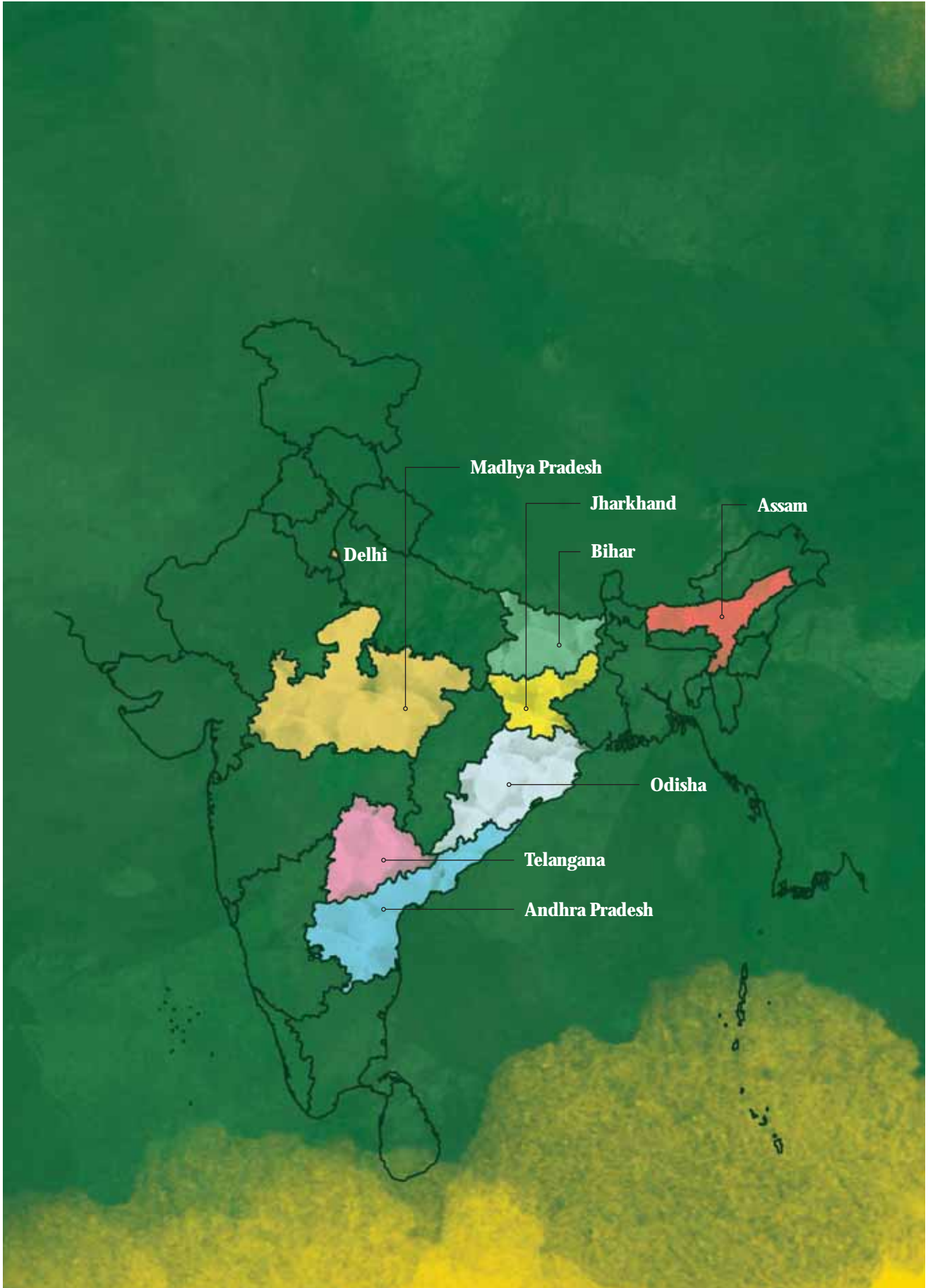




LEPRA SOCIETY

PUTTING PEOPLE FIRST

ANNUAL REPORT 2016 – 17



Districts Covered	States	Referral Centres
Krishna, Vizianagaram, Guntur and Prakasam	Andhra Pradesh	2 Vijayawada, Vizianagaram
Kamrup	Assam	
Hyderabad, Mahabubnagar, Nirmal and KomaramBheem Technical Resource Unit in whole state	Telangana	5 Hyderabad, Medchal, Mahabubnagar, Nirmal, Kagaznagar
Bhagalpur, Munger, Begusarai, Samastipur, Raxaul, Kaimur, Jamui, Banka, Lakhisarai, Sheikpura Mobile foot care unit in 38 districts	Bihar	2 Munger and Patna
Dhanbad	Jharkhand	1 LEpra-TATA Sparsh
West Delhi	Delhi	1 Guru Govind Singh Hospital
Indore and Jabalpur divisions, Barwani, Panna, Betul, Chhindwara, Harda, Vidisha, Narsingpur, Ratlam, Umariya, Shadol, Sehore, Khargone Technical Resource Unit in whole state	Madhya Pradesh	3 Jabalpur, Sendhwa St Joseph's Leprosy Centre (SJLC) - NGO
Koraput, Nabarangpur, Subarnapur, Puri, Nayagarh, Kalahandi, Khurda, Ganjam, Cuttack, Balasore, Angul, Bolangir, Sundargarh, Sambalpur, Bhadrak, Kandhmal, Bargarh, Mayurbhanj, Keonjhar, Bhubaneswar, Baleswar Technical Resource Unit in whole state	Odisha	12 District Hospitals of Jharsuguda, Baripada, Bolangir, Bargarh, Angul, Dhenkanal, Bhadrak, Nawarangpur, MKCG Medical College – Berhampur, Leprosy Home and Hospital – Cuttack, LEpra Projects (Bolep and Koralep)

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

- 1) People affected by neglected diseases, especially women and children, exercise their rights and realise a life of dignity by overcome discrimination;
- 2) 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

Strategy

1 Empowering
the people
we work with

2 Promoting
Equity for
women and
children

3 Provision
of Direct
services and
Strengthening
public health
systems

4 Fostering
research and
innovation

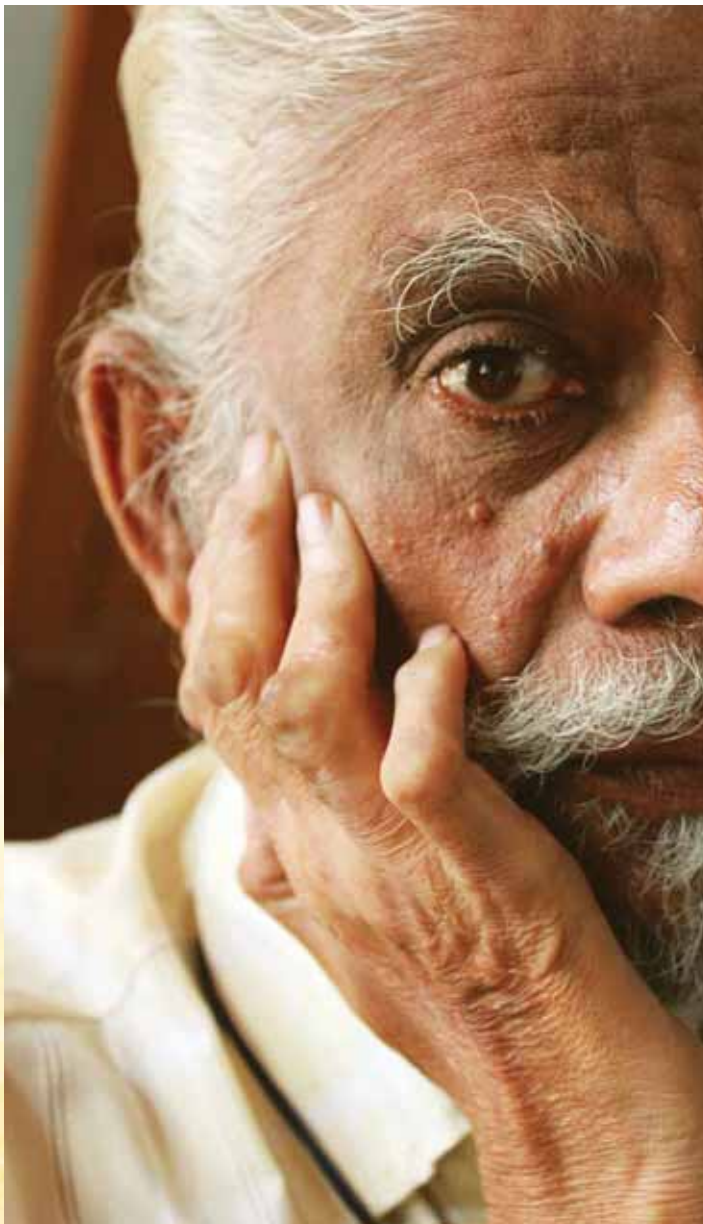




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Introduction



India carries 60 per cent of the global case load of leprosy. Ever since its establishment in 1989, LEPRO Society's core work has focussed on leprosy in Andhra Pradesh, Assam, Bihar, Delhi, Jharkhand, Madhya Pradesh, Odisha and Telangana. LEPRO has been reaching out to marginalised and underserved communities in remote and hard-to-reach areas. The interventions in leprosy are not merely limited to treatment but encompass holistic care from linking affected persons to the rural and urban health centre for free medication, disability and morbidity management, providing splints, aids where necessary, counselling, and tackling stigma and discrimination thus enabling the affected to be integrated into the mainstream of society, and facilitating reconstructive surgery to improve functioning of limbs wherever possible to help them lead dignified and productive lives. LEPRO goes a step further with the support of an Oracle grant to fund the education of children (either or whose parents are affected with the disease in the states of Bihar, Madhya Pradesh, Odisha and Telangana under the CHAHA project). Its advocacy efforts support people affected by leprosy to access their legitimate

rights (pensions, other schemes of the governments) through forums/societies/associations in each state and at the national level.

