

LEPRA

® Registered as LEPRA Society



Putting people first

Annual Report 2018 - 19



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Vision

To be a leader in reducing the incidence and impact of leprosy and other neglected diseases

Purpose

Driven by our focus on leprosy, to enable children, women and men affected by leprosy and other neglected diseases to transform their lives and overcome poverty and prejudice

Goals

People affected by neglected diseases, especially women and children, exercise their rights and realise a life of dignity by overcoming discrimination

Reduction in disease and prevention of disabilities due to leprosy and LF among the marginalised communities





Values

- People-centred
- Transparent and accountable
- Innovative and demonstrating bold leadership
- Effective and efficient
- Collaborative

Strategic Pillars

- Empowering the people we work with
- Promoting equity for women and children
- Provision of direct services and strengthening public health systems
- Fostering research and innovation

Introduction



As LEpra Society enters into its third decade it continues to remain a robust organisation focussing on providing treatment and care for people mainly suffering from leprosy and lymphatic filariasis, but also those affected with Tuberculosis (TB) and HIV-AIDS. Eye-care is an important component dealt with effectively, preventing blindness. The organisation offers holistic care to help people not just to recover from disease but also psychologically, through counselling to get back on their feet. LEpra teams in all the states ensure prompt follow-up of treatment and aid the persons affected

to combat social exclusion, stigma and discrimination faced on account of the communicable and neglected tropical diseases (NTDs) they suffer from.

The organisation works in parts of Andhra Pradesh, Bihar, Jharkhand, Madhya Pradesh, Odisha, Telangana besides in Delhi, Assam and Uttar Pradesh where it reaches communities in remote and hard-to-reach areas. These states are endemic in leprosy and lymphatic filariasis, two of the most neglected tropical diseases. LEpra Society's expertise in these NTDs with its new paradigms, particularly the

integrated approach to tackle them has yielded positive results. The organisation has been continuously enabling service delivery in catalytic ways and some of its innovative measures have been adopted by State governments.

LEPRA Society primarily operates through the referral centres (situated in LEPRA's own location or in collaboration with district/government hospitals),- envisioned as one-stop hubs for leprosy and lymphatic filariasis which provide specialised facilities for treatment and complications and management of disabilities through Disability Prevention and Medical Rehabilitation (DPMR).

The referral centre offers a range of services like providing footwear made of micro-cellular rubber (MCR), specialised appliances/supplementary aids and specialised services for difficult-to-diagnose cases, providing physiotherapy for pre and post reconstructive surgery cases and for those suffering disabilities, treatment of complications (reactions, neuritis), management of plantar ulcers, counselling and promotion of self-care practices, supporting prevention of disability (PoD) clinics as part of DPMR, capacity building of health facility staff and co-ordinating and networking.

LEPRA Society is a leading anti-leprosy organisation in the country, an affiliate of the global LEPRA family and member of the International Federation of Anti-Leprosy Associations (ILEP).

It supports forums of leprosy and lymphatic filariasis (the first of which

was formed in Andhra Pradesh which advocates for the rights for the people affected. The organisation plays an important role in advocacy to enable people affected with leprosy and lymphatic filariasis get their due rights and are able to access facilities (government schemes) in order to lead dignified lives. Similarly, it has helped the formation and strengthening of community-based organisations (CBO) of people living with HIV/AIDS (PLHIV) like Cheyutha and Sreyassu.

Under the CHAHA project supported by Oracle, children with leprosy and whose parent(s) have leprosy are the beneficiaries as their educational and vocational needs are taken care of.

All the activities are carried out in accordance with the strategy, which is oriented to deliver the vision, purpose and goals of LEPRA Society:

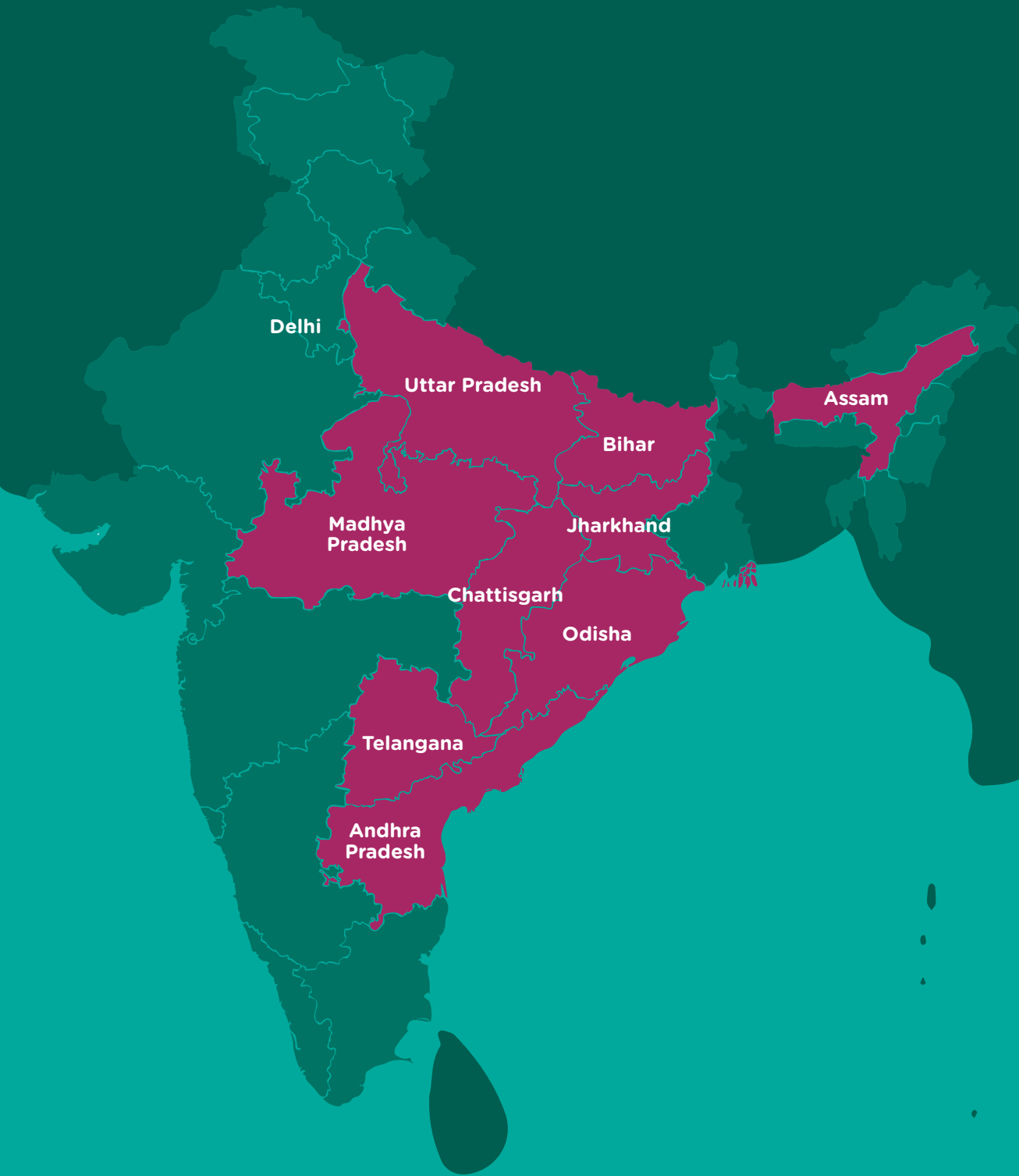
- **Empower people we work with**

- **Promote equity for women and children**

- **Provide direct services and strengthen health systems**

- **Foster research and innovation**

Where we work



Restoring Lives of Forgotten People (RLFP):	Bihar
Referral Centre:	Bihar, Madhya Pradesh, Delhi, Odisha, Telangana, Andhra Pradesh
Neglected Tropical Diseases Resource Unit (NTDRU):	Bihar, Andhra Pradesh, Telangana, MP
Rural Eye Health:	Bihar
Mobile Foot Care Unit:	Bihar, Telangana, Andhra Pradesh
Sarthak Footwear Unit:	Bihar
Mobilising Men's Health:	Bihar
Sparsh:	Jharkhand
Technical Resource Uni (TRU):	Telangana, Odisha, Madhya Pradesh
Health Care Wash:	Andhra Pradesh
Neglected Tropical Disease WASH (NTD):	Andhra Pradesh, Odisha
Sreyassu:	Andhra Pradesh
Arogya Darsini: (Mobile IEC & Footwear)	Andhra Pradesh
Sankalp:	Madhya Pradesh
St. Joseph Leprosy Centre (SJLC):	Madhya Pradesh
Swabhimaan:	Odisha
Vihaan:	Odisha, Chhattisgarh.
Tuberculosis District Microscopy Centre (TD DMC):	Telangana, Odisha
Mahanadi Netra Chikitsalaya and Junagarh Netra Chikitsalaya (MNC & JNC):	Odisha
Targetted Intervention (TI):	Odisha
Cheyutha:	Telangana
Blue Peter Public Health Research Centre (BPHRC):	Telangana
Joint Effort to Eliminate Tuberculosis (JEET):	Madhya Pradesh, Uttar Pradesh
AHANA:	Madhya Pradesh



17891

Leprosy-affected persons registered or accessed referral centre services



20485

Persons affected / family members counselled



34084

Persons with lymphoedema / elephantiasis line-listed



8286

Persons with lymphatic filariasis provided protective footwear



10863

Customised footwear provided to leprosy-affected persons



79613

School children screened for leprosy



6127

Persons who underwent hydrocelectomy



36734

Cataract surgeries in MNC and JNC



15304

Women Self-Help Groups in lymphatic filariasis oriented



10374

Persons provided with spectacles

Andhra Pradesh



The programmes concentrated on tackling issues in leprosy, lymphatic filariasis, WASH (Water, Sanitation and Hygiene) and HIV/AIDS. While the two referral centres at Vijayawada and Vizianagaram continued to intensify their activities in morbidity management and disability prevention, a new satellite centre was established at Eluru (West Godavari). The two centres also increased their outreach activities.

