



LEPRA SOCIETY



PUTTING  
PEOPLE  
FIRST

ANNUAL REPORT  
2017 - 18

## 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

## 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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# WHERE WE WORK



State	Name of the Referral Centre (RC)	Location of the RC
Andhra Pradesh	Vijayawada RC	Vijayawada Government General Hospital
	Vizianagaram RC District Hospital	Vizianagaram
Bihar	Munger RC	Munger (Managed by LEPRAS Society)
Jharkhand	Sparsh RC	Jamadoba, Dhanbad (managed jointly by LEPRAS Society and TATA)
Madhya Pradesh	Jabalpur RC	District Hospital, Jabalpur
	Sendhwa RC	Government Hospital, Sendhwa
	SJLC	Sanawad, Madhya Pradesh
Odisha	Bolangir RC	LEPRAS Society's own premises, Sonepur
	Koraput RC	LEPRAS Society's own premises, Koraput
	Referral Centres (10)	District hospitals of Cuttack, Angul, Bhadrak, Dhenkanal, Baripada, Jharsuguda, Bargarh, Bolangir, Berhampur and Nabarangapur
Telangana	BPHRC	Cherlapally, Hyderabad
	Nallakunta, RC	Hyderabad State Leprosy Training Centre
	Nirmal RC	Government Area Hospital, Adilabad
	Mahboobnagar RC	Mahboobnagar General Hospital
	Kagaznagar RC	Government General Hospital, Krishna
New Delhi	West Delhi RC	Guru Gobind Singh Hospital

# INTRODUCTION



In existence since 1989, LEPRA Society has focussed on providing treatment and care for those primarily suffering from leprosy and lymphatic filariasis (LF) the two Neglected Tropical Diseases (NTDs) but has also looked at other diseases like tuberculosis, HIV/AIDS, malaria besides eye care. In the course of its journey in healthcare, LEPRA Society's expertise has come to the forefront in dealing with diseases. It has gone beyond mere treatment and counselling of the patients. Envisaging holistic healthcare, LEPRA Society has devised new paradigms (some of which have been adopted by the State Governments) in service delivery, has gone into areas which are unreachable or hard to access by even the government staff for not just treatment but also for sensitising and disseminating information about these diseases; works hard to defeat stigma and discrimination and facilitates assimilation of people who face social exclusion and isolation back into society, assists and works closely with those affected to stand united and form community-based organisations (in leprosy and HIV/AIDS) to fight for their rights and entitlements thereby enabling them to lead a life of dignity and productivity.

LEPRA Society has crafted its identity as a leading anti-leprosy organisation in the country. It is an affiliate of the global Lepra family and a member of the International Federation of Anti-Leprosy Associations (ILEP).

In this year 2017-18, the activities in the projects were in alignment with the strategic framework and the four priorities being:

- Empower people we work with
- Promoting equity for women and children
- Direct services and strengthening public health systems
- Fostering research and innovation

The Government involved LEPRA Society in its Leprosy Case Detection Campaigns (LCDC) in Bihar, Andhra Pradesh, Madhya Pradesh and Odisha drawing on the organisation's expertise in the field of leprosy. These campaigns brought many new leprosy cases to the forefront. LEPRA also conducted Contact Surveys in Bihar, MP and Odisha, which also brought forth new cases. These

two methods were unique case detection methods. LEPRA Society's staff's firm belief in service delivery proved to be its strong point once again!

The organisation's highlight and an important feature is the referral centre (situated in LEPRA's location or in collaboration with district/ government hospitals) – a one-stop treatment hub for primarily leprosy and lymphatic filariasis. These are directly managed, jointly run with partner organisations and integrated within government health facilities. The referral centres were envisioned as tertiary centres for cure and care of leprosy and initiated in the most endemic areas of high prevalence states. While the main objective is to provide facilities for specialised treatment and complications and management of disabilities through Disability Prevention and Medical Rehabilitation (DPMR), the referral centre provides a range of services like treatment of complications (reactions, neuritis), providing physiotherapy for pre and post-reconstructive surgery cases and persons with disabilities, management of plantar ulcer, offering specialised services for difficult-to-diagnose cases, supplying specialised appliances/ supplementary aids, providing protective Microcellular Rubber (MCR) footwear, counselling and promotion of self-care practices, supporting prevention of disability (POD) clinics as part of DPMR, capacity building training of health facility staff and coordinating and networking.

While this year saw the strengthening of certain projects, a major TB project Axshya supported by Global Fund to Fight Aids, Tuberculosis and Malaria (GFATM) where LEPRA was the sub-recipient came to an end. There was the consolidation of the integrated approach (of treatment of leprosy and lymphatic filariasis) followed in the SANKALP projects (Andhra, Odisha and Madhya Pradesh) and the Restoring the Lives of Forgotten People (RLFP) Project in Samastipur Bihar. The Global Fund supported Vihaan project for care and support of People Living with HIV/AIDS (PLHIV) was not just extended in Odisha till 2021 but will also be begun in Chhatisgarh. There was enough demand for customised footwear prepared in the Referral Centres, mobile foot care vans and units like Sarthak (which was begun this year to supply footwear to ILEP agencies).

# ANDHRA PRADESH

The Referral Centres in Vijayawada and Vizianagaram, which are also Disability Prevention and Morbidity Management (MMDP) Centres continued to cater to the persons affected by leprosy and lymphatic filariasis with their array of services. There were sustained efforts in early detection (among school children too) and treatment follow-up by the Neglected Tropical Disease Resource Unit (NTDRU) and Sankalp.

## LEPROSY AND LYMPHATIC FILARIASIS

The organisation supported the Society for Leprosy Affected Persons (SLAP) – the State leprosy forum to take up advocacy initiatives with Government officials to effectively establish linkages to schemes and services in all the 13 districts of AP - Antyodaya Anna Yojana (rations), basic amenities in leprosy colonies, disability pension and other entitlements. LEpra Society also addressed the issue of people affected by leprosy denied rations by the Public Distribution System (PDS) due to the bio-metric issue.

## SANKALP

The SANKALP project support was also provided to 12 mandal-level lymphatic filariasis Self-Support Groups (SSGs) with 101 members. The formation of these SSGs is the first of its kind in the State. A behavioural change due to the project is noticeable amongst the LF beneficiaries whereby the awareness about the disease has increased and the regular practice of self-care encouraged by the project, which has also reduced the frequency of acute attacks. Further, there has been a notable change in those who have adopted Water, Sanitation and Hygiene (WASH) on account of improved hygiene. The beneficiary's health has considerably reduced due to interventions by the project. Another healthy sign is the significant increase in referrals from the community – Panchayat Raj Institutions (PRIs), Accredited Social Health Activists (ASHAs), local supporters, volunteers and others.

Those affected with lymphatic filariasis were also backed by a Community-Based Organisation (CBO) Spandana Bodhavyadhigraasthula Samkshema



Sangham- (Spandana lymphatic filariasis-affected people's welfare association) to promote grassroots leadership and an advocacy platform.

Women were trained in leprosy case identification and treatment follow-up. They were also involved in LF SSGs (which registered an increase in their numbers to comprise half the SSGs). Efforts for early detection were carried on in schools and in children of leprosy-affected families. Direct Services (diagnosis, treatment, provision of footwear etc.) continued as usual.

## WASH PROJECT

LEpra Society is implementing WASH Project - supported by WaterAid - India for improving access to safe drinking Water and WASH in 20 selected Gram Panchayats (GP) across four mandals of Vizianagaram district. The operational GPs are having lesser access to WASH facilities and the majority of the population are from marginalised communities. Saturation approach was adopted in which the Project team is working with the communities, mandated Institutions and other concerned functionaries viz., Village Water & Sanitation Committees (VWSCs), PRIs, School Management Committees (SMCs), Village Health Sanitation & Nutrition Committees (VHSNCs), Anganwadi Centres & Healthcare centres etc., to ensure sustainable WASH practices at all the places.