LEPRA Society's strong point is its work in leprosy, a Neglected Tropical Disease (NTD). Given its expertise in leprosy, LEPRA has extended this to another NTD, namely lymphatic filariasis, which is also a thrust area now. Both the diseases - leprosy and lymphatic filariasis, have a debilitating effect on the people who suffer them. The programme umbrellas called Neglected Tropical Disease Resource Units (NTDRU) have been established in Andhra Pradesh, Bihar, Madhya Pradesh and Telangana. LEPRA has also woven in WASH (Water, Sanitation and Hygiene) in its projects to address the NTDs which is in its nascent stage.

Previously, LEPRA Society had diversified to provide interventions in other diseases like Tuberculosis (TB), HIV/AIDS, Malaria, and Eye Care. From 2015 onwards the focus of the organisation has been on leprosy and LF.

This coming back home to leprosy along with the expertise gained from integrated interventions (in

both leprosy and LF since 2007) has evolved and resulted in the adoption of a combined approach by LEPRA Society to treat leprosy and LF through its new Sankalp projects initiated in Odisha and Andhra Pradesh in 2015, later in Madhya Pradesh (2016) and the project "Restoring Lives of Forgotten People" in Samastipur, Bihar in 2016.

The debilitating effect of the two diseases is not merely seen in immobility and impairment but in discrimination, disability, loss of livelihoods, loss of self-esteem and mental health issues as well.

LEPRA's participation in the state government- run Leprosy Case Detection Campaign (LCDC) in Odisha, Andhra Pradesh, Bihar and Madhya Pradesh and Telangana and its conduct of the Contact Survey in Bihar resulted in detection of thousands of new cases of leprosy, including children.

The situation of leprosy is grim with thousands of cases going undetected, several detected too late after deformity has already set in. Efforts are on by LEPRA to address the issue of leprosy on a war footing - diagnose and treat cases early

enough to prevent disability, provide customised footwear, remove myths, misconceptions and stereotypical notions regarding leprosy, create awareness about the disease amongst the illiterate/ignorant population, and also about the free treatment available through its 26 referral centres (one-stop treatment hubs which offer a range of services) situated in different parts of the states it works in.

The programmes are in alignment with the new strategy developed and they are implemented in accordance with the four cardinal points of the strategy, namely, (i) Empowering the people we work with, (ii) promoting equity for women and children, (iii) provision of direct health and strengthening public health systems and (iv) fostering innovation and research.

LEPRA Society is an affiliate of the global Lepra family and member of the ILEP (International Federation of Anti-Leprosy Associations) in India.

ANDHRA PRADESH

LEPRA's presence has been visible in Krishna district since 2000 as it was supporting the District Leprosy Society in integration. It continued its projects till 2009 covering other diseases (HIV/AIDS, TB, malaria) besides leprosy.

LEPROSY AND LYMPHATIC FILARIASIS

Sankalp

Andhra Pradesh was the second state wherein this project adopting the combined approach to tackle leprosy and LF was started. This community-based project is being implemented in six blocks of three districts (Krishna, Guntur and Prakasam) in Andhra Pradesh. The project aims to improve the quality of life among individuals in terms of their health, social and economic status. It is implemented to prevent disability and address issues

of dignity and poverty of people affected by LF and leprosy.

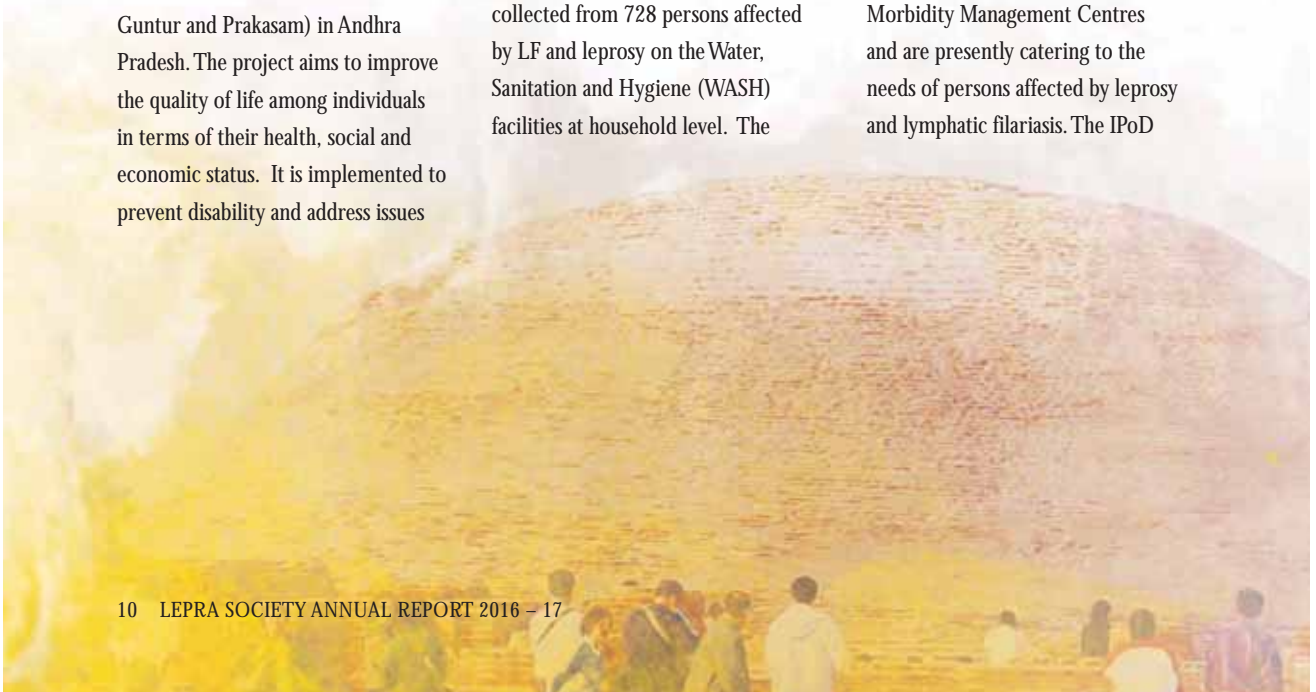
KOBO tool was used to upload the information during the baseline survey to assess the Knowledge, Attitude and Practices among the communities in the operational areas. The Baseline Study was done in 12 mandals of the Sankalp operational areas. The patient information was collected from 2168 individuals out of 2794 proposed interviews and uploaded on the mobile to track the services and follow-up initiatives provided to them.

The baseline information was collected from 728 persons affected by LF and leprosy on the Water, Sanitation and Hygiene (WASH) facilities at household level. The

advocacy efforts are on for the improvement of user-friendly toilets to these affected persons. The affected persons and their family members are educated on self-care and emphasis is placed on skin hygiene. The staff of the PHCs is trained on the combined approaches of LF and leprosy and WASH integration into the NTDs.

Referral Centres

The Referral Centres are mostly located in government premises. LEPRA has two such centres in Vijayawada (Krishna district) and Vizianagaram town (Vizianagaram district) in Andhra Pradesh. They are also Disability Prevention and Morbidity Management Centres and are presently catering to the needs of persons affected by leprosy and lymphatic filariasis. The IPoD



(Integrated Prevention of Disability) strategy combining the Neglected Tropical Diseases (leprosy and LF) were piloted through the camp-based models.

As a part of advocacy, LEPRASociety has been taking up the rights of people affected by leprosy and LF particularly on the issues of stigma, discrimination and human rights. In Andhra Pradesh, LEPRASociety continues to work in partnership with Society of Leprosy Affected Persons, (SLAP AP), District Level Leprosy Forums and Mandal Level LF Forums. These groups are empowered and linked to the state and district administrative machinery to enable them to access the welfare schemes and services.

HIV/AIDS:

The two Community-based Organisations (CBOs), namely, Sreyassu and Maa Samasth, were supported by LEPRASociety for promotion and protection of rights of people living with HIV/AIDS in Jagayyapeta and Challapalli mandals. These



CBOs aim to improve quality of life of People Living with HIV (PLHIV). They have followed up 808 PLHIV registered in the operational sites and offered them services like counselling, clinical services, nutrition support, educational support including higher education and livelihood programmes. The CBOs succeeded in tapping the native resources. The local supporters like management of cement factories and philanthropists are supporting the initiatives of these CBOs.

GENERAL HEALTH

The aim of the Arogya Darsini project (Mobile Health Unit/ IEC van) supported by Indo- American

Development and Health Organisation (IADHO) is to create health awareness and provide general medical services to the population residing in rural inaccessible areas in 15 villages of Nagayalanka and Nizampatnam mandals of Krishna and Guntur districts. Information, Education and Communication is an important component of the project influencing the health-seeking behaviour of individuals. The Mobile Health Unit continued its network and linkages with local health facilities and medical institutions for supporting the community to address the special needs.





ASSAM

AIFO and LEpra continued to provide technical support in this state.

LEPROSY

Training was imparted to District Leprosy Consultants. Army Medical Officers were sensitised on leprosy and training was provided to medical officers in three batches for the SPARSH campaign.

Surgeons and physiotherapist were supported for conducting 24 reconstructive surgeries, including four minor procedures. Surgeries were performed with support of surgeons from TLM TI and DFIT.

