	• The Karuna Team along with the tailoring trainees approached the municipal commissioner to provide free sewing machines to the trainees that are graduating. The point that was highlighted to the commissioner was that families of leprosy affected people need extra support to make them self-sufficient and have equal opportunities in the society. • The One Nation church has been a steady supporter for the work of Karuna and in spreading awareness on leprosy. • The team found a man on the street infested with maggots in his wound while conducting a medical camp. On approaching him we found out he is a PAL. The team cleaned his wounds, bandaged and with the help of the local police placed him in a home for the destitute.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Outcome 2 Leprosy affected people in Mumbai have taken responsibility for their own health by practicing self-care, getting regular check-ups, as well as practicing and promoting hygiene as preventive measures in their communities.	Improved health of people affected by leprosy leads to measurable improvement in their conditions	5%	18	8	13	39	• Patients with ulcer wounds were trained in self-care and dressing their ulcer wounds in the new area. The Team continues to follow up with the rest of the patients that have already received training. There is a big improvement in ulcer wounds post treatment. • The patients that were referred to hospitals took the responsibility of travelling to the hospitals, meet with the health care professionals and have got treatment without anyone accompanying from the team. In some cases, the patients' relatives accompanied them.
Output 2.1 Clinics that support people affected by leprosy are run in communities with support from Karuna staff	Mobile clinics visiting 8 locations and Support to Govt clinics in leprosy affected communities. Target: By 2022 mobile clinics phased out and local/Govt clinics well established to replace them in current locations	8	7	7	10	10	• Mobile clinics were functional in 10 locations. Although the number of chronic patients has reduced still there is a major need for the mobile clinic as the treatment provided by the government in the colonies are very minimal. Since Karuna Project has ventured into new areas we are discovering that there are still big numbers of new cases of leprosy. In the last three years we have phased out clinics in 5 locations and started in two new locations.
	ZD 1.4 / GF KPI 8 Proportion of surveyed clients of TLMEW-supported Leprosy Centers who report they have timely/quality access to services for primary and secondary impairments		2	4	8	14	• Four patients were referred to leprosy centers to get MCR footwear and they received the footwear in a timely manner. The team ensured patients referred to hospitals and centers received good quality service. 9 of them were referred for ulcer wound treatment and one for cataract.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Output 2.1 Clinics that support people affected by leprosy are run in communities with support from Karuna staff	ZD 3.4 Number of people (disaggregated by leprosy, other NTD and other disability) accessing support for inner-wellbeing (Counselling, peer counselling, befriending, referral), through TLMEW supported projects ZD 3.5 / GF KPI 7 % of people affected by leprosy with >10% increase on average wellbeing index score (WHO 5)	30%	145	145	269		The Team has made sure that we are accessible to the people affected with leprosy the target population of Karuna Project. Befriending, referring, and counselling patients to ensure the wellbeing of everyone who walks up to the mobile clinic. Visiting the new places has increased the number of leprosy affected people that Karuna provides services to.
Output 2.2 Community members trained by Karuna staff to dress each other's wounds.	ZD 1.7 Number of people regularly practicing self-care for leprosy and other NTDs (disaggregated by gender)	40% 65%		18 2	13 2	31	The Karuna team conducted seven training sessions for patients with ulcer wounds found in the new area of work. The team continued to follow up with those that were previously trained. The two volunteers from two communities continue assist with dressing ulcer wounds.
Output 2.3 Leprosy affected communities are demonstrating improved hygiene and sanitation practices	Percentage of treated clients aware and claiming to be practicing good hygiene standards and using latrines for sanitation	25%	20 %	20 %	25		People living in the colonies continue to practice good hygiene standards. In one community the residents got the local government to reconstruct the entire sewage system of the community since there was lot of clogging of sewage which was causing lot of inconvenience to the resident hence, they got the entire system repaired. This resulted in stopping the overflow of sewage waste in the community.