

# LEPRA

® Registered as LEPRA Society



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

Phone: +91 (40) 44586060/27807314

Email: [info@leprahealthinaction.in](mailto:info@leprahealthinaction.in)

[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) (150%) of Income Tax Act 1961.*

## Putting people first

Annual Report 2019 - 20



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## Vision

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

## Purpose

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

## Goals

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

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



## Values

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

## Strategic Pillars

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





## Introduction

The thirty-year-old NGO, LEPRAs (registered as Society in 1989), has earned the reputation of being one of the leading organisations working for people affected by leprosy. In the last three decades, it has provided treatment and care to people affected by leprosy as well as those suffering from lymphatic filariasis (LF), tuberculosis (TB), HIV/AIDS and eye problems. While dealing with leprosy and lymphatic filariasis, two of the Neglected Tropical Diseases (NTDs), LEPRAs technical expertise has aided it in providing not merely case detection, treatment, disability care, rehabilitation, community mobilisation but a holistic approach in tackling the diseases through counselling, advocacy and envisaging the welfare of those affected. Hence, LEPRAs has provided new paradigms in health care (some of which has been adopted by the state governments), reached the hard-to-access and remote areas, envisioned the wellness and the welfare of the affected by also sensitising people and disseminating information among them about the diseases, tackling prejudice and discrimination faced by people who are subjected to social exclusion and ensuring a well-meaning life of inclusion in the societal mainstream with emphasis on dignity and productivity. LEPRAs works closely with community-based organisations (in leprosy, LF and HIV/AIDS) helping them in advocacy to fight for their rights and entitlement for improving their living conditions.

The geographical span of LEPRAs work covers 141 districts in the states of Andhra Pradesh, Bihar, Chhattisgarh, Delhi,

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Leprosy has been the core area of work over the last three decades at LEPRAs. The organisation's forte lies in disability prevention, care and management as well as specialised treatment of reactions. It extends treatment and care through the referral centre, a one-stop treatment hub for leprosy and LF located in the states it works in (situated in LEPRAs location or in collaboration with district hospitals). These are directly managed or jointly run with partner organisations and integrated within government health facilities and located in the most endemic areas of the states. With the main objective being to

## Introduction

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 Multi-cellular Rubber (MCR) footwear; counselling and promotion of self-care practices; supporting the prevention of disability (POD) clinics as part of DPMR; capacity building training of health facility staff and coordinating and networking.

LEPRA initiated interventions in lymphatic filariasis in 2006 covering Puri and Ganjam districts of Odisha. Currently, LEPRA is implementing eight LF projects in 17 endemic districts of Bihar, Jharkhand, Odisha, Andhra Pradesh, Telangana and Madhya Pradesh. The core activities of the LF project includes mapping and listing; morbidity management and prevention of disabilities (home and community-based), self-support groups; foot care; treatment of complications, capacity building, support Mass Drug Administration implementation; socio-economic rehabilitation, social audits, networking for system strengthening and referral of people with hydrocele for surgery. LEPRA followed the integrated approach to treat people affected by leprosy and LF. This has resulted in better outcomes as it has provided relief to many



suffering these two diseases.

Tuberculosis (TB) is another operational area for LEPRA since 1996, which encompasses community mobilisation, direct delivery of services, private sector engagement, capacity building, communication and advocacy, and research linked to laboratory-related work in TB. LEPRA established the Blue Peter Public Health Research Centre (BPHRC) in 1999, which is the first private laboratory in the country accredited by the Central TB division for culture and drug susceptibility testing for M.Tb. It is a member for TB care and control in India, Stop TB Partnership, and the Initiative for Promoting Affordable and Quality TB Tests (IPAQT), NGO Health Consortium India, and it has close network and linkages with the Revised National Tuberculosis Control Programme (RNTCP) of Telangana, Madhya Pradesh, Bihar, Sikkim, Odisha, and Andhra Pradesh.

Intervention in HIV/AIDS began in 1995 with a pilot project to improve treatment-seeking behaviour for Sexually-Transmitted

Infections (STIs) among truck drivers and reduce the prevalence of HIV. LEPRA subsequently implemented the Frontiers Prevention Project in partnership with the International HIV/AIDS Alliance between 2001 and 2005. The HIV/AIDS programmes include strengthening and enhancing HIV services to the marginalised communities, taking up issues of health, rights, stigma and discrimination to delivering quality programmes. The organisation helped in the formation of community-based organisations like Cheyutha in Telangana and Sreyassu in Andhra Pradesh.

Malaria was another domain entered by LEPRA in Andhra Pradesh, Telangana and Odisha. Under malaria control, the projects promoted preventive and control measures in partnership with the governments' malaria control programme. The organisation distributed bed nets and reduced the incidence through early case detection, introduced behaviour change communication and built-up the capacity of government health staff and frontline workers. LEPRA pioneered the concept of Malaria Samadhan Sibirs in Odisha (particularly in Mayurbhanj district) which was later adopted by the state government.

LEPRA also stepped into eye care. All the leprosy projects had an eye-component in them. It set up two hospitals in Western Odisha, namely the Mahanadi Nethra Chikitsalaya in Birmaharajpur and the Junagarh Nethra Chikitsalaya, besides vision centres and a strong eye-care

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programme in Bihar. LEPRA is a member of VISION 2020, a national forum in India committed to the prevention of blindness and an active partner in the National Programme for Control of Blindness (NPCB) for the prevention of blindness in Western Odisha.

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## Where we work



State	Place	Locatiton
<b>Andhra Pradesh</b>	Vijayawada	Government General Hospital
	Vizianagaram	Maharaja District Hospital
	Eluru	Government General Hospital
<b>Bihar</b>	Munger	Managed by LEPRO
	Raxaul	Little Flower Hospital
	Samastipur (urban)	Sadar Hospital
	Hasanpur	Community Health Centre
	Morwa	Community Health Centre
	Kalyanpur	Community Health Centre
	Warisnagar	Community Health Centre
	Khanpur	Community Health Centre
Pusa	Sub-Divisional Hospital	
<b>Jharkhand</b>	Jamadoba (Jharia)	TATA STEEL
<b>Delhi</b>	Delhi (West)	Guru Gobind Singh Govt. Hospital
<b>Madhya Pradesh</b>	Sanawad	Khargone (LEPRO)
	Sendhwa	Civil Hospital Block
	Panna	Government Hospital
<b>Odisha</b>	Bargarh	DLO Office
	Ganjam	MKCG Medical College, Berhampur
	Mayurbhanj	PRM Medical College, Baripada
	Cuttack	Leprosy Home and Hospital
	Dhenkanal	DHH
	Bolangir	SLM Medical College, Bolangir
	Sonepur	Janmura GP, Opp PWD office, Sonepur
	Koraput	Behind Collectorate, Koraput
<b>Telangana</b>	Hyderabad	Government Leprosy Training Centre
	Hyderabad	LEPRO Blue Peter Public Health Research Centre
	Mahbubnagar	District Hospital
	Nirmal	Area Hospital
	Kagaznagar	Community Health Centre



## Since 1989

**5,65,599**

Treated for leprosy

**2,51,797**

Specialised footwear provided

**95,512**

Availed disability care

**12,060**

Reconstructive surgeries performed

## 2019 - 2020

**9,430**

Persons registered/  
accessed services

**2,270**

New leprosy cases  
diagnosed by LEPROA

**11,880**

Specialised footwear provided

**11,299**

Persons with disability trained  
in self-care

**8,353**

Persons assessed  
for nerve function  
impairment

**3,476**

Persons treated  
for ulcers

# Andhra Pradesh



In Andhra Pradesh, an increase in leprosy is noticeable compared to the previous year's data despite measures such as the Leprosy Case Detection Campaign (LCDC) and Focused Leprosy Campaign (FLC) conducted on a regular basis, especially in areas from where deformity cases were reported. Continuous efforts were made for early detection in the form of surveys (Contact, Focal, Rapid Enquiry Survey and Special Surveys) and close follow-up of children from leprosy-affected families. The organisation also supported the Disability Prevention and Medical Rehabilitation (DPMR) services, which is not prioritised

by the government health system. The specialised services towards prevention and management of impairments and disabilities were undertaken by the Neglected Tropical Disease Research Unit (NTDRU).

## Leprosy and lymphatic filariasis

LEPRA was one of the members in the State-level Planning and Implementation of the Leprosy Case Detection Campaign (LCDC) in 2019 and SPARSH Leprosy Awareness Campaign (SLAC). The state team of LEPRA engaged effectively in the planning and implementation of LCDC and SLAC in the project operational sites and in the month-long campaign for generating awareness of leprosy in the communities followed by survey programmes for early detection of leprosy cases. During this year, the Government of Andhra Pradesh took up the intensified case detection campaigns twice and engaged different government departments and ILEP (International Federation of Anti-Leprosy organisations) agencies for community awareness and survey initiatives. LEPRA collaborated with the state health department in planning and monitoring

the campaigns. In both the campaigns, 1410 new cases were identified.

The family members of persons affected with leprosy and LF were educated with regard to self-care practices and the significance of regular usage of footwear. In three colonies, the local shoemakers were oriented on the preparation of leprosy footwear.

LEPRA, along with the government, facilitated self-care camps in the leprosy colonies of the districts. With the support of nearby Primary Health Care Centre it was possible to visit nine leprosy colonies on a monthly basis. Medicines for general ailments were also being provided in these camps.

The District Leprosy Forums in Krishna and Vizianagaram districts had given their representations for the increase in pensions for persons affected with leprosy. With LEPRA's efforts, the state government passed a Government Order whereby all the leprosy-affected persons with (varying) disabilities get a pension of Rs 3000/-.

The mobile foot care unit, supported by Pavers, UK, covers leprosy colonies and communities in five districts of Andhra Pradesh. It provided 1500 pairs of customised protective footwear to the leprosy-affected and 100 pairs for those with LF and ulcers/wounds during this year. The unit also supplied protective footwear to the government for Grade 2 disability cases in the communities where LEPRA is implementing its interventions.

Following the request of the State Health Society, the colonies in Ananthapur, Kadapa and Chittoor districts were also covered.

To address lymphatic filariasis, the Neglected Tropical Disease Resource Unit is implementing activities in the two referral centres at Vijayawada and Visakhapatnam. It also supports the mandal and village-level forums of persons affected by lymphatic filariasis and aids in capacity building to advocate for their rights and entitlements.

The Arogya Darsini project, supported by the Indo-American Development Health Organization (IADHO), is focussing on leprosy and LF now from HIV/non-communicable diseases. Active case detection surveys that include contact surveys, school surveys, focal surveys and special surveys have been carried out in seven mandals of Krishna and Guntur districts. The project is operational in 11 health facilities (Primary Health Centres and Urban Health Centres in the operational sites for conducting disability care camps).

## WASH and NTDs

Under the Water and Sanitation Hygiene Project (WASH) supported by Water Aid in Vizianagaram, cost-effective WASH models were designed in the villages and were advocated to the government for replication and scale-up. The mandated institutions viz., Village Water and Sanitation Committees (VWSC) and



## Andhra Pradesh

School Management Committees (SMC) in the operational four Gram Panchayats (GP) and nine schools were strengthened. Such supported committees evolved as federations at the mandal-level which represented WASH issues with the concerned officials i.e. Mandal Parishad Development Officers and Mandal Education Officers for taking corrective measures.

In the operational villages, drinking water security hardware requirements were provided in the form of the community storage tank, groundwater recharge structures etcetera. The project supported nine schools with water pipelines which were extended for ensuring safe drinking water and effective use of the existing hand wash platforms.

The Phase I proof of concept project/pilot *Ending NTDs through WOMEN-led WASH: Accelerating Impact in India through Women's SHGs* was implemented in 128 villages in NTD endemic and WASH poor districts in Andhra Pradesh and Odisha from April 2018 to March 2019. It had a developmental goal of contributing to ending NTDs among vulnerable and at-risk communities living in these villages, through sustainable women-led WASH initiatives.