In addition to the above activities, various special initiatives were also undertaken:

- (a) Establishment of Secondary Referral Centre (SRC) at Kamrup (M), Sonapur BPHC, the first of its kind in Assam providing physiotherapy, ulcer care, Micro-Cellular Rubber (MCR) footwear, slit skin smear examination, HB % estimation, blood sugar estimation, counselling with Medical Officer's service from the Primary Health Centre/District

Hospital. Seventy people availed services in the year.

- (b) This centre also organised one Extended Referral Services at Biswanath Chariali BPHC on a pilot mode where all referral services were provided to the persons affected by leprosy.
- (c) There was a formation of an association of persons affected by leprosy named "NatunAsha" in Kamrup (M) district.

The state was extended support at all stages of implementation of Leprosy Case Detection Campaign (LCDC) in the district of Kamrup (M), Dibrugarh and Sivasagar.

BIHAR

LEPRA Society has worked in nine districts, namely, (Bhagalpur, Banka, Jamui, Lakhisarai, Seikhpura, Munger, Begusarai, Samastipur and Kaimoor) of Bihar since 2000 supporting planning, implementation, monitoring and evaluation of the National Leprosy Eradication Programme. It has supported the government of Bihar's Mass Drug Administration (MDA) campaign since 2008, disseminating key health messages to encourage the intake of medicines, the distribution of drugs and training government health workers. Since 2005, LEPRA implemented home-based and community-based approaches in tackling Lymphatic Filariasis (LF) in the state. LEPRA's integrated experience with Morbidity Management and Disability Prevention for LF and leprosy has been adopted into WHO's guidelines (South-East Asia Regional Office). In Bihar, LEPRA has also implemented kala-azar component in 'Bihar Health in Action Project from 2007 to 2009 in 100 villages of Begusarai, Samastipur, Munger and Bhagalpur districts.

Munger district is endemic for leprosy, lymphatic filariasis, kala-azar

and malaria. Considering the unmet needs of people affected by leprosy the referral centre at Munger was established in 2005 by LEPRA Society and later the lymphatic filariasis activities were included. This referral centre is a one-stop hub for quality services for treatment and disability management. It is a Learning Centre for combined approaches in addressing morbidity management and prevention of disabilities due to leprosy and LF. This centre is a unique health centre for difficult-to-diagnose cases, treatment, disability management and specialised footwear.

LEPROSY AND LYMPHATIC FILARIASIS

In line with other states the Neglected Tropical Diseases Resource Unit (NTDRU) was formed in four districts of Bihar, namely, Bhagalpur, Munger, Begusarai and Samastipur. It also extends support to the District Health Society (leprosy) for implementation in terms of capacity building of stakeholders, difficult-to-diagnose cases, management of complicated cases, training to ASHA workers and general health staff for Mass Drug Administration, Leprosy Case Detection Campaign

(LCDC), Information Education and Communication (IEC) activities in remote areas.

Leprosy Case Detection Campaign

Bihar is considered a high endemic state accounting for 16 % of the total leprosy case load in the country. The Central Leprosy Division (CLD) conducted a Leprosy Case Detection Campaign (LCDC) in high endemic districts of the state under the National Leprosy Eradication Programme (NLEP).

This LCDC, conducted in two rounds covering 29 districts, registered 7000 new leprosy cases approximately. LEPRA Society provided technical support for capacity building, monitoring, validation and in difficult-to-diagnose cases by the State Leprosy Officer. This support was extended by LEPRA Society in 14 districts for registering of missed out leprosy cases in the community.

Contact Survey in Munger

In India, some of the indicators of leprosy transmission are on the rise and suggest that many cases of leprosy currently go undetected. The



lack of active case finding, outreach activities aiming to find hidden cases in communities are possible reasons for this. LEPRO Society undertook an active case finding project in Munger district, Bihar, from June 15 to December 2016, screening 85,560 people.

A combined approach using a Contact Survey, a Focal Survey and a Special Search was implemented. A total of 321 new leprosy cases were found (28% Multi-Bacillary, 47% women, 37% child cases, 69% belonging to scheduled castes and tribes, and 1% with disability and complications). The research supports evidence of

a high transmission of the disease in India. Finding more cases than traditional government-led detection campaigns, this survey shows that many cases in affected communities remain undetected in Bihar. This method was also found to be more efficient at finding vulnerable groups, especially child and women as well as cases within scheduled castes and tribes.

Mobile Foot Care Unit

There are 63 leprosy colonies in 38 districts of Bihar with 1500 approximately disabled persons living in these colonies. LEPRO Society

is experienced in manufacturing high quality protective footwear for persons affected by leprosy and LF. Initially each patient is given a bio-mechanical assessment. Footwear is then handmade from micro-cellular rubber with podiatry appliances personalised for each patient's unique requirements. This customised product protects from external trauma and injury, and provides shock absorption.

The innovation of a Mobile Foot Care Unit, the first-of-its-kind supported by Pavers, UK, is a great success. The mobile van moves around all the 63 colonies supplying



Pavers' Visit

While on a visit to India in November-2016, Stuart Paver and Rachel Paver who funded the mobile foot care unit visited Premnagar colony, Patna.

Here the Paver couple mingled with one and all with ease, which made the beneficiaries and others comfortable to share their views. The complete process of manufacture and delivery of footwear was shown to the couple.

The Pavers met the people and their children, distributed the protective footwear to the persons affected by leprosy. They were amazed with the work carried out by mobile footwear unit and felt that services are being provided to needy persons. They said, "these memories will stay in our hearts forever."



customised footwear to people affected by leprosy and LF. These custom-made shoes are designed, made and fitted by specialist technicians.

The mobile unit, has, so far provided 2798 pairs of protective footwear (1952 men and 846 women) affected by leprosy. Around 860 pairs (men- 621, women- 239) were distributed to ulcer cases. The Information Education Communication (IEC) activities were effective as suspects were referred to the nearest PHCs for confirmation and treatment.

Samutthan

Samutthan is a Community-Based Organisation (CBO) and representative body of people affected by leprosy living in leprosy colonies in Bihar. It has been successful in advocacy with Government of Bihar in initiating a new pension scheme for people disabled due to leprosy where pension was increased from Rs. 200/- to Rs. 1800/- per month. On the 100th-year foundation celebrations of Bihar (March 22, 2013), the Chief Minister of Bihar announced "Bihar Shatabdi Kustha Kalyan Yojana" (BSKKY). This Yojana will benefit approximately 15,000 leprosy



disabled persons (WHO Grade II Disability) in Bihar. Samutthan works as a nodal agency between the beneficiaries and government, primarily registering all disabled persons affected by leprosy under this scheme. Under this scheme, 7007 (46.7%) persons affected by leprosy have been registered and are getting an amount of Rs. 1500 per month as pension. Another 10% of the beneficiaries availed disability certificates and are in the process of obtaining this benefit.

The beneficiaries have given up begging (their only means of survival). The family members and dependents such as the school going children are able to continue their education. The economic benefits have helped the affected persons be part of social functions in the family and community, thus reducing social stigma and prejudice. Most of the beneficiaries are mainstreamed into the society and are leading a respectful and improved quality of life.

Hydrocele

Hydrocele is a common problem in the state affecting many men and their marital lives. It can be cured through

a simple surgery (hydroelectomy), which can return a man to a full and active life and thereby restore family relationships. Four hundred and twenty-eight persons with hydrocele who had surgery in Public Private Partnership (PPP) mode at District Hospital are now leading a healthy life.

Restoring Lives of Forgotten People

Restoring Lives of Forgotten People (RLFP), a project in Samastipur is an integrated one on leprosy and lymphatic filariasis which began in May 2015. The project reached 17023 LF-affected people and 574 leprosy affected.

The project established Morbidity Management and Disability Prevention (MMDP) clinics in Pusa, Sub-District and District Hospitals and in the Hasanpur Primary Health Centre. Due to lobbying with the government officials, MMDP services were included in the Annual District Health Action Plan. Provision for the supply of leprosy and LF drugs at PHC was also included in the government budget. The medical officers at PHC level are also issuing disability certificates for people affected by leprosy.

Forty-five of the underperforming Village Health and Sanitation Committees (VHSC) were revived and their members were trained in vector control measures. The project developed necessary material in Hindi for dissemination. A total of 1,039 affected persons gained access to government social entitlements, and as a result the project's advocacy efforts, the budget allocated by the government for social benefits in the district has increased.

A social audit was conducted in Pusa which engaged government representatives and project beneficiaries. The participation and positive feedback from the stakeholders was encouraging and reassuring.

EYE-CARE

Rural Eye Health Programme

This programme is being implemented by LEpra Society with support from Sightsavers in Bhagalpur, Begusarai, Samastipur and Munger to ensure quality health care.

The strengthening of the referral mechanism by sensitising Accredited Social Health Activists (ASHAs) coupled with greater awareness and quality of services has led to the increased attendance in the Out Patient Department at the Vision Centre. The ASHAs also facilitated referrals for cataract surgery.



DELHI

LEPROSY AND LYMPHATIC FILARIASIS

Referral Centre

The West Delhi Leprosy Referral Centre (WDRC) was established in 2012 in partnership with State Leprosy Office in the premises of the Guru Govind Singh Government

Hospital. Women patients and those with disabilities constitute the maximum number amongst the new cases.

This centre is net-working with dermatologists, local hospitals, NGOs like The Leprosy Mission Trust, India (TLM TI), Damien Foundation India-Trust (DFIT), SASAKAWA Foundation,

GMR and Prem Nagar Leprosy Centre.

Besides the routine referral centre activities, the WDRC participated in mega health mela organised by Government of India, displaying IEC materials on leprosy and also took part in another two health melas in collaboration with NGOs like DFIT and Netherlands Leprosy Relief (NLR).



