

ANNUAL REPORT 2021-22

LEPRA

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putting people first

since 1989

Message from Chief Executive



The year 2021-2022 was an eventful one for LEPRA. LEPRA completed 33 years of providing services to people belonging to some of the most marginalized and remotest communities in India. This marks one of the proudest and most fulfilling

achievements for me and also for every member of LEPRA. The impact that we have been delivering and the differences made in the lives of people are due to the collective efforts of all the stakeholders, past and present.

Our eye care programs have been successfully upscaled and our eye services have reached many people by way of cataract and glaucoma surgeries, the provision of spectacles, refraction, etc., which play a pivotal role in preventing avoidable blindness. Our eye hospitals in Odisha - Mahanadi Netra Chikitsalaya (MNC) and Junagarh Netra Chikitsalaya (JNC), have been doing exemplary work in ensuring that we are able to reach more of the unreached.

Another significant milestone this year has been the journey toward data digitization. I am happy to share that all our data related to the work we do is dash boarded for quick and easy access and is linked to our website. This helps our teams to review their progress and also helps in understanding the impact made, which will be useful not only for the improvement of our program delivery but also for all our advocacy, resource mobilization and awareness-raising efforts. This year, the focus will be more on data analysis, which will help in understanding the outcomes and improving the overall impact and services.

We have been working more closely with the government at various levels, and I can see that we are able to contribute more in terms of ensuring that all our project areas are able to sustain the improvements we have been able to make even after the end of the project period. This plays a key role in making the communities self-responsible and reliable. The Resource Mobilisation and Communications Unit has successfully met its fundraising targets for the year and as the next step we plan to expand the fundraising activities to all states with a focus on state-specific resource mobilisation targets and activities. LEPRA's research centre - Blue Peter Public Health Centre (BPHRC), is gearing up to celebrate the 25th anniversary of the Blue Peter Appeal. BPHRC provided COVID testing services to the community in and around the Cherlapally area and its beneficiaries.

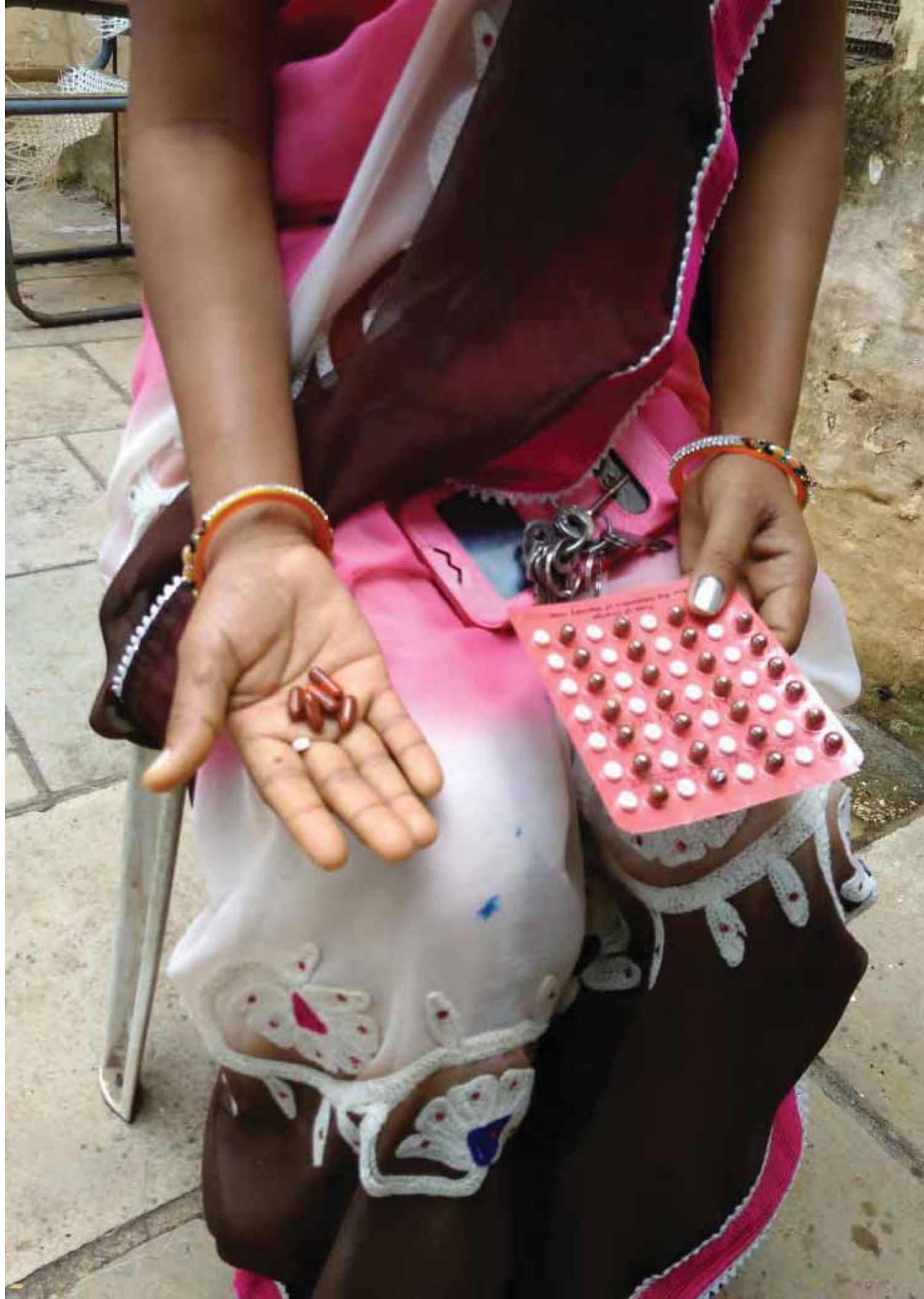
I hope that through our work we are able to continue to do more and contribute in making our country break free from the incidence and impact of leprosy and other neglected tropical diseases and that we are able to build communities where everyone, including women and children, are able to access equitable health solutions and opportunities to make their lives better. With your support, LEPRA will surely be able to do that.

