

LEPRA

® Registered as LEPRA Society



PUTTING PEOPLE FIRST

ANNUAL REPORT 2020-21

Message from CEO



Rising to the challenge

The year gone by has been an extremely challenging one for LEPR and the people we work with. I would like to start by acknowledging all the efforts and contributions from the colleagues working in different locations with people affected by leprosy and other NTDs in extremely challenging situation of COVID-19 pandemic raging through the country, making a positive difference to their lives. The COVID-19 pandemic has brought about untold suffering with people losing homes, jobs, and

their family members. The challenges of this pandemic still continues as the virus is still virulent. It has been tough especially for people with disabilities like the leprosy affected. The annual report has documented some of the important milestones for LEPR Society and the impact of programming over the year.

In the last 32 years, LEPR is not just one of the leading organisations working in the field of leprosy but has also initiated interventions in lymphatic filariasis (LF),

HIV, Tuberculosis (TB), WASH and eye care with focus on addressing disabilities, reconstructive and hydrocele surgeries. In the process, it has been tackling prejudice and discrimination faced by people who are subjected to social exclusion and thereby ensuring a dignified life with inclusion in the societal mainstream. I would like to mention that Research constitutes an important component of LEPR's work and goes hand-in-hand with the work in the activities on the ground. The Blue Peter Public Health Research Centre (BPHRC) carries out research in the fields of leprosy, TB and lymphatic filariasis. Eye care for people living with leprosy and other vulnerable groups, is an essential area of work for LEPR in Odisha and Bihar (through the Mahanadi Netra Chikitsalaya and Junagarh Netra Chikitsalaya in Odisha and the eye care programme in Bihar).

LEPR works closely with government and community-based organisations locally supporting them in their advocacy to fight for rights and entitlements in 141 districts in the states of Andhra Pradesh, Bihar, Chhattisgarh, Delhi, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Telangana and Uttar Pradesh. LEPR is an affiliate of the global Lepra family and a member of the International Federation of Anti-Leprosy organisations (ILEP).

Despite the challenges of access, resource crunch and movement restrictions due to the COVID pandemic, LEPR has been able to help those most

in need. I would hereby like to express my appreciation to the Government of India (especially the Central Leprosy Division) and the states where we work, LEPR's donor community (especially Lepra UK), partners among national and international NGOs, WHO and other stakeholders working together. I am also grateful to our dedicated staff for their effort of involving in all our activities.

I will like to conclude by saying LEPR has lived up to its vision to be a leader in reducing the incidence and impact of leprosy and other neglected diseases in spite of the extremely challenging context. LEPR will remain committed to work with people affected by neglected diseases, especially women and children, exercise their rights and realise a life of dignity by overcoming discrimination with reduction in disease and prevention of disabilities due to leprosy and LF among the marginalised communities.

Prasant Naik,
Chief Executive
Hyderabad.



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VISION



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

GOALS



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

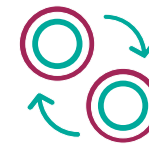
Reduction in disease and prevention of disabilities due to leprosy and LF among the marginalised communities

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

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

In the last 32 years LEPRA (registered as Society) is not just one of the leading organisations working in the field of leprosy but has also initiated interventions in lymphatic filariasis, HIV, Tuberculosis (TB) and eye care. LEPRA has provided holistic treatment and care for people affected by leprosy and lymphatic filariasis, two of the most neglected tropical diseases due to its technical expertise in case detection, treatment, disability care, rehabilitation, community mobilisation. It has adopted a holistic approach in tackling the diseases through counselling, advocacy and envisaging the welfare of those affected. Hence, LEPRA has provided new paradigms in health care (some of which have been adopted by the state governments), reached the unreached, envisioned the wellness and welfare of the affected by these diseases backed by strong IEC activities sensitising people and disseminating information among them about the diseases. In the process, it has been tackling prejudice and discrimination faced by people who are subjected to social exclusion and thereby ensuring a well-meaning life of inclusion in the societal mainstream with emphasis on dignity and productivity. The organisation works closely with community-based organisations (in leprosy, LF and HIV/AIDS) helping them in advocacy to fight for their rights and entitlements for improving their living conditions.

The geographical span of LEPRA's work covers 141 districts in the states of Andhra

Pradesh, Bihar, Chhattisgarh, Delhi, Jharkhand, Madhya Pradesh, Odisha, Rajasthan, Telangana and Uttar Pradesh.

LEPRA has been adopting an integrated approach to tackle leprosy and lymphatic filariasis. TB is another disease which LEPRA tackles through the Joint Elimination and Eradication of TB (JEET Project) and District Microscopy Centres spread over the states of operation and patients are linked to the Directly Observed Treatment Short Course (DOTS). The organisation also has HIV projects in states like Odisha and Chhattisgarh.

Eye care is an integral area of work for LEPRA in Odisha and Bihar. Through the Mahanadi Netra Chikitsalaya and Junagarh Netra Chikitsalaya in Odisha and the eye care programme in Bihar LEPRA has been able to reach the poor, marginalised and underserved in hard-to-reach areas too.

The COVID-19 pandemic brought about untold misery to a large part of the population in India with people losing homes, jobs, their family members. In times of this crisis LEPRA responded to this by ensuring ration and medicines for the leprosy affected. The challenges associated with this pandemic still continue as the virus is still virulent and engulfing lives. It has been tough especially for people with disabilities like the leprosy affected. Active case finding activities (like the case detection campaign) which have been conducted

in some states were suspended between April and September (these are the months of case detection campaigns) 2020.

However, only 8,270 new leprosy cases have been reported during April–September 2020, compared to the approximately 22,000 new cases reported for the same time frame in 2019. This represents a decrease of 63%, compared to the same period last year. Furthermore, the proportion of multi-bacillary (MB) leprosy and the proportion of grade-2 disability (G2D) amongst the new cases have actually increased by 20% and 12% this semester, compared to the same 6-month period in 2019. The proportion of both women and children among new cases has decreased by 70% compared to the same semester last year. The suspension of Active Case Finding activities, travel restrictions, reduced healthcare services and social distancing policies appear to have severely affected the early detection of people affected by leprosy. Moreover, G2D rates will most probably increase further this year. A large proportion of women, children and marginalised communities are also expected to go undiagnosed this year.

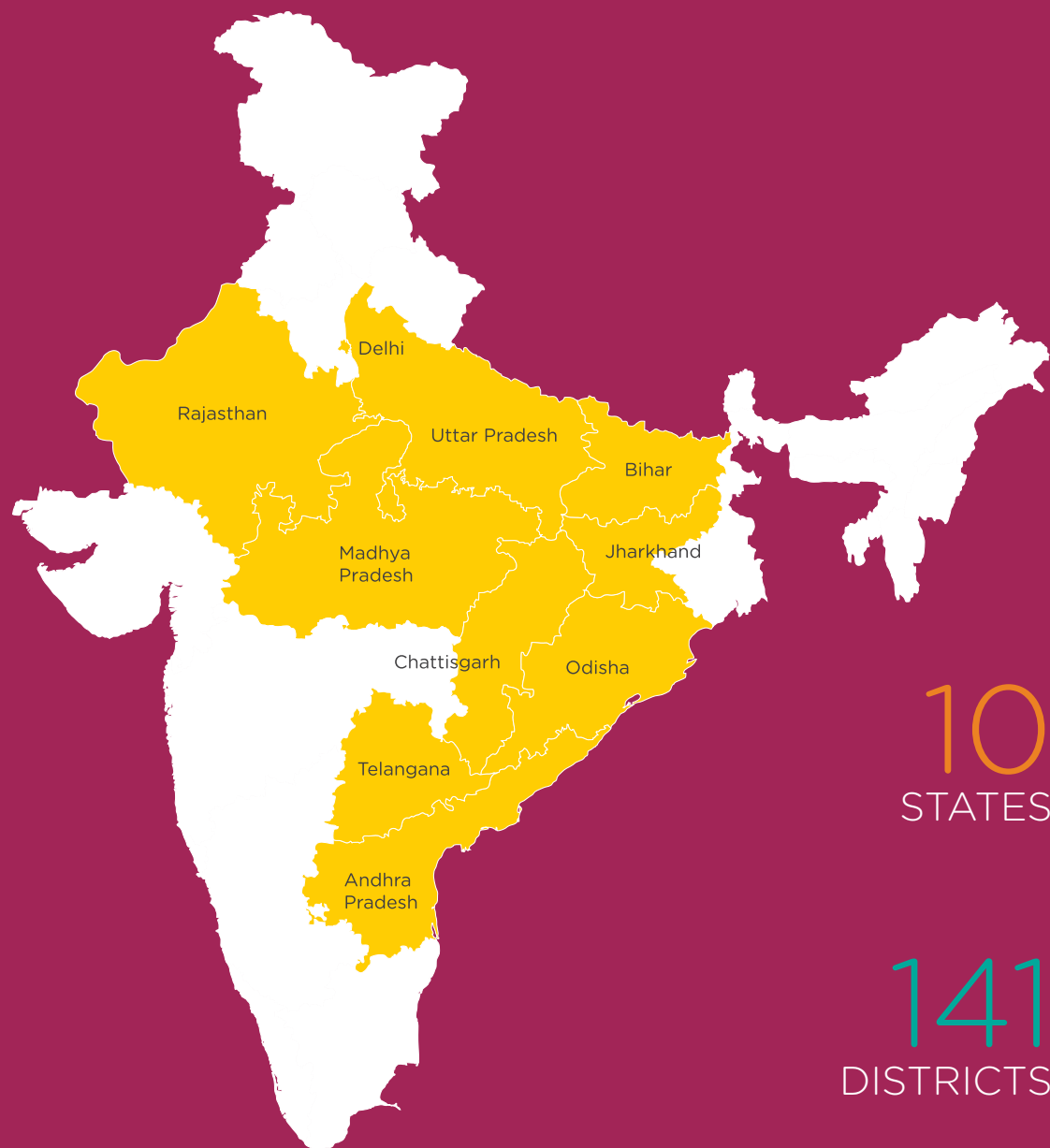
Research constitutes an important component of LEPRA. The Blue Peter Public Health Research Centre (BPHRC) carries out research in the fields of leprosy TB and lymphatic filariasis. The research goes hand-in-hand with the work in the field.

In spite of the pandemic the committed staff responded to the humanitarian needs and went out of the way to ensure that the leprosy affected and others too could lead a somewhat decent life in this turbulent time. Funds were raised for this purpose and groceries, hygiene kits and medicines were mobilised.

LEPRA is an affiliate of the global Lepra family and a member of the International Federation of Anti-Leprosy organisations (ILEP).