# ANDHRA PRADESH

The Project is focusing on five key thematic areas viz., rural sanitation, rural drinking water, WASH in schools, Urban WASH and WASH in Health & Nutrition. During the period April 2017 to March

2018 the Project successfully accomplished the planned activities under each thematic area. The details are as follows:

Sl. No	Indicator	Outcomes
1	Rural Water & Sanitation	<ul style="list-style-type: none"> <li>117 water sources were restored by the active participation and follow-up of VWSC members</li> <li>8252 Individual Household Latrines (IHHL) were constructed with the active involvement of VWSCs and GPs</li> <li>20 GP WASH plans were prepared 467 VWSC/VHSNC members were trained in WASH</li> <li>3 mandal-level VWSC federations were formed</li> </ul>
2	Urban WASH	<ul style="list-style-type: none"> <li>Door-to-door waste collection system was established in 2 urban slums</li> <li>40 Urban Local Bodies (ULB) members were trained in WASH</li> </ul>
3	WASH in schools	<ul style="list-style-type: none"> <li>Distribution of deworming and Iron/Folic Acid (IFA) tablets is going on in 46 schools</li> <li>8921 school children were trained in hygiene</li> <li>119 teachers were trained in school WASH</li> <li>Student committees were organised and trained in 46 schools</li> <li>46 school development plans were developed on school WASH</li> <li>14 hand washing stations were constructed in schools</li> <li>38 school girls were trained in Menstrual Hygiene Management (MHM)</li> </ul>
4	WASH in Anganwadis	<ul style="list-style-type: none"> <li>Regular deworming is conducted in 59 Anganwadi Centres (AWCs)</li> <li>416 adolescent girls were trained in MHM</li> <li>59 Anganwadi Workers were trained in WASH</li> <li>55 Pregnant and lactating mothers were trained in WASH</li> <li>1086 children below 5 years child were trained in key hygiene messages</li> </ul>
5	WASH in healthcare	<ul style="list-style-type: none"> <li>Conducted capacity building trainings to the health staff of 3 Primary Health Centres (PHCs) facilities on WASH, especially the Operation &amp; Maintenance of the available infrastructures</li> <li>Facilitated community audits in 3 PHCs by the Village Health Sanitation &amp; Nutrition Committee (VHSNC) members which identified the needy areas of WASH facilities in the respective healthcare centres</li> </ul>



## HIV

Livelihood promotion activities in the CBOs, namely, Sreyassu and MaaSamasth (comprising People Living with HIV) were encouraged.

**Arogya Darsini:** The Mobile Health and Information, Education and Communication (IEC) van is generating awareness in rural, remote areas of Krishna, Guntur and Prakasam Districts on

communicable and non-communicable diseases. This project is funded by Indo American Health and Development Organization (IADHO). The IEC van also supports as a Mobile Foot Care Unit for providing footwear to persons affected with leprosy and LF. It also supports Government Health Awareness Programmes like Leprosy Case Detection Campaigns, Anti-Leprosy Fortnight and related Health Observational Days.

# BIHAR

In Bihar, leprosy forums were supported by LEPRAs in their advocacy efforts to attain land rights and other entitlements. The combined efforts of Sam Utthan, a Community-Based Organisation and LEPRAs helped in enrolling 765 people affected by leprosy with disabilities in the Bihar Shatabdi Kusht Kalyan Yojana (BSKKY) pension scheme whereby they get a pension of Rs 1500 per month. Sixty-seven leprosy affected people were supported to secure land rights to construct their houses in Bhojpur and Samastipur. More than 100 children were assisted to register in the Parvarish Yojana – a foster care scheme of Bihar government.

In Bihar and Jharkhand, women-led Self-Support Groups (SSGs) were formed to promote morbidity care management.

LEPRA Society in Bihar actively supported the National Leprosy Eradication Programme (NLEP) and Mass Drug Administration (MDA) campaigns; helped 635 persons enrolled in the special pensions scheme and resolved 166 land right issues in order to help leprosy-affected persons construct houses in Bhojpur and Samastipur; aided 100 children registered in the Parvarish Yojana, a foster-care scheme of the Bihar government; supplied 11298 pairs of footwear to persons affected by leprosy and lymphatic filariasis; established satellite centres; initiated reconstructive surgeries in SPARSH; focal and special surveys piloted by the team became part of the routine LCDC activity; established a footwear unit, Sarthak, based on a business model. Twenty-two toilets for people affected by leprosy from the Government were sanctioned in West Champaran district.

## LEPROSY AND LYMPHATIC FILARIASIS

Bihar carries about 16 per cent of the country's leprosy burden. The Government of India has been conducting Leprosy Case Detection Campaigns (LCDC). Two rounds were conducted in 2016 covering 29 districts which registered approximately



7000 new leprosy cases. The success of two rounds of LCDC in Bihar resulted in the conduct of the third round in 38 districts. This period of the door-to-door campaign was between 30 March and 12 April 2017. The team consisted of two members - an ASHA worker and a male volunteer.

Begusarai, Samastipur and Khagaria were allotted to LEPRAs for monitoring purpose. The team of LEPRAs and State Coordinator visited the concerned district and interacted with the survey team. Intensive IEC activities were conducted through mikes and display of banners/posters during and before the LCDC. Supervision of house-to-house search activities was done through identified field supervisors facilitated by ASHA. The scheduled meetings were planned with community leaders/representatives to resolve any issue which came across during the campaign to conduct the survey. Sixty-five suspects were confirmed as new cases during LCDC.

The NTDRU participated in six state-level NLEP and five ILEP coordination meetings; attended three state-level workshops for the 4th round of LCDC. This round will focus on the marginalised SC/ST groups. The state government has included contact surveys of child cases, MB and disabled cases and focal surveys in all districts.



Detection of a high number of child cases during LCDC and an increase in disability cases proves there is transmission still in the community and late detection.

LEPRAs were involved in MDA in Munger District. The LEPRAs team was given the responsibility of supervision of drug distribution and ensuring oral consumption of drugs. The staff distributed 325 Diethylcarbamazine (DEC) tablets and 116 Albendazole tablets; and were also involved in the monitoring of villages in all the blocks of the district.

The District Medical & Health office entrusted the responsibility to Rapid Response Team (RRT) to make note of incidence control after drug administration. In this activity, 92% of people received the drug during the MDA programme.

Compared to leprosy a greater proportion of women suffer from Lymphatic Filariasis.

## WASH

The Village Health, Sanitation and Nutrition Committees (VHSNC) were empowered which resulted in sensitisation of more than 1000 Panchayat Raj Institution members, referrals from 11 VHSNC of LF and leprosy-affected persons to health facilities, effective use of the Rs 10,000/- fund for the sanitation and hygiene programme by the VHSNC of Mahmada Panchayat in Pusa block and Shasan Panchayat of Hasanpur block. Besides seventy per cent of VHSNCs conducted meeting in their areas and seventy five VHSNC members engaged in creating awareness among the communities on signs and symptoms of leprosy and LF – thereby indicating the effective integration of WASH into the regular programmes.

## SATELLITE CENTRES

As people, particularly those affected by leprosy and lymphatic filariasis, living in the remote areas of Munger district (the most endemic district for leprosy) were unable to access services, LEPRO opened two satellite centres -one in the premises of the Primary Health Centre at Kharagpur, one of the remote blocks of the district and another in the sub-divisional hospital of Tarapur block. Essentially the satellite centres would provide services for leprosy and LF which include covering difficult-to-diagnose cases, counselling, disability prevention services, provision of footwear, self-care practices, physiotherapy, aids and appliances, home-based care etc.

At Kharagpur, LEPRO Society is also providing the facility of pre and post-operative care for persons having a disability. The Satellite centre staff will also screen the persons for reconstructive surgery here. Besides, the LF people will also be taught self-care techniques. The Satellite centre at Tarapur would also act as a one-stop station for providing quality treatment services to the needy people suffering from leprosy and LF.

## PROTECTIVE CUSTOMISED FOOTWEAR

LEPRO Society's new, integrated protective footwear unit in Munger district was opened on August 25, 2017. This unit, known as "Sarthaak", which will be providing protective footwear for people affected by leprosy and lymphatic filariasis in Bihar as well as across India was opened in LEPRO Society's Referral Centre, Sujawalpur, Sitakund Road, Munger. The Centre will be ensuring good quality protective footwear supply to the Government, ILEP, NGO's and community.

The Mobile Foot Care Unit, supported by Pavers (UK), has been delivering customised, protective footwear to the residents of the 63 leprosy colonies in Bihar. Two pairs of protective footwear are provided to each person affected by leprosy. The mobile foot



care unit also conducts awareness programmes with the public system available in its van.

In the two-year period, the mobile unit rendered services in all leprosy colonies providing 5991 pairs of protective footwear to people affected with leprosy. Among those who availed the services of the van, 69 per cent were men and 31 per cent were women. By using the footwear, 34 per cent of people suffering from leprosy were healed of their ulcers and 679 people were imparted training in self-care practices to continue home-based care.

The progress of the foot care unit was reviewed by the State Leprosy Officer (SLO) after noting its services in the three leprosy colonies. The mobile unit rendered services to those in inaccessible areas; reduced the consequences due to disabilities and enhanced their health-seeking behaviour through counselling and adopting self-care practices.

Twenty five per cent of the people affected with leprosy have significantly improved their quality of life because of increased mobility, uninterrupted earning capacity and good education to children.