This project is now called Jagruti and it is being implemented in 18 villages with 25 Community Resource Persons (CRPs) who will target 7204 households reaching a population of 31667. A



hundred and fifty-one people affected by NTDs live in these 18 villages.

The Project completed the training of staff and CRPs. The CRPs actively engaged in the Information Education Communication/Behaviour Change Communication (IEC/BCC) and Social Behaviour Change Communication (SBCC) activities and were able to bring change among the villagers by promoting aspects of WASH. The team engaged in the Government Health Programmes like the de-worming campaign, anti-leprosy fortnight initiatives and reached nearly 17707 people. Collaboration with the Integrated Child Development Scheme (ICDS) under the Women Development and Child Welfare department resulted in low-cost nutritional demonstrations and follow-ups of ante-natal and post-natal cases. Two/three WASH issues from each village were identified during the operation of this project. Seventy-six Self-help Group leaders (SHG) were trained on WASH rights and schemes during the first phase of training. The WASH issues were identified village-wise with the

support of CRP and federation leaders. Advocacy activities were initiated by identifying local key influential people and stakeholders.

The CRPs did commendable work in the promotion of hygiene behaviour, sanitation measures, identification and referrals of NTDs to the health care facilities. They promoted hand hygiene, motivated the people to construct toilets in the rural villages and conducted school campaigns apart from educating adolescents and women on Menstrual Hygiene Management. The repair works, chlorination, water quality testings were made in close collaboration with the Panchayats and the RWS department. During the pandemic, the CRPs are raising awareness in the communities by disseminating COVID-19 related messages; hand hygiene with a specific focus on respiratory hygiene; social distancing in the rural/tribal villages. The CRPs are continuing their efforts in the promotion of hygiene behaviour among the villagers and sanitation measures in the villages. The Government of Andhra Pradesh engaged women in self-help groups for preparation of masks. In the operational areas of 14 gram panchayats, the 70 self-help groups of Mentada block were engaged in the preparation of cloth masks. They made 45450 masks as a group. Three CRPs from Jagruti Project who knew tailoring facilitated this initiative and completed nearly 3759 cloth masks.

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### HIV/AIDS

Under the guidance of LEpra, Sreyassu, the Community-based Organisation (CBO) for People Living with HIV/AIDS (PLHIV), took up advocacy initiatives at the state and district levels. It also commenced initiatives like providing foster care for children from HIV affected families, higher education support and supplementary nutrition for HIV and HIV/TB co-infection cases besides the early identification of PLHIV and regular treatment, outreach, counselling and nutrition support. The PLHIV are strongly advocating for their rights with the government for accessing social entitlements. The CBO had taken up mushroom farming as a livelihood promotional activity and scaled it up this year, thereby moving towards sustainability. Sreyassu's endeavours are supported by KCP Cements, RAMCO Cements and Ultratech Cement.

## Bihar

The health scenario in this state has been abysmal and there are more than 20,000 new cases of leprosy every year since a decade. A cause for concern is the children-related cases below the age of fifteen which constitutes 14-16 per cent of the newly detected cases. Disability among new cases which stands at 7 per cent is yet another matter of grave concern. This is indicative of the persistence of infection in the community and late detection of new cases. Efforts were undertaken to identify hidden cases of leprosy through the rapid enquiry survey focused on the marginal community and unreached areas. Such attempts were successful as 298 (MB-101, PB-197) cases were found in just one block of Samastipur and Munger districts. The districts were prioritised on the basis of low and high endemicity. Of these, 63 per cent were from marginalised population segments, 56 per cent were women, 16 per cent were children, 3 per cent had Grade 2 disability (G2D) and 5 per cent were detected with lepra reaction and neuritis. The mobile foot care unit provided 1232 pairs of protective footwear to 866 men and 366 women affected by leprosy.

Seven Morbidity Management and Disability Prevention (MMDP) clinics were embedded in the Primary Health Centres (PHCs). One new MMDP Centre was established in Khanpur (Samastipur). The MMDP clinics provided free services to 2015 people affected by leprosy and lymphatic filariasis (LF).

LEPRA succeeded in its advocacy with the Bihar government for inclusion of hydrocele and fixed the target of hydrocele surgeries for each district. The State Health Society (SHS) issued a letter for the scale-up and prioritisation of hydrocelectomies in a camp mode at districts. In addition, there is a mention of purchasing self-care kits and promotion of morbidity management at Primary Health Centres (PHCs). The line-listing of cases at the district level is due to LEPRA's Restoring Lives of Forgotten People project (RLFP) which has been commended by the state government.

With the support of LEPRA, four districts are conducting free hydrocele surgery camps in the affected communities.



Hydrocele surgeries are being scaled-up to a pace never seen

before and the self-care kit helped promote morbidity management among the beneficiaries. The second phase of Mobilizing Men's Health project funded by Vodafone Foundation was initiated in Kaimur district after the successful implementation in Munger district.

The Joint Effort to Elimination of Tuberculosis (JEET), a project supported by Global Fund to fight AIDS, TB and Malaria (GFTAM), operational in four districts of Uttar Pradesh, namely, Varanasi, Gorakhpur, Allahabad and Jaunpur, line-listed 823 private providers and notified 10519 TB cases (out of which 41 per cent were women) from the private sector (urban) and facilitated treatment in four locations of Uttar Pradesh.

The Rural Eye Health Programme, in partnership with Sightsavers, continued to prevent avoidable blindness in Munger, Bhagalpur, Begusarai, Samastipur and Purnea districts.

### Leprosy and lymphatic filariasis

The Neglected Tropical Diseases Resource Unit (NTDRU) implemented in three districts focused on lymphatic filariasis and leprosy. Major activity has been planned in three districts: Bhagalpur, Munger and Begusarai.

The main activities of the project included attempts to increase case identification at an early stage, refer them to government health institutions for treatment, organising Integrated Prevention of Disability (IPOD) camps, training to project stakeholders, Accredited Social Health Activists (ASHAs), Anganwadi Workers (AWWs), Medical Officers (MOs) and observing SPARSH Leprosy Awareness Campaign. Similarly, the project is extending support to District Health Society (leprosy) for implementation of National Leprosy Eradication Programme (NLEP) in terms of planning, monitoring, capacity building of stakeholders, Information, Education and Communication (IEC) activities, and Disability Prevention and Medical Rehabilitation (DPMR) camps.

The Integrated Prevention of Disability camp was conducted with the support of community stakeholders such as ASHAs, AWWs, Panchayat Raj Institution (PRI)



## Bihar



Parvarish Yojana (BSKKY) for better livelihoods, counselled them for reconstructive surgery (RCS) to overcome Grade2 disability in leprosy cases. The LF affected people were linked with other government schemes. Consequently, there were reduced acute attacks, affected persons' entry points healed and reduction of swelling in the LF-affected persons. Also, complication management of cases of neuritis and reaction was managed by steroid, physiotherapy, and aids and appliances were provided to people affected by leprosy. Protective footwear was provided to leprosy patients in three districts and LF patients.

members, teachers and volunteers at the village level. The persons affected by leprosy and LF were registered and demonstrated self-care practices. The camp focussed on addressing children, women and other vulnerable groups.

The NTDRU provided self-care kits for complication management like acute attacks, healing of ulcers and entry points in LF affected persons and linked leprosy-affected persons to government schemes like Bihar Shatabdi Kustha Kalyan Yojana and

Munger district is one of the endemic districts for leprosy, lymphatic filariasis and other vector-borne diseases. The Munger referral centre set up in 2005 is a one-stop hub for quality services for treatment and disability management which also includes self-care. The centre also manufactures protective customised footwear, treats reaction and complication cases, does ulcer care and home management for LF. Prevention of Disability (POD) and Prevention of Worsening of Disability (POWD) are integral aspects. The Munger centre also trains stakeholders

like ASHAs, Auxiliary Nurse Midwife (ANMs), AWWs, empowers people affected to access entitlements, provide aids and appliances for complication management. The Centre staff was actively involved in advocacy at the district level for LCDC programme in Mahadalit Tola. The project team was drawn into micro-planning and training at the district.

The Little Flower Hospital (now a referral centre) at Raxaul provided OPD services to old and new patients affected by leprosy and LF. Complication management was done for reaction and neuritis cases in leprosy and ulcer cases treated in the period. During this year, the centre manufactured 477 pairs of protective footwear (Grade 1 and Grade 2) – and 462 pairs were provided to leprosy-affected persons and 15 pairs for LF patients. At Raxaul it was found that regular practices of self-care techniques are more helpful in reduction of swelling, acute attacks and healing of entry points, and mobility of everyone could be increased after regular practices of home-based care.

There is also a high school where 400 students are studying. The Little Flower Welfare Association runs a dairy, is into agriculture and production of khadi besides maintaining 22 colonies with more than 3000 inhabitants.

In order to supply protective footwear to people affected by leprosy and LF, meet the demand of the organisation



and the governments, LEPRAs opened a production unit called Sarthak in Patna given its experience in the manufacture of footwear for two decades. This Sarthak unit started the supply of footwear on government orders in Bihar, Jharkhand and for the International Federation of anti-Leprosy organisations (ILEP). This customised product protects from external trauma and injury and provides shock absorption. Usage of this footwear has helped in the decrease of the stigma of those affected by leprosy and LF and lead to an increase in demand for such footwear.

Mobilizing Men's Health, a Vodafone Project, started in 2018 with a year-long pilot intervention in Munger district. The second phase of this project was started in Kaimur where a household survey of Bhabua and Mohania sub-divisional area was initiated which covered 200 villages, alongside networking with district government health facilities to collect filariasis-related data from the government. In August 2019, LEPRAs participated in the 12th round of the Mass Drug Administration (MDA) programme.



## Bihar

The second phase of this Mobilizing Men's Health Project focuses on building capacity of the district and government health care facilities to provide hydrocelectomies and facilitate these operations over a period of two years.

The project line-listed a total of 1970 persons with hydrocele in this year and shared the data with the government; conducted 1000 surgeries out of which 700 hydrocele surgeries were carried out in private hospitals and 300 in government health facilities; carried out IEC activities, which were very effective and conducted twice over the year; initiated hydrocele surgery at ten government health facilities (eight Primary Health Centres, one District Hospital and one Sub-divisional Hospital) and the government allocated one-day-a-week for performing hydrocele surgery; organised two Rural Medical Practitioner (RMP) workshops, which proved fruitful for the promotion of hydrocele surgeries and helped get a directive for the government health staff to prioritise hydrocele surgery as an important activity in the general services. The support from media representatives helped in dissemination of information while social activists, politicians, doctors and surgeons helped with different aspects of the project's implementation this year.

Due to this, the people affected and communities became aware of the importance of hydrocele surgery and

### **Enquiry Survey (RES) and special population survey in one Kalyanpur block of Samastipur district. The RES focused on marginal communities and unreached areas leading to detection of 190 cases.**

began accessing health facilities for surgery without any hesitation thanks to information provided by the local community ambassadors, who played a pivotal role in motivating affected men to undergo hydrocele surgery.

Restoring the Lives of Forgotten People (RLFP) project at Samastipur has completed its fifth-year of implementation and a total of 121217 people affected by lymphatic filariasis (117370) and leprosy (3847) received timely treatment, care and support. Among them were people affected with lymphoedema, (79586), hydrocele (37784) and leprosy (3847) during the project span of five years.

In 2019-20, the project organised 561 Morbidity Management and Disability Prevention (MMDP) camps at the community level reaching a total of 28943 people comprising 27665 LF (15778 lymphoedema; 11887 hydrocele) and 1278 leprosy cases and trained them in self-care practices and home-based management. The project



unreached areas leading to detection of 190 cases. Ensuring participation of the influential persons in the local community LEPRA's works helped in mitigating the stigma and discrimination.