Where we work



10
STATES

141
DISTRICTS

40
PROJECTS

List of referral centres

State	Place	Location
Telangana	Hyderabad	Premises of Government Leprosy Training Centre, Nallakunta, Hyderabad, Telangana - 500044
Telangana	Mahabubnagar	Beside Jeevan Dhara Medical Store, Government General Hospital premises, Mahabubnagar, Telangana - 509001
Telangana	Kagaznagar	Premises of Government PHC, Kousar Nagar, Kagaznagar, Komarambheem District, Telangana - 542096
Telangana	Nirmal	Government District Hospital premises, Gazulapet Road, Nirmal, Telangana - 504106
Telangana	Hyderabad	Opp TVS tyre company, Cherlapally, MO Keesara, Medchal District, Hyderabad 501301
Andhra Pradesh	Krishna	Room No 5, Government General Hospital, Vijayawada, Andhra Pradesh
Andhra Pradesh	West Godavari	Room No 12, District Hospital, Eluru, West Godavari District, Andhra Pradesh
Odisha	Cuttack	Leprosy Home and Hospital, Cuttack
Odisha	Ganjam	MKCG Medical College, Berhampur
Odisha	Bargarh	District Headquarters Hospital, Bargarh
Odisha	Mayurbhanj	PRM Medical College & Hospital, Baripada
Odisha	Dhenkanal	District Headquarters Hospital, Dhenkanal
Odisha	Bolangir	SLR Medical College and Hospital, Bolangir
Bihar	East Champaran	Little Flower Hospital, Sundarpur, Raxaul, East Champaran, Bihar - 845305
Bihar	Jamui	Sadar Hospital, Jamui, Bihar - 811307
Jharkhand	Dhanbad	6&7 Pits, Colliari Area, Jamadoba, Putki Road, In front of Bank of India, Post - Bhaga Dhanbad - 828301, Jharkhand, India
Delhi	Delhi	LEPRA Society, WDRC, Guru Gobind Singh Hospital, Delhi - 110005
Madhya Pradesh	Sendhwa	Government Civil Hospital, Niwali Road, Sendhwa, District Barwani - 451666
Madhya Pradesh	Khargone	Khargone Road, Near Shri Rewa Gurjar College, Sanawad - 451111

Andhra Pradesh

All 13 districts of the State had been impacted with the COVID pandemic. Hence, the project operations and targets were affected. Most of the project targets were moderately achieved. Efforts were made to provide support to District Health Department in the leprosy colonies for the Mobile Testing Facility Unit to test for COVID. The focus of the government was on the COVID pandemic and the government hospitals at district/block/village levels were turned into testing and treatment facilities. It became difficult for people affected by disabilities to access project services and faced challenges in getting tested for COVID-19.

LEPRA Society rose to provide humanitarian services to the persons affected by leprosy, LF, HIV/AIDS and the migrants for meeting their health, basic requirements during the lockdown and post-lockdown periods by raising funds, coordinating with the government for timely access of MDT and ART medicines. These included access to health facilities, medical aid, rations and hygiene kits. The IEC activities carried out were related to COVID protection besides leprosy, LF and WASH. Different strategies were followed to reach out to different people.

The projects integrated COVID/WASH components into the projects and worked intensively in generating awareness on COVID in addition to Leprosy and LF. During the lockdown and post-lockdown periods considering the need on generating awareness on COVID-19, special travel permissions were undertaken from the Health Department and the Mobile Health and IEC van (funded by Indo-American Development Health Organization - IADHO) was utilised for this purpose. In this period, nearly 1 lakh population in the rural and urban containment areas in collaboration with the State Health Society, Government of Andhra Pradesh was reached.



Leprosy and Lymphatic filariasis

LEPRA Society is implementing referral centre services for people affected by leprosy and LF. This includes a comprehensive package of services under Disability Prevention and Medical Rehabilitation (DPMR) and Morbidity Management and Disability Prevention (MMDP) in Krishna and West Godavari districts (satellite clinics in WG district). The project took up door-to-door survey rather than out-patient services, promoting home-based care. This year, very limited survey activities were taken up as the focus was on DPMR/MMDP services.

Morbidity management and disability care centres of LEPRA cover the districts of Krishna and West Godavari providing services to the beneficiaries affected by leprosy and lymphatic filariasis and their family members.

The Neglected Tropical Disease Resource Unit (NTDRU) project ensured supply of MDT and ART drugs to the beneficiaries of 16 health care centres in coordination with the government officials. In close collaboration with the State Blindness Control Society, the project took up vision screening camps in the state leprosy colonies. Nearly 1256 patients affected by leprosy living in 29 out of 48 leprosy colonies availed eye-care services for their eye-related complications, along with people suffering lymphatic filariasis irrespective of their grades. The advocacy efforts of LEPRA's and the State Forums

financially supported the beneficiaries in availing monthly pensions ranging between Rs 3000/- and Rs 5000/-.

The Mobile Foot care unit reached 1527 leprosy affected persons and 200 people with LF. In collaboration with Government Health Department, the footwear to these needy persons was provided in the inaccessible, rural and remote areas.

In 2020, the State Health Society was given the responsibility of providing footwear (government orders on annual basis) to the ILEP agencies working in the state. Considering the need, quality and customised footwear to the persons with Grade I disabilities, the State Health Society (NLEP) allotted work order for footwear in Krishna and Kurnool districts.

The beneficiaries were followed-up and provided with 200 pairs of footwear in Krishna district. The persons with Grade 2 and 3 were prioritised.

The family members of persons affected with leprosy and LF were educated on self-care practices and the significance of regular usage of footwear. In two colonies, the local shoe makers were oriented on the preparation of leprosy footwear. Due to lockdown and spread of COVID-19, the movement of the van and community level outreach (camps in PHCs/CHCs) was not up to full capacity in providing the required footwear. The necessary permissions were not given for the movement of the van and in conducting community level camps for

Andhra Pradesh

collecting measurement of footwear. The COVID positive people among the leprosy beneficiaries increased with the increase in mobility of colony inmates.

The footwear orders were also taken from the government to meet the targets. The provision of customised quality footwear being delivered at doorsteps resulted in regular usage of footwear among the beneficiaries.

The Society for Leprosy Affected People (SLAP) in Andhra Pradesh, along with LEPROA was engaged effectively in facilitating the testing for the inmates in 57 leprosy colonies in coordination with the district COVID centres and NLEP, for taking up medical services in colonies for general ailments and to facilitate delivery of dry rations to the needy. The State Health Society and LEPROA facilitated testing through mobile vans in nine leprosy colonies. Despite difficulties, the LEPROA team ensured the availability of medicines for leprosy reaction cases in the nearest health facility, or arranged door delivery with proper planning on individual basis. The camp approach was replaced with door-to-door visits (individual follow-ups and tele-counselling). In this COVID scenario, the LEPROA team ensured foot care, providing customised footwear, ulcer management, giving self-care kits for 3-4 months and disseminating awareness on social entitlements.

WASH

The Jagruthi project: Ending NTDs (leprosy and LF) through women-led WASH, supported by ALM, was implemented in Vizianagaram district by engaging SHG women as key stakeholders. The women-led WASH project implemented in Mentada mandal focussed on WASH/COVID prevention aspects, especially focussing on hand hygiene. A remote rural mandal in Vizianagaram district, reached nearly 7715 households with disease specific information on NTDs/ WASH and COVID by 25 Women CRPs (Community Resource Persons).

The evaluation of the ALM project was undertaken by an external agency and key lessons/recommendations were disseminated to the stakeholders. During this period, 80 leprosy and 35 LF cases were registered/ followed up in 18 resource poor WASH/NTD villages. Forty-five hardware works related to water/sanitation were taken up with 50% contribution from the community. The project ended in December 2020 and later Jagruti Livelihood Project (WASH-linked livelihoods) was launched in 2021 where the women led sustainable livelihoods in marketing sanitary pads with support of SHGs (Self-Help Group).

HIV

The state received funding from Frontline Aids for COVID support, a short term project for 3 months to support 600 persons living with HIV/ AIDS in Jaggaiahpetta mandal. The CBO



Sreyassu facilitated access for ART medicine to the People Living with HIV/ AIDS (PLHIV) without any interruption in supply. Due to the disruption of inter-state transportation (Andhra Pradesh -Telangana), persons affected with HIV and living in the border areas could not access ART medication. A reduced frequency of opportunistic infection was noticeable. The team coordinated with both states and ensured supply of ART medicines for 811 PLHIV and 302 PLHIV were aided through 17 clinics. Thirty-eight beneficiaries were linked to various government schemes.

Eye Care

LEPROA Society, in collaboration with the State Blindness Control Society,

organised vision screening camps screening 1786 persons in 25 leprosy colonies. In Krishna/ Guntur districts, the organisation engaged two corporate companies in generating awareness in the communities. The projects in the state are facilitating State Leprosy Forum, District Leprosy Forum in Krishna and 4 LF mandal-level support groups in advocating their rights to access social entitlements.

The programmes in Andhra Pradesh were implemented with funding from Leproa UK, American Leprosy Missions, Indo-American Health and Development Organization (IADHO) PAVERS and Frontline AIDS.

Bihar and Uttar Pradesh

Bihar has a population density of 1,106 persons per sq. km. The public health facilities in Bihar are already overburdened and are unable to cater to people's medical needs. The state has only 50% of the sub-health centres, 60% of the primary health centres, and 9% of the community health centres required by the national supply-to-population standards.

A single doctor attends to over 17,000 patients in Bihar. Only 50,000 doctors are registered in Bihar against the requirement of 130,000 doctors.

With the government staff, paramedics and frontline workers engaged in the pandemic, LEPRO team stepped out to help the community by ensuring MDT delivery and promotion of home-based care management and distribution of protective footwear. The LEPRO team coordinated with Rising Star and Sasakawa India Leprosy Foundation (SILF) and facilitated the distribution of dry ration packs, ready-to-eat items hygiene self-care kits in 63 leprosy colonies of Bihar. The Mobile IEC van team distributed the rations to people affected by leprosy at an interval of four weeks. The Samutthan members also supported LEPRO during the difficult pandemic situation. The COVID-19 has provided a good learning about promotion of WASH in the community. In due course, acute attacks will be reduced in the persons affected with LF by regular home-based care of the affected parts. The project team continuously spread

the message about prevention and care linked to personal hygiene, to routine use of facial masks when interacting with the community.

Leprosy and Lymphatic Filariasis

Bihar is registering 16,000-20,000 new cases of leprosy for the past 10 years annually even after elimination. The striking fact is that child cases (below 15 years) constitute 10-12% of the new cases. Disability among new cases (5%) is another issue. Both indicators point to the persistence of infection in the community and late detection of new cases. The COVID-19 pandemic has affected the case detection activity and 5563 new cases were registered from April-December 2020.

LEPRO helps strengthening the Government Health System (capacity building, implementation, joint monitoring, documentation) fills the gap wherever necessary (where Government is weak/not present; though Referral centre / outreach - Slit Skin smear, complication management, footwear unit, difficult-to-diagnose cases) supports the people's forums - CBOs and NGOs (deputing as consultant and technically supporting the services).

The Little Flower welfare project of East Champaran district provides free services to leprosy and lymphatic filariasis (LF) beneficiaries. The project faced various challenges not only due to the pandemic, but also because of a huge group of migrants from different states returned

back to their home towns and increased the COVID transmission rate. The project team provided medical support, sanitation essentials, transportation and groceries for the affected families. The school screening surveys reported a high load of child cases of leprosy in East Champaran.