## RESTORING THE LIVES OF FORGOTTEN PEOPLE

In 2017- 18, the project's activities were: 481 Morbidity Management and Disability Prevention (MMDP) camps were conducted at the heart of communities and helped reach 23,994 people (23,294 LF cases and 700 leprosy cases), of which 63% were women. The camps trained affected people in



self-care, which is crucial in preventing disability. To encourage a daily practice of self-care and to foster peer support, 70 new Self-Support Groups were formed for 1,050 members. Amongst them, 210 leaders were identified. A total of 30 home-based self-care training sessions were also conducted for 776 people affected and their family members.

A total of 3,074 persons were supported in applying for pension and housing schemes, social security and employment guarantee schemes, etc. with the relevant authorities.

The team liaised with 751 members of 25 Village Health and Sanitation Committees to build their capacity in promoting hygiene and sanitation in their village. Committee members allocated some of their funds to vector-control measures for LF as a result.

In parallel, 4,400 students and 330 teachers in 110 schools were screened for leprosy and LF symptoms and sensitised to both diseases.

The team provided technical support to the government leprosy case detection campaigns and awareness programme in Samastipur and identified 332 new leprosy cases. For LF, the team supported the implementation of the government's Mass Drug Administration campaign twice in the last year. During this year, two new MMDP clinics were established in local Primary Health Centres for enhancing access to LF services.

The project's counsellors supported 1,085 people affected by leprosy or LF (487 men; 598 women)

who also experienced high levels of socio-economic issues and psychological distress.

The Social Audit of Restoring the Lives of Forgotten People project in Samastipur (RLFP) was held at Community Health Centre, Hasanpur on March 17, 2018. Such an audit provides a platform for the communities to voice their concerns regarding the project in Samastipur and the existing LF and leprosy control programmes. Through this platform, communities have the opportunity to express any grievances and even demand accountability from the government. Based on community feedback received during the Social Audits, the project will make mid-course corrections. Social auditing creates an impact upon governance. It is taken up for enhancing local governance, particularly for strengthening accountability and transparency in local bodies. Social audit values the voice of stakeholders, including marginalised/poor groups whose voices are rarely heard.

The preparation for social audit began from the last week of February 2018. A seven-member committee was formed from the project staff while the Community Mobilisation Officer was from the District level. A temporary sitting arrangement for 300 persons was made to accommodate the government officials, observers, auditors, beneficiaries, media persons and the client. The Medical Officer in charge of Hasanpur Primary Health Centre (PHC), and other Medical Officers of Hasanpur PHC and an external facilitator conducted the process and ensured that the social audit is conducted without any interference by the client and transparency is maintained at all levels. About 250 members participated in this social audit. Different stalls put up in the area displayed the demographic area of the project, objective and goal of the project, RLFP proposals, financial details, project performances,



# BIHAR



Demonstration kit, activities, footwear, photo gallery, and media clips. The observers selected from different fields shared positive reflections of LEPRO Society and its work amongst the leprosy affected.

## EYE CARE

The Rural Eye Health Project (REHP) aims to prevent avoidable blindness in the four districts of Bhagalpur, Begusarai, Samastipur and Purnea. The key strategic approaches include public-private partnerships due to the tripartite agreement between LEPRO Society, Sightsavers and the Government. The second approach is to strengthen the existing government health delivery system in eye care by bridging the gaps in the infrastructure requirement towards avoidable blindness and screening for refractive errors, cataract surgeries and refer them to the government facilities. A joint MOU between the District Health Society (DHS) Purnea, Sightsavers and LEPRO Society was signed in March 2017. The eye operation theatre in the District Hospital has been renovated as per surgical guidelines in 2017. A model vision centre has been set-up in the District Hospital at Purnea.

With the inauguration of an eye operation theatre (OT) the first free cataract operation of the district was done on December 11, 2017 in the District Hospital premises in Purnea under the Rural Eye Health Project. This will benefit the community enormously as they do not have to travel and pay

more for the cataract surgeries. Previously, people were visiting Lahan in Nepal for undergoing cataract surgery and paying a big amount for restoring of the vision. The centre at Purnea will also deliver comprehensive eye-care services.

During the year, the Vision Centre had provided services through the Out Patient Department in four implementing districts to 38664 people comprising 17421 men, 19595 women, 1848 children. The persons were identified with 21560 refractive errors (9578 men, 11366 women, 616 children). The outreach diagnostic camp is an integral community service of the project. This is conducted at the Primary Health Centre level on a rotation basis and 152 outreach diagnostic camps were organised at PHC level on rotation basis. Three thousand one hundred and thirty six cataract cases were referred to District Hospital for surgery.

As part of International Women's Day LEPRO Society, Bihar took an initiative to provide dedicated services to women and bring about change in their quality of life. A screening camp for eye check-up was organised in four districts of Bihar under Rural Eye Health project supported by Sight Savers. The women from Jeevika - Self-Help Group and those disabled due to leprosy and LF were screened.

- Total Women Screened for Eye Care-261
- Disabled (Women) due to LF & Leprosy - 49
- Identified with Refractive error - 44
- Fit for cataract surgery - 24

# DELHI

The West Delhi Referral Centre established within the premises of the Guru Gobind Singh Hospital in West Delhi continues to deliver services to the leprosy affected. Women patients and those with disabilities access treatment and other services here. This centre also networks with other NGOs and hospitals besides dermatologists.





## JHARKHAND



### SPARSH

This centre established in 2009 at Jamadoba in collaboration with Tata Steel continued to treat leprosy-affected and people with disabilities with specialised services like providing specially designed protective footwear, physiotherapy, prevention of disability and prevention of worsening disability.

Earlier people used to travel to Leprosy Mission Hospital in Purulia (West Bengal) to get operated. This year TATA Steel dedicated a reconstructive surgery unit with a 10-bed hospital for leprosy patients across the state (Jharkhand) to provide free treatment to those who have been disabled by leprosy. The newly constructed reconstructive surgery offers pre and post-operative care facilities.

This will enable many from the state to access the surgical facilities. SPARSH continues its awareness drives on leprosy through the IEC programmes.

During the year, the centre had organised 4 batches of patients for surgery and corrected 31 deformities (10 foot drop cases and 21 claw hand correction).

In this period the centre manufactured and distributed Microcellular rubber (MCR) based protective footwear to needy persons. During the year, the centre manufactured 556 pairs of Protective footwear (G-II) provided to Leprosy and 143 pairs for LF patients. 275 podiatric appliances were given in Grade II MCR footwear. Also, the centre provided 1871 pairs of MCR footwear to district health societies in 12 districts and other NGOs.

# MADHYA PRADESH

The Annual Case Detection Rate (ANCDR) was 9.15 with 7152 new cases (Child: 5.19 %; Women: 36.61% and 4.62 grade 2 disability). A number of hidden cases seem to be present as voluntary reporting was done by those who were affected and there were no contact surveys or active case search. In this State, 11 districts are highly endemic for lymphatic filariasis

## LEPROSY

The Neglected Tropical Diseases Resource Unit (NTDRU) (Jabalpur Referral Centre (RC), Disability Prevention and Medical Rehabilitation Centre, Sendhwa, Technical Resource Unit and St Joseph's Leprosy Centre (SJLC), Sanawad provided reconstructive surgeries and vocational training to persons affected by leprosy under the skill development programme supported by the government. Reconstructive surgery was enabled for 170 persons through Jabalpur RC and SJLC.

The State Forum facilitated disability certificate for 1000 persons affected with leprosy. After regular advocacy at the district level by State Forum, the land lease issue of two colonies of Ujjain was resolved.

Earlier there was under-reporting of disability cases in the district in the district monthly progress report to the state. However, with the support of LEPRA's skilled staff, the district reporting has been streamlined.

St Joseph's Leprosy Centre has provided job oriented training to 20 (Men -5; Women-15) persons affected with leprosy.

Awareness was created on leprosy in schools and screening for early detection of child cases. Information, Communication, Education activities were carried out in rural areas to disseminate awareness on leprosy and help screen suspects besides detection of new cases.

LEPRA Society had been successful in working along with the Sahyog Kushth Nivaran Sangh

(State Forum) in the formation of six district level forums (Badwani-1; Indore-3; Jabalpur-1 and Khandwa-1) and advocated for alternate means of identification apart from biometric (thumbprints) to procure rations. These six district forums were linked to LEPRA Society's referral centres which enabled them to avail treatment, reconstructive surgeries, Microcellular Rubber (MCR) footwear; prevention of disability (PoD) services and government entitlements. LEPRA's participation in district coordination meetings was to address the non-availability of Multi-Drug Therapy (MDT) and discuss referral centre services for the new cases detected during the Leprosy Case Detection Campaign. The Problem of MDT shortages in the region was also resolved. Through RC Sendhwa 17 persons affected with leprosy were linked with social entitlements with the support of District Forum.