JHARKHAND

LEPROSY AND LYMPHATIC FILARIASIS

Referral Centre

Dhanbad district is endemic for leprosy and lymphatic filariasis. There are around 1500 persons with disability due to leprosy and 1200 people with lymphatic filariasis who require specialised services for disability, disability management and inclusion which are provided and addressed at SPARSH.

The referral centre SPARSH at Jamadoba (in Dhanbad district), a joint initiative of Tata Steel and LEPRA Society established in 2009, caters to the needs of people affected with leprosy and LF. It is the only referral centre of LEPRA-TATA collaboration in this state.

SPARSH organised 35 batches of training programmes at different locations of Dhanbad district for sensitisation of youth. One thousand one hundred and ninety participants comprising 529 men and 669 women attended this training programme.



These workers and volunteers trained in leprosy and supported the health workers and government in creating awareness, anti-stigma activities, identifying the suspects, early referrals, follow-up during the treatment. They act as local champions in promoting early case

detection in their community and contribute in preventing disabilities among children and women.

LEPRA Society, in collaboration with TATA Steel, is planning to start a reconstructive surgical centre soon.



Madhya Pradesh

LEPRA has been working in Madhya Pradesh for quite some years now. The District Technical Support Teams in the state provided technical support in Disability Prevention and Medical Rehabilitation (DPMR) and continue to do so. In Madhya Pradesh, the Multi-Drug Therapy (MDT) programme began in 1987 covering all the districts until 1995.

LEPROSY AND LYMPHATIC FILARIASIS

Sankalp

In line with the combined approach initiative, Sankalp was begun in Madhya Pradesh on September 27, 2016 similar to what was started in Odisha and Andhra Pradesh. In MP, a population of 1, 016, 520 inhabiting 1,011 villages and urban areas of Panna district which are highly endemic for leprosy are covered under Sankalp.

Referral Centres

LEPRA Society established referral centres (one-stop treatment hubs) at Jabalpur within Victoria Hospital (2009) and Indore within Yeshwant Rao Hospital (2010). These centres

initiated specialised services in leprosy. Presently, Victoria Hospital at Jabalpur is recognised as a RCS unit by Central Leprosy Division, Government of India.

The referral centre at Jabalpur was awarded a Letter of Appreciation by

Sanawad (Khargone district), began leprosy activities in 1993 with the support of LEPRA providing holistic relief to the persons affected by leprosy through Survey, Education and Treatment (SET) besides disseminating awareness on the disease. Now this centre has



the Government of Madhya Pradesh for its contribution in RCS at state level. In this year, the Referral Centre was shifted from Indore to Barwani based on the need, relevance and request from district officials.

St Joseph's Leprosy Centre

The St. Joseph's Leprosy Centre (SJLC), a NGO run by nuns in

a full-fledged surgical unit where reconstructive surgeries have been performed since 2004. So far, it has completed 1,184 such surgeries. The SJLC has been very systematic in offering tertiary level care with much less investment as compared to other medical colleges which performed fewer surgeries.

Sahyog Kusht Nivaran Sangh

LEPRA Society is committed to help persons affected by leprosy to lead a life of dignity. This resulted in LEPRA providing support to state-level forums of persons affected by leprosy to raise their voice and build a community-based support system in states where LEPRA is working presently.

Sahyog Kusht Nivaran Sangh (SKNS), the state-level forum in Madhya Pradesh (established in 2012) is committed to support and provide quality life to persons affected by

leprosy in 33 leprosy colonies in 50 districts.

In these leprosy colonies 3311 persons are residing, out of them 1138 are leprosy affected. The base line data about each colony was collected by Technical Resource Unit (TRU) in collaboration with state leader, State Leprosy Forum. All colonies got registered under the registration act.

Though LEPRA Society is working in Madhya Pradesh since 2002 the first workshop on "Rights of Persons with Disabilities Awareness" was conducted on January 20, 2017. Forty people

participated in this workshop, out of which 35 were from the community and members of forums working as representatives in different districts of the state. The workshop was interactive at every stage and gave an opportunity to the participants to talk about the stigma and the outcome they faced.

TUBERCULOSIS

Axshya

This is the only TB project of LEPRA in Madhya Pradesh which began in 2009 with the support of World Vision India. It started with Advocacy, Communication and Social Mobilisation related activities. Later in 2010, AXSHYA India TB project phase 1 started with support of 6 sub-recipient NGOs.

In October 2015, a new phase of AXSHYA India TB project under the new funding model was entered into with provision of direct service delivery for diagnosis and treatment. The current project covers nine districts of Madhya Pradesh (Chhindwara, Betul, Harda, Vidisha, Narsingpur, Ratlam, Umaria, Shahdol and Sehore) with 2700 villages and 152 slum areas, which are high burden for TB, TB-HIV and missed out cases.



ODISHA

There are a number of projects in operation covering not just leprosy and lymphatic filariasis but also HIV/AIDS, malaria and eye care. LEPRO Society began its work in leprosy in the state in February 1990 with the setting up of a Leprosy Eradication Project in Bolangir when the prevalence rate of leprosy was 228/10,000 population which was the highest in the world! So far the organisation has reached more than a million persons affected by leprosy directly and indirectly. All the leprosy focussed projects covered comprehensive services. From inception till 2002, all activities of the region were confined only to leprosy control. There was piloting of a combined leprosy –tuberculosis project in 1996 at Koraput area with the support of DFID.

The organisation later introduced interventions in other diseases besides eye care and now focuses on leprosy and LF.

LEPROSY/LYMPHATIC FILARIASIS

Sankalp

As in Andhra Pradesh and Madhya Pradesh, Sankalp, a project which



adopts a combined approach to tackle leprosy and lymphatic filariasis, was first started in Odisha in October 2015.

LEPRO Society has been working in the field of lymphatic filariasis since 2006 in Odisha. Till the end of 2015, the focus was mainly on morbidity management of LF in three blocks of Puri district. However, since October 2015, the intervention has been initiated in a combined manner in tackling LF and leprosy in seven blocks of Puri and Nayagarh districts under this project.

The project has strengthened the morbidity management services

at district and CHC level with a combined approach to tackle both LF and leprosy at one point. This approach has been supported by the National Vector-Borne Disease Control Programme (NVBDCP) and the leprosy cell of the government. Till date 558 cases have been treated at those clinics. Two integrated clinics have already been opened at two District Headquarter Hospitals and four at block level CHCs. The project had actively participated in the Mass Drug Administration (MDA) campaign and Leprosy Case Detection Campaign (LCDC) drive initiated by the state.

The Sankalp project has included WASH components which are

determinants of good health. It has developed few model villages and one such village is Kantabania village of Nayagarh district where all possible preventive measures to tackle both diseases have been integrated.

TRU & SRS Project

This project aimed at 'improved quality of life of people affected by leprosy and its disabilities in the state through enhancing the technical skill of general health-care providers and through the direct delivery of quality services at 10 referral centres. The project facilitated the capacity building of 405 Government Medical Officers and 51 Block Nodal Leprosy workers to provide qualitative leprosy services across the state. Besides, the project facilitated the orientation of 20 District Leprosy Officers (DLOs), 16 District Leprosy Consultants (DLCs) and 244 Medical Officers to successfully implement the Leprosy Case Detection Campaign in September 2016 where 4,498 new leprosy cases were detected.

The project reached 6,887 persons with different kinds of disability problems and tried to solve these as far as practicable. Two thousand one



hundred and ninety nine persons with trophic ulcer were provided with ulcer-care services and 1,386 ulcer-kits were distributed to the needy people.

The project also provided a helping hand to government in procuring 6,000 pairs of G1 footwear and 8,200 ulcer-care kits to be utilised at Disability Prevention Medical Rehabilitation (DPMR) clinics.

Every month the project organised National Leprosy Eradication Programme (NLEP) State Coordination Committee meeting at its premises chaired by the Director, Health Services wherein the

members take important decisions for smooth implementation of NLEP activities in the state. The project undertook a review of 107 persons who underwent 123 RCS operations in 2015-16 and observed that 81% RCS operations were of good quality, 13% fair and 6% of poor quality and accordingly the remedial measures were taken.

Through the project, LEPRASociety continued working with the state forum - Association of People Affected by Leprosy (APAL) to work for their rights as an organisation and extended support to 82 leprosy colonies (12,889 inhabitants).

Koraput Leprosy Elimination Project (KORALEP)

The goal of KORALEP project was to improve quality of life of persons affected by leprosy related disabilities and complications in the districts of Koraput and Nabarangapur. The project's efforts were aimed at providing comprehensive care for persons affected by leprosy and prevent disabilities, increasing early case detection in high endemic blocks, empowering leprosy affected persons to claim their rights and entitlements by forming cluster/ block level forums.

As per the request from Chief District Medical Officer, Malkangiri, the KORALEP project IEC van along with one project staff was deployed for five days i.e. from October 19, 2016 to 23 in the JE (Japanese Encephalitis/Acute Encephalitis Syndrome (AES) affected villages of Kalimela, Podia and Mathili blocks.

Bolangir Leprosy Eradication Project (BOLEP)

BOLEP has been recognised as a referral centre in Western Odisha



for the districts, namely, Sonepur, Bolangir, Sambalpur, Baragarh, Boudh and Kalahandi to support these districts in prevention of disabilities. Along with its routine activities this referral centre supported the district leprosy cell in programme monitoring and in the Intensive Case Detection Drive (ICDD).