The mobile footwear unit covered all the districts of Bihar providing specialised foot care services in 63 leprosy colonies of the State. Nearly 2000 pairs of footwear were being provided to the persons affected by leprosy and also to patients with ulcers due to leprosy.

This smooth functioning of the project severely got affected from March to September 2020 due to COVID claiming nearly 1,14,266 cases in the state. The government health functionaries were majorly engaged in managing the pandemic situation. The detection in cases decreased by 63%, whereas the early trend on an average showed 1200-1400 in a month

Due to the Information Education and Communication activities conducted in the leprosy colonies, 55,471 people were referred to the nearest PHCs for further confirmation and necessary treatment.

Lymphoedema and particularly hydrocele, are major public health problems in the state as well as a serious socio-economic problem due to the morbid condition, social

stigma, and considerable economic loss. India contributes to 41% of global lymphatic filariasis. Bihar has the highest endemicity (over 17%) and it has registered more than 2.5 million elephantiasis cases and 1.5 million hydrocele cases according to the government figures while these figures are certainly higher as per LEPRO's experience working in the field.

The government of India had advised on up-scaling home-based morbidity management of lymphoedema cases and hydrocele operations. The process involved updating the line-listing of lymphoedema and hydrocele cases in the districts.

The project also developed two training manuals (ASHA and Supervisory



Bihar and Uttar Pradesh

grade), which have been developed and printed in Hindi, one surgical protocol on hydrocele has been developed and printed in English and a flip chart (10 slides) for home-based care and to be used for demonstration at the field level.

The Neglected Tropical Disease Resource Unit (NTDRU) project is strengthening referral system and creating awareness at the community level. The unit provides technical support to NLEP ensuring quality services to the affected community. Its main emphasis is to improve the health conditions of people suffering from leprosy and lymphatic filariasis.

The major activities undertaken in this year are Integrated Prevention of Disability (IPOD) camps, Morbidity Management and Disability Prevention (MMDP) services, Observance of Anti-Leprosy Week, Disability Day and NTDs.

During Leprosy Case Detection Campaigns (LCDC) and Mass Drug Administration (MDA), some of the medical staff (MO -26; GHC -29; ASHAs - 1218; SHGs-170) were sensitised on combined approaches of leprosy and lymphatic filariasis.

The referral centre in Munger district, which is a one-stop hub for providing specialised services is lacking in manpower at the ground level (block/district) in implementing the national programmes. Despite these circumstances, the Munger centre provided relentless services to people

affected by leprosy and lymphatic filariasis. The referral unit constantly faced challenges in catering to the needs of people requiring referral centre services in the reporting year.

This referral unit also served the COVID-19 patients in addition to those with leprosy and lymphatic filariasis. In the first quarter with no hands on experiences, the centre had to treat the COVID-19 cases. Similar to other projects, this centre's targets got partially affected in view of the lockdown due to the pandemic. Eighty per cent of the registered cases practised home-based self-management.

The Sarthak unit of Bihar manufactures Grade 1 footwear, self-care kits, aids and appliances as per the demand from the government and NGOs from various states of India. During the year, 8210 pairs of Micro-Cellular Rubber footwear were manufactured and supplied to the states of Jharkhand, Delhi, Odisha including Bihar.

The major challenges faced were disruption in training programmes and access to Mass Drug Administration (MDA) due to lack of transportation.

The Active Case Detection (ACD) survey activity was undertaken covering 116067 population enumerating 87011 and examining 61797.

Research

A research project, COR Umeed, is being implemented by a partnership of Researchers, NGOs and the Bihar LF



Programme, India. The lead implementing agency is LEPRO Society and its associated Blue Peter Public Health Research Centre (BPHRC) as a research partner. Leprosy UK, effect:hope, Canada and the Bruyere Research Institute of Canada will provide technical and research support. The Lead coordinator is effect:hope, Canada. The study, which is in the middle phase has accomplished baseline and training of stakeholders 10 Mos, 72 ANMs, 54 GHCs and 403 ASHA workers.

Three research projects have been submitted to the Donor.

- “Work, Identities, Accountabilities, and Status of Frontline health care workers in evolving health system contexts of Bihar and Maharashtra” by LEPRO and MASS to India Health System Collaborative (IHSC).

- Quasi-Experimental Study to Overcome Barriers in Help-Seeking and Compliance to Treatment and Preventive Measures for Visceral Leishmaniasis in Saran and Samastipur Districts of Bihar by LEPRO and MASS to ICMR.
- Active Case finding - Skin NTDs under preparation (effect:hope and Leprosy)
- Active Case finding - Leprosy under preparation (Rotary and Leprosy)
- LEPRO protocol manual for Active Case Finding under preparation

Mobilising Men's Health: Hydrocele

This project, supported by Vodafone Foundation, provided services in three districts (Patna, Munger and Kaimoor). The objective was to improve the quality of life of men (in terms of mobility, income, stigma and mental health) and about 21% of the annual target of 2,600 surgeries, was done within public/private health facilities. An impact of this project has been the scaling up of hydrocele surgeries in the districts. The project team facilitated 1430 hydrocelectomies surgeries at government (639) and private hospitals (791).

The project was successful in allocating one day in a week for treating hydrocelectomies at District Hospitals and Primary Health care centres free of cost. This was as a result of a training programme provided to 19 clinicians in government services. The hydrocelectomies could not be

Bihar and Uttar Pradesh

performed after the 1st quarter as the entire government health staff were involved in COVID vaccination process.

The advocacy efforts were made by the project to link its beneficiaries to related eligible government benefits in undergoing necessary surgeries. 156 persons with leprosy were linked with Bihar Shatabdi Kusth Kalyan Yojana. 41 children received the education scholarship in CHAHA project.

The government health staff (ASHAS - 418; ANMs - 112; Health workers - 231; Rural Medical Practitioners - 78) were sensitised towards referrals of cases.



WASH - Jagruti

This three-year project, Jagruti, is being implemented in 130 villages of Kalyanpur block in Samastipur district, Bihar from February 2021 with support of American Leprosy Missions (ALM). One hundred and thirty local women trained as Community Resource Persons (CRPs) in WASH and NTDs will be the key implementers, reaching 62,701 households in 130 villages - a population of 310,439 people at risk in these poor WASH and NTD endemic areas. These NTDs cover leprosy, lymphatic filariasis, Soil Transmitted Helminthiasis (STH), Kalazar, Snake Bite, Dog Bite, Scabies, Dengue and Chikungunya.

Jagruti leverages the social power of women as agents of change to promote water, sanitation and hygiene (WASH) behaviour change at the household and community level, and as advocates for basic health and hygiene by engaging the local government to promote improved WASH facilities and services. The project's USP is working with women in poverty, traditionally responsible for household water, sanitation, hygiene and health and therefore key stakeholders in WASH and health. The project is also unique in that it employs a rights-based approach working primarily at the point of need, the household level (rights holders), while also influencing other key actors (duty bearers) in water, sanitation, and health to achieve sustainable impact.

The selection of 130 CRPs was completed with the strategy of one person from the revenue village of Kalyanpur block with support of JEEViKA. The project has established a local partnership with them.

The Government of Bihar, through the Bihar Rural Livelihoods Promotion Society (BRLPS), an autonomous body under the Department of Rural Development, is spearheading the World Bank aided Bihar Rural Livelihoods Project (BRLP), locally known as JEEViKA with the objective of social and economic empowerment of the rural poor population.

The women have trained on the WASH and NTDs including nutrition in two-days session of 20-22 CRPs. It has completed 6 batches of training 130 CRPs on WASH, NTDs, nutrition and social human rights. The training was based on cause, signs and symptoms, treatment, self-care management for disability prevention. The project has developed CRP training module, flip book, and Information, Education and Communication (IEC) materials. It will be helped in establishing the referral mechanism at the community level for accessing the services at the public health facility. It will not be only treatment but also WASH promotion for reduction of the impact of NTD.

The project has taken initiative for establishing a digital platform for conducting baseline surveys in 130 villages. The digital training was conducted by Indian Institute of Public Health (IIPH) team Hyderabad and

provided smartphones to all CRPs. The digital data collection is divided into 7 modules of Dhara application comprising House registration, WASH, Individual registration, Nutrition, Disability, Lymphatic Filariasis and Leprosy.

The team commenced the baseline survey, which will be completed within 3 months. Apart from that the project is extending support to counsel and facilitate in linking to person affected by leprosy and LF for COVID vaccination.

Tuberculosis

LEPRA continued the implementation of the Joint Effort to Eliminate Tuberculosis (JEET Project) in four districts of Uttar Pradesh, namely, Varanasi, Prayagraj (Allahabad), Gorakhpur, Jaunpur from April 2018. One more district, Sitapur, was added from April 2020.

A total of 43358 (men, women and children) persons were diagnosed with tuberculosis and registered on Nishay portal and put under treatment.

About 8665 patients (men, women and children) received the Direct Benefit Transfer (DBT) whereby they received Rs 500/- for nutrition support, 1323 (men, women and children) received the Direct Benefit Transfer (DBT) and 8460 were referred for Cartridge Based Nucleic Acid Amplification Test (CBNAAT).

Bihar and Uttar Pradesh

Eye care

LEPRA has partnered with Sightsavers to strengthen eye health systems in Bihar. Rural eye health is being implemented in 6 districts (Bhagalpur, Munger, Begusarai, Samastipur, Purnea and Arwal) of Bihar with the support of Sight Savers. There are 55944 persons who availed eye-care services from the out patient department and 23890 persons were found with refractive issues and prescribed spectacles. In parallel 4344 persons were identified with cataract and 3014 persons underwent surgery. No major complications were found during post-operative follow-up visits. Due to the successful implementation of REH project one more urban eye health project is awarded in Patna district and covers the slum population with innovation of a well-equipped mobile eye care van.



Delhi

The West Delhi Leprosy Referral Centre (WDRC) was established in the premises of the Guru Govind Singh government hospital in partnership with the State leprosy office, Delhi, in 2012. This Referral Centre is assisting all the government hospitals to diagnose cases, manage complications, catering aids and appliances and regularise RCS surgeries. Administratively, the West district is divided into three subdivisions, Patel Nagar, Rajouri Garden, and Punjabi Bagh. Major residential and commercial areas like Janakpuri and Tilak Nagar are in West Delhi. According to the 2011 census, West Delhi has a population of 26, 80,220 and it is not identified as an endemic district in the state but has late case detection and high grade 2 disability rate among the new cases.

During this period, the centre couldn't conduct activities like contact survey and training programmes due to COVID-19 pandemic. Majority of the ulcer patients suffered from worsening of ulcers being unable to manage them lacking appropriate knowledge and awareness on counselling services. Yet the centre was able to reach out to quite a few people.

In this year, the West Delhi Referral Centre has been able to accommodate patient requirements for disability management, provided MCR protective footwear from all over the state as hospitals throughout Delhi referred patients to the referral centre for the same. There were four recurring ulcer cases that have been reduced after training sessions in 4 Disability Care Camps held at the centre.