## LEPROSY AND LYMPHATIC FILARIASIS

### Sankalp

Through combined approach-based Sankalp Project in Panna counselling was provided to 797 persons affected by leprosy and lymphatic filariasis on psycho-social issues. KoBo Tool Box application was successfully used to line-list leprosy and lymphatic filariasis cases. LEPRA helped in the formation of Self-Help Groups, highlighted on leprosy and the importance of promoting women's access to Referral Centres /health facilities.

Through Sankalp project, 43 persons affected with leprosy were linked with Government entitlements.

Seventy three hydrocele surgeries for LF affected persons were conducted with the support of District Health Society Panna.

The project also engaged VHSC (Village Health and Sanitation Committee) members and PRIs (Panchayat Raj Institution) members in the vector-control measure in 30 different rural vector breeding sites in District Panna for spraying anti-larva powder as prevention of LF disease.





# MADHYA PRADESH

## Mass Drug Administration Programme

In May 2017 District Malaria Office organised Mass Drug Administration (MDA) programme in Panna district. A micro plan was made before the commencement of the activity involving all grassroots level health staff and conducted a training to roll out the programmes assigning due responsibilities to the staff. LEPRO team was given the responsibility towards supervision of drug distribution and ensuring oral consumption of drugs. LEPRO staff distributed 325 DEC tablets and 116 Albendazole tablets and were also involved in monitoring villages in all the blocks of the district. In this activity, 92% people received the drug during the MDA programme.

During the MDA programme, LEPRO registered a case of LF suffering for 25 years and living with Grade 4. The case was provided with self-care management at his home during MDA round and the patient's family was happy to receive the self-care management.

The participants were informed about the causes and why MDA implementation is necessary. From Ajaygarh Block night blood samples of 122 new LF cases were found. Panna is a highly endemic area and drug dose should be provided to each person and the participants were informed about availability. The MDA medication is not applicable for pregnant women, children under the age of 2, and severely disease affected persons and old people.

A pre-project baseline survey in Panna District with regard to leprosy and LF was conducted comprising three components namely, Beneficiary Survey, Knowledge, Attitude and Practice Survey and Mapping of existing health facilities in Madhya Pradesh. Responses from 1,041 confirmed cases of leprosy or LF were included in the Beneficiary Survey covering five blocks of the operational area. The KAP survey was conducted among the non-affected population where 526 people were interviewed.



After six months of the Sankalp project, it came to light that the LF burden was higher than what was projected by the Government records. The baseline survey aided to design an effective programme which included morbidity management for people affected by LF and leprosy (which was previously absent).

Plans are on to increase hydrocele surgeries for pending cases, formation of Self-Support/Care Groups for self-care, continue mapping of LF and leprosy cases, training private health practitioners employed in rural areas for referral and linkages to suspected cases of leprosy and LF, starting a weekly satellite clinic in Maharaja Yeshwant Rao Hospital, Indore, for follow-up of leprosy cases and PoD services for persons affected with leprosy and support the State in LCDC and District Filaria Unit in forthcoming MDA rounds.

## TUBERCULOSIS

The Axshya Project, supported by Global Fund III (through World Vision – the principal recipient), the only TB project in the State implemented in nine districts across the state which followed Advocacy, Communication and Social Mobilisation came to an end on March 31. However, TB continues to be a burden in the State.

International donors such as Plan International and Clinton Health Access Initiatives (CHAI) had approached LEPRO Society to implement projects through funding support.

A key achievement to be noted in Odisha was the fact that LEPRO Society is continuing as a member in five apex committees at the state level. They are, 1) State TB-HIV Coordination Committee; (2) Hind Kusht Nivaran Sangh; (3) National Leprosy Eradication Programme (NLEP) State Coordination Committee, (4) Executive membership in the State AIDS Control Society, (5) Malaria State Taskforce committee. In addition, the combined approaches (for leprosy and LF) have been recognised as an excellent innovation in the State. This combined approach has been incorporated in six hospitals and an article was included in a publication by the Government of Odisha.

## LEPROSY

The state continues with two projects focused on leprosy namely, TRU and SRS project and Swabhiman.

### TRU AND SRS PROJECT

While the total cases detected were 9576 (4411 cases were detected during LCDC) the PR as on March 31 was 1.38. However, the PR is more than two in nine districts. The state registered an ANCDR of 20.83 with three districts, namely Koraput, Nabarangpur and Sonapur registering 17.49, 25.9 and 51.64 respectively. Grade II disability rate amongst new cases was 4.86 per cent while the child cases amounted to 7.89 per cent.

The TRU Unit managed 253 lepra reaction cases through ten referral centres. The TRU project supported different Referral Centre activities implemented through ten Referral Centres. The project supported 455 lepra reaction cases, provided disability services to 6928 persons, ulcer dressing to 1386 persons, distributed 1186 ulcer kits, supplied 2147 pairs of customised footwear and facilitated during the LCDC and regular case detection drives. In addition, it expedited 247 reconstructive surgeries and medically rehabilitated 170 persons.

## SWABHIMAN

The Swabhiman project examined 9876 contacts and could detect 62 new positive cases, 31943 school students examined out of which 21 found to be positive. Thirty new cases were detected through IEC activities. During this period, LEPRO Swabhiman supported 325 DPMR clinics through which 113 suspect cases were confirmed. The project followed-up 218 post-operative cases, linked 134 persons with government social security schemes and distributed 1096 customised footwear. The self-care centre at Koraput and Sonapur provided care to 56 NFI/Reaction cases, 161 complicated ulcer cases, 79 pre-operative and 70 post-operative cases. Swabhiman also conducted 197 smear tests out of which 54 found to be positive.

A poster titled “Addressing Leprosy induced disabilities through DPMR Clinics – An experience of LEPRO Society in Koraput & Nabarangpur districts of Odisha” was presented by Swabhiman in an International Conference-Evidence on Global Disability and Health held on February 26 & 27 February 2018 at Hyderabad.

## SANKALP

The Sankalp project continued to function in an integrated mode treating people affected by leprosy and lymphatic filariasis. It continued distributing footwear (GII), organising MMDP clinics wherein services were provided to people and camps where disability care was given. The project supported in strengthening eight government MMDP clinics in providing integrated care and treatment to 1081 LF and leprosy affected persons.

The Project conducted 30 awareness programmes in schools with active participation by 2839 students. Twenty-three lymphatic filariasis affected persons of Odegaon block availed disability certificates through Bhima Bhoi Samarthyas Sibir, a camp for the disabled. As part of the advocacy initiative,



the project formed two district-level advocacy committees consisting of 12 LF and leprosy affected persons and PRI members. The committee was formed to put forward their issues to include LF in the disability category of government. The project organised capacity building programmes for 21 self-support groups.

The Sankalp project conducted the social audit of the project in May 2017. The main aim was to promote accountability, enhance public participation and strengthen relationships and partnerships among stakeholders. This programme took place at Gram Panchayat (GP) office, Orkal, Pipli Block of Puri district. The event was presided over by Sarpanch of Orkal GP and attended by the Joint Director, NVBDCP, Deputy Director, NVBDCP, the State Entomologist, medical officers of nearby PHCs, officials from the district of Puri and Nayagarh and

media representatives. The initiative of the project was highly appreciated by one and all. This was an opportunity to share about different activities and clarify doubts of the people. This was a great learning opportunity for the project.

## TUBERCULOSIS

Two projects in the state focused on Tuberculosis (TB). They are the Axshya India TB project covering 8 districts of Odisha and the Designated Microscopic Centre (DMC) at Junagarh, Kalahandi district. The Axshya India TB project covered Bhubaneswar, Balasore, Bhadrak, Cuttack, Ganjam, Puri, Sambalpur and Sundargarh districts. The aim was to achieve the universal access to quality TB care and control, with a specific focus on vulnerable and marginalised populations. The prime focus was to enhance TB case notification through active case search, community referrals, cross referrals, contact



## ODISHA

tracing, support to complementary diagnosis tests (CXR, CBNAAT), notification of TB cases from private sector, creating awareness about TB through meetings with community groups, and sensitisation and engagement of (RHCPs/UHCP's).

The project identified 5440 TB suspects through community volunteers, facilitated sputum examination of 4814 persons, detected 633 TB cases, counselled 102 Multidrug Resistant (MDR) TB cases, referred 475 TB cases through community caregivers, facilitated 1374 TB notifications through private medical practitioners, and identified 27 smear positive contact children. The project, however, came to an end in March 2018.