MALARIA

Intensified Malaria Control Project-3 (IMCP-3)

Malaria continues to remain one of the public health concerns in India and is both a cause and consequence of poverty and inequity. However,

malaria is preventable and curable. Malaria interventions are highly cost effective and demonstrate one of the highest returns on investment in public health. As per NVBDCP (Government of India) Malaria Situation report 2015, 287 people died due to malaria. There were 1,126,661 cases of malaria in India. In February 2016 India announced a paradigm shift to malaria elimination in a phased manner and launched the national frame work for Malaria Elimination 2016-2030.

Around 70% of malaria cases and deaths are reported in the country from tribal, forested and inaccessible areas of 17 states. Odisha and seven states in the North-East have the

highest concentration of malaria cases in the country. The state accounts for 35 per cent of the disease load in the country. The IMCP-3 project is supported by Global Fund. Caritas India is the Principal Recipient and LEpra Society is the Sub-Recipient to implement this programme in Odisha covering 1178 inaccessible villages of three northern districts, namely, Mayurbhanj, Keonjhar and Sundergarh.

The IMCP-3 project aims to reduce 50% mortality and morbidity by 2017 by taking 2012 as the base year. The objectives are to achieve near universal coverage (80%) by 2017 by effective preventive intervention with long-lasting insecticide treated bed nets for population living in high risk project areas (API>1), achieve near universal coverage (80%) of fever cases by correct, affordable and appropriate parasitological diagnosis; and prompt, effective treatment according to the national drug policy in project areas by 2017, achieve 100% coverage in project areas by appropriate behaviour change communication activities to improve knowledge, awareness and responsive behaviour, strengthen surveillance and M&E, programme planning and management, and coordination, and strengthen the health systems.

During the period, the project tested blood of 17202 people. Further, 790 patients detected of plasmodium vivax and plasmodium falciparum have been referred to nearest health facilities for better care and saving lives. Five hundred and forty eight (548) infotainment programmes (local specific infotainment activities like pala, daskathia and activity in tribal language etc.), 1688 mite programmes for creating awareness on preventive, promotive and curative aspect of malaria, and 1391 community meetings have been organised, in order to achieve the above objectives. Students of 31 local residential schools have been sensitised about prevention and cure

of malaria. As a part of community awareness programme, 193 wall paintings at sub centre, Gram Panchayat levels were made with appropriate contextual messages on malaria prevention, control and cure.

EYE CARE

Mahanadi Netra Chikitsalaya (MNC)

Blindness causes profound socio-economic disadvantages to individuals, their families and society by hampering performance and ability of a person, reducing employment and productivity. It impairs the quality of life, which has a direct impact on the economic health of the nation. Particularly,



people affected by leprosy are more vulnerable because of the prevailing social stigma which prevents them from the opportunities of early diagnosis and treatment and resulting in severe eye problems. So, LEPRAs Society initiated eye-care activities as one of the disability management components and gradually extended the same to general population collaborating with government and other funding agencies. Considering the huge needs of eye care and prevention of blindness in Western Odisha, in 2003 LEPRAs partnered with Sightsavers and established a secondary level Eye Hospital namely 'Mahanadi Netra Chikitsalaya.' Currently people of Subarnapur, Boudh, Bolangir, Bargarh, Kandhamal, Sambalpur, Angul, Kalahandi districts and even from Chhattisgarh state are accessing the services of this hospital. The MNC is continuing its journey to be a sustainable model of a comprehensive eye-care institution in Western Odisha with the vision of "the eradication of preventable blindness in order to give the disadvantaged people of Odisha right to health, hope and dignity."

National Low Vision Programme (NLVP)

The Mahanadi Netra Chikitsalaya is the nodal agency for Odisha under

NLVP supported by Sightsavers and collaborating with the Sarva Sikshya Aviyan (SSA) in Rayagada, Gajapati, Bargarh and Sonepur districts which conducted low vision screening programmes in schools. The technical team of MNC screened 1752 students of different schools in the above mentioned districts and selected 226 students (12.89%) with low vision which is very high in comparison to the LV prevalence rate (2.9%) in India. The aim is to detect children with low vision and provide LV devices to the identified students with low vision. Among them thirty five students were referred for surgical correction and the rest were provided low vision aids and devices with the orientation of its use and maintenance. Considering the success of these assessment camps and the large number of LV students identified for intervention, the Sonepur Collector-cum-District Magistrate specially involved MNC for the Baljyoti Karyakram.

Junagarh Netra Chikitsalaya (JNC)

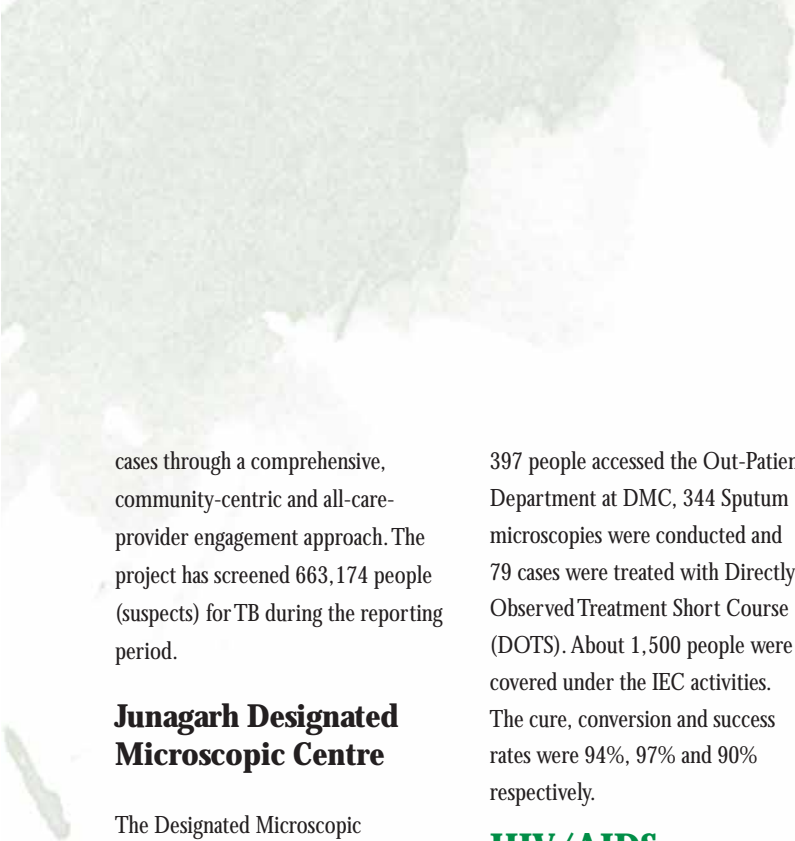
The eye-care programme in Kalahandi district is a PPP model (Sightsavers, LEPRAs and Government). Western Odisha Development Council (WODC), Government of Odisha

contributed to the cost of the hospital building. The new eye hospital, namely, Junagarh Netra Chikitsalaya, LEPRAs Society at Junagarh in Kalahandi district was inaugurated on July 22, 2016. Two vision centres were also established during the year in two distant locations for providing primary eye care.

TUBERCULOSIS

Axshya

The Axshya India TB project supported by Global Fund and current phase (new funding model) is for the period October 2015 to December 2017. LEPRAs Society is implementing the programme as a Sub-Recipient for Odisha under World Vision which is the Principal Recipient of the grant. Under this programme, LEPRAs Society covers eight cities and 2400 villages spread over eight targeted districts. The aim of the programme is to bridge the essential gaps in the country's on-going National Strategic Plan (NSP) and aiming for a rapid enhancement of the TB case notification of the country for a short period. The project under the new funding model grant primarily aims to help the country to reach out for the missing TB and TB/HIV co-infected



cases through a comprehensive, community-centric and all-care-provider engagement approach. The project has screened 663,174 people (suspects) for TB during the reporting period.

Junagarh Designated Microscopic Centre

The Designated Microscopic Centre (DMC) at Junagarh is being implemented by LEpra for diagnosis and treatment of TB under the Revised National Tuberculosis Control Programme (RNTCP) scheme under Public-Private Partnership (PPP) mode and covers a population of about 40,000 in nine gram panchayats of Junagarh block, Kalahandi district. During the year,

397 people accessed the Out-Patient Department at DMC, 344 Sputum microscopies were conducted and 79 cases were treated with Directly Observed Treatment Short Course (DOTS). About 1,500 people were covered under the IEC activities. The cure, conversion and success rates were 94%, 97% and 90% respectively.

HIV/AIDS

The state has three HIV/AIDS projects in operation now, namely, Targeted Intervention- Injecting Drug Users in Bhubaneswar city and Female Sex Workers in Koraput district and LEpra Vihaan being implemented in 10 districts of Odisha state with the support from India HIV Alliance.

linked with Madhu Babu Yojana and get the pensions through the efforts of the TI IDU project.

The TI Female Sex Workers project facilitated for 852 HIV testing, out of which none were found to be positive. This is one of the most critical achievements of the project.

It achieved success in STI management and involvement of the community in this process through Self Help Groups. Peer educators have been able to effect change in terms of safe sex practice and in accessing health care services.

LEpra Vihaan, a Global Fund to fight Aids, Tuberculosis and Malaria (GFATM) project, is being implemented with a goal to improve the survival and quality of life of People Living with HIV (PLHIVs).

One thousand three hundred and seventy three PLHIVs have been linked with different government social security schemes.

Three thousand seven hundred and sixty three PLHIVs who had been listed as LFUs (Lost to follow-up) have been successfully brought





back to the mainstream HIV treatment and 8411 PLHIVs have been screened from TB-HIV co-infection. A cleaning drive programme has been taken up by National Aids Control Organisation (NACO) with the support of Odisha State Aids Control Society (OSACS) for these cases.