Leprosy and Lymphatic Filariasis

The State team was involved in the Leprosy Case Detection Campaign (LCDC) right from the initial stages.

Case detection campaigns were done in schools which led to fund-raising and increasing awareness of the disease.

LEPRA Society supported the members of Society for Leprosy Affected Persons (SLAP), Andhra Pradesh to avail the *Antyodaya Anna Yojana* (AAY) - a government scheme to provide subsidised food to poor people by removing the impediments in implementation for those who could not access it. With LEPRA Society's efforts, 2040 persons affected with leprosy and 260 persons living with HIV/AIDS benefitted being linked to AAY. In August, the SLAP Vice President met

Case detection campaigns were done in schools which led to fund-raising and increasing awareness of the disease

the Parliamentarians in New Delhi and advocated for repealing laws against people affected by leprosy. With the help of other NGOs, SLAP stalled the demolition of the Vimukhti Leprosy colony by municipal authorities.

The LEPRO team undertook media-based advocacy which put the spotlight on the problems and concerns of people affected by leprosy and lymphatic filariasis. They also facilitated the formation of *Spandana Bodhavyadhigrasthula Sankeshama Sangam*, a forum of people affected by lymphatic filariasis in order to promote leadership at the grassroots and create an advocacy platform. Women constitute more than 50 per cent of this forum. A representative of this forum attended the World Disability Summit in London where he raised the issues of people affected by lymphatic filariasis.

One of the important achievements of the state team was ensuring the continuation of Morbidity Management and Disability Prevention services of the earlier SANKALP project areas of operation through funding from the Indo-American Development and Health Organization (IADHO).

Under corporate social responsibility, Ramco Cements Limited and KCP

Limited have been supporting initiatives on leprosy, lymphatic filariasis and HIV.

WASH

The WASH project is being implemented with the support of Water Aid-India in four mandals of Vizianagaram district where majority of the population is from the marginalised communities. The project team works with communities, mandated institutions and others like Village Water and Sanitation Committees (VWSCs), Panchayat Raj institutions (PRIs), School Management Committees (SMCs), Village Health Sanitation and Nutrition Committees (VHSNCs), Anganwadi Centres and Health Care Centres to ensure sustainable WASH practices at all the places and also involved these communities, committees, institutions and schools in the construction of hand washing stations, toilet repairs and borewells.

Ending NTDs through Women-led WASH –Accelerating Impact in India through Self-Help Groups is a unique collaborative project of American Leprosy Missions and LEPRO Society, India, with the Public Health Foundation, India, Indian Institute of Public Health, Hyderabad as research partner. The project's developmental goal was to contribute to ending NTDs among vulnerable and at-risk communities living in 128 villages in harder to reach NTD endemic and WASH poor districts in Andhra Pradesh and Odisha, through sustainable women led WASH initiatives.

Andhra Pradesh

The project was implemented for 12-months (April 2018- March 2019) as a proof of concept project in two blocks of high NTD endemicity with poor WASH indicators- Mentada block in Vizianagaram district of Andhra Pradesh and Odagaon block in Nayagarh district of Odisha, covering 21319 households in 128 villages. The project integrated WASH and NTDs, addressing behaviour change and access to WASH, and raised awareness of endemic NTDs, their prevention and treatment. In addition, the project established cost-effective WASH infrastructure models for resource-scarce areas that the communities could replicate with local resources.

The project created a cadre of 90 trained local women from the Self-Help Groups (SHGs) as Community Resource Persons (CRPs) for WASH and NTDs, a critical human resource for bringing about change and action. The project built capacities and raised awareness among nearly 19,000 women in 1718 SHGs. Several SHGs were empowered to take collective action for improved WASH access. Seventy one Village Water and Sanitation Committees were strengthened and sensitised on WASH and NTDs for necessary action. Two hundred and twenty nine frontline healthcare workers and staff from 4 PHCs and 1 CHC were sensitised on dealing with NTDs.

Through sensitising the women in SHGs and through individual home visits, the CRPs reached women households in these NTD endemic areas, with knowledge and good practice on WASH



With LEpra Society's efforts, 2040 persons affected with leprosy and 260 persons living with HIV/AIDS benefitted being linked to Antyodaya Anna Yojana

to prevent disease. People were made aware that through improved WASH, personal protection measures and complete treatment of NTDs they could prevent disease. The project facilitated construction of 1266 household toilets. Ten households having persons with disabilities had modifications to toilets for universal access. The project also reached 26 schools and around 5200 school children, with awareness of WASH and NTDs. Model hand washing stations were constructed in 11 schools with contribution from the schools. Model toilets with universal access and menstrual hygiene facilities were constructed in 8 schools. Thirteen key water points were protected from contamination, through infrastructure maintenance.



Thirty five new cases of leprosy were detected and 312 persons with NTDs and their complications were referred to health facilities for treatment. All were made aware of completing their treatment.

Ninety women from Self-Help Groups (SHGs) were trained as Community Resource Persons and engaged in the project for promoting WASH and early detection of NTDs at household level. During the course of the project, 1237 women from SSGs were trained on dealing with NTDs.

HIV/AIDS

Sreyassu, the community-based organisation of People living with HIV/AIDS, continued to look after the medical, educational and nutritional needs of such people. Besides providing treatment, the team was also actively involved in counselling, foster care and advocacy. The CBO was also supported by the LEPRO team to take up mushroom farming to improve livelihood, economic and nutritional conditions of the PLHIV. This initiative continues to receive support from IADHO.

The LEPRO team facilitated the formation of *Spandana Bodhavyadhigrasthula Sankeshama Sangam*, a forum of people affected by lymphatic filariasis in order to promote leadership at the grassroots and create an advocacy platform. Women constitute more than 50 per cent of this forum. A representative of this forum attended the World Disability Summit in London where he raised the issues of people affected by lymphatic filariasis

Arogya Darsini

This operates in Visannapeta, Nizampatnam, Tenali, Repalle, Bhattiprolu, Jagayyapeta, Vatsavai Mandals of Krishna and Guntur districts. The people living in the remote villages were accessed through Arogya Darsini in various ways like community group meetings, school health education campaigns, film shows, mobile health and IEC van (sustained by the IADHO, which continued to provide medical services and disseminate health awareness in Gampalagudem), health exhibitions, tent shows, referrals, etc.

Bihar



LEPRA Society team provided technical support (supervision and monitoring) at various levels to the National Leprosy Eradication Programme (NLEP) in the Leprosy Case Detection Campaign (LCDC). A notable achievement is the special detection activities amongst Scheduled Caste communities and Mahadalits. During a case finding drive among the Scheduled Caste Communities in Samastipur district, 61 new leprosy cases were detected of which 36 per cent were children and 57 per cent were women. The LEPRAs team was able to successfully mobilise the NLEP fund for procurement of protective footwear,

self-care kit and medicines for reaction management. The contact surveys and school screenings are being done as part of case detection. LEPRAs has been building capacities of the government and private health care providers focussing on treatment and disability management and develop training content. The Vodafone Foundation supported Mobilising Men's Health in Munger district was started in April 2018 to improve the quality of life of 700 people with hydrocele.

The organisation made advocacy efforts and pursued disability pensions through Samutthan (CBO of leprosy affected persons) and linked persons affected by disability to government schemes.

Rachna Kumari, Community Mobiliser, Munger, also a person affected by leprosy, delivered the keynote speech at the opening session of the Neglected Tropical Diseases NGO Network NNN Conference at Addis Ababa, Ethiopia addressing 400 international delegates and donors.

Due to LEPRAs successful advocacy efforts there were instructions from the State Health Society for scale-up of hydrocele in all districts of Bihar. With LEPRAs Society's technical support hydrocele surgeries were conducted in four districts in a camp mode, free of cost. The Principal Secretary, health announced an incentive of Rs 750 per surgery.

Two new projects, namely JEET (Joint Effort to Eliminate Tuberculosis) and

A notable achievement is the special detection activities amongst Scheduled Caste communities and Mahadalits. During a case finding drive among the Scheduled Caste Communities in Samastipur district, 61 new leprosy cases were detected of which 36 per cent were children and 57 per cent were women

Mobilising Men's Health were begun in this year. JEET is a Global Fund Project operational in four districts of Uttar Pradesh, namely, Varanasi, Gorakhpur, Allahabad and Jaunpur which aims to set up effective and sustainable structures to strengthen existing systems and seamlessly extend quality tuberculosis care to patients in the private sector along with patient management across the continuum of care, i.e. treatment and adherence of patients along with monitoring and reporting.

Leprosy and Lymphatic Filariasis

Due to LEPRAs Society's association with Samutthan, 765 persons affected by leprosy were enrolled in the Bihar Shatabdi Kusht Kalyan Yojana, which provides a monthly pension of Rs.1500/-. Samutthan is also advocating for pensions for the remaining backlog of 4000 leprosy-affected persons. It also ensured land (1100 square feet per person) for 18 persons affected by

leprosy. More than 100 children were registered under the Parvarish Yojana, a foster-care scheme of the Government of Bihar. In West Champaran District 22 toilets were sanctioned for people affected by leprosy by the district authorities. One hundred and thirty four women affected by leprosy were linked to government's social schemes.

LEPRA Society facilitated the training of women from Self-Help Groups in morbidity management. Four hundred and fifty seven women affected by lymphatic filariasis were linked to government schemes.