Thank you all.

Best wishes,



Prasant Kumar Naik



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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 lymphatic filariasis among the marginalised communities

VALUES

People-centred

Transparent and accountable

Innovative and demonstrating
bold leadership

Effective and efficient

Collaborative

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

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 33 years, LEPRA has been working in the field of leprosy extending diagnosis, treatment, care, counselling and advocacy through various new paradigms (some of which has been adopted by the state governments). One of the well-known organisations in the field of leprosy, LEPRA, in course of time, has also initiated interventions in Lymphatic Filariasis (another neglected tropical disease like leprosy), Tuberculosis (TB) and HIV. **LEPRA also moved into eye care in a big way.** LEPRA was able to serve a large number of people through cataract and glaucoma surgeries, refraction and provision of spectacles thereby preventing avoidable blindness, through its Tertiary Level Eye Hospitals - the Mahanadi Netra Chikitsalaya (MNC) and Junagarh Netra Chikitsalaya

(JNC) and also Urban / Rural Eye Health Care initiatives in Bihar and Odisha States. Through the hospitals outreach activities, a large number of people will be identified and referred for eye surgeries. LEPRA has provided remedies to people in remote areas, envisioned the wellness and welfare of the people affected by the above mentioned diseases backed by strong IEC (Information, Education Communication).

As the COVID-19 scenario continued during lockdowns there were lot of challenges faced by the projects staff in different states. The preventive and other measures towards those affected by Leprosy, Lymphatic Filariasis, Eye Care, TB and HIV/AIDS were continued albeit on a reduced level in the states of Andhra Pradesh, Bihar, Delhi, Jharkhand, Madhya



INTRODUCTION

Pradesh, Odisha, Rajasthan, Uttar Pradesh and Telangana.

Most of LEPRO Referral Centres (which are co-located in Govt Health Facilities) were converted to Covid Testing Centres. Services to leprosy affected persons were hampered till August 2021. The affected persons living in the colonies could not access services due to the lockdowns. Further no permissions were given for mobility of footwear van for two months.

A new model of active case detection survey was conducted for leprosy and lymphatic filariasis in Araria block, Sheikpura district, Munger division in Bihar State. **This type of integrated study is the first of its kind conducted by LEPRO Society. A majority of the index cases were either parents or siblings.** Study shows that there is a four-fold risk of developing leprosy in the presence of a neighbourhood's contact, and this risk increases to nine-fold if there is a household contact. It was felt that a model for discovering cases and a solution to reach out to people can be taken up

in a friendly manner.

In Madhya Pradesh, the Reconstructive Surgery (RCS) screening camp activity and registration of RCS cases got affected during COVID second and third waves. India carries the largest burden of TB in the world. The Clinton Health Access Initiative (CHAI) extended JEET project in Madhya Pradesh supported by Global Fund up to three more districts of Rajasthan, namely Jodhpur, Kota and Udaipur from April 2019 to Dec 2021.

LEPRO Society provided support to the Government of Odisha during Covid-19 second wave. The State had its own infrastructure and logistics to tackle the disease. Most of the cases were reported from the Western Belt of Odisha. Daily cases had risen from 200 to 6000 a week. The state had 50 dedicated medical hospitals to treat COVID patients with the entire medical expenses borne by the state government.

In Telangana due to Covid-19, travel was restricted. It was a challenge to get people affected by leprosy to

The following new projects were initiated in current year:

Donors	Project title	Targeted groups	Operational Area
Lepra, UK	Emergency Vaccination Programme (EVP)	Leprosy / LF Patients, Disabled/ Vulnerable, Population	8 operational states of LEPRO Society
SAATHI	Svetana, Subhiksha, Blended Training	PLHIVs, ANC Mothers, Prison Population, General/ Prison Health Staff	All 52 districts, MP state
FHI 360	Epidemic Control (Epic)	18 CBOs/ Community Networks	5 districts, Telangana state
Mission Oxygen	80 oxygen concentrators supplied to eight government hospitals	Govt. Hospitals – Inpatient/ Acute/Severe General Population	Andhra Pradesh & Telangana states