The DMC at Junagarh conducted sputum microscopy of 381 persons, detected 32 sputum positive cases, followed up sputum examination of 113 persons, registered 37 NSP (New Sputum Positive) TB cases and registered a total of 64 TB cases under DOTS (Directly Observed Treatment Short Course).

### **HIV/AIDS**

The State continues with the HIV projects namely, VIHAAN, and a Gobaal Fund to Fight Aids, Tuberculosis and Malaria supported the project and two Targeted Interventions (Injecting Drug Users and Female Sex Workers).

### **VIHAAN**

The Project is being implemented in 2 states – Odisha and Chattisgarh through 15 Community-Based Organisations (CBOs) and NGO-SSR partners by setting up Care-and-Support centres (CSCs) for the People Living with HIV (PLHIV). Working in close coordination with the State AIDS Control Societies (OSACS & CGSACS), the project had provided care-and-support services to 2073 newly registered PLHIVs, most of them being on Antiretroviral Therapy (ART). Follow-up services were also provided to old clients. Six thousand one hundred and twenty-four registered PLHIVs (new

and follow-up clients) were provided at least one counselling service. Eighty four family members/partners were tested for HIV and received test result. Tuberculosis is the commonest opportunistic infection among PLHIVs, 5194 registered PLHIVs were screened for TB. Due to several reasons (side effects of medicine, poverty, non-acceptance of HIV seropositive status, etc) many PLHIVs tend to drop out of treatment and become 'Lost to Follow up' (LFU) cases. Through rigorous counselling and close follow-up by CSCs, 4254 LFU cases were successfully tracked back.

Looking into the outstanding performance of the outreach workers towards care-and-support programme for People living with HIV in Odisha, as per decisions of Odisha State AIDS Control Society, 3 outreach workers of Vihaan programme (Mr Ratnakar Pradhan, KNP+CSC, Khurdha, Mr Sanaton Behera, Angul CSC, Angul and Ms Lima Kiro, Sewak CSC, Sundargarh) were awarded trophies and certificates by the Health Minister of Odisha.

### **Targeted Interventions: Injecting Drug Users (TI-IDU) and Female Sex Workers (TI-FSW) Project**

The TI-IDU project covered 755 active IDUs and provided different services, namely 2450 counselling, 1447 were referred and tested at ICTCs for HIV out of which one was found to be positive. Fifty-two HRGs (High-Risk Groups) were provided with STI treatment through linkages, 7 with abscess treatment and 151 were tested for TB. During this period, 92084 needles and 171759 syringes were provided for safer injecting practices.

TI-FSW project facilitated HIV testing for 843 target population out of which none were found to be positive. Eighteen STI symptomatic cases were linked with the government healthcare facilities. Four hundred and twenty target population were referred to DMC for TB testing out of which none were found to be positive.



## MALARIA

Malaria continues to be one of the major public health problems in the state of Odisha. It carries 44% of the caseload of the entire country. LEPROA Society initiated the Intensified Malaria Control Project -3 (IMCP-3), supported by GFATM, as a Sub-Recipient, covering 1178 remote and inaccessible villages spread over three northern districts of Odisha, namely Mayurbhanj, Keonjhar and Sundergarh. The goal of the project was to reduce malaria-related morbidity by at least 50% and mortality by at least 50% in intervention areas by 2017. These districts are very high endemic for malaria with APIs 10.15 (27666 cases), 19.29 (37900 cases), and 13.74 (30480 cases) respectively at the end of 2016.

The project reported and treated 53672 Pf (Plasmodium falciparum) malaria cases during

the period which means the project has saved the lives of those many people. 10694 Pf positive cases received ACT treatment at the community level by the project Community Health Volunteers (CHVs) which included 2225 children below four years of age. The project distributed 17466 Long Lasting Insecticidal Nets (LLINs) fulfilling the allotted target. The IMCP-3 project covered 1036 villages under infotainment activities and 374 villages under miking programme. As a result, self-reporting of malaria cases increased significantly. The project provided training to 3181 ASHAs on a different aspect of disease management.

## EYE CARE

Those affected by leprosy and the general population who accessed varied services for different eye problems were treated with dedication and care at the Mahanadi Netra Chikitsalaya (MNC) situated

in Birmaharajpur, Sonepur and the Junagarh Netra Chikitsalaya (JNC). Similarly for the population residing in remote and unapproachable areas, both the projects established vision centres and conducted regular outreach camps to render eye-care services under Odisha Eye Care programme. During the year 2017-18, a total of 28,969 people availed MNC OPD services for different eye diseases which included 195 people affected by leprosy. Further, 5,330 persons (3,110 adult males, 1,933 adult female and 287 children) including 155

leprosy-affected persons accessed eye care services through various vision centres and outreach camps. Similarly 8801 blind persons underwent cataract surgeries for the restoration of vision and 10878 persons benefited through refraction services at the base hospital. Popular and patient-friendly schemes like Bidyarthi Drusti Surakhya Yojana, Karmachari Drusti Surakhya Yojana, School Screening Programme, low vision assessment camps etc enable quite a number of needy patients for availing need-based eye care services at MNC-LEPROA Society.



# TELANGANA



The organisation's advocacy efforts led to Adilabad District being declared endemic and further discussions with the National Leprosy Eradication Programme (NLEP) led to a leprosy case detection campaign (LCDC) being carried out for the first time during 2017.

In Telangana, by working with legislators LEPRO Society was able to ensure entitlements for people with lymphatic filariasis (LF). LEPRO Society helped establish district-level forums in Adilabad, Hyderabad and Mahabubnagar, by including persons with leprosy living in villages, especially leprosy affected women.

## LEPROSY AND LYMPHATIC FILARIASIS

Networking with government officials and local member of the Legislative Assembly enabled construction of customised and innovatively-designed toilets for persons with lymphatic filariasis-related disabilities in Kagaznagar. Nine hundred and six pairs of Microcellular rubber (MCR) footwear with podiatry padding were supplied to those suffering from grade 2 disabilities (G2D). In Adilabad, mental health issues impacting women

were highlighted and counselling (in several sessions along with family members) for this was provided to 88 women. The biggest challenge was the shortage of multidrug therapy (MDT) in some public health centres in Adilabad district. LEPRO Society is assisting the district in the provision of MDT and case holding activities.

The project promoted Self-Help Groups/Forums of people having Elephantiasis in different age groups for different genders. Forty-three LF affected persons benefited by the employment generation scheme (EGS). Thirty support groups were formed by the project with 310 members and enlisted issues for assistance.

The consultant of the Technical Resource Unit (TRU) of the state participated in the National Leprosy Eradication Programme (NLEP) review at Varanasi; the annual state NLEP review at Raipur and Allahabad; implemented the guidelines of ASHA-based Surveillance for Leprosy Suspects (ABSLS), Leprosy Case Detection Campaign (LCDC) district planning and NIKUSHT online report to the government of India since July; post-

evaluation of LCDC in Bellary district, Karnataka, and also participated in the internal evaluation of West Delhi RC (WDRC). The consultant visited Ranga Reddy and Medak districts and had a meeting with the District Leprosy Officers (DLOs) and nucleus team to discuss focal and contact surveys and inadequate MDT stock.

## TUBERCULOSIS

The five Designated Microscopy Centres (DMCs) 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 Koti (located at Dist Area Hospital) in Hyderabad city.

## HIV

Cheyutha meaning "helping hands" in Telugu, a Women's Community-Based Organisation

(WCBO - for and by women living with HIV/AIDS) established in 2005 with the support of LEPRO Society in Hyderabad, has been providing care and support services to women with a special focus on children infected and affected by HIV/AIDS. In 2016 the CBO became an independent body. A Generic Medical Shop was inaugurated on January 9, 2018. An official MoU was signed between Cheyutha WCBO and Indian Red Cross Society (IRCS) for a period of one year. Twenty-four children of the members were provided educational support. During the current year, three positive marriages were arranged. Under the livelihood project, Cheyutha gave sewing machines, pico machines and financial support to the members to set up their livelihood business. Fifteen babies were tested for PCR and were found HIV negative.





# RESEARCH

The Blue Peter Public Health Research Centre (BPHRC) is the research arm of LEpra 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 LEpra 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 is diagnostics, antimicrobial resistance, management of chronic wounds and behavioural aspects of treatment compliance.

## Leprosy:

Clinical and laboratory services: Leprosy-related services were provided to 163 persons of whom 68 were newly diagnosed leprosy cases. Slit-skin smear examination services were accessed by 130 persons.