The initiatives have been further strengthened during the current

phase of the New Funding Model which witnessed referral, testing, treatment facilitation through Revised National Tuberculosis Control Programme (RNTCP) service delivery points.

In Odisha, Vihaan programme has enlisted the coordination with the State and District TB Cells in the operational areas to enhance timely referral and treatment for the PLHIVs.

All HIV-TB co-infection cases are receiving TB drugs from the Anti-Retroviral Treatment Centre (ARTC) itself. The Care-and-Support Centres (CSCs) are referring all suspected cases after intensive case finding to ARTC for further steps to ARTC and the cases are being followed up closely.

TELANGANA

LEPROSY AND LYMPHATIC FILARIASIS

The Neglected Tropical Disease Resource Unit (NTDRU) Hyderabad, was earlier known as Hyderabad Leprosy Eradication Project (HYLEP) - which was established in 1989).

HYLEP is the first direct project of LEPRO Society. The project initiated its work in leprosy and subsequently expanded to other diseases like tuberculosis and HIV. Two referral centres at Hyderabad (Nallakunta and Dhoolpet) were established in 2008. According to the need, the referral centre was shifted from Dhoolpet to government hospital, Mahabubnagar in January 2016. The project facilitates the advocacy programme by Society of Leprosy Affected Persons (SLAP) besides monitoring seven Urban Public Health Centres (UPHCs) under NLEP programme and organising IEC, awareness and capacity building programmes / events / health observation days.

Referral Centres

The referral centres are one-stop treatment hubs and offer

comprehensive services. The two at Nallakunta and Mahabubnagar function in collaboration with District Nucleus Team. In the previous year, 75-85% of complicated cases were treated by these centres. Many of the disability and reactions cases are under reporting by NLEP staff in the district.

Lymphatic Filariasis (LF) is an important public health and socio-economic problem in cities and in rural areas also. There were forty-two cases in Hyderabad while 308 cases were line listed in National Filariasis Control Programme unit Kodangal, Mahabubnagar district. While 74 cases are practicing self-care, they still face barriers in social functions and getting better jobs. Tuberculosis is still emerging as one of the local threat diseases and the case detection is 140/lakh in the project DMCs. The New Sputum Positivity Conversion Rate is 97%, though the cure rate is above 98%.

Patients with TB/HIV co-infection are integrated with CBO Cheyutha for care-and- support. The LF morbidity management camps are being organised with the support of

government staff at PHC Kodangal, (Mahabubnagar district) and neighbouring sub-centres.

Adilabad

Adilabad is a tribal dominant district where the communities are extremely marginalised. About 53% of the total population of Adilabad lives below the poverty line. It is one of the three highest malaria and leprosy endemic districts. The project areas are mostly drought prone and have poor health infrastructure. Seventy per cent of the communities in this district have no access to health facilities.

There are two referral centres at Nirmal rural division and Kagaznagar tribal area. There are more than 1600 people affected by leprosy and 900 people affected by LF in Nirmal and Asifabad divisions. Adilabad has more than 10 lakh annual case detection rate. The leprosy Multi-Bacillary (MB) case detection rate is more than 60% and above 5% for leprosy G-II disability. The health infrastructure to address leprosy in this district is inadequate. Though the district is not an ELF (Elimination of



Lymphatic Filariasis) selected district in the country, a number of LF cases are reported in the north-eastern part of the district.

Detection of new cases

New case detection is increasing year by year and registration for leprosy services are also increasing at referral centres. It is observed that quarter-by-quarter number of new complications are diagnosed and treated and thereby prevented from disabilities. The project initiated an integrated approach by inclusion of LF in leprosy.

Around 20 villages were surveyed for new cases wherein 305 persons

(ASHAs, Panchayat Raj Institution members and village youth) were involved in the survey. A population of 45,499 (13,274 families in 6,344 houses) was covered. Among them, men numbered 20,261 while the women were 19,414 and children-5,824. In this survey, 292 persons with patches were suspected and validated, out of which 41 multi-bacillary - 23 new leprosy cases have been confirmed, 2 are found smear positive.

- 43 LF affected persons have been incorporated in Employment Guarantee Scheme for 100 days work and they have been given first priority after project initiation

- LF affected persons who have been registered as Grade-I, II, III and IV after one year all are not promoted to secondary grades which shows that they were adopting morbidity management at their level with the support of family members. They are initially Grade-I: 157, Grade-II: 275, Grade-III; 29 and Grade-IV-3 at present they are all in static position.

HIV/AIDS

Cheyutha

Cheyutha, meaning, “helping hand” in Telugu, was established in 2005 with the support of LEPRASociety in Hyderabad. This Women’s Community-Based Organisation (WCBO) is for and by women living with HIV/AIDS, providing care-and-support services with a special focus on children infected and affected by HIV/AIDS.

LEPRA Society decided to transfer the project management to the CBO in 2011. In 2016, the CBO became an independent body.

The progress so far includes:

- A jute bag enterprise started by Cheyutha in March 2016, with

support from Joy Group, has proved very successful. So far, 6 members have been trained in the skill. Cheyutha has been receiving orders for bags from various sources.

- In 2016-17, Cheyutha focused on fund-raising activities and mobilised Rs. 8,68,140 in cash and also raised in-kind donations like medicine, clothes, blankets, books, groceries, feminine hygiene products and stationery.
- Mr. B.V. Papa Rao, Chairman, Indian Red Cross and Advisor to Chief Minister, Telangana, made a generous donation in kind, by handing over ownership of a generic medical store, to Cheyutha, on International Women's Day, 8th March, 2017.
- Seventy children who are infected and affected are being supported under the educational support programme. A total of Rs. 2,86,540 has been raised towards this.
- Cheyutha received 33 applications from HIV positive persons wishing to get married and helped four couples tie the knot!

OTHER PROJECTS

WASH Project

The Health Care WASH project is being implemented in two districts, namely, Vizianagaram (Andhra Pradesh) and Nizamabad (Telangana) focusing on improving the Water, Sanitation & Hygiene (WASH) infrastructure of health care facilities. In 2017, the project supported 20 Public Health

Institutions (PHIs) on operation and maintenance of WASH infrastructure, by capacitating their health staff. Out of these four PHIs (one area hospital and three PHCs) gained recognition under Kayakalp awards, government of India's flagship programme. The key areas addressed were hospital upkeep, sanitation and hygiene, waste management, infection control, support services and hygiene promotions.



CHAHA Project

A grant from Oracle supported 372 children affected by leprosy from twenty leprosy endemic districts in Telangana, Madhya Pradesh, Odisha and Bihar to continue their education. The grant from Oracle Foundation helped the children in reducing barriers to formal education. It also helps those who want to pursue vocational training in different skills. This funding is a boon for those families who cannot afford to educate their children and also to those who have discontinued their education to resume it.

Some Highlights:

- 372 children provided with educational support and/or vocational training
- 62 students completed vocational training courses (beautician, motor driving, tailoring)
- 317 children/students received scholastic materials
- 85% of children improved their grades in performance during the last quarter of the present academic year
- 71% of children are having basic



knowledge and appropriate skills to prevent disability improved resilience

- 15 students got employment.

Model Anganwadi Project

LEPRA Society, with the support of Akzo Nobel is implementing the activities to develop Model Anganwadi Centres and strengthening community health in four Anganwadi Centres (AWCs) since October 2016. This project enables to promote learning in “healing environments” through use of soothing imagery within institutional settings.

Social Behaviour Change Communication Project

This is a project with UNICEF in Mahaboobnagar district of Telangana State which aims to contribute towards the creation of protective environment for children. It enables LEPRA Society to engage with UNICEF on childhood leprosy issues and builds capacity in counselling

RESEARCH

BLUE PETER PUBLIC HEALTH AND RESEARCH CENTRE

The Blue Peter Public Health and Research Centre (BPHRC) is the nodal centre for implementing LEpra Society's strategic research in the fields of Leprosy, Tuberculosis (TB), Lymphatic Filariasis, and TB-HIV co-infection. The centre functions in line with the above strategic aim of LEpra Society with a clinic and two laboratories (Immunology and Molecular Biology and Microbiology) as core components within the centre. In addition, the centre also closely works with the clinics, outreach programme of other projects and regions and programmes department. The BPHRC is recognised as a centre for receiving research grants from national and international funding agencies. In addition, the centre is recognised by Ministry of Health-Government of India (MoH-GoI), Leprosy Control Division and WHO-SEARO, as a referral centre for molecular drug resistance tests for leprosy. MoH-GoITB control division recognises the centre as a state level referral centre with a biosafety level 3

laboratory for the conduct of culture and molecular drug resistance tests for TB.

Research activities at the centre focus on investigating for early case detection, antimicrobial drug resistance and host immune mechanisms to infections in the areas of leprosy, TB, TB-HIV and LF. The technical resource centre-leprosy is the new thematic operational division, that is recently been formulated in BPHRC. This virtual technical forum focuses on training and knowledge up-gradation of health care givers about leprosy. One of the key developments which happened is the realignment of the research strategy into the strategy of LEpra Society. The major phase in is bringing back leprosy research focusing at present on leprosy and LF and it's combined approaches. TB vaccine research has been phased out.