The morbidity management and disability prevention efforts

staff conducted periodic home visits. Reduction in swelling of limbs and in the frequency of acute attacks was also visible in the LF affected persons. At the community level, 250 Self-Support Group (SSG) meetings were attended by 4166 (Men - 989, Women - 3177). Simultaneously, 34 home-based care trainings were conducted for strengthening SSGs for accessing social entitlements and extending support to persons affected by LF. A total of 7002 cases comprising 6365 people affected by LF and 637 leprosy patients were able to access government-sponsored social schemes.

The project team also conducted an efficient active detection method to enable identification of leprosy in the early stages thereby reducing the risks of contracting disability later in life. The approaches of case finding were Rapid Enquiry Survey (RES) and special population survey in one Kalyanpur block of Samastipur district. The RES focused on marginal communities and

were appreciated by District Health Society (DHS) as well as State Health Society. LEPRA has been requested by the government for conducting training of trainers (TOT) in the state and district.

Affected people are engaged in the Jeevika group and playing a lead role in microfinance, which promotes their livelihood. The leaders of various groups participated in the social audit and shared their positive experiences, benefits of the project and accessing services from the public hospital and social entitlements.

### **Tuberculosis**

This disease claims over 435000 Indian lives each year, which places it among the top ten causes of death in the country. India also has the largest burden of multi-drug-resistant TB (MDR-TB) among all countries, with almost 150000 cases every year.

LEPRA is working intensively in tuberculosis in Uttar Pradesh, with the

## Bihar

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Global Fund to fight AIDS, tuberculosis and malaria project JEET (Joint Effort to Eliminate Tuberculosis) operational in four districts of Varanasi, Gorakhpur, Allahabad and Jaunpur from April 2018. The JEET project aims to set up effective and sustainable structures to strengthen existing systems and seamlessly extend quality TB care to patients in the private sector along with patient management across the continuum of care i.e. treatment and adherence of patients along with monitoring and reporting. Recently, LEPRA has been awarded one more district (Sitapur) under this project.

A total of 18992 people are notified by the private providers and among them, 7945 people received Direct Benefit Transfer (DBT) wherein that cost is being provided for food and nutrition. The Cartridge Based Nucleic Acid Amplification Test (CBNAAT), also known as Gene Xpert MTB/RIF assay, is a novel integrated diagnostic device for the diagnosis of tuberculosis and rapid detection of RIF resistance. The

CBNAAT machine is also helping in the detection of drug resistance tuberculosis (DRTB). About 5384 samples have been collected for the CBNAAT and 1888 people amongst them were found positive and put under the treatment. The efforts are continued, and 1116 private providers are engaged in the Revised National Tuberculosis Control Programme (RNTCP).

### Eyecare

LEPRA, in partnership with Sightsavers and District Health Society, has been implementing Netra Vasant, a rural eye health project for strengthening of eye health systems and promoting cataract surgery since January 1, 2015 in five districts of Bihar state, namely, Munger, Bhagalpur, Begusarai, Samastipur and Purnea districts. Due to the successful implementation and outcome, three more districts, namely, Arwal, Jehanabad and Siwan have been included from January 2020. The partnership has strengthened systems and increased referrals to district hospitals for accessing the eye-care services. In 2019-20, a total of 4050 people (men-1821, women-2229) screened for cataract were referred to the District Hospital. Children were treated for refractive errors and provided spectacles. The Project extended eye-care services at the PHC level. More cataract cases are being screened with support of ASHAs at PHCs. Free cataract surgeries are being conducted in districts and people are benefitting by it.

## Delhi



In 2012, the West Delhi Leprosy Referral Centre (WDRC) was established in partnership with the State Leprosy office in the premises of the Guru Govind Singh Government Hospital in the West Delhi region, covering four colonies, in particular; Tilaknagar colony, Patel Nagar colony, Raghubir Nagar (all slum colonies) and Peeragarhi colony.

The WDRC has provided protective customised footwear, held Integrated Prevention of Disability camps (IPOD) in the colonies and Disability Care Camps in the centre where training sessions were held for people affected with leprosy along with their families, friends and neighbours. Awareness was generated about the disease and the possibility

of prevention of deformity by early detection. The self-care routine for patients was also taught.

This education and information helped in bringing new cases to the centre and also in preventing further disability. The centre also successfully involved women and children in the learning process.

Through coordination with National Leprosy Eradication Programme (NLEP) and various NGO's the centre reached out

to women's groups with involvement of Accredited Social Health Activist (ASHA) workers. The

team at the centre also reached out to women at their residence and also counselled families of those affected about the importance of follow-up, at times even over phone calls.

Contact surveys were conducted by the project team; sometimes by visiting patients' homes, and at other times when family members of the patients came to the centre to be clinically examined. The WDRC also attempted to create awareness about the utilisation of physiotherapy, exercises and modalities to attain a range of motion in joints of those suffering deformities due to leprosy. Physiotherapy helped many to regain the use of hands to varying percentage.



## Jharkhand



LEPRA and TATA Steel Rural Development Society jointly initiated the SPARSH project in 2009 in Jamadoba, Dhanbad, with an overall objective to improve the quality of life of the people with disabilities caused by leprosy and lymphatic filariasis (LF). Dhanbad district is endemic for leprosy and LF. There are around 1500 people with disabilities: 1200 are leprosy affected and the rest are with LF, who require specialised services for disability management, disability and inclusion.

It has been observed that promoting self-care, morbidity management practices and home-based care among leprosy and LF cases helped to prevent repeated injury, reduce acute attacks and the severity of the complications. The swelling of limb is reduced so that people can get back to their normal life.

SPARSH has been creating awareness for early case detection through the Information Education Communication (IEC) van, doing advocacy with State Leprosy Officer and the District Leprosy Officers as well as the community stakeholders for referrals of Reconstructive Surgery (RCS), organising camps and supply of Micro-cellular Rubber (MCR) footwear to district health society and intake of Mass Drug Administration (MDA). It has organised training of Accredited Social Health Activists (ASHAs) and male volunteers at Primary Health Centre level to help increase suspect referrals and early case detection.

SPARSH provided OPD services in leprosy and LF to new cases and follow-up of old cases, tackled complication management for reactions and neuritis cases in leprosy and managed acute attacks and entry points in filariasis. Aids/appliances like finger loops, splints, gutter splints and special crepe for LF patients were distributed. SPARSH also manufactured protective, customised footwear for Grade 1 and Grade 2 disabilities.

This project focused on capacity building of government and private health care providers emphasising on treatment, disability management and developing training content. The referral mechanism was strengthened by ensuring early identification and referral of people with leprosy to the concerned government health facility or to the project referral centre. The ASHAs, Auxiliary Nurse Midwife (ANM), Anganwadi Workers (AWW) were oriented during their monthly review meetings to address leprosy and LF in their areas of work.

Information, Education, Communication activities through IEC van were conducted during Leprosy Case Detection Campaign in remote villages of Dhanbad district and for early case

detection too. This district reports a high rate in child cases among the new cases identified in previous years and a continued high transmission of infection amongst children. SPARSH also conducted surveys and screening activities in schools.

The project conducted four batches of reconstructive surgeries numbering 31 cases. All cases were corrected of deformity and function was restored. Promoting self-care, morbidity management practices and home-based care among leprosy and LF cases helped to prevent repeated injury, reduce swelling of limbs, acute attacks and the severity of the complications. The swelling of limbs is reduced so that people can get back to their normal life.

An aid/appliances distribution programme was organised at SPARSH on July 29, 2019 on the occasion of 115th birth anniversary of JRD Tata and also on World Disability Day where

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tricycles, wheelchairs and crutches were distributed to physically challenged leprosy persons and others. Fifty-five pairs of MCR footwear were also handed over to the affected persons.



# Madhya Pradesh

Leprosy remained a major public health concern in this state, with 8020 new cases reported in 2019-20. The annual case detection rate was more than 10 per 100000 population in 15 districts and the Prevalence Rate (PR) is more than 1 in 15 districts out of a total of 51 districts. Among the new cases in 2019-20, the state reported 62 cases. A high annual case detection rate was reported at Barwani - 29.7, Alirajpur - 27.4 and Anuppur - 24.3 per 100000 population. Grade 2 deformity was reported in more than five persons in 12 districts. Highest Grade 2 deformity was reported at Seoni (13.9 per cent) and Alirajpur (11.9 per cent). Twelve districts out of 51 reported a child case ratio of 5 per cent to 11.2 per cent. The Scheduled Tribe (ST) population constitutes 35.70 per cent of the total new cases reported in 2019-20.

## Leprosy and lymphatic filariasis

Through the Technical Resource Unit (TRU) project, the Leprosy Case Detection Campaign (LCDC) was initiated. LEPRAs technical inputs were accepted in adding 17 more districts along with 27 districts identified for LCDC campaign on the basis of Grade 2 deformity reported in the state NLEP report, 2018-19. LEPRA participated in the state-level National Leprosy Eradication Programme (NLEP), LCDC training as a facilitator and in the LCDC implementation. The LCDC campaign was organised in the state between August 1 to 15, 2019, and during this campaign



2415 (MB - 1283 and PB - 1132) new cases were detected, which is the highest amongst the last three LCDC campaigns in the state. Among new cases detected in LCDC, 8 per cent of Grade 1 and 5 per cent of Grade 2 disabilities were found. The child case ratio of 5 per cent (120) was noted for one district in the LCDC data. The highest new cases are reported from the Sendhwa block.

The Disability Prevention and Medical Rehabilitation (DPMR) clinics started at the Government Civil Hospital, Sendhwa. Multi-drug Therapy (MDT) distribution was through general health care staff. Prevention of Disability (POD) camps were held and regular health examinations were conducted in schools. In this state, the capacity building

of the Accredited Social Health Activist (ASHA) increased their reporting and referral through the ASHA-based Surveillance for Leprosy Suspects (ABSULS) programme. New cases resulted out of voluntary reporting due to regular Information, Education, Communication (IEC) activities carried out. Persons in need of reconstructive surgery were referred to the St. Josephs Leprosy Centre at Sanawad.

Reconstructive surgery restores functional ability in patients' lives thereby reducing stigma and enabling them to lead a dignified life.

It is proved that counselling is quite effective given the psychological aspect and mental health of the persons affected by leprosy. Due to counselling, new detection and voluntary reporting increased. Advocacy discussions were successful in acquiring disability certificates for the leprosy affected persons.

The Neglected Disease Technical Resource Unit (NDTRU) aims to address the problem of leprosy across 8.25-crore population in 51 districts through the state health system. The project directly trains and provides mentoring support to the NLEP staff (medical and non-medical supervisors, district consultants,

**It is proved that counselling is quite effective given the psychological aspect and mental health of the persons affected by leprosy. Due to counselling, new detection and voluntary reporting increased. Advocacy discussions were successful in acquiring disability certificates for the leprosy affected persons.**

project officer and physiotherapist in the Sendhwa referral centre), people affected with leprosy, rural health practitioners, women's Self-Health Groups and one State forum and eight District forums of persons affected with leprosy.

## Tuberculosis

JEET, a Global Fund to fight AIDS, TB and malaria (GFATM) project for interventions in tuberculosis is operational in Bhopal city. JEET's activities in this year included mapping of private providers and identification of TB champions; networking with and sensitisation of the private sector facilities (providers from both modern and Indian system of medicine, pharmacist/chemist, laboratories, hospitals etc.); engagement of the private sector under the programme (once engaged, continued interaction and coordination

## Madhya Pradesh



with providers to sustain the rapport); continuing medical education (CME) for the private providers; service delivery linkages; sample collection and transportation recording CBNAAT positive cases and reporting support to the private sector; logistic support for free Fixed Dose Combination provision in private sector; facilitate free diagnostics and drugs to the private sector; treatment initiation and adherence support for patients in private sector; TB notification and treatment outcome reporting of privately notified TB patients; facilitate RNTCP

(Revised National Tuberculosis Control Programme) provisioned incentives to patients and private providers; and capacity building of public sector to engage with private sector and extend public health action to private sector patients.