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Output 2.4 Community members supporting Karuna/Govt Leprosy Officers to detect and refer potential leprosy cases and in conducting leprosy contact tracing	Percentage of cases where all contacts are examined. 100% of cases of leprosy, in communities that Karuna works in, have family & social contacts examined (All Old cases to start with and then for new cases detected)	30%	100 % 10	100 % 4	100 10	24	No new cases are reported in the existing communities that Karuna works in since all the persons affected by leprosy and their family members have been examined and treated MDT. However, in the new area of work we are still in the process of reaching out to the community. Through the medical camps were able to detect 24 new cases yet there are many more out there who need to be connected and brought out for testing and treatment.
Outcome 3 Leprosy affected people are obtaining their rights and entitlements from Government authorities, and are aware of services and opportunities available in their localities.	- 75% of people living in colonies have got their disability? special identity card	30%	75 %	75 %	85		All Karuna Clients have obtained the government disability card and they are aware of the services and opportunities available in their location. Most of them have been able to obtain their new unique disability identity card as part of the procedure the patients have been visiting the hospitals and the centers to obtain their UDID cards.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Output 3.1 Community Volunteers trained to facilitate advocacy and monitor self-help groups	- 10 volunteers trained to support Savings self-help group -2 volunteers trained to support tailoring self-help groups ZD 3.1 Number and proportion of self-care groups active in physical and emotional self-care of their members, in TLMEW supported projects ZLD 1.1 Number of TLMEW-supported groups (SCGs, SHGs and Leprosy People's Organizations) that can describe a leprosy or disability focused advocacy activity that they have implemented in the past year	10 3	36 1	36	45	45	• Forty-Five leaders, three from each group have been managing the microfinance groups. Many could not contribute their regular saving amount specially during the pandemic. The leaders have been sensitive and adopted different ways of collecting the monthly contribution. Some groups have distributed the entire three years savings with the group members to help them tide over the difficult times. However, they continue to save every month. • Members of the microfinance group have been active in communicating with the local leaders to solve issues related to them or to the society. Most women can organize themselves and represent their community wherever necessary in order to get the local leaders to represent them at the zonal level. • Three Volunteer has been trained to support the tailoring group in two communities as a result, the trainees are receiving training on all six days of the week. The master Trainer of Karuna alternates between two communities.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Output 3.2 Community Leaders Trained at different clinic locations by Karuna staff on government schemes such as train and bus cards, medical policies, pensions accessible by the communities.	100% of beneficiaries are aware of the government schemes available to them in their locality	40%	40 %	40 %			Almost all the patients are aware of the government schemes and are accessing the benefits. All the patients with disabilities have obtained the disability card and receive the monthly pension from the government. The patients that live in an institution are yet to access any of the government facilities as all their needs are met by the institution.
Output 3.3 Leprosy affected people have access to medical services at government hospitals in Mumbai	All leprosy affected patients are referred to government hospital by Karuna and receive appropriate treatment -Karuna has an effective partnership with 4 Government hospitals & 3 NGO's in the city --ZD 1.6 Number and percentage # of people accessing protective footwear, and orthotics, prosthetics and assistive devices (disaggregated by people affected by leprosy and other disabilities)	90 8 20%	1 5	3 6 2	6 7 2	10 7 4	Seven are referred for ulcer treatment, one 70-year-old male patient for left eye cataract, two male patients in their thirties for leprosy testing. The team continues to follow up with patients post referral. Additionally, 24 new patients were referred to the government hospitals and Primary Health Centers. Karuna Project continues to enjoy effective partnership with 3 government hospitals in the city, one hospital in the rural area and two Primary Health Centers. We have 1 NGO that work among PALs has shown interest in working with Karuna Project. Four people received MCR footwear, and the team is ensuring they wear it regularly.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Output 3.4 Leprosy affected people accessing services provided by non-governmental organizations in Mumbai	Number of old aged patients being supported by other NGOs	4					