The Mobilising Men's Health, supported by Vodafone Foundation in Munger District (one of the endemic areas for LF), was started in April 2018 to improve the quality of life of 700 people with hydrocele. It gives LEPRA an opportunity to test and develop a model for facilitating hydrocele surgeries that can then be scaled up to other parts of India. In the pilot phase, 703 surgeries have been performed out of which 225 have been conducted at the private health facilities and 478 surgeries were performed at the district hospitals in Munger, Tarapur and Kharagpur. A few surgeries were also carried out in the private facilities at Munger and Tarapur.

Due to LEPRA's advocacy efforts the government has decided to scale-up the hydrocele surgeries. The government has been convinced of the necessity of prioritising hydrocelectomies at a lower cost.

Bihar

In the Restoring Lives of Forgotten People project, Samastipur, more numbers of LF and leprosy affected people were detected with Grade 2 disabilities. There has been an increase in the number of functioning of Self-Support Groups (SSG), the community demonstrated enhanced knowledge and awareness of self-care, public and private health care providers have improved information, cognisance and skills to effectively respond to LF and leprosy-affected people, PHCs began to embrace Morbidity Management and Disability Prevention (MMDP) activities in their treatment programmes for people affected by leprosy and LF.

In this period, the project registered 41,862 people affected by leprosy and LF (elephantiasis 29,713, hydrocele - 11,254 and people affected by leprosy - 895). All the cases have taken training (Techniques) on Morbidity Management and Disability Prevention. A total of 3,653 hydrocelectomies have been carried out at District hospital and Primary Health Centre through LEPRAs support. Also, some of the hydrocele surgeries were done in private hospitals.

The project has successfully embedded MMDP services in 6 public health facilities and the government has provided one dedicated official to ensure these services are continued; this with the support of government Medical Officers and other staff, trained by the project and given this responsibility. The MMDP Centre served 2,130 people affected by LF, for treatment of acute attack/entry

Rachna Kumari, Community Mobiliser, Munger, also a person affected by leprosy, delivered the keynote speech at the opening session of the Neglected Tropical Diseases NGO Network NNN Conference at Addis Ababa, Ethiopia, addressing 400 international delegates and donors

points and 401 people with leprosy, for diagnosis and leprosy reaction management.

Improved skills and capacities of public health staff (1340) was noticeable, 947 Rural Medical practitioners (RMPs) received refresher training and sensitisation on LF and leprosy. The government has adopted this sensitisation initiative and the project staff were engaged as resource persons.

A total of 4,941 LF affected people (1,808 Men; 3,133 Women) claimed social benefits from government, including: widow pensions, old age pensions, Lakshmi Kanya Yojana, Ujjwal Gas, Toilet Scheme, Jeevika, Bandhan Bank and Micro-finance Schemes, Pradhan Mantri Awas Yojana. 230 people affected by leprosy linked with Bihar Shatabdi Kusth Kalyan Yojana (BSKKY) and 31 children affected/infected by leprosy benefitted under the Parwaris scheme.



Eye-care

The rural eye health (*NetraVasant*) has been implemented from 2012. It was begun in Munger district first and four districts (Bhagalpur, Begusarai, Purnea and Samastipur) were added later. The project is a tripartite agreement between LEpra Society, Bihar Government and Sightsavers, where the role of the three agencies entering the agreement will be aimed at reaching the project goal. The project contributes to eradication of avoidable blindness in Munger, Bhagalpur, Begusarai, Purnea and Samastipur districts. Its objective is improved provision of primary and secondary health services through the government and non-government health unit. It trained and enhanced skills of human resources in the non-government and government health system; improved physical infrastructure and appropriate technology for health services in the five districts of Bihar. Outreach activities are carried out in the rural areas through the IEC van wherein refractive errors are corrected by provision of spectacles on the spot and cataract surgeries are referred to the respective District Hospitals.

A total of 147,532 persons found with refractive errors were prescribed

spectacles, 7,456 cataract surgeries have been performed at the five District Hospitals whereby normal vision was restored.

Tuberculosis

The Joint Effort for Elimination of Tuberculosis (JEET) was begun this year covering the urban areas of Varanasi, Allahabad, Gorakhpur, and Jaunpur Districts in the state of Uttar Pradesh. A partnership with the private sector has been envisaged under Joint Effort for Elimination of Tuberculosis (JEET) for the elimination of TB by 2025, five years ahead of the global schedule.

The services will be delivered through establishment of Patient Provider Support Agency (PPSA) and Technical Support in PPSA districts. The key activities include mapping and prioritisation of private sector providers, ensuring nationwide access to WHO approved quality TB diagnostics to patients seeking care in the private sector, enabling early, appropriate and free treatment initiation, public health actions and adherence support systems. Till March, 5765 TB cases have been notified.

Jharkhand



SPARSH Referral Centre – a joint collaboration of LEPROA Society with Tata Steel Rural Development Society continued its reconstructive surgeries (RCS), provided Out-patient treatment, Disability Prevention and Morbidity Management activities, complication management, manufacture and distribution of MCR footwear and organised training programmes for maximising case detection as Jharkhand is highly endemic for leprosy and lymphatic filariasis. This included training sessions for 96 school going girls in Dhanbad. This resulted in 75 persons with signs and symptoms of leprosy, being referred to the health system.

The referral centre had provided 1464 pairs of MCR footwear to Clever Social Welfare Centre Kharsawa, Saraikela, Vijayawada and District Health Society, Jharkhand. It had also supplied aids and appliances like splints, crutch, wheel chairs etc. Four batches of reconstructive surgery were conducted at SPARSH in the year wherein 31 cases of deformity (which included men and women) had been corrected and restored function.

Delhi



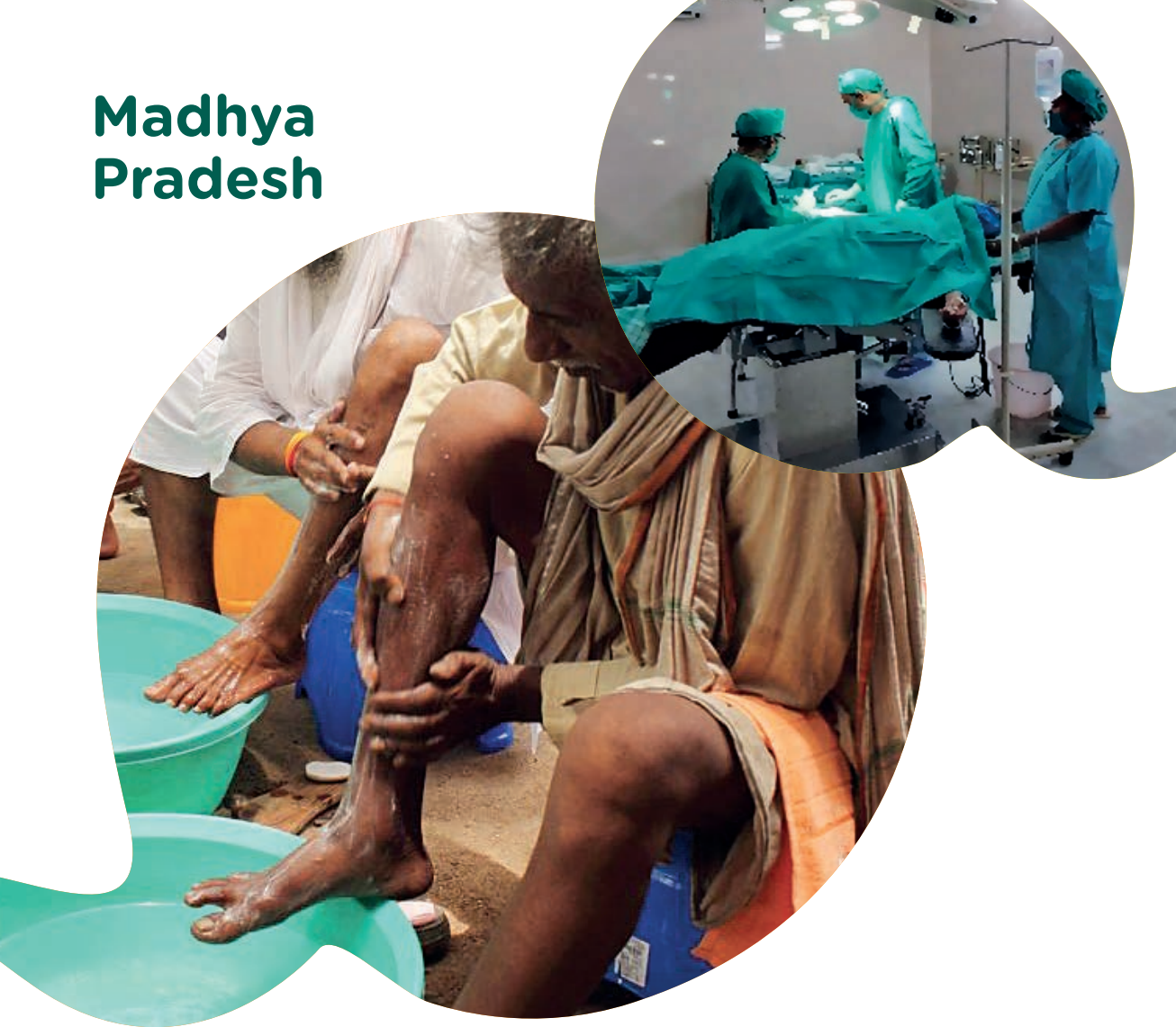
The West Delhi Referral Centre located in the Guru Gobind Singh Hospital has been carrying out varied activities like ensuring MCR footwear requirements from all hospitals in Delhi, referring RCS cases, treating recurring ulcer cases in disability care camps held at its premises along with Integrated Prevention of Deformity camps held at colonies where people affected with leprosy reside and in surrounding areas of these colonies which resulted in the reduction of ulcer cases. It has been organising training sessions involving training for people affected with leprosy and their family, friends and neighbours about the disease and the possibility of prevention of deformity by early detection and self-care routine is also explained and taught to them.