Over the past two decades, India's RNTCP has made notable progress in reducing TB deaths through the provision of basic TB services via the public sector. Even so, major challenges remain: healthcare in India is dominated by the private sector, where the majority of patients first seek care. Private healthcare providers often use inaccurate diagnostic tests for TB, or omit testing altogether, leading to diagnostic delays while patients move between different providers. Even if once patients are diagnosed, a general lack of treatment adherence monitoring and support is unfavourable for long-term treatment outcomes. Moreover, although tuberculosis was made a modifiable disease, there remain major challenges in encouraging private providers to comply with these obligations. For these reasons, in India's recently-announced plan to eliminate TB, private sector engagement forms a key strategic priority.

Genexpert CBNAAT is most reliable and time efficient as compared to microscopy and culture. At the same time, CBNAAT identifies Rifampicin resistance tuberculosis. It is a very big challenge to sensitise private providers as well as patients who select private providers instead of the government schemes of diagnostics and medicines for TB treatment.

Initially it was comprehended that private providers were hesitant to follow WHO recommended CBNAAT testing and mainly used radiology reports for diagnosing TB. After many meetings with private providers and the support of the District Tuberculosis Officer (DTO) the project staff were able to convince them to educate their patients for CBNAAT sampling and report. After much advocacy efforts with the CBNAAT testing centres, now two out of five CBNAAT centres are receiving the samples from LEpra.

### HIV

Plan International (India chapter) is one of the Principal Recipients (PR) of Global Fund to Fight AIDS, Tuberculosis and Malaria in India for a Prevention of Parent-to-Child Transmission (PPTCT) of HIV. The grant is aiming to synergise efforts with the government and civil society to 'provide universal access to HIV/AIDS prevention, care and support services to all pregnant women registered for Antenatal Care (ANC),



identified positive pregnant women and HIV exposed children. The Global fund grant on PPTCT compliments the national PPTCT programme.

AHANA is a civil society initiative to strengthen PPTCT services in public and private sectors in 51 districts of Madhya Pradesh. It is under implementation from January 2018 to March 2021.

The overall goal of the project is to increase the uptake of PPTCT services in the project area. The specific goal is to promote periphery level HIV screening among pregnant women as part of ANC for early identification of positive pregnant women and linking them with PPTCT services.



# Odisha

Leprosy continued to remain a major public health problem in the state of Odisha. From April to September, 2516 new cases of leprosy have been detected through normal surveillance and 2971 new cases through the Leprosy Case Detection Campaign (LCDC). During this period, 10077 new cases of leprosy have been detected in the state. As on March 31st, the Prevalence Rate (PR) and the Annual New Case Detection Rate (ANCDR) of the state are reported to be 1.45 and 21.35 respectively. The Multi-Bacillary (MB) proportion of the state is 48.8 per cent (4918 cases) and Grade 2 Disability (G2D) 200 cases (2.0 per cent). The G2D per million population has come down to 4 as compared with 7.3 in 2018-19 (341 cases). Women constitute 3951 (39.2 per cent) of the cases and children constitute 681 (6.8 per cent) cases. During 2019-20, 3041 (30.2 per cent). Scheduled Tribe (ST) cases and 19.2 per cent Scheduled Caste (SC) cases were reported in this period as against the population of 21.7 per cent, ST and 16.2 per cent SC respectively.

Eighteen districts in the state have reported a PR of more than one, twenty-two districts reported ANCDR of more than 10, and 25 districts reported more than 100 new cases during the last year. The high-endemic districts in order of endemicity are: above 5 - 1 (Boudh), between 4 and 5 - 0, between 3 and 4 - 4 (Sonapur, Nuapada, Bolangir and Jharsuguda), between 2 and 3 - 4 (Bargarh, Dhenkanal, Kalahandi and

Nabarangpur), between 1 and 2 - 9 (Angul, Deogarh, Ganjam, Jajpur, Khurda, Koraput, Mayurbhanj, Sambalpur and Sundargarh) and less than 1 - 13 districts.

## The Projects implemented in Odisha included:

- **Technical Resource Unit and Strengthening Referral System (TRU and SRS)**
- **Jagruti**
- **Swabhiman**
- **TI-IDU (Bhubaneswar)**
- **TI-FSW (Koraput)**
- **Odisha eye-care programme**
- **Vihaan (care-and-support programme for PLHIVs - Odisha and Chhattisgarh)**

The NLEP programme was supported in the state through the Technical Resource Unit and Strengthening Referral System (TRU and SRS) through system strengthening, disease surveillance, capacity building and complication management. Under the TRU and SRS, technical support activities were rendered by strengthening District Nucleus Teams and providing quality referral services to people affected by leprosy and the ensuing disabilities through six Referral Centres (RC) in the 30 districts of Odisha. The TRU and SRS addressed prevention of disability and prevention of worsening of disability through Disability Prevention Medical Rehabilitation (DPMR) clinics, re-enabled persons for reconstructive surgery. The project is supporting to achieve

less than one new Grade 2 disability (G2D) case per million population and zero child G2D.

The Leprosy Case Detection Campaign (LCDC) was conducted twice during the year, the first being in September 2019 and the second in February 2020 in 314 blocks and 69 urban local bodies. On analysis of the LCDC data, 45515914 people were covered by 46876 teams and 41291469 people were examined. Finally, 5516 (MB-2317 and PB-3179) new cases were diagnosed and put under Multi-Drug Therapy (MDT). Only 90 new G2D cases were diagnosed during the campaign. When compared with LCDC 2018, there is a decline of 10 per cent in new case detection and 43 per cent in new G2 disability cases.

The LCDC was stratified into three campaigns - one during September in all rural areas and in November in all urban areas and the second campaign during February 2020 was in the entire state. These two LCDCs help to detect 5516 new leprosy cases during two campaigns and a record 10077 cases during this year.

The ASHA-based Surveillance for Leprosy Suspects (ABSULS), a monitoring tool for active case finding programme, was used and the NLEP Consultant took steps

for strengthening ABSULS at district and block levels. The NLEP Consultant suggested introducing 'Survey Register' instead of Tally sheet during LCDC at village level including suspect information and also 'suspect register' at sector level. This resulted in a convenient method of documentation and future monitoring of the programme. He also suggested to reduce the period of LCDC survey from 14 days to 8 days and it is continued from last year. The consultant also suggested modification of the G2 Disability investigation format, which was also approved and implemented.

The Medical Officers (MOs) and para-medical workers were exposed to capacity building programmes (DLO - 18, MOs - 1409, PT - 41 and Pharmacists - 181) and therefore, they could satisfactorily manage all leprosy cases and their complications. As a result, a declining trend of Leprosy reactions and a very negligible number of development of G2 disability amongst persons affected





## Odisha

by leprosy during the treatment period is noticeable.

The Swabhiman project is being implemented in Koraput, Nabarangpur and Sonapur districts covering a population of approximately 35 lakh persons, spread across 504 gram panchayats under 30 blocks. It implements a number of activities like school awareness and screening programmes, strengthening of DPMR clinics, awareness programmes, contact survey, focal survey, complication case management, promotion of self-care, case selection and mobilisation for reconstructive surgery, provision of protective footwear through mobile van and linkage for social security schemes, formation and capacity building of leprosy forums at block and district level. The main focus of the project is active case finding through contact survey, school survey and focal survey. In addition, through laboratory services, the difficult-to-diagnose cases and those similarly found during LCDC are referred for case confirmation.

During this year, the project facilitated pensions to cured leprosy persons, housing schemes and both pensions and housing schemes. A total of 208 cured leprosy persons benefitted including 65 women. The Project networked with Social Security Empowerment of Persons with Disability department (SSEPD). In addition, project staff provided cured certificates and disability certificates

to 233 cases including 69 women. The Project also facilitated in getting Sahaya scheme to 100 disability cured persons in Nabarangpur district and 30 disability cases in Subarnapur district through SSEPD department.

Swabhiman project saved 70 per cent of medicine cost by getting medicines free of cost from government central store. This was possible due to the support of Collector & CDMPHO, Koraput. The SSEPD sanctioned a grant of 714000/- for the supply of MCR footwear to persons with disability in Koraput district.

### Tuberculosis and HIV/AIDS

The Designated Microscopy Centre at Junagarh performed 172 Sputum Microscopy, detected 20 new TB Sputum positive cases, followed up 51 sputum positive cases, and registered 36 TB cases under DOTS.

In the HIV domain, by August 2019, in Odisha, 49171 HIV positive cases were detected. Out of these, 37056 cases were registered in ART Centres, 20372 cases are on active care. Lost-to-follow up (LFU) cases numbered 5420 and 8067 cases of death were reported.

Vihaan Project (2018-21), (where India HIV/AIDS Alliance is the Principal Recipient) for enhancing treatment adherence and retention in HIV care through care-and-support services for people living with HIV/AIDS in Odisha and Chhattisgarh states covers 15

districts. Vihaan (means the 'dawn's first light) is a national initiative establishing and managing 310 Care-and-Support Centres (CSCs) across India to expand access to essential services, increase treatment adherence, reduce stigma and discrimination and improve the quality of life of People Living with HIV/AIDS (PLHIV). The programme is designed as the care-and-support component of the country's HIV response under the National Strategic Plan, which works in collaboration with the Department of AIDS Control and with support from the Global Fund.

Currently, Vihaan programme is being run in Odisha and Chhattisgarh by LEpra as Secondary Recipient through partnerships with 12 PLHIV networks and 3 NGOs. The partners/Sub-Sub Recipients at the district level are implementing the Vihaan programme through Community Support Centres (CSCs). These CSCs have a target of providing care-and-support to active care cases registered at the Anti-retroviral Therapy Centres (ARTCs).

In this year, care-and-support services were provided to 2990 newly registered PLHIVs who are on Antiretroviral Therapy (ART). A total of 31609 PLHIVs have been screened for TB which is 94 per cent of the registered clients in the last financial year. Through

rigorous counselling and consistent follow-up by the entire CSC team, 2930 Lost to follow-up and MIS cases were successfully tracked back in the last year.

Under the targeted Intervention - Injecting Drug Users (TI-IDU) project, 16 hotspots are covered in Bhubaneswar city. During the period from April 2019 to March 2020, the project managed to reach all the beneficiaries and extend the services available for them. A total of 259 spouses of the Key Population (KP) were covered in the CBS activities. As per the target proposed by Odisha State Aids Control Society (OSACS), all the High-Risk Groups (HRG) were tested for HIV





the police personnel at the airport and the paramedical staff at the capital hospital. The role of law enforcement officers was emphasised in the entire programme. As a result of this advocacy meeting, the police assured complete cooperation with the project activities. The advocacy meeting with the paramedics addressed stigma and discrimination issues with the HRGs. The team focused on the basics of human rights and requested to treat an IDU as any other human who is entitled to health services irrespective of his behaviour and status. As a result of the meeting, the incidents of stigma and discrimination with the HRGs have been minimal.

twice in the year. The team managed to identify and register 129 key population in the project. Due to factors like distance and occupational issues the HRG were not able to continue adherence with Oral Substitution Therapy services (OST) and maximum LFU cases were witnessed. After regular coordination meetings with the OST centre and intensive counselling and motivation with the KP resulted in minimising the LFU cases and adherence of OST was developed.