MAJOR ACCOMPLISHMENTS

Clinical and Laboratory Services

- Quality assured smear microscopy testing in sputum smears for TB

and slit skin smears for leprosy diagnosis. Scrupulous drug inventory management

- Expected smear conversion and cure rate in RNTCP, because of surveillance and patient follow-up
- Liaison and partnership with oil and gas companies in the observation of designated days like World Health Day, World no Tobacco Day, World Cancer Day, World Leprosy Day and World TB Day
- Maintaining 100% laboratory proficiency results and achievement of laboratory indicators
- Maintaining prompt responses and reporting for patient results as well as periodical reports

BPHRC continued clinical, laboratory and outreach services for self-reporting and referred patients affected by leprosy, TB, HIV and LF. During 2016-17, the division had 4880 consultations, among which 2035 visits were for leprosy, 36 for lymphatic filariasis, 1396 for TB, 173 for HIV and 1240 for general ailments. The new registrations were 163 for leprosy-related services, 5



for morbidity management under lymphatic filariasis (LF), 105 for Tuberculosis-related services and 33 HIV-related services. The Centre has signed MoU with the Revised National Tuberculosis Control Programme of the Andhra Pradesh and Telangana states for MDRTB laboratory services. During 2016-17, around 5149 sputum samples have been processed in the laboratory for Multi-Drug Resistant TB (MDR TB) detection and/ or second line anti-TB treatment monitoring services

Community Outreach Activities:

The centre was actively involved in

creating awareness about leprosy to school children, nursing students and truck drivers of oil and natural gas companies.

CLINICAL AND LABORATORY RESEARCH

Ongoing Projects:

- 1. Pitts-India- International Research and Training Programme Grant (Fogarty, NIH) along with University of Pittsburgh, USA**

Dr. Sanjay M. Kasetty, Junior Scientist-Microbiology, was

deputed for a short course at Center for Medical Science, Wadsworth Centre, New York, USA from September, 2016 to November, 2016.

LEPRA Society, in collaboration with University of Pittsburgh, Pittsburgh, USA, conducted a workshop on “Clinical Research: From Study Design to Data Analysis” as part of the Pitt-AIDS International Research and Training programme (Fogarty Grant, NIH USA). The workshop at Hyderabad (March 27 to 31) was conducted by Prof. Patrick Tarwater, Associate Professor, Department of Biostatistics, University of Texas. It

was attended by selected staff from LEPRA's field projects in Bihar, Odisha, Telangana and research staff from the Blue Peter Public Health and Research Centre, Hyderabad.

2. Drug Surveillance Study: Leprosy-Funded by LEPRA

Screening of relapse and non-responding leprosy patients for antimicrobial drug resistance of *M. leprae*. Slit skin samples from leprosy-affected patients are transported to BPHRC, where the PCR and sequencing for folP (dapsone), rpoB (rifampicin) and gyrA (Ofloxacin) are carried out. Out of 26 clinical samples examined, 15 were positive for *M. leprae* and mutation screening underway.

3. A longitudinal follow-up to detect evolution pattern of XDR strains by Phenotypic and genotypic analysis among MDR cases from Southern India (A collaborative study with NIRT, Chennai)

Sputum samples from new patients enrolled in BPHRC clinic have been collected and cultured. Those patients who are

subsequently diagnosed as MDR have been followed-up and their samples collected, cultured and preserved to be sent to NIRT, Chennai for whole genome sequencing.

4. Completed Project:

Evaluation of molecular methods (PCR, immunohistochemistry) against conventional methods (histopathology, culture, AFB staining in endometrial samples) and laparoscopy in detection of genital tuberculosis in infertile women.

Publication:

- 1) Madan Mohan Male, Gopal B. Rao, Santosh Chokkakula, Sanjay Kasetty, P.V. Ranganadha Rao, Subbanna Jonnalagada, Alavala Matta Reddy and Aparna Srikantam (2016) Molecular screening for primary drug resistance in *M. leprae* from newly diagnosed leprosy cases from India. *Lepr Rev.* 87: 322–331.

New Initiative:

Consortium of NGO's working in Leprosy Research

A meeting of the Consortium of

NGOs working in leprosy research was held at LEPRA Society's Blue Peter Public Health and Research Centre, Hyderabad on January 20 and 21, 2017.

Dr. Aparna Srikantam attended the following national and international scientific and technical events:

- Global consultation meeting on antimicrobial resistance in leprosy" organised by WHO, at Nepal, Kathmandu, November, 2016.
- Participated in the expert committee meeting for national network of antimicrobial resistance (AMR) surveillance in leprosy March, 2017 by NLEP, Ministry of Health, Government of India.
- Participated in the technical meeting on Antimicrobial resistance (AMR) surveillance in leprosy, March, 2017 by Indian Council Medical Research, Government of India.
- Represented LEPRA Society in the WHO-NTD summit at Geneva, April, 2017.

LEPRA'S Coverage

Information Education Communication activities

Awareness Programmes

State	Men	Women	Children
Bihar	15582	14005	1175
Delhi	1998	0	0
Jharkhand	75	58	12
MP	265658	153324	182906
Odisha	158482	93108	66678
TS	3819	3864	986
AP	71877	106412	59939
Total	517491	370771	311696

Advocacy Initiatives

State	Men	Women	Children
AP	39	192	0
Bihar	20	30	0
MP	138	65	0
Odisha	0	91	0
TS	163	392	16
Total	360	770	16

Capacity Building Programmes

State	Men	Women	Children
AP	150	1272	0
Bihar	556	759	121
Delhi	26	0	0
MP	715	113	0
Odisha	443	1567	185
TS	132	145	0
Total	2022	3856	306

People Screened by LEpra Projects in their respective states

The thematic areas vary from state to state

Disease	AP			Bihar			Jharkhand		
	Men	Women	Children	Men	Women	Children	Men	Women	Children
Eye Care	-	-	-	7990	8625	585	-	-	-
Gen Health	905	802	18	-	-	-	-	-	-
HIV/AIDS	55	643	0	-	-	-	-	-	-
Leprosy	440	373	120	-	-	-	-	-	-
Leprosy/LF				11434	12538	467	356	338	29
LF	0	0	0	-	-	-	-	-	-
Malaria	543	487	560	-	-	-	-	-	-
TB	189	149	29	-	-	-	-	-	-
Total	2132	2454	727	19424	21163	1052	356	338	29

People Aailed Services @ LEpra Projects (Leprosy, Lymphatic Filariasis)

States	Diagnosed			Treated			Total
	Men	Women	Children	Men	Women	Children	
AP	332	356	39	741	1203	42	2713
Bihar	19055	20706	978	19055	20706	978	81478
Delhi	16	4	5	-	-	1100	1125
Jharkhand	302	238	21	75	58	12	706
MP	1936	1137	69	1687	1137	69	6035
Odisha	21246	15150	3464	21824	18542	3444	83670
TS	144	80	19	144	80	19	486
Total	43031	37671	4595	43526	41726	5664	176213

	MP			Odisha			TS			
	Men	Women	Children	Men	Women	Children	Men	Women	Children	Total
	-	-	-	20741	14919	3345	-	-	-	56205
	-	-	-				-	-	-	1725
	-	-	-	1439	4309	156	-	-	-	6602
	827	422	67	240	101	37	16661	15298	18754	53340
	-	-	-	180	0	0	-	-	-	25342
	366	137	0	-	-	-	-	-	-	503
	-	-	-	-	-	-	-	-	-	1590
	321715	207206	16358	274	111	12	-	-	-	546043
	322908	207765	16425	22874	19440	3550	16661	15298	18754	691350

Tuberculosis - People Followed Up & Availed Treatment Services

Gender	MP	Odisha	AP	Total
Men	1329	53	26	1408
Women	879	24	27	930
Children	44	2	0	46
Total	2252	79	53	2384

Eye Care - Services Provided / Followed Up

Gender	Bihar	Odisha
Men	9262	25127
Women	9913	18992
Children	596	3384

Intensified Malaria Control Project Malaria Parameters

People screened through Rapid Diagnostic Test (RDT)	17202				
People diagnosed for Malaria	4168				
People treated with Artemisinin-based Combination Therapy (ACT) and Anti-Malaria	3997				
	<table border="1"> <thead> <tr> <th>Pv</th> <th>Pf</th> </tr> </thead> <tbody> <tr> <td>3378</td> <td>619</td> </tr> </tbody> </table>	Pv	Pf	3378	619
Pv	Pf				
3378	619				
Project referrals made	790				

People affected being provided (Leprosy, LE, HIV/AIDS) Educational/Nutritional/Livelihood Support

State	Men	Women	Children	Total
Andhra Pradesh	2	13	0	15
Bihar/Jharkhand	371	718	13	1102
Madhya Pradesh	5	11	0	16
Odisha	7	23	41	71
Telangana	8	9	0	17
Total	393	774	54	1221

Welfare Schemes and Services Facilitated by LEpra Society

Thematic Areas	HIV/Aids		Leprosy					Leprosy/LF				Total
	AP	Odisha	AP	Delhi	MP	Odisha	TS	AP	Bihar	Jharkhand	Odisha	
Children	26	96	6	0	8	0	0	0	30	0	0	166
Men	38	756	97	6	361	93	27	40	757	15	85	2275
Women	160	672	48	0	215	32	31	85	787	4	3	2037
Total	224	1524	151	6	584	125	58	125	1574	19	88	4478