These sessions involve training people affected with leprosy and their family, friends and neighbours about leprosy and the possibility of prevention of deformity by early detection. The self-care routine for patients is discussed at length and repeatedly to attain best results. The education process about leprosy has been fruitful in bringing new cases early to the centre. During COVID-19 relief, 60 dry ration food packets distribution camps were organised with SevaBharat NGO at Tilak Nagar leprosy colony.

The centre has been supported by Rotary and local NGOs. It organised 5 IPOD camps in East, South-West, Shahdara district and demonstrated the home-based care management. Four Disability Care camps were organised at leprosy colonies where self-care techniques about inspection, protection, care of the limb were demonstrated and 213 pairs of MCR footwear were distributed with the support of Missionaries of Charity.

Street plays conducted in slum areas of West Delhi covered 600 people with the theme on early case detection and removal of social stigma and prejudice from the community. A tele film is prepared at WDRC centre with the support of Rotary club based on early case detection and Disability Prevention and Medical Rehabilitation (DPMR).

World Leprosy Day was observed with the support of the government and local NGOs. Twenty six people attended the oath ceremony.

Jharkhand

The SPARSH project in this State was jointly initiated by TATA and LEPROA to serve the people with disabilities due to leprosy and lymphatic filariasis. The specialised services required by the disabled people were not adequately provided by the government health facilities and this gap is addressed by LEPROA and TATA. The Referral Centre at Jamadoba in the state was established to provide specialised health care services to the people affected by leprosy and LF, improving their quality of life. There are 303 deformed cured leprosy patients living in 20 leprosy colonies in Dhanbad district out of 42 colonies in Jharkhand.

SPARSH's objective is to reduce the stigma associated with the disease, develop the skills in disabled persons needed to manage their condition through self-care practices, train general health staff and community stakeholders, increase suspect cases and their referrals, enhance services by the health system through advocacy and liaising and effect convergence with government programme.

The centre has facilities such as Outpatient Department (OPD) services, physiotherapy management of neuritis and reaction, morbidity care management, self-care techniques, protective footwear, slit skin smear, referral of cases for treatment, follow-up and training and sensitisation. It's not just treatment and facility; there is also a constant effort to empower persons

affected by leprosy to be self-sufficient by engaging them and providing them goats, small shops, sewing machines and doormat making facilities.

SPARSH centre modified and established a well-equipped Reconstructive Surgery (RCS) unit in 2017 and annually performs 32 surgeries of persons affected by leprosy whereby they are disability free.

In this year, SPARSH provided OPD services to 741 patients and registered 42 new leprosy cases and 8 LF affected persons. During this reporting period, the team has done follow-up of 572 leprosy cases and 75 filariasis cases, reported healing of ulcers and reduction of acute attacks and entry points.



Complication management has been done for 19 reaction and neuritis cases in leprosy and 18 cases were managed for



acute attacks and entry point of filariasis along with the 43 ulcer cases treated in the reporting period. Among these 32 ulcers reported healed. Aid/Appliances have been provided to needy patients - 17 finger loops, 09 gutter splints, 05 splints, 08 special crepe bandages for filariasis patients.

During this year, the centre manufactured 364 pairs of protective footwear (G-II) for persons affected by leprosy and also supplied 720 pairs MCR footwear to different district health societies namely, Dhanbad, Hazaribagh, Jamtara and Khunti and also supplied it to two

NGOs namely, Leprosy social welfare, AMDA, Saraikela 65 pairs (MCR footwear) and NLR Foundation, Lucknow 100 pairs protective footwear for lymphatic filariasis.

Apart from that awareness programmes were done through audio/mikes, pamphlet distribution, group talk and Exhibition in Haat/Mela, door-to-door counselling and followed all precautions of COVID-19. The van covered 128 villages in eight blocks of Dhanbad district and covered a population of 125000. The awareness team conducted 129 group talks with Panchayat Raj Institutions people, women groups, slum, colonies and haats and detected 16 new cases of leprosy, 8 G2D persons for Reconstructive Surgery (RCS) and 11 lymphatic filariasis.

The centre faced challenges in mobilising the community due to the second wave COVID pandemic. During the year, COVID-19 pandemic affected RCS camps in the state. In Sparsh (Jharkhand), virtual meeting was conducted with TSRDS, District Health Society and State Health Society and jointly decided, Reconstructive Surgery (RCS) will be halted due to COVID-19 till further notice.

Sparsh Centre has received the best award from TATA for rendering quality services to the community for the year 2020-21.

Madhya Pradesh and Rajasthan

COVID-19 has devastated the lives of persons affected with leprosy as many of them lost their livelihoods. The state health functionaries were mainly engaged in COVID-19 operations whereby other public health programmes got severely affected. Leprosy case detections could not be done due to the lockdown and therefore only 1943 cases could be detected between April and September 2020.

The MP state encountered problems in continuing its project services without any interruptions. SANKALP project in Panna district came to a closure. In three districts of Rajasthan, the on-going JEET project was monitored by the project team. Due to lack of transportation services, the Accredited Social Health Activists (ASHAs) supported in distribution of medicines to the leprosy-affected beneficiaries. The staff were trained on COVID-19 enabling them to provide all the required services.

The Global Fund supported project through Plan India (the principal recipient) AHANA (Elimination of Mother-to-Child Transmission of HIV) will be taken over by SAATHI from April 2021 onwards. Similarly the Catholic Health Association of India's (CHAI) project Joint Effort to Eliminate Tuberculosis (JEET) (PPSA) which is also a Global Fund project came to a closure in March 2021 and its replica will continue its services (second phase) in the state of Rajasthan.

The Global Fund supported through CHAI - JEET (PPSA) project being implemented in Bhopal and Indore districts came to an end. During the course of implementation, the project successfully ensured 100% private providers engagement in Revised National Tuberculosis Control Programme (RNTCP) protocol for diagnosis and treatment. These two projects received continued support from District TB Officer even though adoption of standard technical TB guidelines were not in place by private sector. This approach of engaging private sector providers would sustain as the outcome of TB cases shows successful treatment follow-ups. The same kind of project will continue in the second phase in Rajasthan

Leprosy

The Neglected Tropical Disease Unit (NTDRU) provided training to 120 District National Leprosy Eradication Programme (NLEP) staff in 6 batches and 300 National Child Health Programme Medical Officers in 12 batches. Through the MP State Technical Coordinator LEPRAs assisted the State NLEP in planning and preparation of Plan of Implementations (PIP) for 2021-22.

During the lockdown period, a study was conducted on the impact of treatment and care for persons affected with leprosy in two referral centres in the state which will be published shortly.

The Referral Centre at Sendhwa sought support from district level authorities who advocated providing designated manpower to support the Referral Centre activities to deliver better services for people affected with leprosy. This Centre is established in the government health facility and utilises the existing facilities like in-patient ward, operation theatre and also provides on-the-job training



to staff to sustain quality services. Considering the need of Disability Prevention and Medical Rehabilitation (DPMR) services in the block and adjacent areas, the government will continue to provide these services on demand from the public.

The St. Francis Leprosy Guild, UK, distributed 1000 dry rations and health safety kits for persons affected with leprosy in 5 high endemic districts.

HIV

The Global Fund supported project through Plan India - AHANA (Elimination of Mother-to-Child Transmission of HIV) completed its project period by March 2021. With the strong support of Madhya Pradesh State AIDS Control Society there is a strong possibility of continuation of the project for the ensuing years 2021-2023. The project distributed dry rations and COVID safety kits to 569 HIV positive pregnant women in all 52 districts under the GIVE India grant.

Tuberculosis

The Global Fund supported JEET project was initiated in three major districts of Rajasthan, namely, Jodhpur, Udaipur and Kota during COVID lockdown period and it effectively completed recruitment, induction of staff and also started implementation of activities from August 2020.

Odisha and Chhattisgarh

COVID-19 hampered the services extended to people affected by leprosy to some extent. The projects collaborated with the government for spreading awareness regarding COVID and the remedial measures were extended to people. The referral centres functioned with less manpower and reduced budgets. The activities like Reconstructive Surgeries, trainings etc. were withheld. The Jagruti project, funded by American Leprosy Missions (ALM), continued to sensitise people by providing masks and sanitisers.

Leprosy and Lymphatic filariasis

Leprosy continued to remain a major public health problem in the state of Odisha. During April 2020 to January 2021, 4794 new cases of leprosy were detected. As on 31st January, 2021, the Prevalence Rate (PR) of the state is reported to be 1.04. The MB proportion of the state is 51.4% (2464 cases) and G-2 disability 128 cases (2.6%). Women constitute 1948 (40.63%) of the cases and children constitute 334 (6.9%) cases. During April 2020 - January 2021, 1532 (31.95%) tribal cases and 913 (19.04%) scheduled caste cases were reported in the period as against the population of 21.7% ST and 16.2% SC, respectively.

The National Leprosy Eradication Programme (NLEP) was programme was supported in the state through the Technical Resource Unit (TRU) and Strengthening Referral System (SRS) through system strengthening, disease

surveillance, capacity building and complication management.

The Swabhiman project, supported by Lepira UK, was planned to be designed in a more effective way. The referral centres along with the IP wards of Koraput and Sonepur were closed from April 2020. Three new projects were planned under the umbrella of Swabhiman 2.0 (ACF and POD Services Project, Comprehensive Care Centre in Nabarangpur and Mobile Foot care Units). The ACF project planned to work in few blocks in the existing districts (Koraput, Nabarangpur and Sonepur) and spread out to three more endemic districts of Odisha (Bargarh, Kalahandi and Nuapada) and a few blocks of three districts in Chhattisgarh. The project activities in Chhattisgarh could not be initiated. The Nabarangpur District Hospital was turned into a Comprehensive Care Centre for COVID. So the activities could be initiated at the end of the year relating to performing pre and post-operative care for the Reconstructive surgeries (RCS). This is a joint initiative between the District Administration, Nabarangpur and LEPROA.

COVID-19 was responsible for major changes in implementing Swabhiman project activities for nearly 6 months. The project staff were infected and affected by COVID-19.

This year, the Government of Odisha decided to implement Active Case Detection & Regular Surveillance

(ACDRS) and LPEP from October 2020 (due to the COVID-19 pandemic). It was observed that after completion of 6 months (April - Sept 2020), only one fourth number of cases were detected as compared to last 2-3 years. So, Odisha Government decided to stress on Active Case Detection and Reconstructive Surgery and conduct Special Leprosy Case Detection Drive (SLCDD)in rural (314 blocks) and 106 urban areas in the last quarter of the financial year 2020-21. Accordingly, the SLCDD was conducted from Jan 18 - 31, 2021 in 17 blocks and one urban area validating 60 cases among 380 suspects in 130 villages.

The Swabhiman community care centre consists of leprosy affected persons in three districts, addressing the clinical needs and linking the beneficiaries through Disability Prevention and Medical Rehabilitation (DPMR) and In-Patient (IP) services. The centre was established in government premises of District Health Hospital. All the needy cases (10 RCS cases and 5 NFI) were provided services. Outpatient and inpatient services data is reflected in NLEP report.