Output 3.5 Karuna has developed links with government leprosy control programs, ALERT India and other leprosy focused organizations to support ward level health staff to diagnose and treat leprosy as well as to ensure contact tracing	- number of joint interventions with LCP -Number of joint interventions with Alert India? Indira Gandhi Hospital Primary Health Centers Leprosy Technician	2 3	3	3	 24 24	48	Karuna Project has partnered with a government hospital MTD center and leprosy technician and have been conducting joint medical awareness camps and contact tracing in Bhiwandi area, where many new cases have been registered. Due to the big number of new cases Karuna has partnered to provide clinical care and contact tracing. Joint interventions have been carried out along with the two Primary Health Centers.
Output 3.6 People affected by leprosy who are Karuna beneficiaries are members of disabled people organizations or Leprosy People's Organizations	-percentage of beneficiaries who are members of Leprosy people's organization	20%	36	36			In the communities that Karuna works in, the community panchayat consists of people affected with leprosy. The panchayat leaders work with the local municipal leprosy department. The microfinance leaders have been approaching the panchayat leaders to resolves any of their issues. The ladies from tailoring unit along with the microfinance women had approached the municipal commissioner through the panchayat members and they got free tailoring machines for the next batch of ladies. And opportunities to sell their products at the festival sale organized by the municipal corporation.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Outcome 4: Children and young people affected by leprosy/disability have the education and skills needed to develop sustainable livelihoods.	Target: To ensure all children whose families are affected by leprosy receive education ZLD 3.1 Total number of direct clients (disaggregated by disability due to leprosy, other NTDs and other causes and gender) accessing all kinds of livelihood training (including VCT & tailoring training & training by church members) ZLD 3.2 Number of direct clients (disaggregated by disability due to leprosy, other NTDs and other causes) accessing employment (disaggregated by self-employment and formal employment and gender)	19	12 21	12 21	13 18	13 28	Ten children are receiving education and hostel services at the children home in Goa. Two brothers placed with another NGO in Mumbai continue to study and engage with the NGO activities. One girl child has been placed in a home in Mumbai. Twenty-eight ladies are availing tailoring classes in two communities. The training is going on as per the syllabus. Each new trainee has made a sample journal of all the patters and items they have learnt so far.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Outcome 4: Children and young people affected by leprosy/disability have the education and skills needed to develop sustainable livelihoods.	ZLD 3.3 Number and proportion of supported households reporting increased or more regular household income as a result of TLMEW-supported livelihood input		9	9			Nine students from the previous batch are gainfully self-employed earning between 2000 to 3000 rupees a month on a average. One lady is earning up to 5000/- rupees a month. Women prefer working from their home as it helps them to take care of their families and earn an income.
Output 4.1: Children of families affected by leprosy living on the street have received residential training	-4 children every year sent to Bethesda Life Center School in Goa - 8 Children every year sent to VCT in Nasik for Skills Training	2 3			1	1	One girl child has been placed in a children's home in Mumbai city.
Output 4.2 Community Based Vocational Training in Mumbai has equipped young people from leprosy affected families with skills with which to support their families	- % increase in employment status in the current colonies	10%					Many ladies have had the opportunity to earn a regular income through the vocational skills training offered by Karuna. Having gained a skill has given them the confidence to work and earn. Karuna has trained 74 ladies in the last 5 years. 47 are either employed or are self-employed. 27 are undergoing training at various levels.
Output 4.3 Self-Help groups have facilitated the equipping of leprosy affected people with skills to develop a livelihood with which they can support their families	-2 Self Help Groups formed to learn tailoring skills -3 Self Help groups formed to avail microfinance scheme from the government.	6	2 15	2 15	2 15	2	There are currently two tailoring groups functioning in two communities. One new group has been started in Trombay community. One more would be started in the next half of the year in Kalyan. Fifteen microfinance groups are functional and are enjoying the benefits of it. Two more groups are being prepared.