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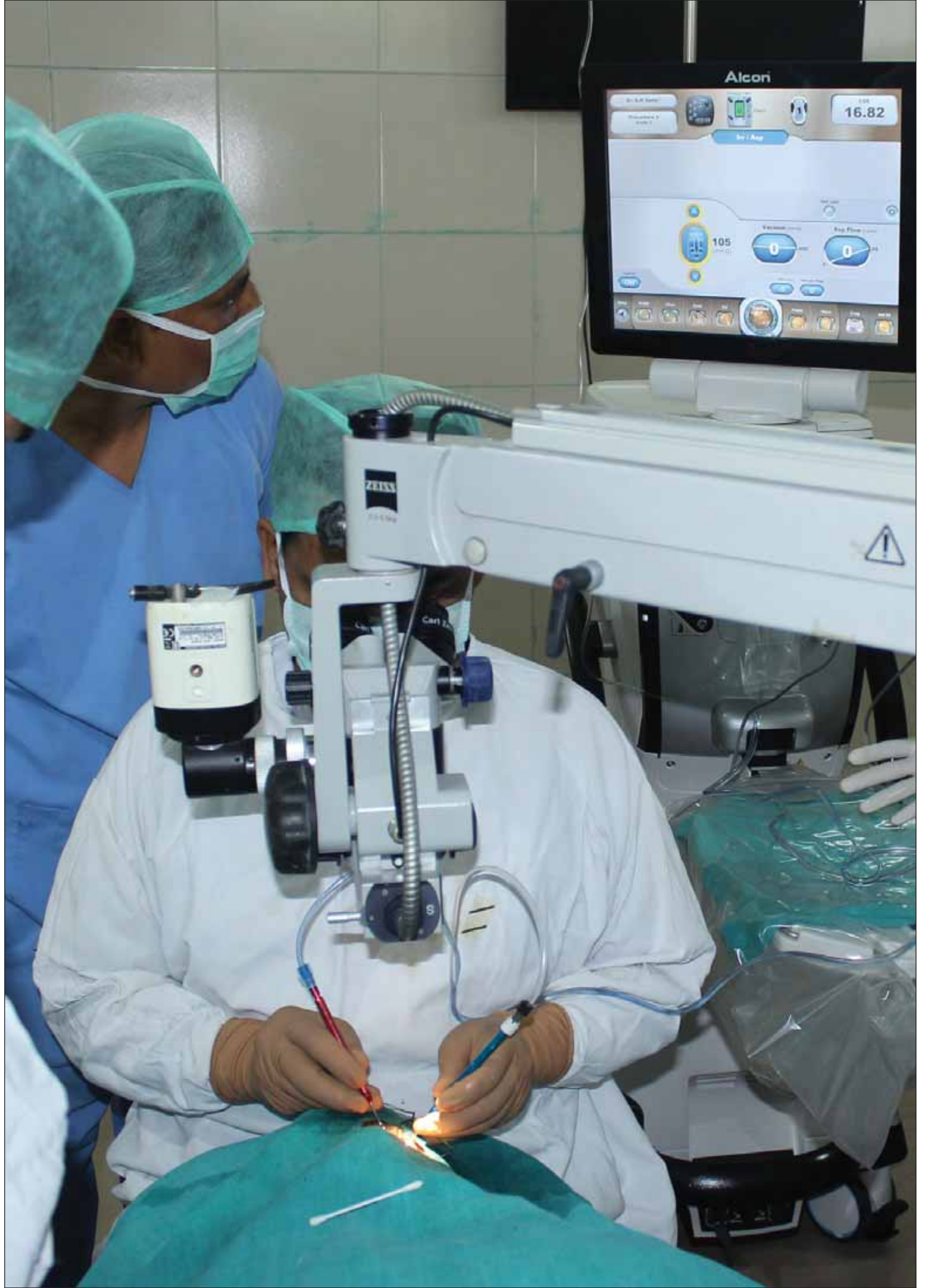
vaccinate and there was delay in the issuance of disability certificates.

With financial support from Mette Jorstad/ Gramya Resource Centre, efforts have made to ensure the access to pursue education (both formal and remedial) for girl children infected or affected with Leprosy. Thanks to respected Dr V Rukmini Rao, Ex- board member of LEPRASociety who has set up a fund in memory of her late friend and colleague Ms Mette Jorstad to support the needy. Through this initiative a needs assessment carried out and facilitated support for 42 needy girl children in perusing education/ courses for Intermediate/ Graduation/ Paramedical Courses/ Computer Education Courses of Odisha , Bihar, Jharkhand states.

The LEPRA Blue Peter Public Health Research Centre (BPHRC) provided COVID testing services to the community in and around Cherlapally area and its beneficiaries. **It was noticed that the leprosy patients had less positivity rate as compared to the general population.**

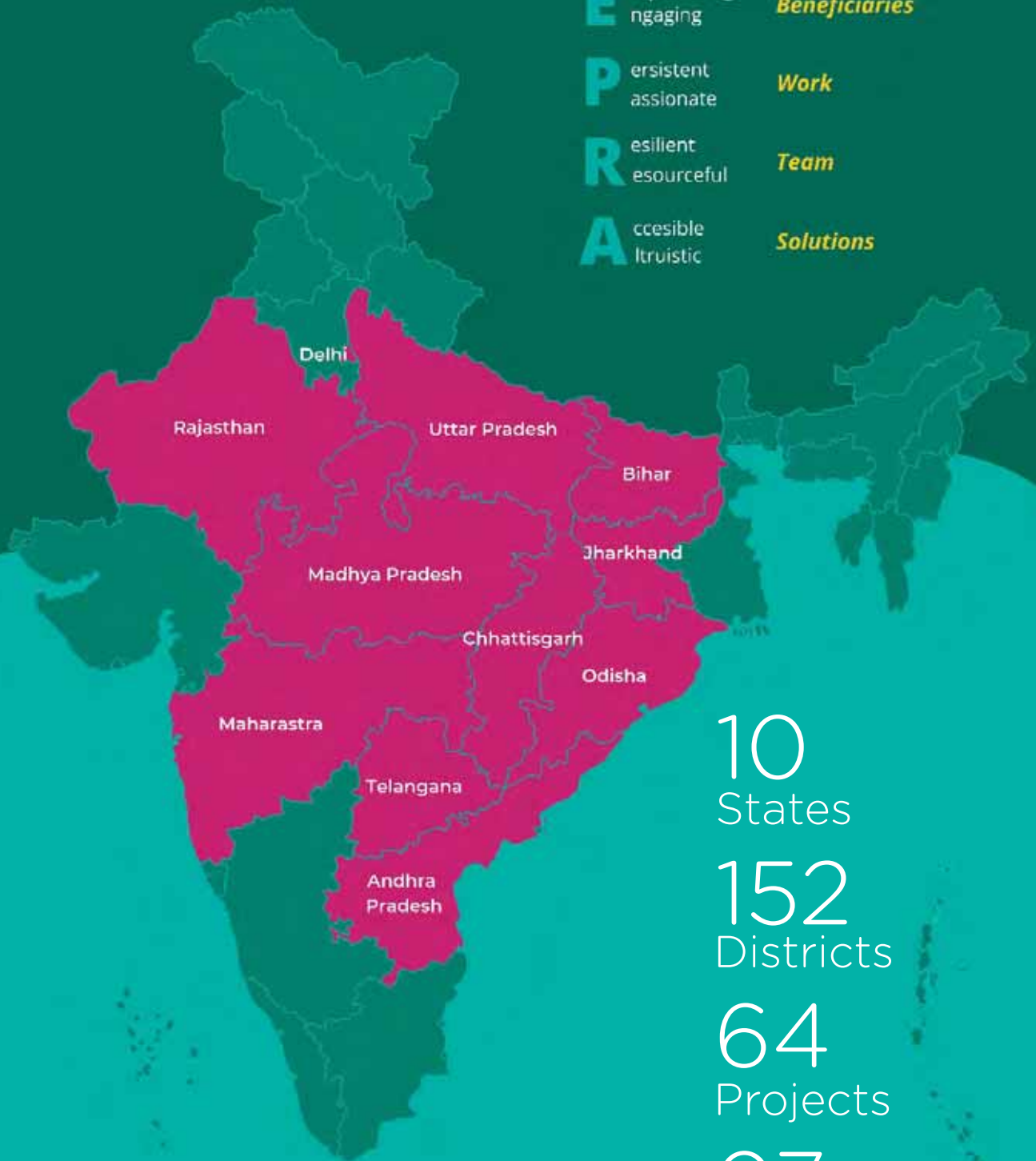
The Data Digitalisation process was initiated by the Programmes Unit during mid of year and further could develop the disease wise Dashboard and connected to LEPRA Website for ease of access of Referral Centres/ Projects data to staff at all levels. The data digitalisation drive and COVID testing centre at BPHRC were outstanding initiatives of LEPRA Society.