One hundred and sixty cases (Men 105, Women 45 and Children 10) were reported at the OP (centre) of which 21 (13 pre-operative, 3 reaction and 5 ulcer) cases were admitted at the district hospital. The other cases were for counselling and Prevention of Disability (35 NFI and Reaction) cases were put under steroid therapy and 41 cases were suffering with ulcers. These 10 cases were operated for hand-7; feet-2; eye-1 at District Health Hospital, Nabarangpur.

Sixty-seven pairs of customised Grade-2 footwear and 17 pairs of podiatry appliances were supplied to needy persons. Sixty-two adoptive/protective devices were supplied to 59 persons including 17 women to prevent further damage in muscles.

WASH

In the Jagruti Project, 5873 households were visited by the CRPs, 148 cases

Odisha and Chhattisgarh

(115 LF and 33 Leprosy) were educated on self-care practices, school students, Village Health and Sanitation Committee members were oriented on Neglected Tropical Diseases (NTD) and Water, Sanitation and Hygiene (WASH) related issues through involvement of Self-Help Groups (SHGs) federation leaders, Panchayat Raj Institutions (PRI) members, General Health System and Community Resource Persons (CRPs) of 19 villages. During the pandemic and lockdown situation, few CRPs made face masks and homemade sanitisers and distributed free of cost to the villagers, conducted house-to-house orientation and detection of COVID suspects. They were also involved by government in food distribution and supervision of COVID centres.

HIV

In the HIV domain, by December 2020, 52411 and 35814 HIV positive cases were detected in Odisha and Chhattisgarh.

The Vihaan Care-and-Support Programme ensured distribution of ART drugs at the doorsteps of 6482 People Living with HIV (PLHIVs), in spite of lockdown in close co-ordination with State Aids Control Society and Anti-Retroviral Treatment Centres (ARTC). They were also involved in resource mobilisation for 70 PPE kits for frontline workers and dry ration for 315 families and nutrition support to 195 families, COVID screening of 30769 PLHIVs was done and referred for various schemes.

In the Targeted Intervention - Injecting

Drug Users (TI - IDU) Project, counselling was done to 2147 clients, provision of STI treatments to 23 IDUs, abscess treatments to 03 clients, referral of 775 IDUs for HIV testing, regular medical check-up to 2195 IDUs, referral of 12 clients to Oral Substitution Therapy (OST) Centre, distribution of 47361 needles and 114775 syringes while 47962 used needles and 104052 used syringes were collected and safely disposed and 22624 free condoms were distributed among the Key Population (KP).

In Targeted Intervention - Female Sex Workers (TI-FSW) Project, 823 KPs were referred for HIV and Syphilis testing, where 732 HRG's were tested and 2 were detected HIV positive and 1 VDRL positive, 02 PLHIVs were linked with Anti-Retroviral Treatment Centre and other 10 PLHIVs are alive at Anti-Retroviral Treatment Centre and they took medicines regularly, 321 TB referrals were done where 244 KPs underwent test and one TB positive case was found and 68296 condoms were distributed.

Tuberculosis

The Designated Microscopy Centre at Junagarh performed 66 Sputum Microscopy, detected 05 new TB Sputum positive cases, followed up 11 Sputum positive cases, and registered five TB cases under DOTS. Thereafter, as per directions of the government,

as per the project was handed over to District TB Cell.

Eye care

The LEpra Mahanadi Eye Hospital (LMEH) was established in Birmaharajpur, Sonepur, (Subarnapur District) in 2005, and the Junagarh Eye Hospital was set up in 2016 in Kalahandi.

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 (Sonepur and Boudh) but considering the need and service delivery capacity of the institution, the hospital extended its activities to Bargarh and Kandhamal districts.

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 of Kalahandi district. It was established on Public-Private Partnership model. The building and infrastructure were provided by the Western Odisha Development Council.

The eye-care interventions provide a package of promotive, preventive and curative eye-care services through an integrated system of screening camps for adults and children, health education and base hospital services. In spite of COVID, cataract surgeries were held at the LMEH. The hospital continued to function during the pandemic. Recently



Odisha and Chhattisgarh

the hospital has been bestowed with the prestigious NCVRT accreditation as an accredited institution for conducting eye care skill development courses. The hospital is in the process of achieving the coveted affiliation of NABH in the entry level.

The Urban Eye Health project at Bhubaneswar started in April 2020. It carried out all activities except the emergency services at the base hospital (Capital Hospital, Bhubaneswar). The targeted population showed good progress in restoring their vision through cataract surgeries. Half of the targeted population are vulnerable women beneficiaries who availed eye-care services. Forty-seven leprosy affected persons were examined and treated for their eye complications. More than 85% of the target group have undergone clinical test for Diabetic Retinopathy (DR) Screening of which 81 % were confirmed with DR and availed treatment.



Telangana

Telangana state has 17 districts classified as endemic for leprosy. Asifabad district is the most endemic with a New Case Detection Rate of 35:100,000 population. Jogulamba district reported a high Grade-2 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% from the previous year; Janagaon district being the exception with zero child detection rates continuing as in previous years. Wanaparthy district reported a very high child rate of 19%. The average state women rate stood at 36.7%, 12 districts reported above 40%. The Multi-bacillary (MB) rate in state average (56%) decreased by 9% from previous year and Hyderabad district continues to top at 90% MB rate in the state which requires special attention.



Primary data from Wanaparthy and Hyderabad districts reveal that there is no Grade 1 or 2 disabilities. At the same time LEPRO referral centres reported sizeable percentage of cases with such disabilities at the time of diagnosis. This mismatch is a concern.

Further, the programme staff stated about the weaning of leprosy expertise across the state. There is no replacement or recruitment once a person retired. Hence, NLEP programme is facing deficiency in ground level expertise like para-medical personnel.

There are 22 leprosy colonies with 2291 persons requiring MCR footwear on a regular basis. There is just one private facility for Reconstructive Surgeries. These services are not provided in government facilities.

Lymphatic filariasis 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%) of those affected by filariasis that indicates their vulnerability to the disease. The government has initiated providing disability pension for Grade 3 & 4 lymphadenitis but majority of them could not access it so far.

The mobile footwear unit provided 1436 pairs of customised footwear to persons

Telangana

having anaesthetic feet due to leprosy in 22 leprosy colonies of Telangana. Awareness was created in the community on foot care practices.

The team organised 43 one-day sensitisation/advocacy programmes for stakeholders and 13786 stakeholders [affected people in colonies, women support groups, Panchayat Raj Institutions (PRIs), 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, suspect leprosy burden (medical, social and psychological issues and available facilities) and self-care adherence. Districts are procuring MCR footwear on cost-to-cost basis from our centres. The project team visited leprosy colonies to address their immediate medical needs like dressings, footwear supply and medicine provision during the COVID-19 pandemic.

The Mobile Shoe Unit distributed 2000 pairs of footwear and disseminated

awareness on the facilities available at the health centres. The people in the leprosy colonies did not get dressing materials (for wounds and ulcers) from PHCs due to lack of supplies and the absence of a physio-technician in mobile van.



Resource Mobilisation Unit

The Resource Mobilisation Unit (RMU) was established in March 2019 with an aim to create awareness and thereby raise much-needed funds for neglected disease areas like leprosy, lymphatic filariasis etc.

The organisational branding was changed and adapted to reflect collaboratively with the theme of the global “one lepra”. This ensured uniformity in all external and internal communications, and the brand awareness increased.

The social media profile of the organisation has been gradually improving resulting in great engagement, visibility and reach to a wider national and global audience.

RMU works in parallel with all the internal and external stakeholders to achieve a sustainable income source for the thematic projects and other organisational activities.

The biggest challenge in this year has been the COVID-19 pandemic, which impacted our regular fundraising

opportunities. Even though the pandemic affected most of our ongoing projects, the unit managed to raise funds for the regular and COVID-19 related activities helping the beneficiaries affected with leprosy, lymphatic filariasis and other people living in marginalised communities. Our frontline warriors (field-staff) have been very understanding and co-operative in helping us utilise the funds raised for project implementation. Also, the new amendments in the FCRA regulations has made it a bit challenging for us to collaborate with new international donor partners.

Research

During this year, the Blue Peter Public Health Research Institute (BPHRC) continued the clinical services in the field of leprosy and TB and extended its services at outreach locations in Hyderabad urban slums, leprosy colonies in Hyderabad, Nalgonda district and in Kushnapally village in Asifabad-KomaramBheem district as patients were unable to come over to the clinic because of COVID lockdown. The BPHRC prioritised work in the field of COVID responding to the pandemic. A total of 5964 COVID RT PCR tests were done.

Received National Accreditation Board for Laboratories (NABL):

BPHRC, after series of consultations with Lepira, UK, geared up and prepared for establishment of a lab to perform COVID tests. Necessary equipment was procured, staff were trained and after receiving the mandatory NABL accreditation and approval from ICMR and Government of Telangana, BPHRC started to provide Real Time PCR tests for COVID.

Reaching the unreached (Donor funded projects for cross subsidising COVID testing for the leprosy affected)

Rotary - Global grant for COVID testing in India: (Fig 1)

Between July 2020 and March 2021, BPHRC conducted free RTPCR tests for the beneficiaries, who

included leprosy patients, People living with HIV (PLHIV), TB and people living in urban slums and COVID frontline workers. Global grant provided in kind, a deep freezer, RTPCR, RNA extraction test kits, PPE kits and disinfection charges.

Community based mobile COVID-19 testing facility - Lepira UK and effect:hope, Canada

LEPRA in collaboration with Lepira in the U.K and effect:hope, Canada, has implemented a unique project to provide COVID tests in the remote and marginalised locations for people affected by leprosy, TB and HIV. People affected by leprosy residing in leprosy colonies



in Hyderabad, Asifabad and Nalgonda districts of Telangana have been reached out.

The Mobile Integrated Health facility for marginalised and remote communities in Telangana state was inaugurated at Kushnapally village of Asifabad-KomaramBheem district on March 6, 2021. This Health facility was inaugurated by Dr. Kumaram Balu, DM&HO, Asifabad-KomaramBheem district in the presence of Mrs. Vaddapalli Lavanya Srinivas Sarpanch of Kushnapally.

Details of Outreach COVID testing during October-March 2021:

Leprosy colonies around Hyderabad	1045
Tribal villages	104
PLHIV	10
Urban slums	36
TOTAL	1195

Clinical research:

1. Analysis of health care associated costs of leprosy in public health system in India: Study done during April 2020 and June 2020, a cross sectional observation study undertaken in Hyderabad. Study subjects recruited: 112 (In-house project)
2. Robert-Luff Trust grant: Prevalence of leprosy related disabilities post leprosy treatment - a vertical study. Undertaken in Telangana and Odisha states.

3. Assessment of psychosocial impact of clofazimine induced pigmentation in leprosy patients (on-going study) Funded by RSHTM.