The training camps have attracted many general patients (women and children

The referral centre conducts training camps to disseminate awareness of leprosy besides Integrated Prevention of Disability camps

included) to the Hospital and the team helps them understand that leprosy is a treatable disease, the early the detection, the better its diagnosis as they can guide possible patients to the centre. This learning is proving effective as new cases are coming to the centre and thereby disability is prevented.

Madhya Pradesh



LEPRA Society supported the state to orient 45 District Leprosy Officers on the new monthly progress report format and MIS for quality reports to make the Leprosy Case Detection Campaigns (LCDC) more effective.

The St. Joseph's Leprosy Centre (SJLC) at Sanawad initiated specialised psychological counselling sessions. Such sessions were held with persons affected with leprosy (to address social and mental barriers for participation). Counselling was provided to individuals and families.

Two new projects were begun in the State this year, namely AHANA, which aims to prevent parent-to-child transmission of HIV in 52 districts of the state and Joint Efforts to Eliminate Tuberculosis (JEET) being implemented in the cities of Bhopal and Indore.

Leprosy and Lymphatic Filariasis

The team facilitated participation of State Forums in the State NLEP Coordination quarterly meetings whereby the state leprosy forums could raise pending issues related to pensions, leprosy colony land dispute and social benefit schemes.

The St. Joseph's Leprosy Centre (SJLC) at Sanawad initiated specialised psychological counselling sessions. Such sessions were held with persons affected with leprosy (to address social and mental barriers for participation). Counselling was provided to individuals and families

The referral centres at Jabalpur, Sendhwa and SJLC continued to provide treatment for reaction management and neuritis, undertake nerve function assessment, ulcer care, counselling by the staff on self-care, reconstructive surgery, outreach activity and disseminating awareness on leprosy and LF.

The SJLC provided counselling, identified issues like discrimination among the family, community and society, fear of getting infection and a partner for marriage, depression and low confidence. These sessions helped the patient to cope with stress, anxiety and emotional pain, explore their thoughts, feelings and experiences and induced positive thinking and change in their behaviour and expectation. Thereby, LEPRASociety became the first anti-leprosy organisation to begin work on mental health issues.

Lymphatic filariasis is endemic in 11 districts of Madhya Pradesh. The filarial control remained non-functional as filarial units meant to provide Morbidity

Management and Disability Prevention (MMDP) services were defunct in all the districts due to limited human resources. There was also no recruitment of personnel for the last five years.

Sankalp

This project which completed two years since inception has been working with the support of effect:hope for prevention and disability care of people affected by leprosy and filariasis in Panna district. This project follows the integrated approach to leprosy and LF. Through Sankalp, LEPRASociety has created a model for care and support of persons in a remote location optimising the limited resources. It aided in establishing and ensuring functioning of the MMDP/DPMR clinics at all PHCs/CHCs of district. Twenty clinics are to be set up and now 9 are operational out of 20. The project trained 35 general health staff of PHC/CHC including district medical officer (DMO) and district leprosy officer (DLO) unit staff on MMDP/DPMR with the support of chief medical and health officer (CMHO), Panna.

Similarly, with the support of DMO and district hospital the project has till now performed 164 hydrocele surgeries at the district hospital, Panna. The trained private medical practitioners (PMPs), accredited social health activists (ASHAs) and teachers also play an important role in hydrocele surgeries. It is due to their support the referrals to the centre increased and community people were

Madhya Pradesh



The team facilitated participation of State Forums in the State NLEP Coordination quarterly meetings whereby the state leprosy forums could raise pending issues related to pensions, leprosy colony land dispute and social benefit schemes

& LF Association and now the forum is working for its purpose.

The project also extended support to the MDA campaign in monitoring and drug distribution from February 27 to March 5, 2019 and examined 30 villages including Panna and Ajaygarh urban area to ensure the drug adherence to 5600 people through the BCs and volunteers. With the collaboration of the DLO unit in Sparsh campaign, the Sankalp project organised two Prevention of Disability (POD) camps at the CHC level and organised a rally with the message of reversing untouchability on the occasion of the death anniversary of Mahatma Gandhi. With this, Sankalp project had provided support to DLO unit in LCDC for new case identification through healthy contact and identified two new cases.

The Sankalp project linked the affected community members to various social benefit schemes of the Govt. like pension schemes, disability certificates for Gr 2 patients etc. for betterment of their social and personal life.

motivated for surgeries. Four hundred and thirty one ASHAs, 20 anganwadi workers AWWs had been trained on LF and leprosy for early case detection so that the leprosy affected people can be linked with multi-drug therapy (MDT) as early as possible to restore their deformity. The project formed a district level leprosy and LF forum along with Block level forums for advocating the rights of the affected community, and trained 225 SSG members on self-care/morbidity management through peer participation, Rights of Persons with Disabilities Act 2017, reducing stigma and discrimination through three Block-level trainings. A leprosy affected person is made president of District Leprosy



Among the healthy members of the community, Sankalp ran an awareness campaign with the help of 4 local musical folk groups in 50 villages of the district (10 villages of each block) in September and 50 IEC activities have been organised to convey several messages about the disease for example, creating awareness, self-care practices and treatment facilities in non-affected and affected community about the disease and its stigma. The groups were also successful in increasing the knowledge of LF and leprosy amongst non-affected community too.

Tuberculosis

JEET project was launched this year in the cities of Bhopal and Indore. The project aims to involve private practitioners and make their services accessible at reasonable cost through linking patients with general health services, especially for diagnosis and treatment.

HIV/AIDS

In this year, the AHANA project was begun. It aims to prevent parent-to-child transmission of HIV. Those tested positive with HIV were linked to Anti-Retroviral Therapy and the care-and-support programme.

Odisha



In this state, leprosy continued to be the major health problem with new cases crossing seven thousand detected through regular surveillance and the Leprosy Case Detection Campaign (LCDC) and in the Scheduled Tribe community too. Lymphatic filariasis is prevalent in 20 districts of the state with the highly endemic ones being Balasore, Ganjam, Khurda, Nayagarh and Puri. The microfilaria (MF) rate was 0.33 at the end of 2017. LEPRO Society actively supported the National Leprosy Eradication Programme (NLEP) by lending technical assistance (system strengthening, disease surveillance, capacity building and complication management) as the lead NLEP agency in the State. The District Microscopy Centre (DMC) at Junagarh provided testing and treatment to those with Tuberculosis.

Ending NTDs through Women-led WASH –Accelerating Impact in India through Self-Help Groups, a unique collaborative project of American Leprosy Missions and LEPRO Society, India, with the Public

An all-time highest number (10783) of new cases detected in leprosy during 2018-19 is in Odisha

Health Foundation, India, Indian Institute of Public Health, Hyderabad, as research partner was implemented in Odagaon block of Nayagarh District, Odisha and Mentada Block, Vizianagaram district, which were high in NTD endemicity having poor wash indicators.

Leprosy and Lymphatic Filariasis

Under the Technical Resource Unit (TRU) and the SRS project the efforts were made to ensure improved quality of life of people affected by leprosy and its disabilities in the state. The project is supporting to achieve less than one new G2D case per million population and zero child G2D. The NLEP data analysis of Odisha revealed that there was all-time highest number (10783) of new cases detected during 2018-19.

Persons affected by leprosy were linked to social security schemes like pension and housing

In the state, the Government of India decided to actively monitor the NLEP programme through the ASHA Based Surveillance for Leprosy Suspects (ABSULS), Leprosy Case Detection Campaigns (LCDCs), Focal Leprosy Campaigns (FLCs), Special surveys and aimed at ensuring that the G2D among new leprosy cases will come down to less than one per million population by 2020. The number of Referral Centres has come down from ten to six; integration of physiotherapy services by the State government has some impact in the implementation of Reconstructive Surgery (RCS).

Disability care and promoting empowerment was focussed on by the Swabhiman project operational in Koraput, Nabarangpur and Subarnapur Districts covering 3841 villages. Cases were detected through contact survey, focal survey and school screening camps, community meetings besides Information, Education Communication (IEC) van. Persons affected by leprosy were linked to social security schemes like pension and housing. Two persons benefitted by the pension and housing schemes. The pension amount was enhanced from Rs 300/- to Rs 500/- for 7 persons by project facilitation.

The Swabhiman project saved up to 30%

of medicine cost by getting medicines from Government central store free of cost due to the support of the District Administration, Koraput.

HIV/AIDS

Vihaan

LEPRA Society has three projects -Vihaan (also implemented in Chhattisgarh) and two targeted interventions in HIV/AIDS. It is one of the Sub-Recipients of Vihaan and has been providing Technical Support to 15 Community Support Centres (CSCs) of Odisha and Chhattisgarh. Currently, there are 12 CSCs in Odisha and 3 CSCs in Chhattisgarh. Vihaan Care and Support Centre is a national initiative to provide expanded and holistic care and support services for People Living with HIV (PLHIV).

“Vihaan”, (meaning dawn’s first light) symbolises a ray of hope in the lives of PLHIV. Implemented through CSCs, it expands access to essential services, supports treatment adherence, reduces stigma and discrimination, and improves the quality of life of PLHIV across India. The goal of Vihaan is to improve the survival and quality of life of PLHIV.

LEPRA Society is providing technical support for implementation of Vihaan through its 15 partners across two states - Odisha and Chhattisgarh. On the programme front, TB referral and testing has been focussed and reiterated compulsorily for coverage of 100% client coverage, since it is the most common co-infection found among the

Odisha

PLHIVs. Tracking of cases under "Mission SAMPARK" has also been a major activity of Vihaan.