	Indicator(s) including target for project life[1]	Annual milestone [2]	Quarterly progress			Annual progress	Project progress to date
			Q1	Q2	Q3		
Output 4.4 People affected by leprosy have been trained in practical employment related skills by volunteers from Stepping Stones Trust supporting churches	Number of people trained by church volunteers.)	5					No trainings were carried out in the last 1 year.

3. Risk Management

Have any of the identified risks happened? How were these managed?	
Risk to the success of the project	
1. People affected by leprosy with a welfare mindset and unwilling to take ownership of their own development	There has been shift in the thinking of the PALs, especially among the women in the community they are willing to take ownership for their own development. Four ladies from one of the microfinance groups had started a catering business from one of the lady's homes. They had a trial run for four months before the pandemic hit the city. Couple of them in another community was keen to open a beauty parlor in their community. The PALs however are expecting Karuna to provide Medical Care.
2. Lack of government support towards eradicating social stigma of leprosy affected	Leprosy Elimination Program, a government initiative has been effectively pursued by the government. Karuna is working with local leaders in bringing more awareness to the leprosy cause. Karuna has been actively working on partnership with the government at various level.
3. Hindrances in government approvals to start at new locations	Although this is no direct hindrances posed by the government, however the DLO has mentioned that Karuna is overlapping with some of the other organizations working in partnership with the government. On ground zero the services provided by the other organizations do not meet the critical needs of the people affected by leprosy. Karuna also has the advantage of introducing Microfinance & Microenterprise in new locations, the government may not be a hindrance in these two areas. Karuna's support as a partner has been welcomed in most of the new locations as we are working in partnership with the Primary Health Centers.
4. Lack of volunteers to ensure effective project implementation	In the past there have been a steady flow of volunteers to the Project, however, during the current pandemic and post lockdown we have not received any volunteers. We have started reconnecting with churches and other individuals.
5. Community leaders unwilling to support hygiene and sanitation programmes	The communities have latrines both public and some houses have private too. Hygiene and sanitation within the vicinity is not particularly good but people have settled for it. Karuna is focusing more on personal hygiene to help prevent diseases, especially during monsoon. The community leaders got the entire sewage system cleaned in one community.
6. Lack of government schemes for men to be able to gain access to government funds	The government has two funding schemes, one through the municipal corporation and the other is a central government scheme; almost all the patients with disabilities are availing the benefits. This year the government has increased the amount received by the people with disabilities; this includes the PAL.

4. Project activities

1. Tailoring classes

Five students have been enrolled in the tailoring classes during this period in two Communities. Twenty-Eight trainees are undergoing tailoring training. The trainer has been following the syllabus, and the students are putting in their efforts to learn as much as possible. Karuna has invested in cutting tables and white board for improved learning. Every student is expected to make a journal of samples of all that they have been taught. This journal will also serve as a portfolio in the future to showcase their skills in tailoring. Most of the students have moved into an advanced level. Some ladies have undergone training to stitch readymade sarees which sell for a high price. Post evaluation we are in the process of making fresh plans for the Tailoring Training's next steps as we have gained new insights about continuing the training in the same locality for long period of time.

2. Microfinance

The Karuna Team worked out a system for members to give their monthly contribution regularly and pay back loans that they had taken before the pandemic. In two groups some of the members have moved cities and couple of them died and the existing members were wanting to close the group. The team worked closely over few months to work through the challenges, and we managed to retain the groups with new members joining the groups. Many women have taken up jobs to earn enough for their family. Two new groups were inaugurated on the 8th of March during the women's day celebration. Three new groups were started in the second half year. There are 15 groups and more than 153 ladies. The Karuna Team organised Trainings in two communities on Business Start ups and using social media for promotion. The Team participated in an NGO Festival we got a lot of contacts for future development of MFGs. The women also received training in Health Care during monsoon season.

3. Medical Camp – New Case Detection

The Medical Camps that are held in the new area Bhiwandi, Vajreshwari & Angaon has been very successful in identifying new cases. **24 new cases** were identified in the last one year. At the Medical Camps people come for check-ups for skin infections mostly and that gives the doctor the opportunity to look for signs that indicate the presence of bacterium lepra. The level of trust is better when people see the Karuna ambulance and the team. Medical Camps at the Primary Health Centres has helped markedly in detecting new cases. Additionally, Karuna has conducted medical camps in three red light areas and a tribal area. At every Medical Camp our aim is to look out for new cases of leprosy infection.

4. Advocacy

The Karuna team has been aiding the patients and their family in obtaining the e-Sharam card. This is an initiative of the central government for people in the unorganised sector. Since many of our patients and their families fall into this category the team has been advocating for them to get registered online. During the clinic few of the Karuna staff are involved in getting the online registration done. The Team has also been referring patients to government hospitals to access various treatments and facilities offered by the government and private hospitals for people suffering with leprosy. **Twenty-Four** new cases were detected; they have been sent to the government hospital for testing and treatment. The team is following up with all the new cases. The team came across a man on the street just where the Medical Camp was being conducted. The man had ulcer wounds and when the team approached him, we found out he was a PAL, the team cleaned his ulcer wounds which was full of maggots. After dressing his wounds, was shifted to a home for street dwellers through the help of the local police. The team is doing a fresh survey of all the PALs in the communities we serve to assess their needs especially, to see how many are yet to access government schemes and facilities. We have also held a meeting with the Taluka Health Officer, Association for People Affected with Leprosy **(APAL**) and **Sasakawa** to improve partnership with the local government.