Where we work

- L** eading *Impact*
a sting
- E** mpowering *Beneficiaries*
ngaging
- P** ersistent *Work*
a ssionate
- R** esilient *Team*
e sourceful
- A** ccesible *Solutions*
ltruistic



10
States
152
Districts
64
Projects
07
Programmes

List of Referral Centres (2021-22)

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

Andhra Pradesh

Leprosy and Lymphatic Filariasis

Leprosy prevalence rate in the AP state is 0.27 and the Annual Case Detection Rate is 3.23 (ANCDR). LEPRA Society's Neglected Tropical Disease Resource Unit (NTDRU) - Andhra Pradesh is implementing the leprosy prevention and control activities in the districts of Krishna, Guntur, and West Godavari. The Active Case Detection Activities, comprehensive care services for the prevention of disabilities / worsening of disabilities, and accessing the schemes and services of the government are the core areas of the Referral Centres. The Referral Centres are functional in close collaboration with the District National Leprosy Eradication Programme (NLEP) team. **These referral centres cater to the needs of the persons living in the leprosy colonies and in the communities.** In this year 53 new leprosy cases were diagnosed and facilitated Multi-Drug Therapy. 48 reaction cases were managed. 423 (G1-41 and G2-382) pairs of footwear were provided through Referral Centers. Among 279 ulcers patients treated, 169 were healed. The Satellite Clinics were organised in six areas to reach the needy population for leprosy-related services. 5 Leprosy Self Support



Groups are functional and represented the issues on WASH to the concerned district-level authorities.

LEPRA Society is working closely with the State Leprosy Forum for the benefit of people at large in accessing the government entitlements. The referral centre is focusing on improving the quality of life of

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persons affected with Lymphatic Filariasis (LF). The combined approach strategy is used for providing disability prevention and morbidity management. The outreach line listed 244 persons with lymphatic filariasis. 45 persons were treated for the acute attacks and 224 for entry lesions. Customised footwear was provided to 169 persons. The Tenali Double Horse Company came forward under their Corporate Social Responsibility (CSR) and supported the initiatives of lymphatic filariasis in the Tenali mandal, Guntur district.

Lymphatic Filariasis (LF) is endemic in Vizianagaram, Srikakulam, Krishna, Guntur, East Godavari and Nellore districts, particularly in the coastal and tribal areas with high rainfall and humidity; and low temperatures that are highly congenial for proliferation of mosquitoes breeding and for transmission.

COVID-19 control measures led to disruption in leprosy detection and care in India. The estimates based on reported government data show that around **60% of new cases went undiagnosed**. The two Referral Centres in the State were converted to COVID testing centre. The service for leprosy affected persons through LEPRAs referral

centre was hampered till August 2021. Due to mobility issue and limited Out Patient (OP) services in the health care facilities, the persons affected with leprosy in the colonies faced challenges in getting the treatment.

People affected with leprosy experienced disrupted treatment and difficulties reaching health care centres. The team of LEPRAs Society ensured the availability of medicines for leprosy reaction cases in the nearest health facility / door delivery with proper planning on individual



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basis. The camp approach was replaced with the door to door visits (individual follow-ups) and Tele-Counselling.

To avoid people seeking care late after the disability sets in, it was proposed actively searching for and caring for people affected by leprosy with the funding provided by Catriona Hargreaves Charitable Trust (CHCT). The time frame was from August 2021-November 2021. The goal of the project was to improve leprosy case detection, prevent disability, increase functionality and improve financial standing for people affected by leprosy. With Rapid Enquiry Survey followed by focal and Information, Education Communication (IEC) van campaigns, 25 new leprosy cases were identified in four months and put on MDT. Among 25 new leprosy cases, 19 were MB (Multibacillary leprosy) cases and 6 were PB (Paucibacillary leprosy) cases. Through 15 camps, 179 persons affected by leprosy disabilities were reached. All the persons were given self-care kits; 94 persons were provided with customised footwear; 72 persons were given physio aids and appliances. 47 people having a leprosy-related disability had their functionality improved. Over 5000 pamphlets were distributed during awareness programmes, survey activities, Disability Prevention and Medical Rehabilitation (DPMR) camps, mobile IEC van campaigns, and health care workers training programmes. In 4 operational areas, 224 frontline

health functionaries were trained in leprosy and Disability Prevention and Medical Rehabilitation (DPMR). Through various awareness programmes, 32,500 population made aware of leprosy and its signs and symptoms.