Advocacy meetings were held with

The Targetted Intervention -Female Sex Workers has been operational in Koraput, (Jeypore, Borigumma, Kotpad and Baipariguda) since 2006. Condom promotion is the main focus and activity of this project. Regular meetings, advocacy programmes with government and non-government stakeholders, health camps, regular check-ups, Community based Screening Test (CBST) was begun and referrals to Integrated Counselling and Testing Centres were done, free distribution of condoms, testing for tuberculosis were the main activities.

### Jagruti Project

LEPRA Society, with funding from The American Leprosy Missions, is implementing Jagruti Project in the poor WASH (Wash and Sanitation Hygiene) gram panchayats having a prevalence of Neglected Tropical Diseases (NTDs). It began as a pilot project from 2018 at Odagaon block in Nayagarh district of the state. The project selected active women from Self-Help Groups (SHGs) and educated them on WASH promotional aspects. Twenty-five women are working as Community Resource Persons (CRPs) from Odisha in selected 19 villages.

In Odisha, these 19 villages were covered with sanitation measures due to the active engagement of women from SHGs and the CRPs in close collaboration with the panchayat and health departments. Cleaning of drainages, roads, collection of dry and wet waste from households is focused primarily. The SHGs are engaged in sensitising the panchayats for waste collection from the villages.

A total of 5916 households from Odisha were visited by the CRPs in the five-month project period (November 2019 to March 2020) through home visits. Information from 1165 households was geotagged by the CRPs. Twenty-five CRPs and 3 Project teams (comprising one Project Associate and two NTD-WASH mobilisers) were trained on WASH, SBCC, NTDs and nutrition aspects. In 3 schools, 40 school committee members

were sensitised and 150 students were made aware of NTDs and WASH aspects.

The CRPs are raising awareness in the communities by disseminating information related to COVID 19 and its precautionary measures; hand hygiene with a specific focus on respiratory hygiene (sneezing, coughing, blowing the nose, spitting, and usage of masks) and social distancing in the rural/tribal villages. The CRPs are keeping up their efforts in the promotion of hygiene behaviour among the villagers and sanitation measures in the villages. They reached 7585 people and created awareness in the rural villages located in remote areas. The team is engaging SHG women into action which is helping to provide accurate information timely. The CRPs and SHGs are working committedly and playing a key role in COVID 19 prevention activities also. These CRPs with the SHG women are visiting door to door and doing necessary referrals to the health care facilities. They are playing an active role in ensuring that people maintain physical distancing in markets, ration shops (Public Distribution shops), public water facilities etc.

Five CRPs individually stitched masks and prepared 985 masks and distributed to villagers free of cost. One CRP also took up the initiative along with her other SHG members of the village to prepare homemade hand wash and distributed it in the village.

Some of the CRPs pooled resources for





cloth masks and provided to needy 91 leprosy and LF affected persons (2 per person). The CRPs also engaged along with the staff in sensitising the persons in quarantine centres about the disease and hygiene practices. Along with NTD/WASH mobilisers, the CRPs have been involved by the Panchayat Raj Institutions (PRI) in taking a lead in supervision of quarantine centres in the villages. They are looking into the proper construction and maintenance of toilets, hand wash stations of the quarantine centres and are also involved in relief distribution in the villages along with PRI members and other frontline workers.

### Eye care

The LEPRA Mahanadi Eye Hospital (LMEH) also known as the Mahanadi Nethra Chikitsalaya (MNC) in Birmaharajpur, Sonapur, established in 2005, and the Junagarh Nethra Chikitsalaya (JNC) set up in 2016 at Kalahandi have been providing a range of eye-care services to the people residing in Sonapur, Boudh, Bargarh, Kandhamal and Kalahandi districts. The LMEH has, over the course of a decade and half of its existence, emerged as the preferred eye institution in Western Odisha. Since its inception, the LMEH covered only two districts (Sonapur and Boudh) but considering the need and service delivery capacity of the institution, the hospital extended its activities to Bargarh and Kandhamal. Looking at the huge cataract backlog and minimal cataract surgical rate (CSR), all stakeholders agreed on establishing another secondary level eye care institution at Junagarh in Kalahandi district on Public-Private Partnership model. The building was constructed by Western Odisha Development Council and equipment support was provided by Sightsavers and LEPRA is the implementing partner under this tripartite agreement.

The eye-care interventions provide a package of promotive, preventive and curative eye-care services through

an integrated system of screening camps, health education and base hospital services. These eye-care interventions have the following four components:

- **Base hospital services - Centralised secondary service centre**
- **Outreach diagnostic camps - To make accessible primary eye care and referral services to the rural population in their own locality**
- **School screening and vision centre programme - To address the eye-care needs of children and population residing in remote areas**
- **Health Education - Developing the eye health-seeking behaviour of the people**

In this year, the LMEH approached HelpAge India undertaking surgical intervention of 500 cataract cases. The partnership with HelpAge India has provided the opportunity of extending service facilities to people residing in other districts not covered by the project till date.

The project inducted two trainee ophthalmologists in its team. Additional hands in OPD would provide lots of space to the existing consultants to concentrate hard on increasing the number of surgeries both at MNC as well as JNC.



At the Junagarh Nethra Chikitsalaya in Kalahandi, the OPD patients increased to 9321: Out of them 1807 got cataract surgeries done; refraction cases were 2739 and refractive error correction cases numbered 2372, whereas spectacles were provided to 1470 persons.

Under the school eye health programme, 86133 students both from government and private schools were screened where 2469 students were tested for refraction, 1267 spectacles were distributed to school-going children and four cataract surgeries and three squint surgeries were done.

LEPRA conducted eye health programmes in schools under Baljyoti in 11 blocks of Kalahandi district in collaboration with the health and education department for complete eye check-up, school awareness campaign regarding eye health, spectacle distribution and follow-up with support of Sightsavers.



# Telangana



Seventeen districts are classified as endemic for leprosy in this state. Kumaram Bheem district is the most endemic with a New Case Detection Rate of 35:100000 population. Jogulamaba district reported a high Grade-II disability rate of 21.6 per million population and 17 districts reported the above state average (2.4). The child rate has increased by 1.3 per cent from the previous year; Janagaon district being the exception with zero child detection rates as in previous years. Wanaparthy district reported a very high child rate

of 19 per cent. The average state women rate stood at 36.7 per cent, 12 districts reported above 40 per cent. The Multi Bacillary (MB) rate in state average (56 per cent) decreased by 9 per cent from previous year and Hyderabad district continues to top at 90 per cent MB rate in the state and requires special attention.

There are 24 leprosy colonies with 2321 persons requiring Micro-cellular Rubber (MCR) footwear on a regular basis. There is just one private facility for reconstructive surgeries. These services are not provided in government facilities.

Under the National Leprosy Eradication Programme (NLEP), the government conducted Leprosy Case Detection Campaigns (LCDCs) with the help of Accredited Social Health Activists (ASHAs), Non-government organisations (NGOs) and other health providers in the state.

Lymphatic filariasis (LF) is a major public health problem in all 31 districts of Telangana. Eighty-eight per cent of LF cases were found to be in the productive age group with the average age of the affected person being 40 years and suffering for 10-15 years. Women constitute a major part (71 per

**Advocacy for the issue of income loss through LF forum was done with the evidence based on observational days in the meetings. Local peoples' representatives addressed the issue in the Assembly, whereby a special scheme was sanctioned to provide monthly Rs.1000/- per LF limb cases by the state government.**

cent) of those affected by filariasis, which indicates their vulnerability to the disease.

**The projects implemented in the State were:**

- NTDRU Adilabad
- NTDRU Hyderabad
- Mobile Shoe Unit
- CHAHA education support
- State Technical Resource Unit

The mobile shoe unit, supported by Pavers (shoe company), provided 2000 pairs of customised footwear to persons having anaesthetic foot due to leprosy in 22 leprosy colonies of Telangana. Awareness was also created in the community on foot-care practices.

The project team organised 59 one-day sensitisation/advocacy programmes where 2876 stakeholders (affected



people in colonies, women support groups, Panchayat Raj Institutions (PRI), Primary Health Centres (PHCs), Private Medical Practitioners (PMPs), NGOs, medical and paramedical students, Accredited Social Health Activists (ASHAs) participated in these programmes). The team also sensitised the people on available leprosy services, leprosy burden (medical, social and psychological issues and available facilities) and self-care adherence.

## **Leprosy and lymphatic filariasis**

The Leprosy Case Detection Campaign (LCDC) was held from August 26 to September 14, 2019 at Adilabad and Kumaram Bheem districts where LEpra rendered support. A population of 1459213 was covered with a population of 291180 living in 826 villages with 38 PHCs around them. In this campaign, the government has not shown Grade 2 disability cases, whereas Grade 2 cases have been confirmed by LEpra. Thirty eight per cent of new cases detected through LCDC were from Adilabad and Kumaram Bheem districts.

## Telangana

Contact surveys were also conducted amongst old and new cases. Case detection campaigns were conducted in the villages and urban slums by the project technical staff routinely with the help of ASHAs and collaboration with government staff. Before visiting the villages, capacity-building programmes on leprosy were conducted for the PHC staff, ASHAs and after completion of the activity again the same staff were called to demonstrate difficult-to-diagnose cases and taking skin smear for the new cases.

The project staff were involved in the New Faces project for two weeks during November 2019. They interacted with the leprosy affected people at their workplace and at their residence. With this interaction, the staff came to know the actual problems faced by them at workplace and at their residence with their family members, neighbours and relatives. These visits helped the staff to know them and understand their problems properly.

The staff were also involved in the post-evaluation of LCDC in Telangana. The Disability Prevention and Medical Rehabilitation camps were organised with the support of the government, Additional District Medical and Health Officer (leprosy/AIDS) staff in the UPHCs / PHCs (Urban Primary Health Centres/ Primary Health Centres) and in the colonies. A total of 161 people benefitted by these camps.

The referral centres at Nallakunta

(Hyderabad), Mahaboobnagar, Kagaznagar (Kumaram Bheem) and Nirmal continued to treat people affected with leprosy and LF (new and follow-up cases) by imparting self-care techniques and morbidity management, treating plantar ulcers, nerve impairments and complications with steroids, providing customised protective footwear, aids and appliances, physiotherapy, organising Integrated Prevention of Disability Camps (IPoD), referring people for reconstructive surgery and thalidomide treatment and information, education, communication activities and taking up advocacy activities to link people affected by leprosy and LF to government pension and welfare schemes. Surveys have been conducted in schools amongst students and leprosy cases were detected.

Seminars were organised with district officials and primary stakeholders and to address the problems faced by the affected persons. The project had periodic meetings and discussions with local influential people, revenue, medical officials in getting the government schemes. They invited the leprosy District Forums and facilitated their participation in addressing issues and lymphatic filariasis at observational day's meetings by improving their capacities.

With the collaboration of the staff of NLEP and Filarial Unit, the project organised outreach programmes, search activity in the slums /villages and at health facilities. Due to dissemination of awareness in the community, PRI

members, PMPs more suspects are being referred to by them and an increase is visible on self-reporting also.

The project organised 8 disability care camps for people affected by LF at the referral centres and health facilities. Cases with reduced swelling were noticed. Customised protective footwear (EVA, MCR) was provided to patients. The affected persons have been trained on morbidity management process and all are practising the exercises. Persons with entry lesions and those who suffered acute attacks were treated. LF kits were distributed to the affected. About 15 persons affected with LF were incorporated in the employment scheme of the government for 100 days work.

Advocacy for the issue of income loss through LF forum was done with the evidence based on observational days in the meetings. Local peoples' representatives addressed the issue in the Assembly, whereby a special scheme was sanctioned to provide monthly Rs.1000/- per LF limb cases by the state government.