STAFF PARTICIPATION IN INTERNATIONAL EVENTS 2016-17

Year	Place	Purpose	Participants	Funded By	Expenses incurred (INR)
Jul-16	Bangladesh	Training in Monitoring & Evaluation	T. Lalitha	Lepra UK	57,954.00
Aug-16	Mozambique	Exchange visit on the issue of prevention of deformities in leprosy and LF cases in communities of district of Lugela and Pebane in Zambezia province	M. Sathiraju	NLR Mozambique	-
Sep-16	Beijing China	19th International Leprosy Congress-2016, Beijing	Ashim Chowla, Dr. Mehervani and Kamlesh Chandra Lal	Lepra UK	4,99,165.00
Sep-16	UK	Attending Lepra UK Board meeting	Dr. V. Rukmini Rao	Lepra UK	69,813.00
Sep-16	Washington - US	To attend 7th Annual NTD NGDO Network meeting (NNN7) in Washington Dc	Haris Chandra Singh	Lepra UK	47,750.00
Sep-16	UK	To do one year's course in masters in International public health (planning and management)	Rajnikant Singh	Lepra UK	1,66,318.00
Sep-16	UK	Lepra UK Annual Staff Conference	Ms. P. K. Jayashree	Lepra UK	78,777.00
Oct-16	Bern, Switzerland	ILEP Panel Meetings and ILEP Conference	Anju Sadanand	ILEP	-
Oct-16	Bern, Switzerland	ILEP Panel Meetings and ILEP Conference	Rachna Kumari	ILEP	-
Nov 16	Kathmandu, Nepal	Global Consultation on antimicrobial drug-resistance in leprosy (WHO-SEARO and Global leprosy programme)	Dr. Aparna Srikantam	Lepra UK	-
Mar-16	Amsterdam, Netherlands	ILEP Advisory Panel of Women and Men affected by Leprosy Meeting	Rachna Kumari	ILEP	-
		TOTAL			9,19,777.00

AUDIT STATEMENT

Mehra Goel & Co.
Chartered Accountants

INDEPENDENT AUDITORS' REPORT

To,
**The Governing Body of
LEPRA Society**

Report on the Financial Statements

We have audited the accompanying financial statements of **LEPRA Society** ("the Society"), which comprises the Balance Sheet as at March 31, 2017, the Income and Expenditure Account and the Receipts and Payments Account for the year then ended, and a summary of significant accounting policies and other explanatory information for the year then ended.

Management's Responsibility for the Financial Statements

The Society's Management is responsible for preparation of these financial statements that give a true and fair view of the financial position and financial performance of the Society in accordance with the accounting principles generally accepted in India. This responsibility also includes maintenance of adequate accounting records for safeguarding the assets of the Society and for preventing and detecting frauds and other irregularities, selection and application of appropriate accounting policies, making judgments and estimates that are reasonable and prudent, and design, implementation and maintenance of adequate internal financial controls, that were operating effectively for ensuring the accuracy and completeness of the accounting records, relevant to the preparation and presentation of the financial statements that give a true and fair view and are free from material misstatements, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with the Standards on Auditing issued by The Institute of Chartered Accountants of India (ICAI). Those Standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal financial control relevant to the Society's preparation of the financial statements that give a true and fair view in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on whether the Society has in place an adequate internal financial controls system over financial reporting and the operating effectiveness of such controls. An audit also includes evaluating the appropriateness of



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accounting policies used and the reasonableness of the accounting estimates made by the Society's Management, as well as evaluating the overall presentation of the financial statements.

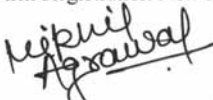
We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion on the financial statements.

Opinion

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

- a) in the case of Balance Sheet, of the state of affairs of the Society as at 31st March, 2017;
- b) in the case of the Income and Expenditure Account, of the excess of income over expenditure for the year ended on that date; and
- c) in the case of the Receipts and Payments Account, of the total receipts and total payments for the year ended on that date.

For **Mehra Goel & Co.**
Chartered Accountants
Firm Registration No.: 000517N


Nikhil Agrawal
Partner
M. No.: 419806



Place: New Delhi
Dated: 07th August, 2017

AUDIT STATEMENT

LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

BALANCE SHEET AS AT 31ST MARCH, 2017

Particulars	Schedule	Amount in ₹	
		As at 31st March, 2017	As at 31st March, 2016
Liabilities			
Capital Fund	1	11,40,27,759	10,16,12,607
Social and Economic Rehabilitation (SER) Revolving Fund	2	23,22,168	23,22,168
Current Liabilities	3	58,44,769	60,14,653
Total		12,21,94,696	10,99,49,428
Assets			
Fixed Assets			
Gross Block	4	16,00,57,278	15,18,84,904
Less: Depreciation		10,37,63,347	9,78,58,339
Net Block		5,62,93,930	5,40,26,565
Current Assets, Loans and Advances	5	97,88,577	95,35,743
Term Deposits with Banks	6	2,84,87,088	2,16,24,292
Cash and Bank Balances	7	2,76,25,101	2,47,62,828
Total		12,21,94,696	10,99,49,428

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 Mehra Goel & Co.
Chartered Accountants
Firm Registration No. 009517N

Nikhil Agrawal
Partner
M. No. 419806



Place: New Delhi

Dated: 07th August, 2017

For and on behalf of LEPRA SOCIETY

Dr. V Rukmini Rao
Chairman

Ashim Chowla
Chief Executive
cum Treasurer

P. Omprakash
Head (Finance)

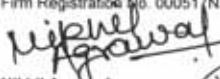
LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2017

Particulars	Schedule	Amount in ₹	
		For the Year ended 31st March, 2017	For the Year ended 31st March, 2016
Income			
Grants Received	8A	21,53,38,392	19,00,82,845
Interest	9	42,95,737	29,44,027
Donations Received			
- Foreign		30,005	32,396
- Local		31,01,956	36,22,179
Profit / (Loss) on disposal of Fixed Assets (Net)		(3,767)	(46,350)
Collections from Lepra Mahanadi Eye Hospital	14 A	3,42,42,233	2,99,91,199
Other income	14 B	6,58,373	4,02,009
Total		25,76,62,929	22,70,28,305
Expenditure			
Salaries, Staff Welfare and Training Expenses	10	10,48,96,132	8,54,43,644
Grants given to Projects Aided	11	1,34,39,388	1,63,83,532
Medical and Programme Expenses	12	10,11,81,383	8,59,00,686
Maintenance and Administrative Expenses	13	1,70,90,523	1,92,51,379
Depreciation	4	93,06,572	90,18,294
Total		24,59,13,998	21,59,97,535
Surplus / (Deficit) carried over to the balance sheet		1,17,48,931	1,10,30,770

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 Mehra Goel & Co.
Chartered Accountants
Firm Registration No. 000517N

Nikhil Agrawal
Partner
M. No. 419806



Place: New Delhi
Dated: 07th August, 2017

For and on behalf of LEPRA SOCIETY


Dr. V Rukmini Rao
Chairman


Ashim Chowla
Chief Executive
cum Treasurer


P. Omprakash
Head (Finance)

AUDIT STATEMENT

LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2017


Particulars	Schedule	Amount in ₹	Amount in ₹
Opening Cash and Bank Balances as at 01st April, 2016 (A)	7		2,47,62,828
Add: Receipts			
Grants Received	8		21,53,38,392
Grants-in-Kind - Fixed Assets & Medicines (per contra)			6,66,221
Interest Received			
- On Fixed Deposits - Foreign Contribution Regulation Act (FCRA) Account		3,39,470	
- On Fixed Deposits - Local Donation Account		13,30,647	
- Bank Interest - Foreign Contribution Regulation Act (FCRA) Account		6,82,439	
- Bank Interest - Local Donation Account		11,76,189	
- Interest on refund of TDS		1,62,456	36,91,201
Donations Received			
- Foreign Donations		30,005	
- Local Donations*		31,01,956	31,31,961
Other Receipts	14		3,72,33,286
Term Deposits received during the year			1,46,231
Total Receipts (B)			26,02,07,292
Less: Payments			
Grants given to Projects Aided	11		1,34,39,388
Investments (purchases of assets):			
- Buildings		27,52,500	
- Medical Equipment		27,22,308	
- General Equipment		33,78,261	
- General Equipment - Intangible		12,600	
- Vehicles		30,58,667	1,19,24,336
Grants-in-Kind - Fixed Assets & Medicines (per contra)			6,66,221
Salaries, Staff Welfare and Training Expenses	15		10,46,76,455
Medical and Programme Expenses	16		10,17,94,356
Maintenance and Administrative Expenses	17		1,70,06,244
Others	18		8,28,992
Term Deposits made during the year			70,09,027
Total Payments (C)			25,73,45,019
Closing Cash and Bank Balances as at 31st March, 2017 (A+B-C)	7		2,76,25,101

*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 Mehra Goel & Co.
Chartered Accountants
Firm Registration No. 000517N

Nikhil Agrawal
Partner
M. No. 419806




Place: New Delhi
Dated: 07th August, 2017

For and on behalf of LEPRA SOCIETY


Dr. V Rukmini Rao
Chairman


P. Omprakash
Head (Finance)


Ashim Chowla
Chief Executive
cum Treasurer

Management Committee

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

MEMBER SECRETARY

Mr. Ashim Chowla

SALARY STRUCTURE

S. No.	Designation	Range
1	Senior Management Staff	Rs. 50,000 – Rs. 2,45,000
2	Middle Management Staff	Rs. 35,000 – Rs. 65,000
3	Supervisory Level	Rs. 10,000 – Rs. 40,000
4	Junior Level	Rs. 6,000 – Rs. 14,000

Human Resource

S. No.	Positions	Gender		Total
		Men	Women	
1	Senior Management Staff	8	1	9
2	Middle Management Staff	79	21	100
3	Supervisory Level	171	60	231
4	Junior Level	52	18	70
	Total	310	100	410



“People often have huge mental health problems which are not very well known or concealed from everyone. In the WHO year-long global campaign on depression, let us also pay attention to the mental health issues, including depression of people affected by leprosy.”

R. Madhavan

Award-winning actor and producer
and LEpra Society's goodwill Ambassador



LEpra SOCIETY

Plot no 17, Krishnapuri Colony, West Marredpally, Secunderabad. 500 026. Telangana, India

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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) (175 %) of Income Tax Act, 1961