5. Mobile Clinic

The Karuna mobile clinic has been good strategy to reach people affected with leprosy. Through the medical care we can open other avenues into the lives of the PALs. Over the years trust has been established with the patients. The mobile clinic has had good impact in the new area of work at Bhiwandi, the awareness and the medical camp that we carry out in this new area has helped us with early detections. Besides the communities we regularly visit the Primary Health Centres for new case detection. Karuna mobile clinic has been reaching to other areas where there is a high prevalence of skin diseases, and we do this through partner organisations.

6. Self-Care Training

The team conducted Seven Self-Care Training. One in the new clinic area and one each in Kalyan and Trombay. Twenty-Eight patients participated in the training; some were made to dress their wounds during the training to ensure they were following the correct procedures. During the pandemic Ulcer Care Kits were given to the patients and they were encouraged to dress their wounds and help others who had disabilities. Post lockdown the team has once again resumed dressing ulcer wounds at the clinics for patients that have disabilities. We continue to train and monitor the Self-Care group.

7. Events

Breaking the social stigma of leprosy and making India a zero leprosy Nation was the focus of the **World Leprosy Day** event. The team invited the PAL along with their families, local community leaders and corporates for the events conducted in three communities. Live interviews with the PALs, passionate talk by the head of Karuna Project and a lively skit by the Karuna Team helped convey the message to all that were present.

The theme for this year's **International Women's Day** celebration was 'Women as Entrepreneurs'. The women from our three communities were given the opportunity to set up food stalls, sell food items cooked by the women and earn money. All the food in the three communities were sold out. This was a practical way that we could encourage the women to start small businesses at their door step and earn a decent living.

The Karuna Team conducted an awareness program at the Trombay colony for 60 young people on the effects of drugs and how to prevent and cope with peer pressure. The message was well received by the young people. The young people signed a pledge **'Say No to Drugs'**.

The Team conducted a **Children Day** program in two communities. The invited the children along with their parents. We took the opportunity to talk about Safeguarding with the parents and taught the children about being safe. We did a session on "Good Touch & Bad Touch" as Safeguarding Awareness among the children and the parents.

The Karuna Team hosted an annual **Christmas party** for all the microfinance group leaders, volunteers and two senior leaders from APAL a rights-based NGO for people affected with leprosy.

8. Microenterprise

The ladies have been participating in local festivals and opportunity created by the municipal office. The ladies get to set up food and clothes stalls. They have gained confidence; they are selling food and clothes made by themselves. Three ladies have come together to do tailoring business are doing well. They have been getting good response; they have also got opportunities to set up stalls and sell their stitched clothes. Six ladies are taking stitching orders and are earning between two to three thousand a month. During NGO Mela (Festival) the team connected with number of NGOs and people who are willing to partner with Karuna Project. We connected especially with a person working closely with the government who is willing to get us big stitching orders for bags and access the government new scheme to set up stalls in the railway stations for Microfinance Groups. One other lady has promised to give bag stitching orders in big quantity.

9. Safeguarding

The Karuna Team has been undergoing Safeguarding trainings supported by TLM staff. Number of policies have been drafted and approved by the board. A Code of Conduct was written for the project and the staff have been oriented with it. TLM and Karuna staff are working together to frame safeguarding policies for Stepping Stone Charitable Society, the parent organisation of Karuna. The TLM Safeguarding Advisor conducted two trainings on Safeguarding. The first training was for the Trustees and Project Heads of SSCS projects, the second training was for the Project Co-ordinators and the entire staff. Both the trainings received very good response, with many participants asking relevant question s and shared their concerns openly. The TLM Trainer did extremely well in addressing each of the questions and giving suggestions to manage the concerns. Five trustees and more than thirty staff joined the training on zoom from three states of India.

10. Eye Camp

The Karuna Team organized an Eye Camp in two communities among the PAL. Forty-Seven people were benefited by receiving eye checkup, glasses were provided for those that had poor eyesight. The people were willing to contribute fifty percent of the cost of the spectacles and those that were suspected of cataract we referred to the government hospital. The community people were very appreciative of Karuna taking care of the wellbeing.