Laboratory research:

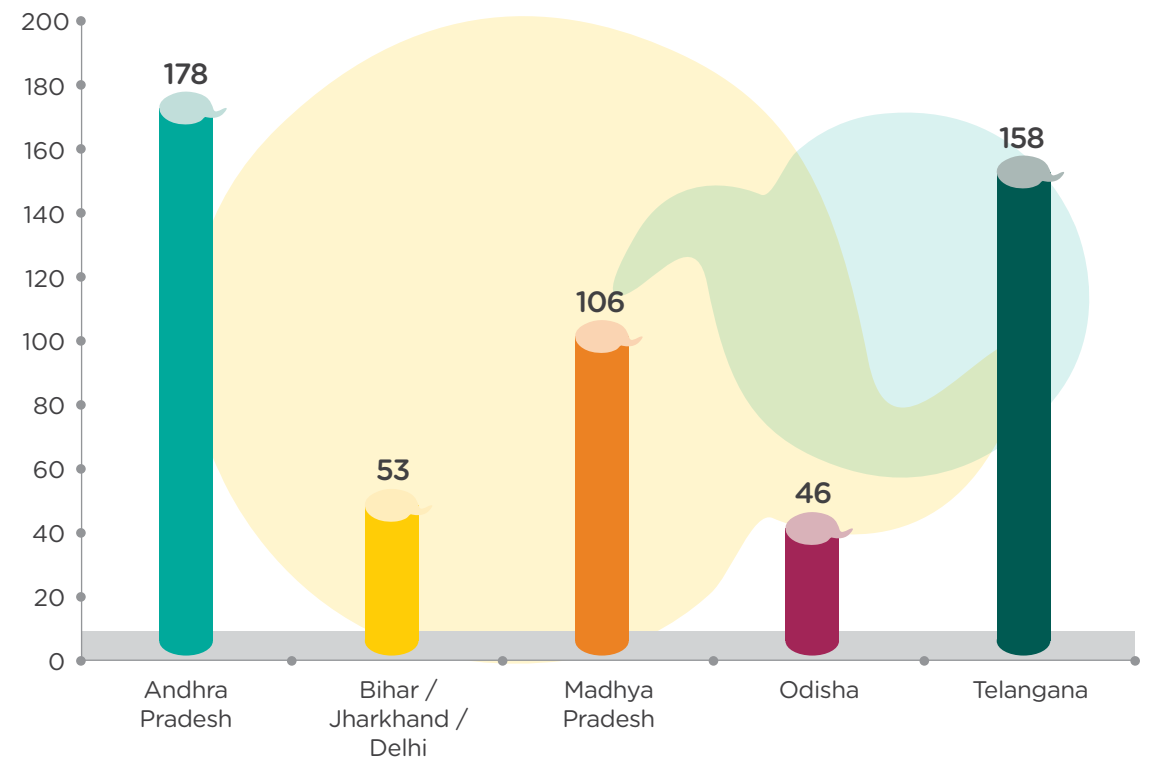
On-going projects:

1. Anti-microbial peptides (bacteriocins) as alternative to conventional antimicrobial agents - a novel interventional study for treating infected plantar ulcers in leprosy and diabetes: (Funded by ICMR-RCN)
2. A step towards unravelling bacterial biofilm formation through quorum sensing (QS) antagonism - Leprosy plantar ulcer model: Potential antagonists against bacterial biofilms were identified. Differential gene expression studies are underway. (Funded by ICMR)
3. Holistic approach to prevention and control of leprosy in a marginalised community: The objectives proposed (Molecular based diagnosis of M.leprae among leprosy and their Healthy house contacts by nasal swab PCR and antibody testing) in this study are completed. Data analysis, Report writing and manuscript preparation are underway. (Funded by Verity Knowledge Solutions)
4. Mycobacterial gene expression in relevance to treatment outcome of Pulmonary TB patients. (Funded by DST-SERB)

Chaha

The project selected students for education support by identifying the needy children/students affected and infected by leprosy whose families cannot afford to send them to school. These children received support from Oracle to continue their education. A total of 455 students benefitted in all the states LEPRA works in.

Children Supported - Oracle grant

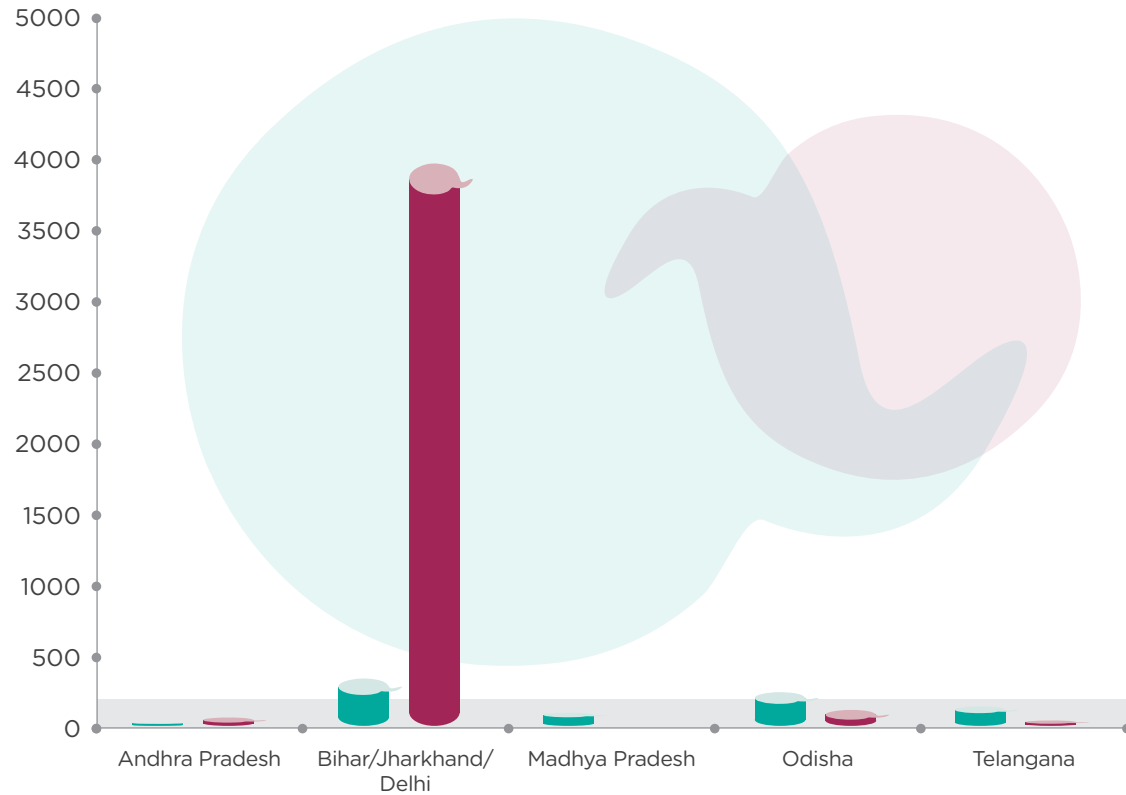


	Andhra Pradesh	Bihar/Jharkhand/Delhi	Madhya Pradesh	Odisha	Telangana
Children Supported	178	53	106	46	158

Statistics

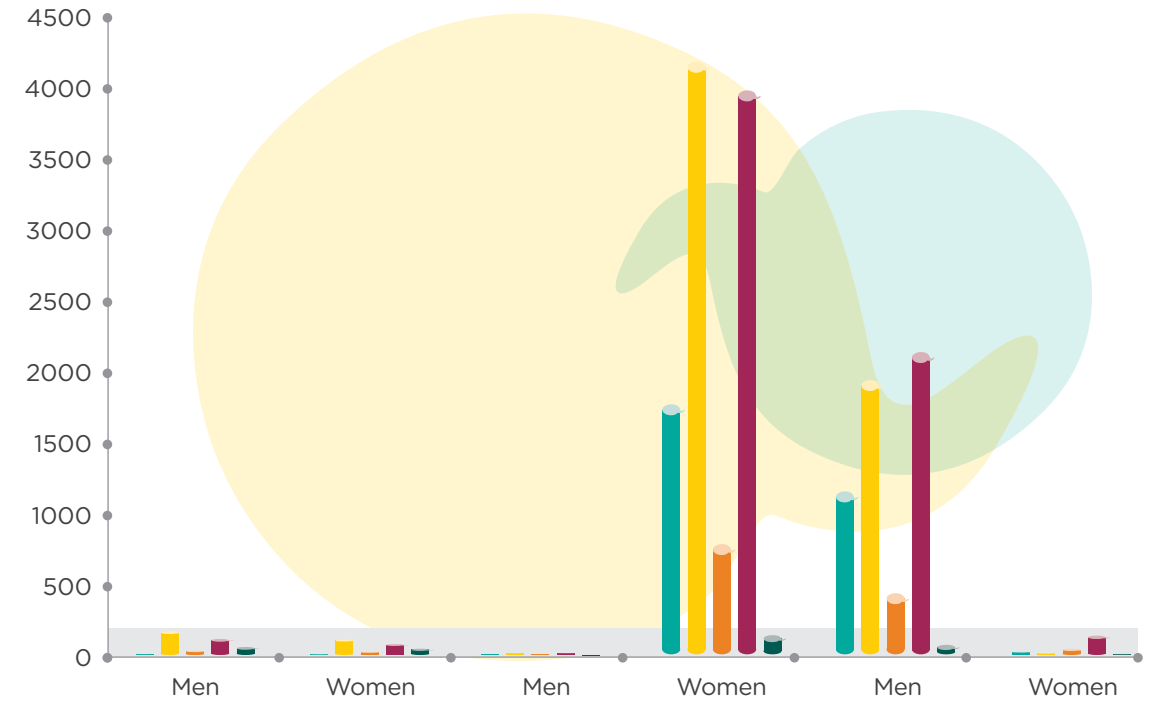
Leprosy and Lymphatic Filariasis

New Cases in LEPRAs Projects



	Andhra Pradesh	Bihar/Jharkhand/Delhi	Madhya Pradesh	Odisha	Telangana
Leprosy	39	345	103	255	158
LF	77	4616	0	115	51

Leprosy

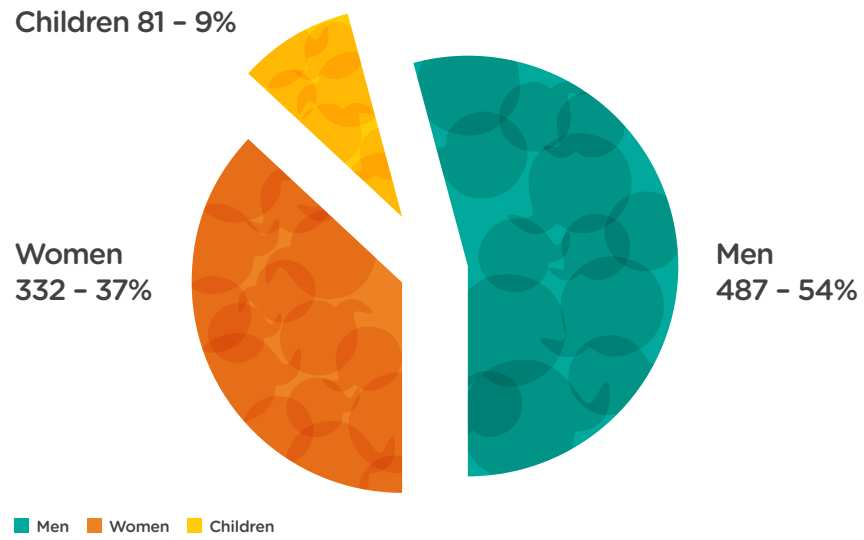


New Cases			Registered Cases		
Men	Women	Children	Men	Women	Children
25	13	1	1787	1139	46
186	125	34	4198	1941	35
55	37	11	794	453	60
136	97	25	3996	2153	156
85	63	10	147	93	11