## Clinical and laboratory research:

The current leprosy-related research undertaken at the Blue Peter Public Health Research Centre (BPHRC) is in line with the thematic priorities identified by the International Federation of Anti-leprosy Associations (ILEP) and WHO which aims to address knowledge gaps in leprosy transmission and disability prevention. The Blue Peter Public Health and Research Centre (BPHRC) was making a mark with outstanding research on early detection of leprosy through screening of healthy contacts and identification of better markers and novel approaches to detect *M.leprae* in clinical samples. In addition, studies on risk factors for the development of plantar ulcers and identifying appropriate management techniques for secondary infections were being conducted.

List of studies undertaken during 2017-18:

- Early detection of the disease through screening of healthy household contacts and identification of better markers and novel approaches to detect *M.leprae* in clinical samples (In-house study).
- Studying the risk factors for the development of plantar ulcers among people affected by leprosy to prevent disabilities by applying appropriate management techniques on secondary infections of lower limb ulcers. Promotes appropriate use of antimicrobials in the care of leprosy plantar ulcers (In-house).
- Leprosy Drug resistance Surveillance Studies (In-house): The research centre also continued to remain a sentinel centre for drug resistance surveillance studies in leprosy as part of the national lab network under National Leprosy Eradication Programme (NLEP). The centre's Head is a member of the NLEP-National Technical Resource Group (TRG) on leprosy drug resistance.
- Bacterial Bio-films and their Implication in Clinical Outcome of Chronic Plantar Ulcers in Leprosy (Funded by SERB-GoI).

## Lymphatic filariasis and NTD (neglected tropical diseases):

Laboratory Research: The Centre's research on LF is focussed on studying host-pathogen interaction to understand the immuno-modulations in filarial disease establishment among the immune-incompetent population against the endemic normal.

Disease Management & Disability Inclusion (DMDI): The Centre is part of the technical working group on "intervention toolkit" under disability management and inclusion group of the Neglected Tropical Disease NGO Network (NNN).





### Tuberculosis:

**Clinical and laboratory services:** The centre continued to provide both clinical and laboratory services in tuberculosis. About 100 patients were newly diagnosed with tuberculosis and appropriately managed as per the Revised National Tuberculosis Control Programme (RNTCP) norms. Nearly, 5000 sputum samples were tested as part of the Multi Drug Resistant (MDR) TB treatment follow up lab services under the public-private partnership with RNTCP.

### Clinical and laboratory Research:

List of studies undertaken during 2017-18

- 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) (LEPRA-ICMR-NIRT)

- Bacterial Heteroresistance and its Implications on Public Health Programmes- with TB as a Disease Model- to look at the role of multiple points testing instead of single point tests for detecting MDR in tuberculosis.
- Pitt-India- AIDS International Research and Training Programme Grant (Funded by Fogarty-NIH): The BPHRC conducted a joint research methodology workshop for staff and scientists from across LEPRAs, under this grant.
- 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

The research centre also phased out the ongoing TB-HIV projects which were not relevant in the context of the newly adopted research strategy.

## CHAHA

The grant from Oracle ensured access for 438 children (affected by leprosy) from twenty leprosy endemic districts in Telangana, Madhya Pradesh, Odisha and Bihar states to pursue education (formal and remedial). The programme served families which could not afford to send their children to school and youth who have discontinued their education and seek vocational skill development opportunities.

Details	Boys	Girls	Total
School education - students up to 10th Standard	126	96	222
Intermediate (10+2) students	48	40	88
Graduate students	38	34	72
Vocational students	18	17	35
Remedial coaching students	9	12	21
<b>Total</b>	<b>239</b>	<b>199</b>	<b>438</b>
Scholastic Material	195	149	344

# EVENTS

## Walk to Beat Leprosy

The eighth edition of the annual Walk to beat leprosy organised by LEPRAs Society was held on January 28, 2018. The chief guest on this occasion was Brigadier D. Vivekanand, Commandant, Army Hospital, Secunderabad. The guests of honour included Mr Sivaprasad, ACP and film actor Sesh Adivi (*Baahubali fame*). The highlight of the walk was the presence of about 300 people affected by leprosy who had come from the neighbouring districts. Placards displaying lines on myths and misconceptions of leprosy were carried by people affected by leprosy and others during the walk. An eclectic crowd (comprising people affected by leprosy, school children, nurses, corporate etc) of about 1500 people walked the two and a half kilometre stretch from the Parking Area (opposite People's Plaza) to NTR Garden and back.





## EVENTS

### Art show

Art from the Heart – an art exhibition by LEpra Society Head Office in association with Daira Art Gallery and Chitramayee State Art Gallery inaugurated by Amala Akkineni, actor-activist and founder of Blue Cross of Andhra Pradesh was held from April 28 to May 7 at the State Art Gallery, Madhapur. The inauguration was marked by a good gathering of artists participating in the show besides others which also included V. Rukmini Rao, Chairman, LEpra Society, Dr Urmila Pingle, Member, Management Committee, LEpra Society, Shilpa Reddy (Mrs World International) to name a few. About 75 paintings of well-known artists of the twin cities were on display. The event received press and media coverage and helped mobilise funds for people affected by leprosy!



# EVENTS

## Anti-leprosy fortnight celebrations

Across the states, the projects of LEPRAs Society organised the anti-leprosy fortnight with a series of events. A photographic capsule:

## International Women's day

Cheyutha, Women's Community-Based Organisation, observed the International Women's Day on March 8 at the Cheyutha premises, Gaddinnaram, Hyderabad. Anchor-Actor Ms Jhansi was the chief guest on this occasion. Mr Madan Mohan, Secretary, Indian Red Cross Society, Ashim, Chowla, Chief Executive LEPRAs and Ms Jayaprada and Ms Kavitha from Joy group attended.

## World TB Day

On March 24, an awareness rally was held in Hyderabad by Neglected Tropical Disease Resource Unit, Hyderabad, Telangana State.

## World Sight Day

This Day was celebrated on October 12 in Bihar wherein an awareness programme was organised at each district hospital in Bhagalpur, Begusarai, Samastipur and Purnea.

## Celeb visit

Actor and artist Amol Palekar visited SPARSH centre at Jamadoba along with his wife Sandhya Gokhale and daughter. They went around the centre and also interacted with the staff.



# LEPROSY 2017-18



Reactions Management	Andhra Pradesh	Bihar/Jharkhand/Delhi	Madhya Pradesh	Odisha	Telangana	Total
Type 1	20	76	29	304	51	480
Type 2	16	87	30	107	62	302
Neuritis	49	60	28	106	108	351
Persons /family members counselled	2211	2864	2189	5959	2469	15692
Persons provided with self-care kits	1524	333	354	1876	701	4788
DMPR clinics/ camps facilitated	133	12	237	1027	118	1527
Persons affected by leprosy linked with government schemes and entitlements	416	425	47	134	90	1112
Children provided educational support through Oracle grant	0	83	164	74	117	438
Frontline workers, government health staff trained in leprosy	2810	6384	449	155	623	10421

# LEPROSY 2017-18

Leprosy	Andhra Pradesh			Bihar/Jharkhand/Delhi			Madhya Pradesh			Odisha			Telangana			Total
	Men	Women	Children	Men	Women	Children	Men	Women	Children	Men	Women	Children	Men	Women	Children	
Persons affected by leprosy registered at the referral centre	506	310	27	2398	1109	345	1585	760	105	258	224	19	349	223	27	8245
New leprosy cases diagnosed and availed MDT treatment at government health facilities	181	115	23	940	529	177	186	76	14	52	31	30	138	108	23	2623
MB cases diagnosed	136	68	7	669	396	204	149	51	6	20	11	2	103	54	7	1883
GI disability among new cases	28	11	0	178	112	13	70	37	4	2	1	0	33	19	0	508
GII disability among new cases	36	17	0	192	113	16	117	43	2	3	2	0	35	12	3	591
Persons tested for slit skin smear examination	172	85	8	157	92	21	24	7	0	113	33	5	242	116	13	1088
Persons found skin smear positive	70	26	3	30	44	2	17	7	0	32	3	2	101	37	1	375
Persons assessed for nerve function impairment	1340	832	41	1172	745	164	941	478	52	1610	661	65	1594	778	124	10597
Persons identified with new impairment/disability	108	83	2	390	304	81	55	29	1	165	70	12	79	36	5	1420
Persons with ulcers treated	523	355	0	1730	963	44	320	137	7	1390	498	7	417	135	8	6534
Ulcers healed	145	98		1541	815	22	198	73	4	587	252	4	70	30	4	3843
Grade 1 protective footwear provided	14	19	0	1533	713	11	399	211	4	777	194	17	193	66	297	4448
Grade 2 protective footwear provided	672	326	1	727	517	7	183	106	3	1895	1057	6	742	209	68	6519
Grade 2 protective footwear provided (Mobile footcare unit in Bihar )				1750	748	13										2511
Persons referred for Reconstructive Surgeries	33	15	1	120	28	7	106	29	11	283	81	19	15	5	1	754
Persons underwent Reconstructive Surgeries	12	4	1	67	18	5	76	23	10	141	52	14	6	3	4	436
Persons with disabilities trained on self-care	1787	1099	40	627	510	35	545	293	33	6514	2632	248	1190	603	12	16168