### Tuberculosis:

All five project TB District Microscopy Centres (Gaddiannaram, Seetaphalmandi, Bhavaninagar, Dhoolpet and King Kothi) are established in Hyderabad urban government health facilities for the TB



referral, diagnosis, treatment and follow-up.

Through the five DMCs 851 cases are diagnosed and initiated on DOTS, 271 of them are new sputum positives. Thirty-one TB-HIV co-infection cases were diagnosed. Two hundred and seventy-eight TB cases were cured with 91 per cent of cure rate. Fourteen Multi-Drug Resistant (MDR TB) cases were diagnosed in the DMCs during the year.



## Research

The Blue Peter Public Health Research Centre (BPHRC) is the research wing of LEPRASociety focussing on clinical, laboratory and public health research. It implements strategic research in leprosy, tuberculosis, lymphatic filariasis (LF) and HIV-TB co-infection. The Centre closely works with the clinics, outreach programmes of other projects in various regions and the programmes department of LEPRASociety. With its facility for clinical and laboratory services and advanced laboratory set up in microbiology, molecular biology and immunology, the Centre aims at conducting translational research in leprosy, TB and LF. Current areas of research interests cross-cutting across leprosy, TB, and LF are diagnostics, antimicrobial resistance, management of chronic wounds and behavioural aspects of treatment compliance. With the advent of COVID-19 during January 2020 and solicitation from Indian Council of Medical Research (ICMR) to do COVID tests, BPHRC geared up to set up necessary infrastructure and capacity building of staff. The BPHRC has received NABL (National Accreditation Board for Testing and Calibration Laboratories) and ICMR accreditation to provide COVID-19 diagnostic services to the community.

Under clinical and epidemiological research, the following aspects were being investigated:

- Occurrence of plantar ulcers among

people affected by leprosy in the context of present NLEP guidelines and risk factors

- Investigating the links between mental health status and treatment outcomes in people affected by leprosy
- Prevalence of depression among the people affected by leprosy being treated at leprosy referral centre, Hyderabad

On laboratory research the following aspects were being researched:

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



The clinical and laboratory services include:

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

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

- Indo-Norwegian project sanctioned by ICMR-Research Council of Norway (RCN) titled "Anti-microbial peptides (bacteriocins) as alternative to conventional antimicrobial agents - a novel interventional study for treating infected plantar ulcers in leprosy and diabetes". This is an interventional study involving topical application of bacteriocins (natural antimicrobial peptides) in treating infected plantar ulcers in leprosy
- NIRLEP, an ongoing research focused on innovative approaches for early detection and management of leprosy in marginalised communities, funded by VERITY Knowledge Solutions under their Corporate Social Responsibility. The project is first of its kind in trying to find an innovative method for early detection of leprosy among the healthy contacts of people affected by leprosy in a remote high endemic village, Kushnapally in Kumaram Bheem district. A house-to-house survey for leprosy case detection (active case finding) was undertaken at this village

covering 250 houses (1040 people), and 19 new cases of leprosy were detected.

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

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

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

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



## Chaha

“Chaha- Supporting children and persons affected by leprosy to continue education” has been consistently funded and supported by Oracle. This is for children of leprosy-affected persons impacted due to leprosy disease, whose families cannot afford to send them to school or discontinued their education. These children belong to marginalised families living in poverty and they are stigmatised and excluded due to leprosy. The project is operational in Andhra Pradesh (Krishna, Vizianagaram, Srikakulam), Telangana (Hyderabad, Mahaboobnagar, Nagarkurnool, Nirmal, Kumaram Bheem), Madhya Pradesh (Barwani, Khandwa, Indore, Jabalpur, Panna), Odisha (Sonepur, Koraput, Nabarangpur), Bihar (Samastipur, Raxaul, Bhagalpur, Patna and Munger). Around 365 children from all these places benefit from this grant and are able pursue their education (formal and remedial) for their immediate well-being and holistic development.

Follow-up visits were made by the LEPRO staff to assess the progress in their education. During the visits, information was collected about the children/students’ parents, verification of fee details, regularity, attendance and performance of the student. Individual tracking sheets of the selected students

for checking the progress/metrics were maintained to measure the changes and impact. Counselling was provided to children and their parents on disability prevention and management. School education programmes were also conducted to create awareness and meetings with school administration for the inclusion of affected persons with leprosy.



## Resource Mobilisation Unit

A Resource Mobilisation Unit (RMU) was established in LEPRO in March 2019 with an aim to create awareness and thereby raise much-needed funds for neglected tropical disease areas like leprosy, lymphatic filariasis etc. The branding of the organisation was changed to reflect the synergy with a global “One Lepro”. The unit also redesigned the social media profile to reach out to donors -national and international to garner support for leprosy and lymphatic filariasis. The social media profiling has been successful and this engagement has resulted in creating greater awareness on neglected diseases like leprosy.

During the anti-leprosy fortnight between January 30 and February 13 under the theme of “Mission 1 crore”, 15 walks were held in different cities and towns of the states LEPRO works in. These successful walks, reaching out to a crore of people from different strata and occupations, raised the awareness of leprosy through the press and media also. The LEPRO staff were also instrumental in making this “Mission 1 crore” successful.

LEPRO’s work was highlighted in a televised programme called “The Changemakers” - a CNBC initiative, highlighting the top social organisations,



which have created a measurable impact in the lives of the neglected and marginalised communities.





# 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	
<b>Persons affected by leprosy registered or accessed any services at the referral centre or projects</b>	321	198	19	842	562	81	901	353	91	3268	1537	133	687	403	34	<b>9430</b>
<b>New leprosy cases diagnosed by LEPRA and availed MDT treatment at government health facilities</b>	174	115	23	596	403	83	196	103	31	114	105	34	160	108	25	<b>2270</b>
<b>Among the total new leprosy cases</b>																
<b>Child cases</b>	0	0	23	0	0	83	0	0	31	0	0	34	0	0	25	<b>196</b>
<b>MB Cases</b>	125	62	9	313	182	18	117	55	4	52	38	4	117	78	12	<b>1186</b>
<b>GI disability among new cases</b>	15	3	0	56	30	8	23	9	0	9	9	0	34	21	0	<b>217</b>
<b>GII disability among new cases</b>	32	9	0	85	33	0	33	6	1	6	4	0	30	13	1	<b>253</b>
<b>Difficult-to-diagnose cases referred to referral centres</b>	110	64	19	596	403	83	194	103	31	0	0	0	43	25	1	<b>1672</b>
<b>Persons tested for slit-skin smear examination</b>	248	163	4	133	84	6	4	2	0	157	75	6	208	126	9	<b>1225</b>
<b>Persons found skin smear positive</b>	56	22	0	32	12	0	2	0	0	98	48	3	96	51	0	<b>420</b>
<b>Persons assessed for nerve function impairment</b>	889	614	53	1091	631	67	1405	734	155	517	282	37	1103	674	101	<b>8353</b>
<b>Persons identified with new impairment/disability</b>	72	28	2	73	28	18	36	10	4	151	55	5	64	37	1	<b>584</b>
<b>Persons treated for leprosy reactions</b>	74	23	2	131	107	7	93	33	6	235	112	5	117	65	6	<b>1016</b>
<b>Persons with ulcers treated</b>	359	197	5	561	255	7	280	115	5	944	371	2	281	94	0	<b>3476</b>
<b>Ulcers healed</b>	122	74	1	373	198	6	134	59	2	573	215	0	84	27	0	<b>1868</b>
<b>Grade 1 protective footwear provided (including Sartak unit)</b>	32	16	0	8112	1146	41	694	470	11	535	163	2	468	190	0	<b>11880</b>
<b>Grade 2 protective footwear provided</b>	592	301	3	1214	722	31	702	634	1	1836	1084	0	364	125	0	<b>7609</b>
<b>Grade 2 protective footwear provided (Mobile footcare units)</b>	935	551	0	2377	1089	0	0	0	0	0	0	0	917	754	0	<b>6623</b>
<b>Total footwear provided (Grade 1 and 2)</b>	1559	868	3	11703	2957	72	1396	1104	12	2371	1247	2	1749	1069	0	<b>26112</b>
<b>Persons referred for reconstructive Surgeries</b>	18	6	2	68	36	1	62	21	13	272	83	12	11	5	1	<b>611</b>
<b>Persons underwent reconstructive Surgeries</b>	16	6	1	18	12	1	55	17	13	128	40	14	6	1	0	<b>328</b>
<b>Persons with disabilities trained in self-care</b>	738	483	23	2794	1729	51	495	265	37	2947	1180	62	321	173	1	<b>11299</b>

## Leprosy



Reactions Management	Andhra Pradesh	Bihar/Jharkhand/Delhi	Madhya Pradesh	Odisha	Telangana	Total
Type 1	39	131	42	223	76	511
Type 2	29	32	19	68	80	228
Neuritis	31	133	51	95	68	378
Persons /family members counselled	4065	3405	2074	4185	1173	14902
Persons provided with self-care kits	1403	454	885	1253	513	4508
DMPR clinics/camps facilitated	338	249	58	705	17	1367
Persons affected by leprosy linked with government schemes and entitlements	461	921	142	302	105	1931
Children provided educational support through Oracle grant	108	53	117	43	131	452
Frontline workers, government health staff trained in leprosy	1748	9028	1283	651	1427	14137



## Mode of Detection

	Telangana				Odisha				Madhya Pradesh			
	Male	Female	Children	Total	Male	Female	Children	Total	Male	Female	Children	Total
<b>New leprosy cases detected and mode of detection by LEPRO directly</b>												
Contact survey	13	12	7	<b>32</b>	33	23	10	<b>66</b>	2	2	0	<b>4</b>
Focal survey	5	5	1	<b>11</b>	53	49	6	<b>108</b>	0	0	0	<b>0</b>
School survey	4	1	7	<b>12</b>	0	0	14	<b>14</b>	0	0	2	<b>2</b>
Special survey (Mahadalit tolas or among marginalised communities)	0	0	0	<b>0</b>	0	0	0	<b>0</b>	0	0	0	<b>0</b>
Special survey in new G2 Disability case detected villages	4	2	0	<b>6</b>	0	0	0	<b>0</b>	0	0	0	<b>0</b>
IEC and voluntary reporting/referral	54	15	3	<b>72</b>	28	33	4	<b>65</b>	76	20	4	<b>100</b>
Referred by patients or government health staff	80	73	7	<b>160</b>					118	81	25	<b>224</b>
<b>Total</b>	<b>160</b>	<b>108</b>	<b>25</b>	<b>293</b>	<b>114</b>	<b>105</b>	<b>34</b>	<b>253</b>	<b>196</b>	<b>103</b>	<b>31</b>	<b>33</b>

	Bihar Region				Andhra Pradesh			
	Male	Female	Children	Total	Male	Female	Children	Total
<b>New leprosy cases detected and mode of detection by LEPRO directly</b>								
Contact survey	7	6	0	<b>13</b>	6	6	1	<b>13</b>
Focal survey	73	97	20	<b>190</b>	9	5	0	<b>14</b>
School survey	0	0	11	<b>11</b>	0	0	6	<b>6</b>
Special survey (Mahadalit tolas or among marginalised communities)	10	5	0	<b>15</b>	23	28	4	<b>55</b>
Special survey in new G2 Disability case detected villages	4	2	0	<b>6</b>	0	0	0	<b>0</b>
IEC and voluntary reporting/referral	240	135	21	<b>396</b>	37	20	3	<b>60</b>
Referred by patients or government health staff	262	158	31	<b>451</b>	99	56	9	<b>164</b>
<b>Total</b>	<b>596</b>	<b>403</b>	<b>83</b>	<b>1082</b>	<b>174</b>	<b>115</b>	<b>23</b>	<b>312</b>