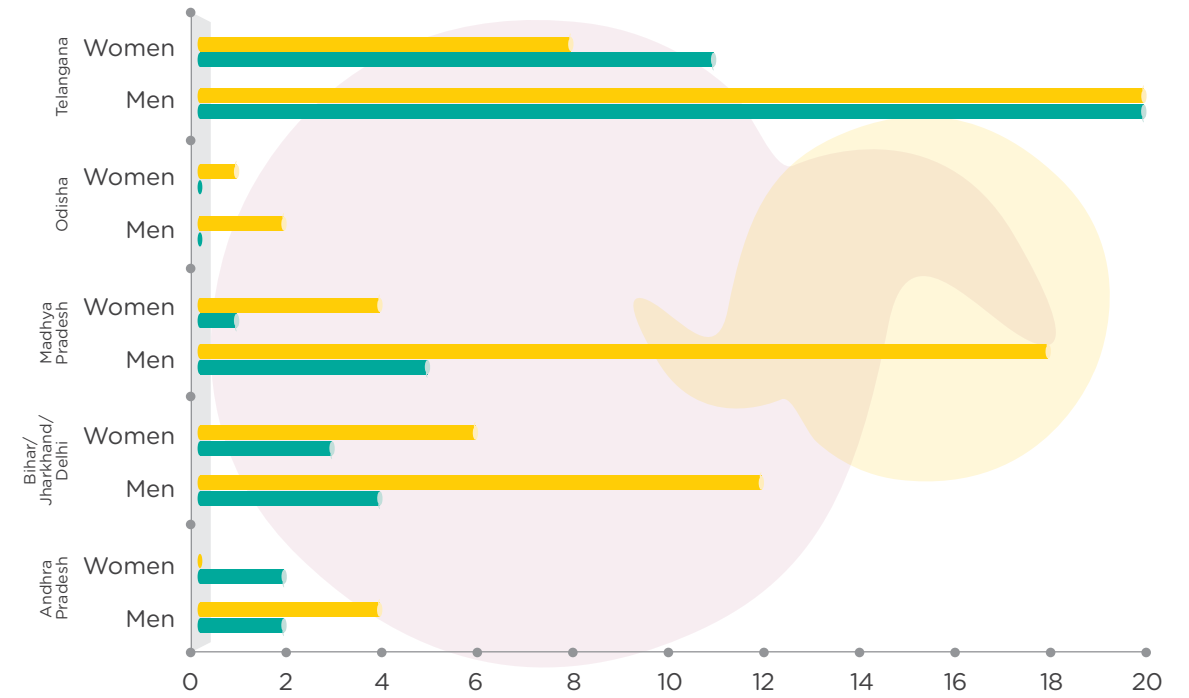
■ Andhra Pradesh ■ Bihar/Jharkhand/Delhi ■ Madhya Pradesh ■ Odisha ■ Telangana

Statistics

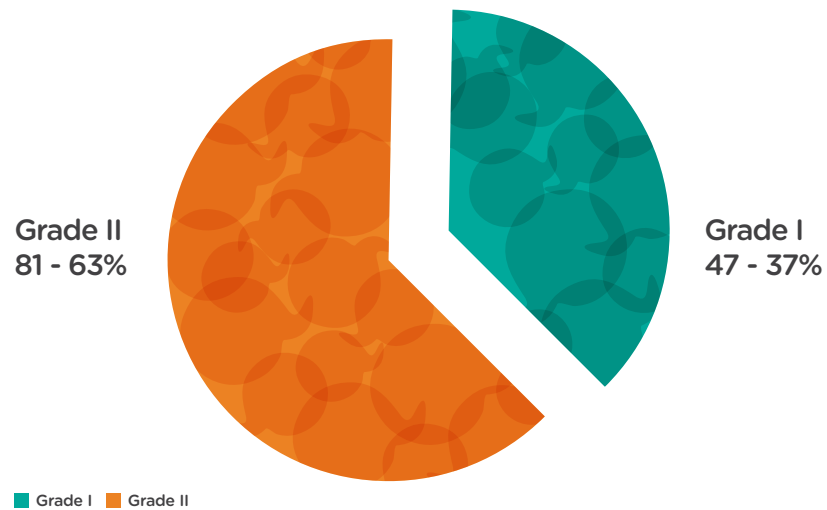
Gender wise Distribution in Leprosy Among New Cases



Disabilities among New Cases



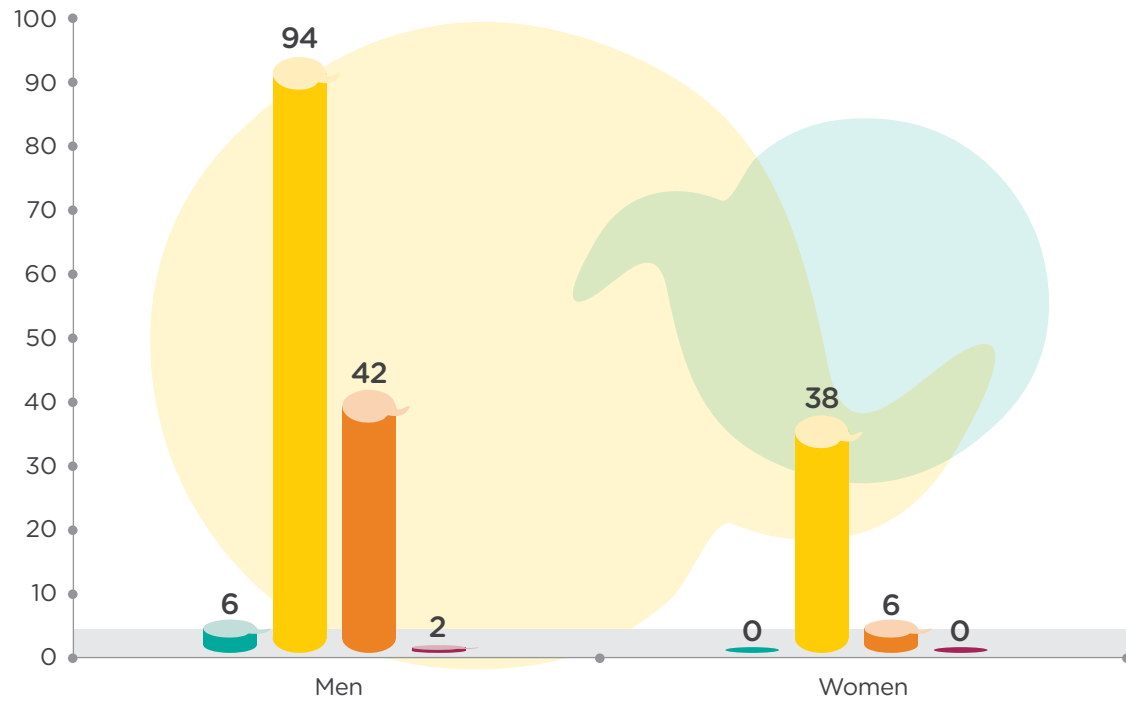
Leprosy - Disabilities among New Cases



	Andhra Pradesh		Bihar/Jharkhand/Delhi		Madhya Pradesh		Odisha		Telangana	
	Men	Women	Men	Women	Men	Women	Men	Women	Men	Women
Grade II	4	0	12	6	18	4	2	1	20	8
Grade I	2	1	4	3	5	1	0	0	20	11