WASH- BOX ITEM

The “Samruddhi” project funded by the American Leprosy Missions (ALM), aims to mainstream WASH in leprosy colonies in Andhra Pradesh. People affected by leprosy in leprosy colonies are residing in houses constructed around 20-25 years ago. Most of the people are old with different leprosy-related disabilities involving their eyes, hands, and feet. To strengthen the work on equity and inclusion and ensure WASH rights to all, the project introduced WASH infrastructure models and services, especially disability-friendly toilets and safe water for domestic use. The project was operationalised in 3 leprosy colonies in Vizianagaram district. It enhanced the dignity of life among the targeted population through access to basic water and sanitation amenities. **The households and colony residents were educated on WASH aspects in relation to general health and self-care of leprosy.** The Project Team and the State Leprosy Forum (SLAP AP – Society of Leprosy Affected Persons) started advocating with the government to mainstream WASH into the allied departments and scale up these models for the benefit

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of the persons with leprosy disabilities in 45 leprosy colonies in the State. The project was operationalised from August 2021 to November 2021. This project established demonstrable WASH Infrastructure models in 3 leprosy colonies (11 new toilets were constructed; 20 toilet repairs were done; 7 toilets will be modified to be disability-friendly; 2 borewell platforms were constructed and 19 water filters were distributed). It also increased access to improved WASH facilities covering 76 households covering 260 people. The team provided education on WASH to 112 colony inmates.

The Footcare Unit

A footcare unit was started in January

2022 (New Initiative) with the support from KCP Limited for providing customised footwear to the needy persons with leprosy and lymphatic filariasis. The unit was placed in one of the buildings of LEPROA Society in Jagayyapeta, 76 customised footwear was provided by organising the Integrated Prevention of Disability (IPoD) camps and promoting self-care practices during January – March 2022.

Mobile Footcare Unit

Post Covid , the Mobile Footcare Unit is operational in districts of Krishna, West Godavari, Guntur, and Kurnool and provided customised footwear for 1841 Grade II leprosy disability cases.



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The Organisation had received footwear orders in these districts from the government in 2021. The Mobile Footcare Unit provided customised footwear covering 10 leprosy colonies in the state with support from the leprosy colony leaders. The foot measurements are collected and footwear is provided in a day or two. The adjustments and alterations in the footwear were done before providing to the individuals. The team of shoe technician, drivers, and part-time PT are engaged in this intervention.

HIV/AIDS

The Human Immunodeficiency Virus (HIV) test positivity rate has come down to 0.01% in 2020-21 compared to the positivity rate reported five years ago in Andhra Pradesh.

Currently, over 1,92,390 People Living with HIV (PLHIV) in the State are receiving Anti-Retroviral Treatment (ART) across the State.

Sreyassu is a community-based organisation supported by the LEPRO Society located in Chillakallu, Jagayyapeta Mandal in Krishna District of the State with funding from the Indo-American Health and Development Organization (IADHO). It was started in 2006 as a project to support the People Living with and affected by HIV/AIDS (PLHIV). Since its inception, Sreyassu registered 1569 beneficiaries infected with HIV. Presently, the project is following up on 388 PLHIV, 20 Children infected with HIV/AIDS (CLHIV). The local Cement Factory Management is



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playing a key role in supporting Sreyassu with need-based donations. The RAMCO Cements Limited, under their Corporate Social Responsibility, supports the clinics of Sreyassu with medical aid on monthly basis. The Company also provides monthly nutrition support for 60 members. The KCP Limited, Muktyala, is supporting 10 Children living with HIV every month with foster care (Meeting the basic needs of the Orphan and Semi-Orphan Children living with HIV/AIDS). Also, 10 persons living with HIV, lymphatic filariasis and leprosy were provided with the livelihood promotional activities from the KCP Limited.

The Arogya Darsini Project is supported by the Indo-American Health and Development Organization (IADHO). This project generates awareness in the communities on leprosy, lymphatic filariasis, HIV/AIDS, and non-communicable diseases (hypertension and diabetes) through mobile IEC van. The van services are being used during the COVID pandemic for generating mass awareness in collaboration with the State Health Society, Andhra Pradesh. In addition to this, 5 mandals were covered with the outreach services to improve the quality of life among persons affected with leprosy and HIV. 19 new leprosy cases were diagnosed; health education was provided to 357 persons affected with leprosy for promoting self-care practices; 836 lymphatic filariasis cases were line-

listed and followed-up. 6 Self Support groups for leprosy and LF were formed and strengthened. The project provided customised footwear to 88 needy leprosy-affected persons and to 184 persons affected by lymphatic filariasis.

COVID vaccination was promoted among the needy population in these mandals in collaboration with the Health Department based on their eligibility. About 4081 vaccinations were promoted for the persons affected with diseases and other marginalised population like Scheduled Caste (SC) and Scheduled Tribes (ST) from below poverty line population.

Health facilities across India, especially in the remotest parts, had to cope with a large number of COVID-19 cases and the ongoing second wave of COVID-19 (April – June 2021) caused a massive shortage in hospitals across the country. Sadly, several patients in critical condition were turned away due to a lack of oxygen beds. Identifying this crucial need, Mission Oxygen and LEPROA Society took the initiative for providing 40 oxygen concentrators to 4 government health facilities in Andhra Pradesh State. LEPROA and Mission Oxygen team's facilitation for supply of oxygen concentrators fostered the urgent treatment requirements amid the current pandemic and also in the coming future.

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Leprosy and Lymphatic Filariasis

The Neglected Tropical Disease Resource Unit (NTDRU) Telangana state is functional with 4 referral centres in the districts of Hyderabad, Mahbubnagar, Sirpur-Kagaznagar of Kumarambheem and Nirmal districts. The focussed initiatives and activities of these referral centres include generating awareness for the general public on leprosy, Lymphatic Filariasis (LF) and COVID; capacity building of the public and private health care providers on disease prevention, control, and management aspects; suspect examination, confirmation, provision of necessary medication as an out-patient care; Disability Prevention and Medical Rehabilitation

(DPMR) camps; provision of specialised protective footwear and assistive devices at the doorstep; referrals to secondary and tertiary health-care services are the focussed initiatives in the referral centres. The centres are also engaged in the COVID vaccination promotional activities last year and the team facilitated for COVID vaccination for 859 persons affected; their family members and the marginalised communities.

Engagement of the private health sector resulted in getting a potential number of suspect referrals for diagnosis to our centres. 32 new leprosy cases were diagnosed among the private sector referrals (32/49).