Targetted Intervention: Injecting Drug Users

Under this, 16 hotspots were covered in Bhubaneswar city. The project addressed the target population for injecting drug users (IDUs) by providing and facilitating different services like Needle Syringe Exchange Programme (NSEP), condom promotion, Abscess KIT distribution and health camps in different hotspots. All the IDUs were covered for HIV test at Integrated Counselling Testing Centre and the Community-based Screening Test (CBST). Follow-up of those High Risk Groups (HRGs) who are not interested in HIV testing twice at ICTC was done and these groups were motivated for Community-based Screening Test in the community. There was increased condom usage by the HRGs who are not involving in multiple sex activities. Reduction of abscess due to safer injecting practices by the IDUs was observed in this. There was also a decrease in new HIV infection comparatively from the project starting period.

Targetted Intervention: Female Sex Workers

This project is operational in Jeypore, Borigumma, Kotpad and Baipariguda in Koraput. It started Community-based Screening Test for field level HIV and VDRL test in the hotspot areas. By this test, the long distance hotspot areas High Risk Groups (HRGs) are benefitted at the

Two Targetted Intervention Projects in HIV/AIDS, namely, Injecting Drug Users helped in decrease of new HIV infection and Female Sex Workers was involved in reducing stigma and discrimination

field level test. The new HRG's are also tracked in this test. The kits are supplied by nodal ICTC of those hotspots. The project did well in STI management and involvement of community in this process through ASHA, anganwadi workers, volunteers, SHG initiatives, co-curricular activity among community members. It was also involved in advocacy to reduce stigma and discrimination.

Eye Care

LEPRA Society established the Mahanadi Netra Chikitsalaya-LEPRA Mahanadi Eye Hospital (MNC-LMEH) with the help of SightSavers and the Junagarh Netra Chikitsalaya (JNC) to deliver eye services to people in the impoverished areas of Western Odisha. Both the eye hospitals are catering to people affected by leprosy who have eye problems as well as the general population. A broad range of eye problems like surgeries, low vision issues to refraction is handled at the MNC.

The MNC does outreach activities and also conducts health education. It successfully established a new vision



centre under National Rural Eye Health project at Ambabhona of Bargarh district in August 2018. The vision centre was set in a PPP mode in collaboration with Sight Savers and Bargarh District health authorities. The case referral system through community volunteers and ASHA workers is working effectively. During 2018-19, out of 9455 referred cases, 7929 cases (83%) were referred by the volunteers and ASHA workers. The MNC emerged as the most sought after eye-care service provider of Western Odisha.

The Junagarh Netra Chikitsalaya too provided quality services like cataract, refraction and was involved in school eye health activities and awareness programmes.

Telangana

Leprosy and Lymphatic Filariasis

Adilabad, Medak and Nalgonda are highly endemic districts for leprosy. Mahbubnagar and Warangal are also registering a huge number of cases. A number of hospitals were also referring cases to LEPRAs Society's referral centres at Hyderabad, Mahbubnagar and Adilabad. Several people requiring reconstructive surgery are referred to the Sivananda Rehabilitation Home. People affected by leprosy were included in Disabled Persons Organisations at district level. Efforts were made to detect more leprosy cases through the involvement of ASHAs and Self-Help Groups. Psychological counselling was included in all the projects. It was observed that majority of women with LF had mental health issues. The State's annual data was analysed by and presented to the State National Leprosy Eradication Programme.

A significant highlight was the special survey in Kushnepally village of Asifabad District by LEPRAs Society's Telangana team. More than 30 new cases of leprosy were found after examining 83% of the people in the village from 244 households. This was brought up before the Central Leprosy Division and due to LEPRAs Society's advocacy efforts, the state was declared highly endemic. This resulted in the start of Leprosy Case Detection Campaign (LCDC) activities in Telangana.

A new mobile foot care van funded by Pavers, UK was begun in January 2019. This mobile van will provide protective footwear to people living in leprosy



Due to LEPRAs Society's advocacy efforts, the state was declared highly endemic for leprosy. This resulted in the start of Leprosy Case Detection Campaign (LCDC) activities in Telangana

colonies in the State. This is akin to the mobile foot care van in Bihar which has been successful in supplying footwear to 63 leprosy colonies in the state.

LEPRAs Society has identified six districts namely, Karimnagar, Khammam, Medak, Nalgonda, Nizamabad and Warangal as highly endemic for lymphatic filariasis. Advocacy efforts by the Adilabad Project led to monthly pensions of Rs 1000/- being sanctioned by the State Government for persons affected by lymphatic filariasis.



A mobile van to provide footwear to people affected by leprosy living in 20 colonies was begun

Tuberculosis

The five DMC's allocated to LEPRASOCIETY in Hyderabad are at Gaddiannaram (located at UPHC Red Cross Hospital), Seethaphalmandi (located at UPHC), Bhavaninagar (located at UPHC Amannagar), Dhoolpet (located at UPHC Karwan) and King Kothi (located at District Area Hospital). They provided testing and treatment facilities.

HIV

CHEYUTHA (meaning helping hands in Telugu), a women's community-based organisation (CBO) for and by women living with HIV/AIDS was established

with the support of LEPRASOCIETY in 2005. This CBO has been providing care-and-support services to women with a special focus on children infected and affected by HIV/AIDS. Cheyutha has been supported by LEPRASOCIETY but also continues to build up its self-reliance through the generic medicine store, the manufacture and sale of jute bags and raising resources from local donors.

Research



The Blue Peter Public Health Research Centre (BPHRC) is the research hub of LEPROA Society which focuses on clinical, laboratory and public health research. It implements strategic research in leprosy, tuberculosis, lymphatic filariasis (LF) and HIV-TB co-infection. The Centre also closely works with the clinics, outreach programme of other projects and regions and programmes department of LEPROA Society. With its facility for clinical and laboratory services and advanced laboratory set up in microbiology, molecular biology and immunology the centre aims at conducting translational research in leprosy, TB and LF. Current areas of research interests cross cutting across leprosy, TB, and LF are, diagnostics, antimicrobial resistance, management of chronic wounds and behavioural aspects of treatment compliance.

Under clinical and epidemiological research, the following aspects

were being investigated:

- Occurrence of plantar ulcers among people affected by leprosy in the context of present NLEP guidelines and risk factors
- Investigating the links between mental health status and treatment outcomes in people affected by leprosy
- Prevalence of depression among the people affected by leprosy being treated at leprosy referral centre, Hyderabad

On laboratory Research the following aspects were being researched:

- Bacterial biofilm and its implications in clinical outcome of chronic plantar ulcers in leprosy
- Innovative approaches for early detection and management of leprosy in marginalised communities
- Pilot study on finding suitable intervention for plantar ulcers in leprosy patients in India

BPHRC undertook several innovative research studies which also included operational research

- Anti-microbial peptides (bacteriocins) as alternative to conventional antimicrobial agents - a novel interventional study for treating infected plantar ulcers in leprosy and diabetes

The clinical and laboratory services include:

- Leprosy Drug Surveillance Study
- DOTS - PLUS
- Clinical laboratory services
- A new initiative

Besides, BPHRC undertook several innovative research studies and these include operational research:

- Indo-Norwegian project sanctioned by ICMR-Research Council of Norway (RCN) titled “Anti-microbial peptides (bacteriocins) as alternative to conventional antimicrobial agents - a novel interventional study for treating infected plantar ulcers in leprosy and diabetes”. This is an interventional study involving topical application of bacteriocins (natural antimicrobial peptides) in treating infected plantar ulcers in leprosy
- NIRLEP, a project focused on innovative approaches for early detection and management of leprosy in marginalised communities funded by VERITY Knowledge solutions under

their Corporate Social Responsibility. The project is first of its kind in trying to find an innovative method for early detection of leprosy among the healthy contacts of people affected by leprosy in a remote high endemic village, Kushnepally of Asifabad district. A house-to-house survey for leprosy case detection (active case finding) was undertaken at this village covering 250 houses (1040 people), and 19 new cases of leprosy were detected.

- A proposal was submitted to the India Health Fund on “Studying the feasibility of TB-LAMP as a point of care TB diagnostic test alternative to sputum microscopy at peripheral health care level”. The proposal has been shortlisted for further development.

In clinical and laboratory services, a total of 2381 out-patient consultations were done 1099 for leprosy, 832 for Tuberculosis, 82 for HIV/AIDS, 11 for LF and 357 for general ailments.

The Pitt-India-AIDS International Research and Training Programme Grant (funded by Fogarty-NIH) continued during the year, with two training programmes for LEPRO staff to build their organisational development and behaviour change communication capacities organised.

A Biochemical auto analyser has been installed in the clinical division. Successful training has been given to all laboratory technicians of BPHRC and clinical laboratory services have been started for patients.



Chaha



With the support and collaboration of Oracle, LEPRA Society has been implementing the CHAHA project for the past three years. The grant from Oracle ensured 378 children to pursue their education (formal and remedial) and their immediate well-being and holistic development of children affected by leprosy by reducing barriers to education. The programme helped families which could not afford to send their children to school and youth who have discontinued their education to seek vocational skill development opportunities.