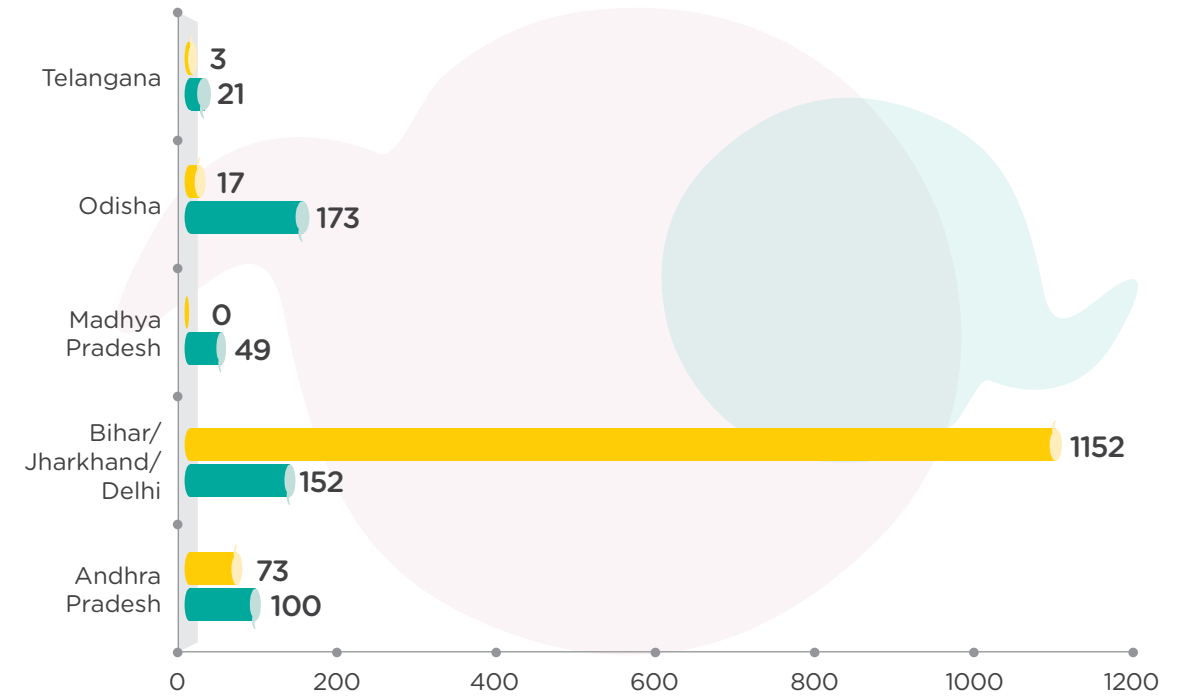
Statistics

Reconstructive Surgeries in LEpra projects



	Men	Women
Eye	6	0
Hand	94	38
Foot	42	6
Nerve	2	0

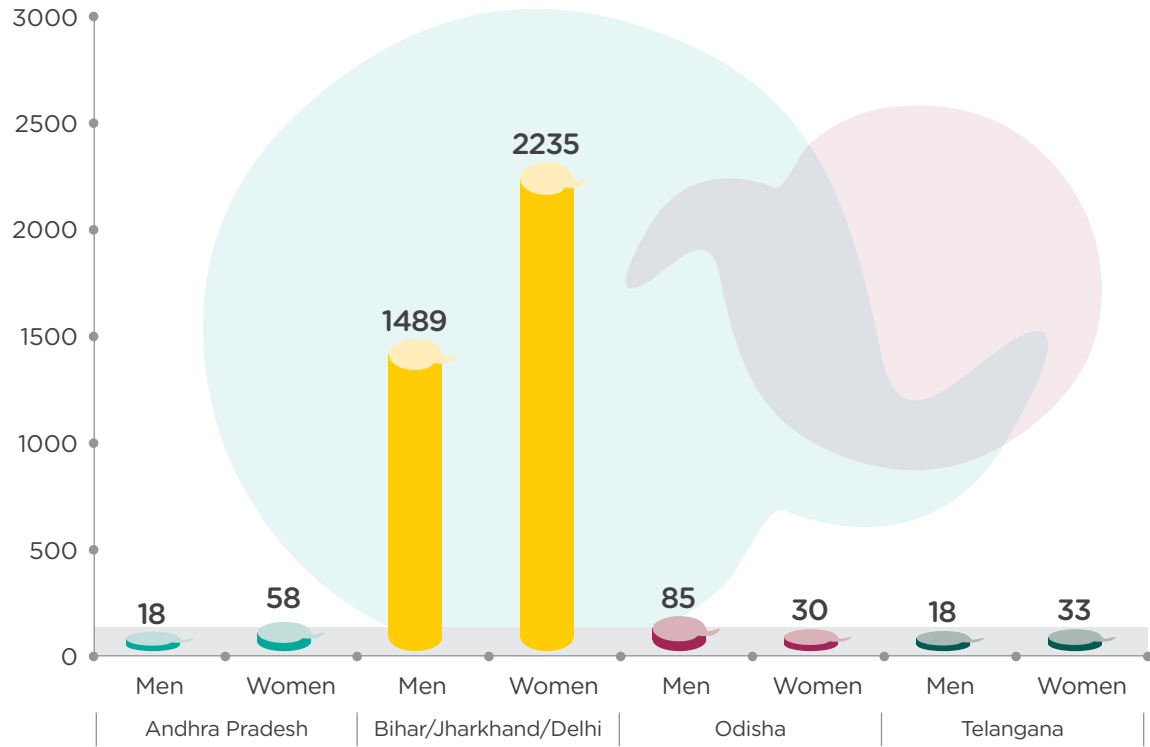
Affected Persons linked to Government Schemes



	Andhra Pradesh	Bihar/Jharkhand/Delhi	Madhya Pradesh	Odisha	Telangana
Lymphatic Filariasis	73	1152	0	17	3
Leprosy	100	152	49	173	21

Statistics

Lymphatic Filariasis and Elephantiasis Cases



	Andhra Pradesh		Bihar/Jharkhand/Delhi		Odisha		Telangana	
LF	18	58	1489	2235	85	30	18	33



Statistics

Tuberculosis

Joint Effort for Eliminating Tuberculosis (JEET)	Madhya Pradesh	Uttar Pradesh	Total
Total Notification from Private Providers	6722	18691	25413
No. of patients put on Direct Benefit Transfer	6722	13242	19964
No. of patients put on Fix Dose Combination	2754	1885	4639
No. of patients counselled (Telephonically)	5314	13214	18528
No. of sample collection CBNAAT	3528	7571	11099
CBNAAT positive	1234	2830	4064
No. of private providers engaged in TB	773	767	1540

Eye Care Programmes

Particulars	Odisha	Bihar	Total
No. of people examined at the primary level	1296	0	1296
No. of people examined at the secondary / tertiary level	28623	55944	84567
No. of cataract operations performed	1084	3014	4098
No. of minor surgeries conducted	474	0	474
No. of people refracted (i.e. given sight test for spectacles)	8869	23890	32759
No. of people dispensed spectacles	78	0	78
Total	40424	82848	123272

HIV programmes

1249

HIV pregnant women receiving ART
 Infants tested for HIV
 Spouse found +ve

71498

FSWs and IDUs with TI
 Technical support to CBOs
 PLHIV given ART
 HIV-TB co-infection

Projects: AHANA, Vihaan, HIV-TB and TI-IDU (Chhattisgarh, MP and Odisha)

1150

STI Management
 Project Referrals

404

STI Treatment
 HIV-TB co-infections



Audit statement



V RAVULAPALLI & Co.,
CHARTERED ACCOUNTANTS

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, 2021, and the Statement of Income and Expenditure and Statement of Receipts & Payments for the year ended March 31, 2021 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, 2021.
- 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.



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

Going Concern Section

The Society's financial statements have been prepared using the going concern basis of accounting. Management is responsible for assessing the Society'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 society 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 Society'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 assurance, but is not a guarantee that an audit conducted in accordance with SAs will



Audit statement

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. Venkateswarlu Ravulapalli
(Partner)
Firm Regn. No.007962S
UDIN:- 21206523AAAACX2379

Place: Hyderabad
Date:- 15-09-2021

LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)
BALANCE SHEET AS AT 31ST MARCH, 2021

Particulars	Schedule	Amount in ₹	
		As at 31st March, 2021	As at 31st March, 2020
Liabilities			
Capital Fund	1	16,54,87,254	12,93,85,200
Social and Economic Rehabilitation (SER) Revolving Fund	2	17,23,104	23,22,168
Current Liabilities	3	1,68,67,018	76,98,075
Total		18,40,77,376	13,94,05,443
Assets			
Fixed Assets	4		
Gross Block		18,50,81,454	17,31,04,136
Less: Depreciation		11,15,12,940	10,77,99,823
Net Block		7,35,68,514	6,53,04,313
Current Assets, Loans and Advances	5	2,33,10,308	1,18,80,109
Investments	6	4,01,65,699	3,00,78,784
Cash and Bank Balances	7	4,70,32,855	3,21,42,237
Total		18,40,77,376	13,94,05,443

Significant Accounting Policies and Notes to Accounts
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 : 15.09.2021



For and on behalf of LEPRA SOCIETY

Dr. Vishwa Mohan Katoch
Chairman

Prasanta Kumar Naik
Chief Executive cum
Treasurer

P Omprakash
Head - Finance & Operations

Audit statement

LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2021

Particulars	Schedule	Amount in ₹	
		For the Year ended 31st March, 2021	For the Year ended 31st March, 2020
Income			
Grants Received	8A	21,91,85,364	21,40,58,347
Interest	9	40,10,035	34,89,896
Donations Received			
- Foreign		-	1,44,353
- Local		11,54,402	43,84,343
Collections from Lepra Mahanadi Eye Hospital	14 A	6,79,84,436	4,43,49,220
Other Income	14 B	1,29,48,218	10,64,550
Total		30,52,82,455	26,74,90,709
Expenditure			
Salaries, Staff Welfare and Training Expenses	10	11,59,41,407	10,61,72,415
Grants given to Projects Aided	11	1,59,09,525	1,81,24,154
Medical and Programme Expenses	12	10,97,79,738	9,09,47,902
Maintenance and Administrative Expenses	13	1,72,66,721	1,65,21,118
Depreciation	4	1,05,58,010	88,05,018
Total		26,94,55,401	24,05,70,607
Surplus / (Deficit) carried over to the balance sheet		3,58,27,054	2,69,20,102

Significant Accounting Policies and Notes to Accounts 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

Place: Hyderabad
Dated: 15.09.2021

For and on behalf of LEPRA SOCIETY

Vishwa Mohan Katoch

Dr. Vishwa Mohan Katoch
Chairman

Prasanta Kumar Naik

Prasanta Kumar Naik
Chief Executive cum
Treasurer

P Omprakash

P Omprakash
Head - Finance & Operations

LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2021

Particulars	Schedule	Amount in ₹	
		Amount in ₹	Amount in ₹
Opening Cash and Bank Balances as at 01st April, 2020 (A)	7		3,21,42,237
Add: Receipts (B)			
Grants Received	8		21,91,85,364
Grants-in-Kind - Fixed Assets (per contra)			2,75,000
Collections from Mahanadi Netra Chikitsalaya			6,39,13,187
Interest Received			
- On Fixed Deposits - Foreign Contribution Regulation Act (FCRA) Account		3,73,773	
- On Fixed Deposits - Local Donation Account		14,38,621	
- Bank Interest - Foreign Contribution Regulation Act (FCRA) Account		5,44,490	
- Bank Interest - Local Donation Account		10,61,288	
Donations Received			
- Local Donations		11,54,402	
Other Receipts	14		3,87,35,807
Term Deposits received during the year			30,69,754
Total Receipts (B)			32,96,91,684
Less: Payments (C)			
Grants given to Projects Aided	11		1,59,09,525
Investments (purchases of assets):			
- Buildings		10,38,480	
- Medical Equipment		1,07,50,164	
- General Equipment		41,10,817	
- Vehicles		31,79,250	
Grants-in-Kind - Fixed Assets (per contra) Received			
Salaries, Staff Welfare and Training Expenses	15		11,59,20,730
Medical and Programme Expenses	16		10,96,64,509
Maintenance and Administrative Expenses	17		1,70,20,581
Others	18		2,38,73,281
Term Deposits made during the year			1,30,58,969
Total Payments (C)			31,48,01,068
Closing Cash and Bank Balances as at 31st March, 2021 (A+B-C)	7		4,70,32,855

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

As per our report of even date attached

For V Ravulapalli & Co.,
Chartered Accountants
Firm Registration No : 0079625



CA. V Ravulapalli
Partner

M. No. 206523

Place: Hyderabad
Dated: 15.09.2021

For and on behalf of LEPRA SOCIETY

Vishwa Mohan Katoch

Dr. Vishwa Mohan Katoch
Chairman

Prasanta Kumar Naik

Prasanta Kumar Naik
Chief Executive cum
Treasurer

P Omprakash

P Omprakash
Head - Finance & Operations

Management Committee Members

Dr. Vishwa Mohan Katoch	Chairman
Ms. P.K. Jayashree	Vice-Chairman
Lt. Gen. (Retd.) Dr. M.A. Tutakne	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
Mr. Prasant Naik	Secretary

Salary Structure 2020-21

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	108	24	132
3	Supervisory Level	228	97	325
4	Junior Level	60	20	80
	Total	401	145	546



“Leprosy and lymphatic filariasis are debilitating diseases which not just cause disability but also discrimination and social exclusion. Those who suffer these two neglected tropical diseases face stigma too. Women, invariably, are at the receiving end as they have limited or no access to treatment and care. They face discomfort and embarrassment when they have to undergo diagnosis and medication. A gender-sensitive and holistic approach towards women with leprosy and lymphatic filariasis is the need of the hour. LEpra adopts this approach towards women, their treatment, skill development and their livelihoods.”

R Madhavan

Award winning actor and producer

LEPRA

® Registered as LEPRA Society

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

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