With advocacy initiatives, the NTDRU got government footwear order for 3456 pairs of footwear in Telangana. Peoples Leprosy Foundation, Bihar helped in supplying the footwear.

The state-level Continuing Medical Education (CME) Programme on leprosy has been carried out successfully on November 13, 2021 at Osmania Medical College, Hyderabad in Joint Collaboration of Osmania Medical College, Telangana State Leprosy Office, and LEPROA Society. This was organised as a part of strengthening reporting of leprosy-related services from Tertiary Level Medical Colleges Hospitals to the National Leprosy Eradication Programme (NLEP).

For the first time, self-care kits for the persons affected with Lymphatic Filariasis were provided at the cluster

level in Integrated Prevention of Disability (IPoD) camps in Nirmal district to 233 LF affected persons reached with services. 64 entry lesions; 57 persons with acute attacks were treated and 97 needy people were provided customised footwear at LEPROA Referral Centres.

Mobile Footwear Unit (MFU)

The unit catered to the footwear needs of persons affected with leprosy residing in 20 colonies scattered in 16 districts of the state. These are tailor-made footwear with Micro-Cellular Rubber (MCR) insole with special technical specifications to address the impending risks for the feet due to loss of sensation because of leprosy. A total of 1102 pairs of such footwear were provided during the year.

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Furthermore, provided 514 pairs of specially made protective footwear with lightweight outer sole, soft insole, and elastic/stretchable upper and back straps for persons having swelling over the feet due to elephantiasis (lymphatic filariasis).

While providing these services to the people at their doorsteps/nearest public health facility, the staff of the unit spread the messages on these diseases and advised them to consult the health worker for necessary services.

Webinars on leprosy for overseas (Republic of Zambia)

Besides conducting capacity building for the in-country staff, NTDRU conducted provincial-level webinars

also on leprosy for the 67 paramedical staff of the Zambian government. It was a two-days (3-5 hours a day) programme describing the Diagnosis on Day 1 and Management on Day 2. Participants were awarded certificates on successful completion of the webinar.

HIV

Meeting Targets and Maintaining Epidemic Control (EpiC) is a global project funded by the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) and the U.S. Agency for International Development (USAID). EpiC in India aims to strengthen the organizational capacities of local Community Based Organisations (CBOs), Key Population (KP)-led

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organisations, and People Living with HIV (PLHIV) networks to effectively manage and implement HIV programmes; and to support resource mobilisation through innovative funding mechanisms so that they can contribute to the HIV response in their districts and states on a sustained basis. Since April 15 2021, LEPRASociety has been an EpiC partner leading Organisational Development (OD) Technical Assistance (TA) in Telangana for five PEPFAR priority districts, namely Hyderabad, Rangareddy, Mahbubnagar, Karimnagar, and Nalgonda. Eighteen Civil Society Organisations (CSOs) completed EpiC Capacity Assessment and Prioritization Tool (ECAP). The workshops were attended by 8-10

board members, staff, and community representatives from each organisation. The participating members assessed their current organisational capacity against the 84 standards defined as Statements of Excellence (SoE) using the ECAP tool. The analysed results from the self-assessment were discussed with the CSOs for consensus building. In Telangana, 552 goals have been set in the Capacity Development Plans by the 18 CSOs, of which 150 goals were achieved by the end of March 2022. Most goals achieved were under Organizational Strategy and Governance, Financial Management, Human Resources, and Resource Mobilisation. Project Team Mentoring visits focused on the capacity

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development areas of organisational governance and strategy; resource mobilisation; strengthening financial systems; human resource management, and image networking and partnerships.

- a. A three-day workshop was organised on Organisational Strategy, Leadership and Governance that was attended by 36 participants from 18 CSOs in Telangana. Pre-workshop visits were made to organisations representing different capacity tracks. Based on the field level discussions, the needs included: developing second line leadership, orienting board of directors on their role and enhancing their engagement in the governance and fundraising functions, streamlining the process of elections and board meetings.
- b. A 3 day immersion training on financial management was attended by 35 participants from 18 CSOs in Telangana representing the CSO lead/ person engaged in handling finances of the CSO/ Treasurer from the Board. Sessions were facilitated by LEPRA Society finance department including Head – Finance & Operations, Senior Finance Officer, and Accounts Officer. The content for the three-day programme was developed based on gaps identified in financial management capacity during CBO self-assessment and

covered all 11 SoEs as defined in the Financial Management module of the ECAP tool. The training included two days of classroom sessions and one-day visit to LEPRA's head office where the participants studied the existing finance and accounting management systems being maintained at LEPRA Society's headquarters in Hyderabad. The classroom sessions combined with experiential learning resulted in enhancing knowledge of the CSOs in finance management.

- c. Technical Assistance (TA) on resource mobilisation and fund raising: One-on-one virtual meetings were held with all 18 CSOs in Telangana to discuss the follow-up actions from the Resource Mobilisation and Strategy workshops were organised. Through EpiC's support, the CSOs are exploring new avenues for financial support that aligns with the needs of their communities. Mentoring visits were made to facilitate mapping of local funders and resource partnership analysis. All 18 CSOs in Telangana were supported to form Resource Mobilisation Committees that include a few members of the Board, community members, and staff who are active and interested in taking up resource mobilisation and fundraising initiatives. The CSOs were briefed on the roles and responsibilities of the resource

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mobilisation committee members. The EpiC team supported the resource mobilisation committees to do a listing of potential local funders (e.g., individuals, small business owners, factory owners, network organisations, etc.). The funders were approached considering the priority needs of the community members due to the COVID-19 pandemic. Ration and hygiene kits were mobilised from the philanthropists and network organisations and were distributed to the most-needy community members. The Trans Equality Society was supported by EpiC to work with the State Mission for Elimination of Poverty in Municipal Areas, a government body in India, to connect community members with various livelihood support and skill building programmes.