Some of the salient highlights are:

- 378 children (47% girls and 53% boys) were provided with educational support and/or vocational training during the reporting period;
- Vocational training – 38 students

(eg: Diploma in Laboratory technician, Industrial Training Courses) and 80% of them are in the process of getting employment and remaining planning to start on their own

- Two child drop-outs from schools from the enrolled and one readmitted in the school
- 336 children achieved 90 % attendance during the academic year
- 95% of 86 children with leprosy having basic knowledge and appropriate skills to prevent disability increased resilience
- 91 % of children improved their grades in performance during the academic year
- Scholastic material support was provided to 355 children

Leprosy

Leprosy	Andhra Pradesh		
	Men	Women	Children
Persons affected by leprosy registered or accessed any leprosy services at the referral centre	308	207	36
New leprosy cases diagnosed and availed MDT treatment at government health facilities	216	135	33
Persons tested for slit skin smear examination	223	134	18
Persons found skin smear positive	99	31	6
Persons assessed for Nerve function impairment	910	544	56
Persons identified with new impairment/disability	113	53	5
Persons treated for type 1,2 and neuritis	75	34	7
Persons with Ulcers treated	232	152	9
Ulcers healed	112	60	0
Grade 1 protective footwear provided (Sarhthak, AP mobile footcare)	112	55	0
Grade 2 protective footwear provided	582	414	9
Grade 2 protective footwear provided (Mobile footcare unit in Bihar, Telangana, Odisha through govt referral centres)	0	0	0
Total grade 2 and grade 1 footwear provided to persons affected	694	469	9
Persons referred for Reconstructive Surgeries	37	17	0
Persons underwent Reconstructive Surgeries	31	4	0
Persons with disabilities trained on self-care	1242	710	37
School children screened for leprosy	0	0	2912

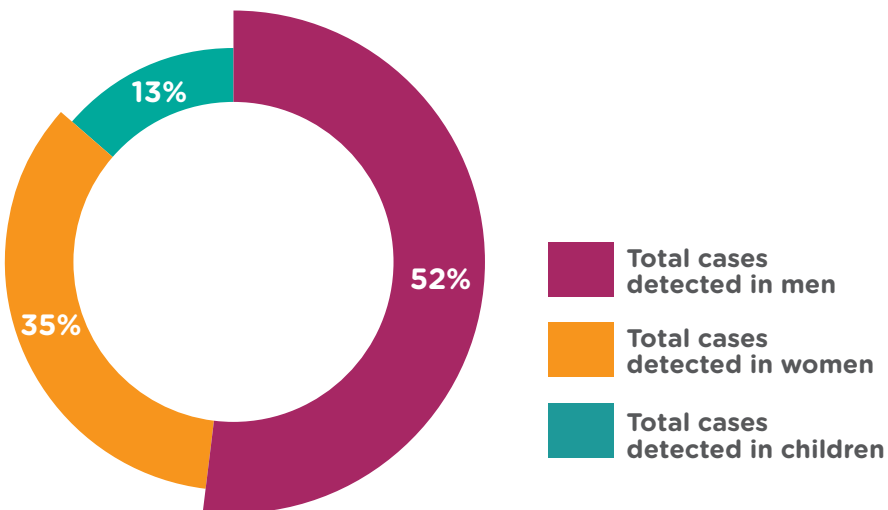
Bihar/Jharkhand/Delhi			Madhya Pradesh			Odisha		
Men	Women	Children	Men	Women	Children	Men	Women	Children
3976	1848	175	3138	1460	255	3867	1517	83
393	308	135	229	124	41	177	103	46
211	84	28	0	0	0	153	56	11
6	4	1	0	0	0	70	11	8
537	391	79	1711	902	177	545	271	42
81	35	2	30	8	6	32	13	3
216	142	15	76	24	9	271	156	24
1367	836	109	413	165	33	1114	532	0
853	464	88	266	91	25	496	271	0
12123	1680	6	635	426	50	0	0	0
1390	741	5	119	32	1	723	255	2
1576	699	9				935	667	70
15089	3120	20	754	458	51	1658	922	72
61	18	2	144	58	13	244	70	42
28	9	1	125	40	12	159	43	31
1155	688	52	1480	838	86	3319	1339	62
		27158	0	0	10578	0	0	25518

Telangana			All states			
Men	Women	Children	Men	Women	Children	Total
546	409	66	11835	5441	615	17891
165	116	49	1180	786	304	2270
267	129	27	854	403	84	1341
126	38	5	301	84	20	405
1266	618	107	4969	2726	461	8156
84	42	5	340	151	21	512
140	67	9	778	423	64	1265
246	92	0	3372	1777	151	5300
52	17	0	1779	903	113	2795
483	152	0	13353	2313	56	15722
652	216	0	3466	1658	17	5141
275	219	0	2786	1585	79	4450
1410	587	0	19605	5556	152	25313
12	3	1	498	166	58	722
4	2	0	347	98	44	489
583	421	17	7779	3996	254	12029
0	0	13447	0	0	79613	79613

Leprosy

	Andhra Pradesh	Bihar /Jharkhand/Delhi	Madhya Pradesh
Persons/family members counselled	2749	4167	7199
Persons provided with self-care kits	967	163	635
DMPR clinics/camps facilitated	92	20	81
Persons affected by leprosy linked with government schemes and entitlements	4500	1126	163
Children provided educational support through Oracle grant support	52	55	125
Frontline workers government health staff trained in leprosy	976	5536	605

Gender among newly detected leprosy



	Odisha	Telangana	Total
	5393	977	20485
	1528	694	3987
	296	50	539
	198	115	6102
	39	107	378
	498	868	8483



Lymphatic Filariasis

Lymphatic Filariasis	Andhra Pradesh			Bihar/Jharkhand/Delhi		
	Men	Women	Children	Men	Women	Children
Persons with Lymphoedema /Elephantiasis lined listed	629	1339	1	11905	19353	401
Persons listed with hydrocele/hydrocelectomy	193	NA	0	12529		
	Access to package of recommended care for persons with lymphoedema, elephantiasis or hydrocele					
Trained and practising Community home-based prevention of disability due to lymphatic filariasis	412	896	1	11905	19353	401
Persons reported with acute attacks	79	88	0	2062	2596	19
Persons treated for acute attacks	71	72	0	2062	2596	19
Persons reduced their frequency of acute attacks	67	58	0	1597	2209	9
Persons treated for entry lesions	321	645	1	1677	3394	36
Persons reported with entry points healed	245	497	1	1454	2666	22
Persons reported with reduced swelling	69	78	0	4225	7039	32
Persons received protective footwear	99	253	1	3134	4489	23
Persons referred for hydrocelectomy	154	0	0	5547		
Persons underwent hydrocelectomy	61	0	0	4563		

Madhya Pradesh			Odisha		Telangana		Total
Men	Women	Children	Men	Women	Men	Women	
117	44	5	50	81	46	113	34084
150			8		0	0	12880
208	257	8	50	81	55	119	33746
79	74	6			10	42	5055
79	74	6			10	42	5031
61	64	4			11	40	4120
82	96	3			10	22	6287
59	75	0			5	11	5035
9	12	0			9	25	11498
22	55	0			53	157	8286
426					0	0	6127
164			5		0	0	4793

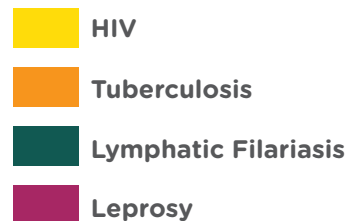
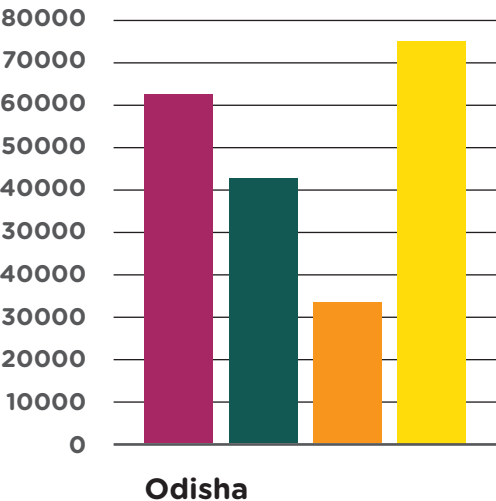
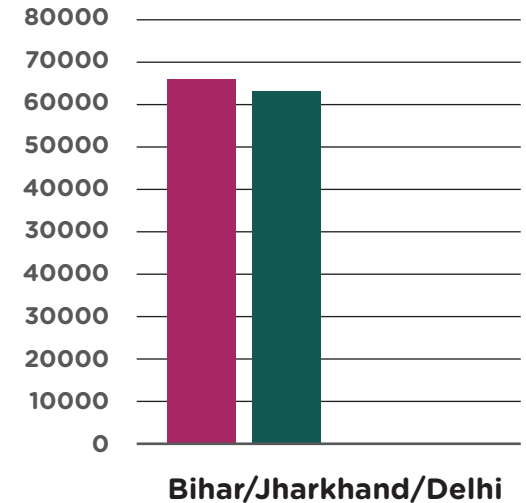
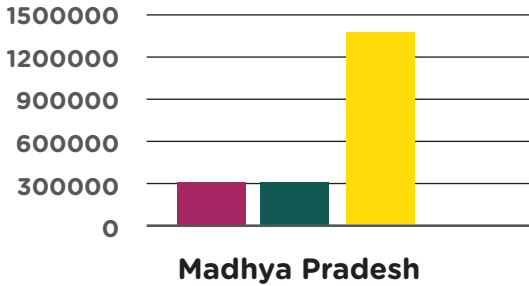
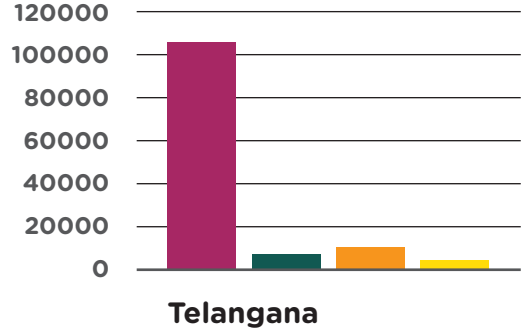
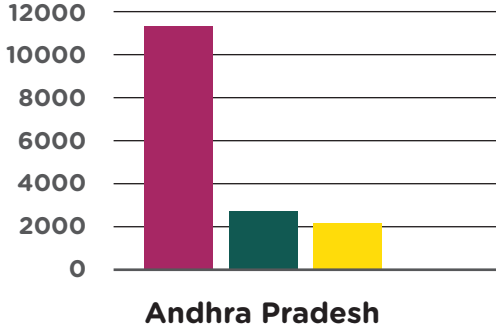