11. Evaluation

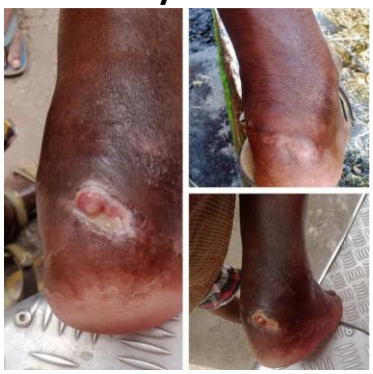
The Final Evaluation of the Karuna project was carried out by Mr. Pender from TLM UK and Mr. Suresh from TLM India. The evaluation consisted of a SWOC analysis with the entire team, semi-structured interviews of the staff, meetings with the Medical Officers of the Primary Health Centre & the Taluka Health Officer. Focused group discussions were held with the clients who use mobile clinic, microfinance women and the trainees from the tailoring training. The team also met with a local head from APAL an NGO that works with PALs. The team received lot of inputs and insights for the future work of Karuna Project.

12. The Karuna Team

The Karuna Team has developed a good rapport within the team. The team has developed a good tenacity to work together under different situation. The team is willing to get trained and learn new things to have the best outcome for the project. Being well supported by the Head of the Project and TLM staff the team has been moving together in the right direction.

Were there any unexpected results, either positive or negative?
With new partnership emerging, the Karuna Team has started focusing on new case detection and contact tracing. While we continue to provide care for the chronic patients whose numbers are ever decreasing, the team is all set to focus on the rural villages where the new cases have been detected. We came across twelve new cases and all twelve have been referred to the local government hospital and Primary Health Centers that are equipped with MDT medicines. The Team also came across a two-year-old, an eleven-year-old and a thirteen-year-old child which was quite disturbing to know that there are even children being tested positive for leprosy, this was very much unexpected by the Team. We have been informed that there are many more people affected in this area. The Karuna team will be visiting these new sites, establishing contacts and explore ways to reach out to these people. Due to the pandemic many had lost their income or were drawing less salaries last year. This has affected the savings through the microfinance saving scheme. Post the pandemic people were trying to get back to the routine and once again start receiving an income, as a result we lost momentum in the saving and setting up of new business. Pre-pandemic many had showed interest in setting up small businesses to earn an income. The Karuna Team spent focused time with each team and its leaders and helped them once again get back into the habit of saving on a regular basis. The Karuna Team attempted to run events on a larger scale this year the world leprosy day, women's day, children's day and awareness camps. The response was particularly good, to begin with the team realized that we could do events on a large scale, as we hired a public place and invited many local leaders and stakeholders for these events. There was a good response when the team held an event for couples from the community to strengthen family ties and teaching them the importance of living together as a couple and supporting each other's growth. Many reported that this was the first time that somebody considered an event just for couples.

Case Study One:



One male patient from the institution had a severe ulcer wound with lot of oozing and bad odour. He did not pay much attention to it initially but on his visits to the clinic the doctor called for the examination of his ulcer wound and noticed a gaping wound. Immediate action was taken, the team cleaned his wound and bandaged it. He was treated with antibiotics and some vitamins. Over a month the team doctor and the clinic assistant followed up with him every week, cleaning bandaging and treating him well. The oozing and the bad odour stopped and slowly the ulcer reduced in size, the patient was finally feeling well and experienced big relief, since his ulcer is completely cured.

Case Study Two:

These three young entrepreneurs are making a mark for themselves in the community. Having decided to work as a team just after they graduated from the tailoring classes. They have been taking every opportunity to set up stalls during festivals that are organised by the municipal corporation in the local town. After the forming stage, the three went through a storming stage, the Karuna Team stepped in and helped them work through their differences. Post this phase they have once again resolved to work together. The business card is a way forward in promoting their work to the nearby areas too. They have been getting good response for their products and they are such a good role model for the community.

Case Study Three:

This twenty plus lady joined the tailoring course in 2019, she was shy and unsure of completing the course. She struggled to learn the tailoring skill but she was determined to stay on the course. The trainer played a major role in training and shaping her to be a confident person. After completing her course, she started taking blouse stitching orders and she continued to visit the Karuna trainer to hone her skills. The project has provided her with some seed money to purchase a sewing machine and this was a big support for her as she is now self-employed earning between 3000 to 4000 rupees a month and during festival seasons, she is able to earn more. She has started assisting in the tailoring class and she is trained to be a potential future trainer. Karuna is about transformation not just training.