Developing marketing collaterals, i.e., brochures/flyers, was chosen as one of the strategies to promote the visibility of the organisations to present to the potential donors and to share to different stakeholders to get their support to the project. Cheyutha Women's CBO was supported to develop their website www.cheyuthawcbo.org, which was launched on 8th March - International Women's Day. Development of a website for Trans Equality Society is under progress. EpiC supported three CSOs in content development, design, and printing of their organisational

brochures.

In the reporting period, Telangana CSOs raised worth of INR 6,575,500 (US \$87,673) in-kind (nutrition and other support for KP/PLHIV) and INR 203,700 (US \$2,716) in-cash support. EpiC supported CSOs to develop 11 proposals. Three proposals were submitted, and eight proposals are under development. The submitted proposals for two CBOs (Spandana Sri in Karimnagar and Cheyutha in Hyderabad) were approved by the donors - Godrej Foundation towards COVID Vaccination and Rising Star NGO for medical support for PLHIV. The Epic team supported Trans Equality Society for developing a proposal for a Targeted Intervention (TI) to be funded by the Telangana State AIDS Society (TSACS).

ARPA Project:

Under the USAID-funded Meeting Targets and Maintaining Epidemic Control (EpiC) Project, the Family Health International (FHI 360) has received funding under the American Rescue Plan Act (ARPA) with a focus to address vaccine hesitancy, increasing awareness to dispel myths and misconceptions related to COVID-19 vaccinations among KPs and PLHIV. **LEPRA coordinated and oriented local CSOs for increasing vaccine uptake among PLHIVs and KPs community members;** adapted and translated IPC materials into Telugu ensuring verification of vaccine uptake and proof for payments to

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community volunteers, and distributed materials/hygiene kits. 2238 key targeted population were facilitated with COVID vaccination till end of March 2022 .

WASH - Water Sanitization and Hygiene

Every Child Counts - LEPRAs Society is implementing “Every Child Counts” - Safe Water and Safe Environment for Children supported by Water Aid funded by HSBC in Telangana State. Initially, the schools in the operational areas had limited WASH infrastructures. The project provided hand washing stations in 7 schools; 7 in Anganwadi centres; gender segregated toilets in 6 schools; gender-segregated 2 toilets with hand washing facilities in health care facilities for doctors and patients; did improvements to water supply with

adequate storage in 19 schools, AWW centres, and health facilities. It also imparted training on WASH initiatives and Hygiene activities to teachers from 25 schools; 25 anganwadi workers and helpers from 25 centres, staff and Hospital Development Society members in five UPHCs (Urban Primary Health Care Centres); Seventeen hygiene sessions for adolescents, pregnant and lactating mothers designed and displayed COVID appropriate behavior through wall paintings in 37 institutions.

Strengthening Menstrual Health and Hygiene among Adolescent Girls

The United Nations Population Fund (UNFPA) and Jal Seva Charitable Foundation (JSCF) are collaborating with the LEPRAs Society for a two-year (August 2020 - September 2022) project on Strengthening



TELANGANA

Menstrual Health and Hygiene Management (MHHM) among adolescent girls in the state of Telangana. The project is operationalised in 10 urban localities of Hyderabad and Medchal Malkangiri districts. Through the two-year partnership, the project aims to work with adolescent girls, frontline functionaries, and the government at various levels to strengthen MHHM policy and programmes for the benefit of girls. The project emphasises on adolescents in target communities using safe menstrual products and have access to safe disposal with enhanced knowledge of MHHM and improved access to menstrual hygiene products and safe disposal mechanisms.

In the operational areas above, 1117 adolescent girls were mapped during the survey in the project areas. Ten core groups and 90 sub-groups were formed in ten operational slums. These groups have been taking forward the menstrual hygiene agenda in their respective communities. The project team monitors the training sessions and enhances MHHM knowledge, demonstrating different types of menstrual products. The schools were identified and piloted for MH disposal pits for period-friendly toilets. The frontline workers in the communities and key stakeholders were trained, made aware, educated, and sensitised on the MHHM in these locations.



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Bihar 38 districts ranks at the bottom of the list of Indian states on the Human Development Index. The inadequacy of the healthcare infrastructure is glaring. **None of the 200 Community Health Centres (CHC) in Bihar meet the guidelines of the Indian Public Health Standards (IPHS).**

For leprosy, annually, Bihar was registering 16,000-20,000 new cases since the last 10 years even after elimination. What is worrisome 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 delayed of detection of new cases.

Filariasis is a major public health problem in India despite the existence of the National Filaria Control Programme since 1955. India contributes to 41% of global lymphatic filariasis burden. Bihar has highest endemicity (over 17%) followed by Kerala (15.7%) and Uttar Pradesh (14.6%). Andhra Pradesh and Tamil Nadu have about 10% endemicity. Bihar has registered more than 2.5 million Elephantiasis cases and 1.5 million Hydrocele cases. **These are the government figures and are likely to**



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be 3-4 fold higher as per LEPRA's experience of working in the field of lymphatic filariasis for the past 10 years.

In Bihar , LEPRA started in 1993 supporting National Leprosy Eradication Programme (NLEP) based on Survey Education Treatment (SET) pattern of vertical system, through an NGO - Gandhi Kusth Nivaran Pratisthan (GKNP). It started direct operations in November 2000 supporting NLEP by forming District Technical Support Team (DTST) in 9 districts (allotted by Govt. of India) of Bihar. There are various projects successfully completed in the past 20 years, and currently 13 projects are being implemented with multiple donors in leprosy, lymphatic filariasis, eye care and tuberculosis in four states.

Two projects on Lymphatic Filariasis, namely, COR-NTD (UMMEED) and Mobilising Men's Health came to a completion and were phased out in July and September 2021.

3 projects are operational namely, Urban Eye Health (Amrita Drishti) for catering services in urban and slums population, Jagruti (WASH and NTDs) in Samastipur, Skin NTDs Project (ASPIRE) in Jamui district of Bihar.

Bihar, being one of the poorest Indian states, is the worst hit with 700,000 blind and 4.3 million visually impaired people (100,000 additional people become blind every year). Prevalence of blindness was reported to be 1.6% in Bihar as per National Blindness Survey. "Netra-Vasant" Rural Eye Health Programme of Sightsavers India is active in 10 districts of Bihar.