## RCS info

	LEPRA					Andhra Pradesh					Bihar/Jharkhand/Delhi					Madhya Pradesh				
	Eye	Hand	Foot	Nerve	Total	Eye	Hand	Foot	Nerve	Total	Eye	Hand	Foot	Nerve	Total	Eye	Hand	Foot	Nerve	Total
<b>Male</b>	11	163	53	6	<b>233</b>	0	10	6	0	<b>16</b>	2	15	1	0	<b>18</b>	4	48	3	3	<b>58</b>
<b>Female</b>	3	79	9	4	<b>95</b>	0	4	3	0	<b>7</b>	0	13	0	0	<b>13</b>	2	23	1	1	<b>27</b>
<b>Total</b>	14	242	62	10	<b>328</b>	0	14	9	0	<b>23</b>	2	28	1	0	<b>31</b>	6	71	4	4	<b>85</b>

	Odisha					Telangana				
	Eye	Hand	Foot	Nerve	Total	Eye	Hand	Foot	Nerve	Total
<b>Male</b>	5	87	40	3	<b>135</b>	0	3	3	0	<b>6</b>
<b>Female</b>	1	38	5	3	<b>47</b>	0	1	0	0	<b>1</b>
<b>Total</b>	6	125	45	6	<b>182</b>	0	4	3	0	<b>7</b>





# 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	
<b>New persons with lymphoedema/elephantiasis line listed</b>	77	128	0	6577	11008	430	63	36	10	5	11	0	89	150	1	<b>18585</b>
<b>New persons with hydrocele line listed</b>	6	0	0	12093			295	0	0	11	0	0	3	0	0	<b>12408</b>
<b>Access to package of recommended care for persons with lymphoedema, elephantiasis or hydrocele</b>																
<b>Persons affected by LF trained and practising community home-based prevention of disability due to lymphatic filariasis</b>	687	1451	0	18581	11108	430	422	589	1	62	36	0	108	170	1	<b>33646</b>
<b>Persons reported with acute attacks</b>	108	240	0	3270	4031	37	70	70	0	18	13	0	23	48	0	<b>7928</b>
<b>Persons treated for acute attacks</b>	107	235	0	3151	3820	37	70	70	0	18	13	0	23	48	0	<b>7592</b>
<b>Persons reported with reduced number of acute attacks</b>	86	197	0	2748	3517	31	45	43	0	11	8	0	15	38	0	<b>6739</b>
<b>Persons treated for entry lesions</b>	325	712	0	3397	4189	38	49	63	0	12	9	0	17	30	0	<b>8841</b>
<b>Persons reported with entry points healed</b>	155	272	0	2924	3828	32	29	26	0	9	8	0	13	21	0	<b>7317</b>
<b>Persons reported with reduced swelling</b>	385	655	0	9427	12075	41	31	44	0	32	19	0	14	31	0	<b>22754</b>
<b>Persons received protective footwear</b>	99	159	0	2881	3913	66	134	165	0	0	0	0	62	140	0	<b>7619</b>
<b>Persons referred for hydrocelectomy</b>	15	0	0	4321	0	0	295	0	0	9	0	0	3	0	0	<b>4643</b>
<b>Persons underwent hydrocelectomy</b>	12	0	0	3429	0	0	102	0	0	9	0	0	3	0	0	<b>3555</b>

## Lymphatic Filariasis

	Andhra Pradesh	Bihar/ Jharkhand/ Delhi	Madhya Pradesh	Odisha	Telangana	Total
<b>MMDP/IPoD camps organised</b>	164	620	43	0	14	<b>841</b>
<b>Self-care kits provided</b>	1049	2056	601	23	225	<b>3954</b>
<b>Self-support groups formed</b>	23	24	145	0	4	<b>196</b>
<b>LF affected persons linked with government schemes and entitlements</b>	200	6272	0	12	55	<b>6539</b>
<b>Frontline workers /government health staff trained in MMDP</b>	1730	9005	622	95	836	<b>12288</b>

## Eye care

	Odisha (MNC & JNC)	Bihar	Total
<b>Total no. of people examined at the primary level</b>	14938	11345	<b>26283</b>
<b>Total no. of people examined at the secondary/tertiary level</b>	42675	73418	<b>116093</b>
<b>No. of cataract operations performed</b>	12917	1547	<b>14464</b>
<b>Glaucoma surgery</b>	98		<b>98</b>
<b>No. of minor surgeries conducted</b>	1260		<b>1260</b>
<b>No. of people refracted (i.e. given sight test for spectacles)</b>	14445	39931	<b>54376</b>
<b>No. of people dispensed spectacles</b>	7555	2840	<b>10395</b>
<b>School children screened for refractive errors</b>	97863		<b>97863</b>
<b>No. of children refracted in programme-supported schools</b>	2561		<b>2561</b>
<b>No. of children prescribed spectacles at programme supported schools</b>	1485		<b>1485</b>



# Tuberculosis

<b>Joint Effort for Eliminating Tuberculosis (JEET)</b>	<b>MP</b>	<b>UP</b>	<b>Total</b>
Total Notification from Private Providers	9677	18992	<b>28669</b>
No. of Patients Put on Direct Benefit Transfer	7329	7945	<b>15274</b>
No. of Patients Put on Fix Dose Combination	3899	694	<b>4593</b>
No. of Patients Counselling (Telephonically)	3999	17330	<b>21329</b>
No. of sample collection CBNAAT	7365	5384	<b>12749</b>
CBNAAT Positive	1314	1888	<b>3202</b>
No. of private providers engaged in TB	665	1116	<b>1781</b>

<b>Telangana - six microscopy centres</b>	<b>Total</b>
Total new case detection	<b>752</b>
NSP	<b>335</b>
NSN	<b>126</b>
Extra-pulmonary	<b>291</b>
Retreatment cases	<b>201</b>
Relapses	<b>62</b>
Failures	<b>6</b>
Treatment after default	<b>23</b>
Others	<b>107</b>
No. put on DOTS	<b>928</b>
TB - HIV Co-infection - under DOTS	<b>66</b>
Pediatric TB (0-14 yrs) registered	<b>34</b>
INH Prophylaxis under 6 years	<b>218</b>
Samples sent for diagnosis of MDR	<b>1069</b>
Found positive	<b>16</b>
Put on DOTS plus treatment	<b>11</b>
No. of TB cases referred to ICTC for HIV test	<b>934</b>
No. of TB cases found HIV reactive	<b>15</b>
No. of clients referred from ICTC to DMC for TB diagnosis	<b>227</b>
Found TB sputum positive/diagnosed as TB	<b>80</b>
Total no. HIV/TB cases registered for DOTS during the year	<b>38</b>

# WASH

	No. of Activities	No. of People
Training programmes for mandated institutions	170	1975
Community mobilisation and awareness on waste management	76	2442
Training stakeholders on waste management	4	89
Dissemination workshops to share findings from projects	1	82
Training programmes organised for government functionaries and stakeholders	2	93
No. of frontline workers trained	2	62
No. of inclusive toilets (PWD)	14	14
No. of people gaining access to basic drinking water	1	150
No. of people gaining access to safely managed drinking water (through leverage)	145	696
No. of water conservation rainwater harvesting structures and recharge structures	6	12

Jagruti Project November 2019 - March 2020	AP	Odisha	Total
No. of villages covered	18	19	37
No. of households covered	7289	5916	13205
No. of households practicing handwashing with soap and water at all crucial times	2782	2985	5767
No. of households with functioning IHHL where everyone is using the IHHL always	2891	2680	5571
No. of houses with IHHL	5147	3350	8497
No. of households using a safe drinking water source	7252	3523	10775
Percentage of households using seasonal mosquito protection (nets/coils)	3549	3865	7414
No. of LF cases promoted for home-based self-care	26	37	63
No. of leprosy cases promoted for home-based self-care	25	14	39
No. of new leprosy cases identified	3	8	11



## HIV and AIDS

HIV and AIDS	Total
<b>Number of adults, adolescents and children received and accessing HIV treatment, prevention, care-and-support services</b>	36380

HIV (Elimination of Mother-to-Child transmission project) AHANA Project MP	Total
No. of pregnant women registered for ANC	1880988
No. of pregnant women aware of their HIV status	1546412
No. of pregnant women found to be HIV positive	560
No. of HIV-positive pregnant women who received ART during pregnancy	583
No. of live births by the HIV positive pregnant women	550
No. of HIV-exposed infants receiving a virological test for HIV within two months of birth	510
No. of spouses of HIV positive pregnant women identified	554
No. of spouses found HIV positive	363
No. of general clients received ART medicine by home visit	191
The number of PLHIV families provided with nutrition package or linked with ration services initiated by government	98

Vihaan Project - Odisha and Chhattisgarh	Total
No. of PLHIV on ART received differentiated care-and-support services to retain them in treatment	33554
No. of people living with HIV in care (including PMTCT) who are screened for TB in HIV care or treatment settings	31609
No. of people who were tested for HIV and received their results during the reporting period	119
No. of PLHIV who are lost to follow-up (LFU) and missed to ART centre tracked back with definite outcome	2390
<b>No. of Female Sex Workers and Injecting Drug Users reached with defined package of targetted HIV prevention activities with Targetted Interventions</b>	<b>1158</b>
<b>No. of CBOs provided technical support in implementation</b>	<b>18</b>
<b>No. of PLHIVs supported for treatment, prevention, care-and-support services by Cheyutha and Sreyassu</b>	<b>722</b>

## Information, Education & Communication

### Information Education Communication initiative Outreach (Group talks, group meetings, SHG meetings and others)

	Leprosy	LF	TB	HIV	Eye care	Total
Andhra Pradesh	36537	13409	0	333		50279
Bihar/Jharkhand /Delhi	101252	100474				201726
Madhya Pradesh	11668	5,676				17344
Telangana	4695	3818	567	45		9125
Odisha	461	131	0	1245		1837
<b>Total</b>	<b>154613</b>	<b>123508</b>	<b>567</b>	<b>1623</b>		<b>280311</b>

### Information Education Communication initiative reaching larger population (surveyed or screened population for ACF, observation days, exhibitions, film shows or other local folk arts etc)

	Leprosy	LF	TB	HIV	Eye care	Total
Andhra Pradesh	55587	28057				83644
Bihar/Jharkhand /Delhi	483318	523300			600000	1606618
Madhya Pradesh	405981					405981
Telangana	84602	782	920	260		86564
Odisha	139141	14300	0	719		154160
<b>Total</b>	<b>1168629</b>	<b>566439</b>	<b>920</b>	<b>979</b>		<b>1736967</b>

### Advocacy meetings conducted

	No. of meetings	People Participated
Andhra Pradesh	3	60
Bihar/Jharkhand/Delhi	175	1552
Madhya Pradesh	14	637
Telangana	19	381
Odisha	55	1112
<b>Total</b>	<b>266</b>	<b>3742</b>





## INDEPENDENT AUDITOR'S REPORT

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

### Opinion

We have audited (virtual) the financial statements of M/s. LEPRASOCIETY, which comprise the balance sheet as at March 31, 2020, and the Statement of Income and Expenditure and Statement of Receipts & Payments for the year ended March 31, 2020 and a summary of the significant accounting policies and other explanatory information.

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

- i) In the case of Balance Sheet of the Society as at 31st March, 2020.
- ii) In the case of Income and Expenditure account, of the excess of income over expenditure for the year ended on that date.
- iii) In the case of Receipts and Payments Account, of the total receipts and Payments for the year ended on that date.

### Basis for Opinion

We conducted our audit (virtual) in accordance with the Standards on Auditing (SAs) issued by ICAI. Our responsibilities under those Standards are further described in the "Auditor's Responsibilities for the Audit of the Financial Statements" section of our report. We are independent of the entity in accordance with the Code of Ethics issued by ICAI and we have fulfilled our other ethical responsibilities in accordance with the Code of Ethics. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.