Case Study Four

She is one of the leaders of Samrudhi Microfinance Group. With a lot of motivation from the Karuna Team she started baking cakes during lockdown. She backed cakes for her family members and friends during the lockdown. Post lockdown she started taking small baking orders. She started to do well however, her knowledge of making it a business was limited. The Karuna Team had arranged a training on starting small businesses, entrepreneurship in Trombay Colony through Learning Links a women empowerment program. She participated in this training, and she take gained much Knowledge about business. And she registered her business with the help of Karuna team and Learning Links. She was selected for 5000 rupees seed money grant from Learning Links Foundation. She is all set to take up a place to grow her business.

What lessons have been learnt that can be built upon in the remainder of the project / in future projects?
The number of chronic patients is reducing due to old age and sickness factors. On the other hand, Karuna has been successful in detecting new cases in the rural villages. The government hospital and the Primary Health Centres are requiring help in tracing new cases. Through Medical Camps, Awareness Programs and Surveys we can screen patients for leprosy when they attend these programs. Continue to work through these partnerships would be highly beneficial for the work of Karuna as well as sustainable for the project.
Coordination & Partnership: How is the engagement of other organisations (e.g. government, NGOs and other stakeholders) in the implementation, management and monitoring of the project during the year working?
Coordination & Partnership with the local leaders has been very beneficial for the work that Karuna is doing in the community. Establishing partnership with the Government Health Department is a priority as we have already established partnership with government hospital and primary health centres. Getting recognition from the government authorities would be highly beneficial for Karuna for all future endeavours.
How well is the engagement of the local church working?
Post pandemic churches are regrouping their congregation. During the lockdown no one was allowed to travel around hence during the last two years number of volunteers have reduced to almost NIL. We are beginning to establish connections with the churches. Karuna must develop a new strategy to engage with churches to get commitment from the churches to send volunteers.
Participation: How have you engaged the target population and the wider community in the implementation, management and monitoring of the project during the year?
Karuna organised number of events that had a social message and opportunities for the target population to engage with the work to create more ownership and to take responsibility for the implementation of the program. The leaders of the microfinance groups often volunteer in reaching out to the target populations. Individuals come forward to volunteer in the care of one another, in the skill training often the experienced trainees help the fresh trainees in increasing their learning. The microfinance leaders often help the newer group members access the bank or municipal office during the time of registering a new group.
Capacity: Do you, or the implementing partner, have the right capacity in place to implement the remainder of the project? If not, what else is needed?
The Karuna team has the capacity to implement the remainder of the programme. The team members play multiple roles to implement the vision of Karuna. Every member has a primary role, and they place a secondary role in another area of work. The team members are very flexible to fit into an area of need unless it is a very specific primary role of another person. Being a very mobile team gives us the advantage of moving quickly to an area of need.

Sustainability: (i) What progress has been made during the year to ensure that the benefits of the project will be sustained after the project has ended? (ii) If the project has less than 2 years remaining, what progress has been made towards the project's exit strategy? (iii) What progress has been made during the past year to encourage the local church to be involved in this project?
•The Karuna Team is working towards sustainability of the project by working on phasing down activities in Self-care, Self-help groups and Livelihood trainings for non-leprosy related clients. The Team is training volunteers and groups leaders and trainee graduates to take on the role of service provider. **•The Team is also working towards phasing out services where there are chronic patients that need symptomatic care. The Team has stopped providing services in some areas where the need is less, and the more attention is given to areas where new cases are emerging. This process will continue into the coming years.** **•Karuna Team is intentional in not making clients dependent on our services entirely in the new areas of work, hence the partnership with the government primary health centres is crucial to achieve this.**

a. Direct clients that have been assisted by this project during the reporting year

	People directly affected by leprosy				Family members of people affected by leprosy				Persons with disabilities				Others				Total			
	Male		Female		Male		Female		Male		Female		Male		Female		Male		Female	
	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual	Planned	Actual
Child < 18yrs		2		2										187		169		**189**		**171**
Adult 18- 59 yrs		1263		1512				162						437		1102		**1700**		**2776**
Adult >60yrs																				
Total		**1265**		**1514**				**162**						**624**		**1271**		**1889**		**2947**