# LYMPHATIC FILARIASIS

Lymphatic Filariasis	Andhra Pradesh			Bihar/Jharkhand/Delhi			Madhya Pradesh			Odisha			Telangana			Total
	Men	Women	Children	Men	Women	Children	Men	Women	Children	Men	Women	Children	Men	Women	Children	
Persons with lymphoedema/elephantiasis lined	428	754	0	16891	11857	364	1523	423	0	4493	4618	0	114	281	2	41748
<b>Access to package of recommended care for persons with lymphoedema,elephantiasis or hydrocele</b>																
Persons with lymphatic filariasis trained and practising community home-based prevention of disability due to lymphatic filariasis	1160	2273	5	6715	4120	87	119	111	2	599	907	0	196	924	5	16081
Persons reported with acute attacks	125	209	0	1814	3320	65	36	29	0	0	0	0	50	108	1	5757
Persons treated for acute attacks (72%)	156	260	0	908	2573	36	37	29	0	0	0	0	43	97	1	4140
Persons treated for entry lesions	764	1369	1	1052	1894	20	47	35	0	1	0	0	35	64	0	5282
Persons reported (75%) with entry points healed	401	809	0	682	1532	10	38	33	0	0	0	0	21	63	0	3589
Persons reported with reduced swelling	716	1537	0	1329	3127	70	28	57	0	22	44	0	72	260	1	7269
Persons received protective footwear	214	355	0	2859	5074	25	90	141	0	186	267	0	46	138	0	9395
Persons referred for hydrocelectomy	246			3352		110						0				3798
Persons underwent hydrocelectomy	52			1729		73						0				1895
	Andhra Pradesh			Bihar/Jharkhand/Delhi			Madhya Pradesh			Odisha			Telangana			Total
MMDP/IPoD camps organised	241			227			44			21			112			645
Self-care kits provided	3816			4141			355			0			385			8697
Self-support groups formed	30			119			20			128			30			327
LF affected persons linked with government schemes and entitlements	14			2622			16			134			155			2941
Frontline workers/government health staff trained in MMDP	2810			6384			449			155			623			10421



# TUBERCULOSIS (AXSHYA PROJECT)

Tuberculosis (Axshya Project)	Madhya Pradesh	Odisha	Total
Number of TB cases (all forms) notified among key affected populations/high risk groups (ACS and contact tracing)	1456	633	2089
Total notified TB cases, all forms, contributed by non-NTP providers - private/non-governmental facilities	1982	1462	3444
Number of children <5 in contact with TB patients who began IPT	96	60	156
Total notified TB cases, all forms, contributed by non-NTP providers - community referrals	627	389	1016
Number of unqualified private healthcare providers (both in urban and rural set-ups) who were engaged with RNTCP	179	7	186
Number of TB presumptive cases detected after contact tracing and tested at DMC	158	199	357
Number of TB presumptive cases with negative sputum results who were supported for getting tested through CXR (Chest X-ray) as per RNTCP protocol	2320	760	3080
TB-HIV- TB patients who had an HIV test result recorded in the TB register	1353	407	1760
MDR -TB Total number of DR TB patients who received counselling services	276	103	379

7 Microscopic centres of LEPRASociety (Telengana & Odisha)	Total
Chest symptomatic examined	4447
Total new cases detected	753
Total retreated cases	251
Total TB cases treated with DOTS	995
MDR-TB cases diagnosed	13
Cases put on DOTS	933
DOTS Plus	9
Children treated with INH Prophylaxis	172
TB HIV co-infection registered	30



# MALARIA, EYE CARE AND HIV

Malaria	Odisha
LLIN mapping/distribution to the vulnerable communities	17466
Number of reported fever cases with blood samples examined and tested with Rapid Diagnostic Kit at the community level	53672
Confirmed malaria (Pf +ve) received ACT at community by CHV	12456
People reached through community consultations	14085
Number of schools covered for prevention and control	30
Number of ASHAs trained	3183

Eye Care	Bihar			Odisha			Total
	Male	Female	Children	Male	Female	Children	
New cases accessed Base Hospital OPD	0	0	0	15475	11448	3088	30011
New cases accessed Vision Centres OPD	14113	16117	1159	277	218	62	31946
Cataract IOL Surgeries (*applicable for LMEH and JNC)	0	0	0	4556	4270	22	8848
Persons facilitated to undergo cataract surgeries at govt hospital	384	676	0	17	19	0	1096
Glaucoma cases diagnosed	0	0	0	148	94	7	249
Persons treated for glaucoma without surgery	0	0	0	106	49	7	162
Other surgeries	0	0	0	488	532	35	1055
Persons identified with Refractive Error (RE)	7877	8435	514	5323	3830	1126	27105
Persons provided spectacles	459	481	7	2638	2095	1746	7426

Odisha, Telangana and Andhra Pradesh				
HIV and AIDS	Male	Female	Transgender	Total
Number of people reached with a defined package of targeted HIV prevention activities	9700	9396	112	19208
Number of adults, adolescents and children accessing HIV treatment, care and/or support	2416	2180	35	4631

Odisha, Telangana and Andhra Pradesh	
2017-18	Total
No of PLHIVs registered in ART Centre and on ART	1100
No of PLHIV registered in the CSC linked to Govt. social welfare scheme	1334
Proportion of PLHIV lost to follow-up (LFU) brought back to treatment	3231
No. of HIV positive patients who were screened for TB in HIV care or treatment setting	2794
Education support to PLHA children	80
PLHIV's for nutrition support	66
Number of CBOs provided technical support in implementation	9

# INFORMATION, EDUCATION & COMMUNICATION

Information Education Communication initiative Outreach						
States/Diseases	Leprosy	LF	TB	HIV	Malaria	Total
Andhra Pradesh	129923	117110	9159	3193	13877	273262
Bihar/Jharkhand/Delhi	1170050	1165750	0	0	0	2335800
Madhya Pradesh	428292	10003	0	0	0	438295
Telangana	86741	48082	11439	310	0	146572
Odisha	79699	6089	232561	0	14085	332434
<b>Total</b>	<b>1894705</b>	<b>1347034</b>	<b>253159</b>	<b>3503</b>	<b>27962</b>	<b>3526363</b>

State	No. of meetings	People Participated
Andhra Pradesh	33	423
Bihar/Jharkhand/Delhi	326	1420
Madhya Pradesh	180	2670
Telangana	6	246
Odisha	173	718
<b>Total</b>	<b>718</b>	<b>5477</b>

# INTERNATIONAL TRAVEL: 2017-18

Month	Place	Purpose	Participants	Funded By	Expenses incurred (INR)
April, 2017	Switzerland	NTD Summit in Geneva and Disability Management and Inclusion (DMDI meeting in Bern)	Dr Aparna Srikantam	LEPRA	1,02,118.00
June, 2017	Zimbabwe	International HIV/AIDS Alliance Accreditation Peer Review	P Omprakash	International HIV/Aids Alliance	1,18,456.00
August, 2017	Cape Town	International AIDS Alliance Conference - Taking The Lead: Communities in Prevention	Pritha Biswas	International HIV/Aids Alliance	1,69,658.00
September, 2017	Dakar, Senegal	Neglected Tropical Disease Nongovernmental Organisation Network (NNN) Annual meeting	Ashim Chowla, Rachna Kumari & Dr Aparna Srikantam	LEPRA	50,902.00
October, 2017	Germany	ILEP Panel Meetings and ILEP Conference	Rachna Kumari & Anju Sadanand	ILEP Federation	18,633.00
October, 2017	UK	Meetings in LEPRA UK office	Ashim Chowla & P Omprakash	LEPRA	1,64,991.00
October, 2017	Bangladesh	Human Resource meeting and to understand the work of Lepra Country office, Dhaka, Bangladesh	Sunder Prakash	LEPRA Society	51,799.00
November, 2017	UK	International HIV/AIDS Alliance 57th Bi-annual Board of Trustees meeting	Ashim Chowla	International HIV/Aids Alliance	14,198.00
February, 2018	UK	Lepa UK Board of Trustees meeting	Ashim Chowla & Dr Rukmini Rao	LEPRA	1,32,494.00
March, 2018	UK	Disease Management, Disability and Inclusion	Dr Aparna Srikantam	LEPRA	57,098.00
March, 2018	UK	ILEP March meetings	Rachna Kumari	ILEP Federation	35,444.00
March, 2018	UK	International HIV/Aids Alliance Annual Directors meeting	Ashim Chowla	International HIV/Aids Alliance	50,420.00



## INDEPENDENT AUDITOR'S REPORT

To  
The General Body,  
M/s. LEPRASOCIETY,  
Krishhapuri, West Marredpally,  
Secunderabad, Telangana-500 026.