Lymphatic Filariasis

Disability and Inclusion	Andhra Pradesh	Bihar /Jharkhand /Delhi	Madhya Pradesh	Odisha	Telangana	Total
MMDP/IPoD camps organised	51	1054	53	6	9	1173
Self-care kits provided	1125	2591	295		24	4035
New Self-Support Groups formed	6	74	40		20	140
LF affected persons linked with government schemes and entitlements	51	4941	112	12	52	5168
Frontline workers /government health staff trained in MMDP	758	5556	605	65	244	7228
Women Self-Help Group members oriented	9504			5800		15304

Information, Education & Communication

Information Education Communication (only total population reached through film shows, screening of ACF, local folk art, observation days and rallies)



**Information Education Communication
(persons reached with group talks, group meetings,
community meetings, SHG meetings etc)**

States	Diseases				Total
	Leprosy	LF	TB	HIV	
Andhra Pradesh	4376	6907	0	459	11742
Bihar/Jharkhand /Delhi	1993	2888	6346		11227
Madhya Pradesh	1086	1115	4256	2680	9137
Telangana	141	310	3855	488	4794
Odisha	4432	5800	33831	16660	60723
Total	12028	17020	48288	20287	97623

Advocacy meeting and events

States	Nos. of meetings	People participated
Andhra Pradesh	6	2500
Bihar/Jharkhand/Delhi	74	1648
Madhya Pradesh	32	733
Telangana	15	2637
Odisha	12	632
Total	139	8150

Tuberculosis

Microscopic centres of LEPRAs Society (Telangana & Odisha)	Total
Chest symptomatic examined	4580
Total New cases detected	905
Total retreated cases	247
Total TB cases treated with DOTS	1113
MDR TB cases diagnosed	22
Cases put on DOTS	1051
DOTS Plus	16
Children treated with INH Prophylaxis	228
TB HIV co-infection registered	57

DOTS Plus Laboratory activity

Total Samples tested for culture (sputum from already diagnosed MDR TB patients who are undergoing second line treatment, for follow-up culture as an indicator of treatment response)	1225
Positive cultures (probable second-line resistance hence, these will be further tested for second-line drug resistance)	92
Contamination (culture repeated for all these samples)	21
Negative (indicating that patient is properly responding to treatment)	1112

JEET project (Bhopal, Indore, Varanasi, Gorakhpur, Prayagraj, Jaunpur districts)

	Madhya Pradesh	Uttar Pradesh	Total
Number of notified TB cases all forms notified from private sector	4256	6990	11246
Patients notified within 7 days of receiving a confirmed diagnosis	4256	6990	11246
Number of cases whose sample was tested within two working days of collection	542	1099	1641
Number of patients counselled for treatment adherence within 7 days of notification	752	3939	4691
Number of patients initiated on FDC within 7 days of notification	244	242	486
Number of notified cases with successful treatment outcome	220	2911	3131

Eye care and WASH

Eye Care	Odisha	Bihar	Total
Persons accessed Base Hospital OPD	36734	0	36734
Persons accessed Vision Centres OPD	6440	10189	16629
Persons accessed services through outreach camps	10964	2411	13375
Cataract IOL Surgeries performed by LEpra (LMEH and JNC)	12056	0	12056
Persons facilitated to undergo cataract surgeries at govt hospital	0	2464	2464
Persons treated for Glaucoma without surgery	180	0	180
Persons treated for glaucoma without surgery	73	0	73
Other minor eye surgeries	1130	0	1130
Persons refracted	14734	12600	27334
Persons identified with Refractive Error (RE) and prescribed for spectacles	12253	6883	19136
Persons provided with spectacles	8710	1664	10374

WASH Project	Andhra Pradesh
Number of Inclusive Toilets for PWD	21
Number of People Reached with Hygiene Promotion	9987
Number of Restoration of Hand washing Facility Institutions	12
Number of Local institutions regularly monitoring the WASH results	40
Number of HCF with active RKS	3
Number of Local Institutions allocating resources for WASH Plans	44
Number of Communities or Institutions with mandated health & nutritional programmes streamlined	92
Number of ODF GPs	20

Eye care and WASH

Pilot project - Ending NTDs through Women-led WASH

Indicator	Baseline	Endline
Total no. of households	21205	21319
No. of houses with Indian Household Latrines (IHHL)	12012	15411
No. of houses with functioning IHHL from the above	5624	9900
No. of households with functioning IHHL where everyone is using the IHHL always	4683	8741
No. of households where any member had diarrhoea episodes in the previous month	0	10
No. of households using a safe drinking water source	4318	20883
No. of households practicing handwashing with soap and water at all crucial times	985	7942
No. of households practicing recommended drinking water storage and handling	886	7974
No. of households practicing personal protection measures against endemic NTDs	5145	14554
SHG federations incorporating NTDs and WASH as an agenda during their meetings and discussed (1718 SHGs)		267
PHCs/government health facilities in the project locations providing healthcare for NTDs	2	5
Additional Households who received or built a IHHL as a result of the project CRPs	0	1266
New NTD cases completed treatment/on treatment	163	655
Schools having a reliable drinking water point accessible for staff and school children at all times (10 Schools target)		11
Villages with poor water quality taken action to protect main water source from contamination (128 Villages)		27

HIV

HIV and AIDS	Total Persons
Number of adults, adolescents and children received and accessing HIV treatment, prevention, care and support services	78482
Ahana Project - Madhya Pradesh	
Pregnant women registered for ANC	2246000
Pregnant women who know their HIV status	1408315
Pregnant women found to be HIV positive	536
HIV-positive pregnant women who received ART during pregnancy	517
Number of live birth by the HIV positive pregnant women	526
Number of HIV-exposed infants receiving a virological test for HIV within 2 months of birth in the year	342
Number of spouses of HIV positive pregnant women identified	536
Number of spouses of HIV positive pregnant women received HIV testing	464
Vihaan Project - Odisha and Chhattisgarh states	
PLHIV on ART received differentiated care and support services to retain them in treatment	74649
People living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	33831
Number of people who were tested for HIV and received their results	658
HIV Status- Positive	85
PLHIV who are lost to follow-up (LFU) and missed ART centre tracked back with definite outcome	8330
Number of Female Sex Workers and Injecting Drug Users reached with defined package of targeted HIV prevention activities	2955
Number of CBOs provided technical support in implementation	18

International travel

Details of International Travel for the financial year 2018-19

Travel Month	Place	Purpose
August 2018	Ethiopia	To attend Neglected Tropical Disease NGO Network (NNN) 2018
September 2018	Ethiopia	To attend Neglected Tropical Disease NGO Network (NNN) 2018
September 2018	Ethiopia	To attend Neglected Tropical Disease NGO Network (NNN) 2018
September 2018	UK	To attend meetings and guest lecture in Royal School of Hygiene & Tropical Medicine
September 2018	UK	To attend meetings on programmes and fundraising
September 2018	UK	To attend meetings on programmes and fundraising
September 2018	UK	To attend meetings on programmes and fundraising
October 2018	Brussels	ILEP Panel meeting
October 2018	USA	Coalition for Operational Research in Neglected Tropical Diseases (COR-NTD)
November 2018	Vietnam	To attend Universal Health Coverage (UHC) meeting
November 2018	Utrecht	Revision of ILEP Guidelines, to reduce Stigma Relief Association (NLR)
February 2019	UK	Lepira UK Board of Trustees meeting
March 2019	USA	ILEP Panel meeting

Participants	Funded By	Expenses incurred (INR)
Rajni Kant Singh	Lepra UK	35,913.00
Rachna Kumari	Lepra UK	17,863.00
P Jayaram	Lepra UK	93,349.00
Rajni Kant Singh	Royal Society for Tropical Medicine and Hygiene and Lepra UK	32,137.00
Ashim Chowla	Lepra UK	90,822.00
P Omprakash	Lepra UK	90,822.00
P Jayaram	Lepra UK	86,910.00
Rachna Kumari	ILEP Federation	
Dr Aparna Srikantam	Lepra UK	1,16,907.00
Ashim Chowla	Center for Supporting Community Development Initiatives (SCDI)	-
P K Jayashree	LEPRA Society & Netherlands Leprosy	81,639.00
Dr Rukmini Rao	Lepra UK	1,02,795.00
Rachna Kumari	ILEP Federation	-

Audit statement



V RAVULAPALLI & Co.,
CHARTERED ACCOUNTANTS

INDEPENDENT AUDITOR'S REPORT

TO
The Board Members,
M/s. LEpra Society,
Krishnapuri Colony, West Marredpally,
Secunderabad, Telangana-500 026.

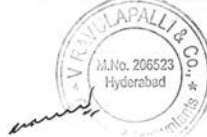
We have audited the accompanying financial statements of M/s. LEpra Society, which comprise the Balance Sheet as at 31st March, 2019, the Statement of Income and Expenditure and Statement of Receipts & Payments for the year ended and a summary of the significant accounting policies and other explanatory information.

Basis of Opinion

We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the financial statements section of our report. We are independent of the Society in accordance with the Code of Ethics issued by ICAI and we have fulfilled our other ethical requirements in accordance with the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Responsibilities of Management and those Charged with Governance for the Financial Statements

The Society's management is responsible for the preparation of these financial statements that give a true and fair view of the state of affairs and results of operations of the Society in accordance with the accounting principles generally accepted in India. This responsibility includes the design, implementation and maintenance of internal control relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatement, whether due to fraud or error.