### Going Concern Section

The Company's financial statements have been prepared using the going concern basis of accounting. Management is responsible for assessing the Company's ability to continue as a going concern, including whether the use of the going concern basis of accounting is appropriate. The use of the going concern basis of accounting is appropriate unless management either intends to liquidate the Company or to cease operations, or has no realistic alternative but to do so. Management is also responsible for disclosing [in the financial statements] a material uncertainty of which management becomes aware related to events or conditions that may cast significant doubt on the Company's ability to continue as a going concern.

As part of our audit, we conclude regarding the appropriateness of management's use of the going concern basis of accounting in the preparation of the financial statements in the context of the applicable financial reporting framework. We also conclude, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the entity's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in the auditor's report to the disclosures in the financial statements about the material uncertainty or, if such disclosures are inadequate, to modify the opinion on the financial statements. Our conclusions are based on information available to us at the date of the auditor's report. However, future events or conditions may cause an entity to cease to continue as a going concern.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements.

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

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of



# Audit Statement

assurance, but is not a guarantee that an audit conducted in accordance with SAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in financial statements. The procedures depend on auditor's judgement, including the assessment of risk of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessment, the auditor considers internal control relevant to the Society's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances.

An audit also includes evaluating the appropriateness of 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.

for V RAVULAPALLI & Co.,  
Chartered Accountants



CA. V Ravulapalli  
(Partner)

Firm Regn. No.007962S

UDIN: 20206523AAAABS6760

Place: Hyderabad

Date:- 21-10-2020

LEPRA SOCIETY  
(REGISTRATION NO. 474 of 1989)  
BALANCE SHEET AS AT 31ST MARCH, 2020

Particulars	Schedule	Amount in ₹	
		As at 31st March, 2020	As at 31st March, 2019
<b>Liabilities</b>			
Capital Fund	1	12,93,85,200	10,24,20,298
Social and Economic Rehabilitation (SER) Revolving Fund	2	23,22,168	23,22,168
Current Liabilities	3	78,98,075	58,61,779
<b>Total</b>		<b>13,94,05,443</b>	<b>11,06,04,245</b>
<b>Assets</b>			
<b>Fixed Assets</b>	4		
Gross Block		17,31,04,136	15,67,94,542
Less: Depreciation		10,77,99,823	10,23,30,314
Net Block		<b>6,53,04,313</b>	<b>5,44,64,228</b>
Current Assets, Loans and Advances	5	1,18,80,109	99,29,425
Term Deposits with Banks	6	3,00,78,784	3,10,03,957
Cash and Bank Balances	7	3,21,42,237	1,52,06,635
<b>Total</b>		<b>13,94,05,443</b>	<b>11,06,04,245</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: 21 Oct 2020

For and on behalf of LEPRA SOCIETY

Dr. V Rukmini Rao  
Chairman

P Omprakash  
Acting Chief Executive  
Cum Treasurer



# Audit Statement

**LEPRA SOCIETY**  
(REGISTRATION NO. 474 of 1989)  
**INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2020**

Particulars	Schedule	Amount in ₹	
		For the Year ended 31st March, 2020	For the Year ended 31st March, 2019
<b>Income</b>			
Grants Received	8A	21,40,58,347	17,28,17,376
Interest	9	34,89,896	35,69,195
<b>Donations Received</b>			
- Foreign		1,44,353	5,005
- Local		43,84,343	21,15,115
Collections from Lepra Mahanadi Eye Hospital	14 A	4,43,49,220	4,23,88,424
Other Income	14 B	10,64,550	7,78,807
<b>Total</b>		<b>26,74,90,709</b>	<b>22,16,72,522</b>
<b>Expenditure</b>			
Salaries, Staff Welfare and Training Expenses	10	10,61,72,415	11,10,90,905
Grants given to Projects Aided	11	1,79,83,390	1,63,95,294
Medical and Programme Expenses	12	9,10,88,666	8,74,16,095
Maintenance and Administrative Expenses	13	1,65,21,118	1,72,94,704
Depreciation	4	88,05,018	78,18,335
<b>Total</b>		<b>24,05,70,607</b>	<b>24,09,15,333</b>
<b>Surplus / (Deficit) carried over to the balance sheet</b>		<b>2,69,20,102</b>	<b>-1,83,42,811</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. : 0079625

CA. V Ravulapalli  
Partner  
M. No. 206523

For and on behalf of LEPRA SOCIETY

Dr. V Rukmini Rao  
Chairman

P Omprakash  
Acting Chief Executive  
Cum Treasurer

Place: Hyderabad  
Dated: 21 Dec, 2020

**LEPRA SOCIETY**  
(REGISTRATION NO. 474 of 1989)  
**RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2020**

Particulars	Schedule	Amount in ₹	
		Amount in ₹	Amount in ₹
<b>Opening Cash and Bank Balances as at 01st April, 2019 (A)</b>	7		<b>1,52,06,635</b>
<b>Add: Receipts (B)</b>			
Grants Received	8		21,40,58,347
Grants-in-Kind - Fixed Assets (per contra)			44,800
Collections from Mahanadi Netra Chikitsalaya			4,28,59,895
<b>Interest Received</b>			
- On Fixed Deposits - Foreign Contribution Regulation Act (FCRA) Account		87,259	
- On Fixed Deposits - Local Donation Account		18,94,862	
- Bank Interest - Foreign Contribution Regulation Act (FCRA) Account		5,92,420	
- Bank Interest - Local Donation Account		7,08,938	
			32,83,479
<b>Donations Received</b>			
- Foreign Donations		1,44,353	
- Local Donations*		43,84,343	
			45,28,696
Other Receipts	14		1,89,20,078
Term Deposits received during the year			57,50,222
<b>Total Receipts (B)</b>			<b>28,94,45,487</b>
<b>Less: Payments (C)</b>			
Grants given to Projects Aided	11		1,79,83,390
<b>Investments (purchases of assets):</b>			
- Buildings		20,21,500	
- Medical Equipment		78,46,521	
- General Equipment		52,92,522	
- Vehicles		47,11,181	
			1,98,71,724
Grants-in-Kind - Fixed Assets (per contra) Received			44,800
Salaries, Staff Welfare and Training Expenses	15		10,61,61,688
Medical and Programme Expenses	16		9,21,69,605
Maintenance and Administrative Expenses	17		1,66,35,981
Others	18		1,48,17,668
Term Deposits made during the year			48,25,040
<b>Total Payments (C)</b>			<b>27,25,09,886</b>
<b>Closing Cash and Bank Balances as at 31st March, 2020 (A+B-C)</b>	7		<b>3,21,42,237</b>

\*Local Donations includes amount received in donation boxes

Significant Accounting Policies and Notes to Accounts 19  
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. : 0079625

CA. V Ravulapalli  
Partner  
M. No. 206523

For and on behalf of LEPRA SOCIETY

Dr. V Rukmini Rao  
Chairman

P Omprakash  
Acting Chief Executive  
Cum Treasurer

Place: Hyderabad  
Dated: 21 Dec, 2020

## Details of International Travel for the financial year 2019-20

Travel Month	Place	Purpose	Participants	Funded By	Expenses incurred (INR)
Jun 2019	Geneva	Human Rights Council Side event 'Leprosy, dehumanisation and extreme vulnerability' how to fulfill the 2030 agenda for stigmatised social groups	Rachna Kumari	LEPRA UK	1,26,721.00
Aug 2019	Bangkok	Asia CSO's strategic advocacy meeting to discuss Global Fund Replenishment in a post 2021 scenario	Jayaram Parasa	Global Fund Advocates Network	7,858.00
Aug 2019	Zimbabwe	The Zimbabwe Leprosy Training workshop	Kameshwar Rao	LEPRA UK	95,582.00
Aug 2019	Zimbabwe	The Zimbabwe Leprosy Training workshop	Santosh Singh	LEPRA UK	87,017.00
Sept 2019	Manila	20th International Leprosy Congress	Ashim Chowla	LEPRA	1,08,535.00
Sept 2019	Manila	20th International Leprosy Congress	Rajnikant Singh	LEPRA	80,778.00
Sept 2019	Manila	20th International Leprosy Congress	Dr Aparna Srikantam	LEPRA	58,229.00
Sept 2019	Manila	20th International Leprosy Congress	Rachna Kumari	ILEP	18,631.00
Sept 2019	UK	10th Neglected Tropical Disease NGO Network (NNN) Conference	Kamlesh Chandra Lal	NNN	66,936.00
Sept 2019	UK	10th Neglected Tropical Disease NGO Network (NNN) Conference, 11th European Congress on Tropical Health Medicine and International Health and to attend meetings in Lepra Colchester office	Rajnikant Singh	NNN	99,821.00
Sept 2019	UK	10th Neglected Tropical Disease NGO Network (NNN) Conference and to attend meetings in Lepra Colchester office	Jayaram Parasa	LEPRA Society	1,08,195.00
Sept 2019	UK	10th Neglected Tropical Disease NGO Network (NNN) Conference	Naveen Satle	NNN	67,948.00
Sept 2019	UK	10th Neglected Tropical Disease NGO Network (NNN) Conference	Dr Aparna Srikantam	NNN	80,730.00
Sept 2019	UK	To attend meetings in Lepra Colchester office	Radhika Mammidi	LEPRA Society	89,517.00
Sept 2019	UK	To attend meetings in Lepra Colchester office	Kasturi Rao Kilaru	LEPRA Society	82,865.00
Sept 2019	UK	To attend meetings in Lepra Colchester office	Pritha Biswas	LEPRA Society	93,730.00
Sept 2019	UK	TEG on stigma guidelines revision from	PK Jayashree	LEPRA Society	56,596.00
Sept 2019	UK	UK Strategy Meeting	Ashim Chowla	LEPRA Society	97,988.00
Sept 2019	Cape Town	Frontline Aids Partnership Meeting	Ashim Chowla	Frontline AIDS	42,464.00
Dec 2019	Nairobi	1st International Conference on NTDs in Africa in conjunction with the 13th Kenya MOH and KEMRI Annual NTD Conference	Rajnikant Singh	LEPRA UK	1,78,327.00
Jan 2020	UK	To attend meetings to discuss the funding of Lepra's work in India in Lepra Colchester office	P Omprakash	LEPRA Society	1,04,663.00
Jan 2020	UK	To attend meetings to discuss the funding of Lepra's work in India in Lepra Colchester office	Jayaram Parasa	LEPRA UK	90,076.00
					<b>18,43,207.00</b>





## Management Committee

**Dr. Rukmini Rao**, *Chairman*

**Ms. P.K. Jayashree**, *Vice-Chairman*

**Lt. Gen. (Retd.) Dr. M.A. Tutakne**, *Member*

**Dr. P. Suranjeen Prasad**, *Member*

**Dr. Urmila Pingle**, *Member*

**Dr. Y.B. Jayanth Kumar**, *Member*

**Ms. Meena Gupta, IAS (Retd.)**, *Member*

**Ms. Meenakshi Batra**, *Member*

**Prof. (Lt. Col.) Dayakar Thota**, *Member*

**Dr. Dil Kishore Raman**, *Member*

**Mr. Guru Sharan Sachdev**, *Member*

**Dr. Vishwa Mohan Katoch**, *Member*

**Mr. Ashim Chowla**, *Secretary*

## Salary Structure 2019-20

S. No.	Designation	Range (Rs.)
1	Senior Management Staff	50,000 - 2,60,000
2	Middle Management Staff	40,000 - 68,000
3	Supervisory Level	14,000 - 42,000
4	Junior Level	9,200 - 15,500

S. No.	Positions	Gender		Total
		Men	Women	
1	Senior Management Staff	5	4	9
2	Middle Management Staff	94	28	122
3	Supervisory Level	201	79	280
4	Junior Level	42	14	56
<b>Total</b>		<b>342</b>	<b>125</b>	<b>467</b>