### Report on the Financial Statements

We have audited the accompanying financial statements of M/s. LEPRASOCIETY, which comprise the Balance Sheet as at 31<sup>st</sup> March, 2018, 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.

### Management's Responsibility 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 financial position, financial performance of the Society in accordance with the accounting principles generally accepted in India. This responsibility also includes maintenance of adequate accounting records in accordance with the provisions of the Act 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 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.vravulapalliandco.in

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We have taken into account the provisions of the Act, the accounting and auditing standards and matters which are required to be included in the audit report under the provisions of the Act and the Rules made there under.

We conducted our audit in accordance with the Standards on Auditing issued by the Institute of Chartered Accountants of India. 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 the 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. An audit also includes evaluating the appropriateness of the 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 aforesaid financial statements give the information required by the Act in the manner so required and give a true and fair view in conformity with the accounting principles generally accepted in India.



# Audit statement

LEPRA SOCIETY  
(REGISTRATION NO. 474 of 1989)

BALANCE SHEET AS AT 31ST MARCH, 2018

Particulars	Schedule	Amount in ₹	
		As at 31st March, 2018	As at 31st March, 2017
<b>Liabilities</b>			
Capital Fund	1	12,07,53,196	11,40,27,759
Social and Economic Rehabilitation (SER) Revolving Fund	2	23,22,168	23,22,168
Current Liabilities	3	48,29,361	58,44,769
<b>Total</b>		<b>12,79,04,725</b>	<b>12,21,94,696</b>
<b>Assets</b>			
<b>Fixed Assets</b>	4		
Gross Block		15,27,22,701	16,00,57,277
Less: Depreciation		9,79,85,096	10,37,63,347
Net Block		<b>5,47,37,605</b>	<b>5,62,93,930</b>
Current Assets, Loans and Advances	5	96,12,010	97,88,577
Term Deposits with Banks	6	3,42,70,542	2,84,87,088
Cash and Bank Balances	7	2,92,84,568	2,76,25,101
<b>Total</b>		<b>12,79,04,725</b>	<b>12,21,94,696</b>

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: 18/9/2018

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, 2018

Particulars	Schedule	Amount in ₹	
		For the Year ended 31st March, 2018	For the Year ended 31st March, 2017
<b>Income</b>			
Grants Received	8A	20,58,54,022	21,53,38,392
Interest	9	36,55,891	42,95,737
<b>Donations Received</b>			
- Foreign		48,882	30,005
- Local		45,20,555	31,01,956
Profit / (Loss) on disposal of Fixed Assets (Net)		(2,92,451)	(3,767)
Collections from Lepra Mahanadi Eye Hospital	14 A	4,06,67,805	3,42,42,233
Other Income	14 B	8,63,116	6,58,373
<b>Total</b>		<b>25,53,17,820</b>	<b>25,76,62,929</b>
<b>Expenditure</b>			
Salaries, Staff Welfare and Training Expenses	10	11,11,39,154	10,48,96,132
Grants given to Projects Aided	11	1,54,03,282	1,34,39,388
Medical and Programme Expenses	12	9,67,40,762	10,11,81,383
Maintenance and Administrative Expenses	13	1,52,53,408	1,70,90,523
Depreciation	4	73,57,023	93,06,572
<b>Total</b>		<b>24,58,93,629</b>	<b>24,59,13,998</b>
<b>Surplus / (Deficit) carried over to the balance sheet</b>		<b>94,24,191</b>	<b>1,17,48,931</b>

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: 18/9/2018

For and on behalf of LEPRA SOCIETY

Dr. V Rukmini Rao  
Chairman

Ashim Chowla  
Chief Executive  
cum Treasurer

P. Omprakash  
Head (Finance)

- In the case of Balance Sheet of the Society as at 31<sup>st</sup> March, 2018.
- In the case of Income and Expenditure account, of the excess of income over expenditure for the year ended on that date.
- In the case of Receipts and Payments Account, of the total receipts and Payments for the year ended on that date.

for V RAVULAPALLI & Co.,  
Chartered Accountants

CA. V Ravulapalli  
(Partner)  
Firm Regn. No.007962S

Place: Hyderabad

Date: 18/09/2018

# Audit statement

LEPRA SOCIETY  
(REGISTRATION NO. 474 of 1989)

## RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2018

Particulars	Schedule	Amount in ₹	Amount in ₹
Opening Cash and Bank Balances as at 01st April, 2017 (A)	7		2,76,25,101.00
<b>Add: Receipts</b>			
Grants Received	8		20,58,54,022.00
Grants-in-Kind - Fixed Assets & Medicines (per contra)			14,500.00
<b>Interest Received</b>			
- On Fixed Deposits - Foreign Contribution Regulation Act (FCRA) Account		2,61,439.00	
- On Fixed Deposits - Local Donation Account		16,44,295.00	
- Bank Interest - Foreign Contribution Regulation Act (FCRA) Account		5,96,752.00	
- Bank Interest - Local Donation Account		9,89,426.00	
- Interest on refund of TDS		54,895.00	35,46,807.00
<b>Donations Received</b>			
- Foreign Donations		48,882.00	
- Local Donations*		45,19,555.00	45,68,437.00
Other Receipts	14		6,00,05,647.00
Term Deposits received during the year			35,63,896.00
<b>Total Receipts (B)</b>			<b>27,75,53,309.00</b>
<b>Less: Payments</b>			
Grants given to Projects Aided	11		1,54,03,282.00
<b>Investments (purchases of assets):</b>			
- Buildings		15,82,000.00	
- Medical Equipment		32,47,363.00	
- General Equipment		14,35,654.00	
- Vehicles		29,66,296.00	92,31,313.00
Grants-in-Kind - Fixed Assets (per contra) Received			9,200.00
Grants-in-Kind - Assets below Rs 5000/- (per contra) Received			5,300.00
Salaries, Staff Welfare and Training Expenses	15		11,14,76,964.00
Medical and Programme Expenses	16		9,70,85,023.00
Maintenance and Administrative Expenses	17		1,50,13,943.00
Others	18		1,83,21,467.00
Term Deposits made during the year			93,47,350.00
<b>Total Payments (C)</b>			<b>27,58,93,842.00</b>
Closing Cash and Bank Balances as at 31st March, 2018 (A+B-C)	7		2,92,84,568.00

\*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

As per our report of even date attached

For V Ravulapalli & Co.,  
Chartered Accountants  
Firm Registration No. 0079828

CA. V Ravulapalli  
Partner  
M. No. 206523

Place: Hyderabad  
Dated: 18/3/2018

For and on behalf of LEPRA SOCIETY

Dr. V Rukmini Rao  
Chairman

Ashim Chowla  
Chief Executive  
cum Treasurer

P. Omprakash  
Head (Finance)

## 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.)

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 Staff Rs. 55,000 - Rs 2,46,000

Middle Management Staff Rs. 40,000 - Rs 65,000

Supervisory level Rs. 11,000 - Rs. 40,000

Junior level Rs 6,500 - Rs 15,000

## HUMAN RESOURCES

S.No	Positions	Gender		Total
		Men	Women	
1	Senior Management Staff	8	1	9
2	Middle Management Staff	79	17	96
3	Supervisory Level	164	59	223
4	Junior Level	53	14	67
	<b>Total</b>	<b>304</b>	<b>91</b>	<b>395</b>



*“It is heartening to see strengthened emphasis on Neglected Tropical Diseases (NTDs) by WHO, Global Leaders and a wide range of Indian stakeholders, including funding agencies and NGOs. Focussing on NTDs is crucial and needs to be addressed before the SDG2030. This is an excellent opportunity for LEpra Society, which has been working in leprosy and lymphatic filariasis for nearly three decades. If we seize the moment, we can walk the last mile, which is always the most difficult with chronic problems that face poor and marginalised people.”*

**R. Madhavan**

*Award winning actor and producer*



**LEpra SOCIETY**

Plot No. 17, Krishnapuri Colony, West Marredpally, Secunderabad 500 026, Andhra Pradesh, India

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[www.leprasociety.org](http://www.leprasociety.org) [www.facebook.com/LEPRAIndia](https://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) (175%) of Income Tax Act 1961