Off : Plot No.79,C-Block, Madhava House, 1st Floor, Sriram Nagar Colony, Opp Chirec Public School,
Kondapur, Hyderabad- 500 084. Telephone: 79959 41335. Mobile : 98480 31083
E-Mail: v_ravulapallico@yahoo.com / ravulapalli1969@gmail.com
web : www.vravulapallilandco.in

In preparing the financial statements, management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the Society or to cease operations or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the Society's financial reporting process.

Auditor's Responsibility

Our objective is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement whether due to fraud or error and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

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 assessment, the auditor considers internal control relevant to the Society's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances.

An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of the accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

Opinion

In our opinion and to the best of our information and according to the explanations given to us, the aforesaid financial statements give a true and fair view in conformity with the accounting principles generally accepted in India,



Audit statement

- i) In the case of Balance Sheet of the Society as at 31st March, 2019.
- ii) In the case of Income and Expenditure account, of the excess of expenditure over income for the year ended on that date.
- iii) In the case of Receipts and Payments Account, of the total receipts and Payments for the year ended on that date.

Place: Hyderabad

Date: 04.09.2019

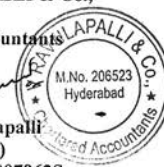
for V RAVULAPALLI & Co.,

Chartered Accountants

CA. V Ravulapalli
(Partner)

Firm Regn. No.007962S

UDIN: 19206523AAAAAT2880



LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

BALANCE SHEET AS AT 31ST MARCH, 2019

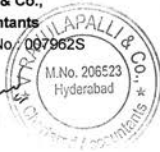
Particulars	Schedule	Amount in ₹	
		As at 31st March, 2019	As at 31st March, 2018
Liabilities			
Capital Fund	1	10,24,20,298	12,07,53,196
Social and Economic Rehabilitation (SER) Revolving Fund	2	23,22,168	23,22,168
Current Liabilities	3	58,61,779	48,29,361
Total		11,06,04,245	12,79,04,725
Assets			
Fixed Assets			
Gross Block	4	15,67,94,542	15,27,22,701
Less: Depreciation		10,23,30,314	9,79,85,096
Net Block		5,44,64,228	5,47,37,605
Current Assets, Loans and Advances	5	99,29,425	96,12,010
Term Deposits with Banks	6	3,10,03,957	3,42,70,542
Cash and Bank Balances	7	1,52,06,635	2,92,84,568
Total		11,06,04,245	12,79,04,725

Significant Accounting Policies and Notes to Accounts 19
Schedules referred to above form an integral part of the financial statements

As per our report of even date attached

For V Ravulapalli & Co.,
Chartered Accountants
Firm Registration No. 007962S

CA. V Ravulapalli
Partner
M. No. 206523



For and on behalf of LEPRA SOCIETY

V. R. Rao
Dr. V Rukmini Rao
Chairman

Ashim Chowla
Ashim Chowla
Chief Executive
cum Treasurer

Place: Hyderabad
Dated: 04/09/2019

P. Omprakash
P. Omprakash
Head (Finance & Operations)

Audit statement

LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2019

Particulars	Schedule	Amount in ₹	
		For the Year ended 31st March, 2019	For the Year ended 31st March, 2018
Income			
Grants Received	8A	17,28,17,376	20,74,04,022
Interest	9	36,69,195	36,55,891
Donations Received			
- Foreign		5,605	48,882
- Local		21,15,115	29,70,555
Profit / (Loss) on disposal of Fixed Assets (Net)		-	(2,92,451)
Collections from Lepra Mahanadi Eye Hospital	14 A	4,23,86,424	4,06,67,805
Other Income	14 B	7,78,807	8,63,116
Total		22,16,72,522	25,53,17,820
Expenditure			
Salaries, Staff Welfare and Training Expenses	10	11,10,90,905	11,11,39,154
Grants given to Projects Aided	11	1,63,95,294	1,54,03,282
Medical and Programme Expenses	12	8,74,16,095	9,67,40,762
Maintenance and Administrative Expenses	13	1,72,94,704	1,52,53,408
Depreciation	4	78,18,335	73,57,023
Total		24,00,15,333	24,58,93,629
Surplus / (Deficit) carried over to the balance sheet		(1,83,42,812)	94,24,191

Significant Accounting Policies and Notes to Accounts 19
Schedules referred to above form an integral part of the financial statements

As per our report of even date attached

For V Ravulapalli & Co.,
Chartered Accountants
Firm Registration No - 007962S

CA. V Ravulapalli
Partner
M. No. 206523

Place: Hyderabad
Dated: 04/09/2019.

For and on behalf of LEPRA SOCIETY

V. R. Rao
Dr. V Rukmini Rao
Chairman

P. Omprakash
Head (Finance & Operations)

Ashim Chowla
Chief Executive
cum Treasurer

LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2019

Particulars	Schedule	Amount in ₹	Amount in ₹
Opening Cash and Bank Balances as at 01st April, 2018 (A)	7		2,92,84,568
Add: Receipts (B)			
Grants Received	8		17,27,67,406
Grants-in-Kind - Fixed Assets (per contra)			3,11,080
Collections from Mahanadi Netra Chikitsalaya			4,14,05,926
Interest Received			
- On Fixed Deposits - Foreign Contribution Regulation Act (FCRA) Account		1,88,442	
- On Fixed Deposits - Local Donation Account		26,34,622	
- Bank Interest - Foreign Contribution Regulation Act (FCRA) Account		5,28,884	
- Bank Interest - Local Donation Account		8,82,225	
- Interest on refund of TDS		36,771	42,70,944
Donations Received			
- Foreign Donations		5,605	
- Local Donations*		21,15,115	21,20,720
Other Receipts	14		1,90,02,109
Term Deposits received during the year			84,87,821
Total Receipts (B)			24,83,66,006
Less: Payments (C)			
Grants given to Projects Aided	11		1,63,95,294
Investments (purchases of assets):			
- Buildings		-	
- Medical Equipment		34,11,559	
- General Equipment		21,99,443	
- Vehicles		32,63,623	88,74,625
Grants-in-Kind - Fixed Assets (per contra) Received			3,11,080
Salaries, Staff Welfare and Training Expenses	15		11,10,60,081
Medical and Programme Expenses	16		8,58,91,478
Maintenance and Administrative Expenses	17		1,72,61,791
Others	18		1,74,28,354
Term Deposits made during the year			52,21,236
Total Payments (C)			26,24,43,939
Closing Cash and Bank Balances as at 31st March, 2019 (A+B-C)	7		1,52,06,635

*Local Donations includes amount received in donation boxes

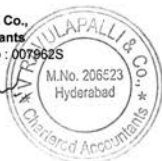
Significant Accounting Policies and Notes to Accounts
Schedules referred to above form an integral part of the financial statement

19

As per our report of even date attached

For V Ravulapalli & Co.,
Chartered Accountants
Firm Registration No : 0079623

CA. V Ravulapalli
Partner
M. No. 206523



For and on behalf of LEPRA SOCIETY

V. K. Rao
Dr. V Rukmini Rao
Chairman

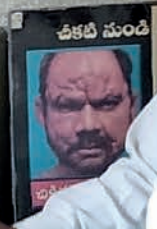
Ashim Chowla
Ashim Chowla
Chief Executive
cum Treasurer

P. Omprakash
P. Omprakash
Head (Finance & Operations)

Place: Hyderabad
Dated: 04/09/2019



LEPRA Society - NTDRU
Andhra Pradesh



Management Committee

- Dr. V. Rukmini Rao**, *Chairman*
Ms. P.K. Jayashree, *Vice Chairman*
Lt. Gen. (Retd.) Dr. M.A. Tutakne, *Member*
Dr. P. Suranjeen Prasad, *Member*
Dr. Urmila Pingle, *Member*
Dr. Y.B. Jayanth Kumar, *Member*
Ms. Meena Gupta, IAS (Retd.), *Member*
Ms. Meenakshi Batra, *Member*
Prof. (Lt. Col.) Dayakar Thota, *Member*
Dr. Dil Kishore Raman, *Member*
Mr. Guru Sharan Sachdev, *Member*
Dr. Vishwa Mohan Katoch, *Member*
Mr. Ashim Chowla, *Secretary*

Salary Structure

Designation Range

Senior Management	Rs.55,000 - 2,46,000
Middle Management	Rs.40,000 - 65,000
Supervisory Level	Rs.13,000 - 40,000
Junior Level	Rs.7,000 - 15,000

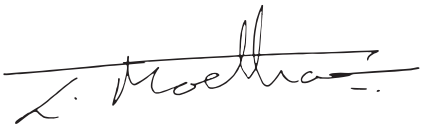
Human Resources

S.No	Positions	Gender		Total
		Men	Women	
1	Senior Management Staff	7	3	10
2	Middle Management Staff	64	39	103
3	Supervisory Level	162	103	265
4	Junior Level	45	11	56
	Total	278	156	434



"Leprosy and lymphatic filariasis (LF) remain two of the least understood and widely ignored diseases in the world. India continues to account for 60% of new cases of leprosy reported globally, with millions of people being affected. If left undiscovered or untreated, leprosy and LF can cause life-changing disabilities, together accounting for 35-40% of general disabilities globally. LEPROA finds, diagnoses, treats and rehabilitates people affected by leprosy and LF, and works tirelessly to fight the prejudice and discrimination people affected face in their daily lives.

I am proud to support LEPROA. You can do your bit as well.
Visit www.leprasociety.org to find out how you can get involved."



R. Madhavan

*Award winning actor
and producer*

LEPRA

® Registered as LEPRA Society

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Secunderabad 500 026, Telangana, India
Phone: +91 (40) 44586060/27807314
Email: info@leprahealthinaction.in

www.leprasociety.org www.facebook.com/LEPRAIndia

Your contributions will help us to fight disease, disability and discrimination.

Donations made to LEPRA Society are exempted under Sections 80G (50%) and 35 (i)(ii) (150%) of Income Tax Act 1961.