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Leprosy and Lymphatic Filariasis

Jagruti (NTDs and WASH)

Jagruti (means 'Awakening' in Sanskrit) is a project in NTDs and WASH. The aim is to scale up women-led, Artificial Intelligence (AI) enabled (smartphones) interventions. These interventions are designed to reduce risk of transmission and negative impact of Neglected Tropical Diseases (NTDs) among the communities at risk in endemic blocks in the state.

Jagruti leverages social power of women as change agents to promote Water, Sanitation and Hygiene (WASH) behaviour change at household and community levels. It also advocates basic health and hygiene by engaging local government in promoting improved WASH facilities and services.

The project's USP is working with women in poverty, who are key stakeholders for WASH and health. This group is primarily responsible for household water, sanitation, hygiene and health at the community level.

Jagruti, a three-year project, is implementing pilot's tested approaches and lessons learned in 130 villages of Kalyanpur block of Samastipur district, Bihar. The key implementers are local women (130 of them) who are trained as Community Resource Persons (CRPs) in WASH and Neglected Tropical Diseases (NTDs). The key implementers will be reaching 62,701 households in 130

villages, wherein a population of nearly 3,10,439 are at risk and endemic to WASH and NTDs. They will explicitly monitor and follow up high-risk households, nearly 4915 people are prone to NTDs. To reduce the risk, the project will work with vital stakeholders such as (3815 SHGs, 38 SHG Federations, 40 schools, 31 local governing bodies, 186 village water and sanitation committee members, 782 frontline workers from government, 11 PHC Medical Officers and 20 Government Authorities) to initiate WASH infrastructure and facilitate behavioural change.

Similarly, the project will make constant efforts in sustaining self-support groups with an objective of providing peer care and support services (skin and wound care; exercises; footwear; counselling; acute attack and entry-points management) to prevent disabilities and its existing conditions in 31 panchayats of 130 villages in Kalyanpur block. These self-support groups will also identify other potential complications and refer them to nearest district hospital or primary health care centre, as applicable.

A baseline household data was collected through a universal survey using smart phones (Dhara mobile application) with geo tagged photographs by trained 130 women community resource persons in their own villages. In the process, the project has also line - listed persons

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affected by leprosy as well as Lymphatic Filariasis (LF). This targeted group was trained on morbidity management and disability prevention techniques, providing protective footwear and self-care kits to the affected community.

A two-day workshop was conducted for community resource persons to identify key gaps on hygiene such as open defecation, irregular bathing, hand washing, food hygiene. The team also focuses on smooth operations of Dhara Mobile Application with components such as Home Rapid Universal Survey and GIS photo enabled mapping (For home) as registration (for individual); Rapid photo mediated Water, Sanitation and Hygiene (WASH) status survey of home module; universal nutrition, disability, and Neglected Tropical Diseases prevalence survey module; automated nutrition and WASH indicator grading module; Signs and Symptoms as language neutral icons-based disability and disease grading module; Grade-based Appropriate (for socio demographics and economics) interventions (as videos or icon-based animations) plan for WASH, Nutrition, Disability and Disease; Next service scheduling module and sequential photo documentation to track progress of interventions; The app will be designed to work offline and sync to cloud server when internet is available, Cloud server module enabled with time series data storage and active summary learning

algorithms; Map view dashboards for individual level, CRP level, village level, summary level cross sectional and longitudinal visualisation and Map view dash boards with optimised routing and automated centroid identification options.

Continuous effort is being made for capacity building of 130 Community Resource Persons (CRPs) and five project staff. The project team has conducted a workshop with one batch of 30 CRPs and covered nine NTDs and WASH interventions. The CRPs will be able to draw some key hygiene gaps such as open defecation, irregular bathing, no hand washing in critical times, no food hygiene etc. Apart from that, the team is focusing on smooth operations of Dhara Mobile Application, handling mobile phones and capturing of images by following Standard Operating Protocols (SOP). The purpose of training is to build a strong network of NTD communities, collectively engaging them in skill development.

Substantially, the CRPs will be completing baseline surveys to capture images of seven modules (House Registration, WASH, Individual Registration, Nutrition, Disability, LF and Leprosy). While conducting the baseline surveys in their own villages, CRPs were able to identify issues at 63630 households. At the end of the baseline survey, the CRP will identify two problems in 130 villages of Kalyanpur block in Samastipur district,

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which will be supported by the village local leader and concerned departments in advocacy.

People with LF or leprosy (2027) were trained in self-care practices, and, as a means to increase treatment adherence and counselling for acute attacks management.

The line-listing of cases at district level is a direct influence of LEPRA and is commended by the State Government. The District Health Society and American Leprosy Missions (ALM) planned to start the hydrocelectomy in PHC Kalyanpur of Samastipur district.

A research paper titled “The need for

an integrated, contextual, and holistic minimum essential data collection tool for leprosy and lymphatic filariasis disability in India” is published in Leprosy Review. A hybrid quantitative and qualitative minimum essential data tool was developed, integrating leprosy and LF disability-related issues to holistically assess situations, capture lived experiences, and enable participation of persons with leprosy and LF disability in designing solutions for the issues which impact them most.

Integrated approaches are cost-effective and efficient when customised for local context and people impacted. Our tool will be



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piloted in Bihar to assess its reliability in estimation of needs, and its effectiveness in designing interventions using a person-centred approach to improve situations for people.

Neglected Tropical Diseases Resource Unit (NTDRU)

This project is based on combined approaches of leprosy and lymphatic filariasis providing treatment, care, and support at the community level in four districts of Bihar. Similarly, the project is extending technical support to District Health Society for implementation of NLEP and National Vector Borne Diseases Control Programme (NVBDCP).

Under NLEP, leprosy active case detection and regular services, the project was successful in finding out 'missed' leprosy cases, by focusing upon the vulnerable population. The project team conducted contact and focal survey in ten districts of Bihar and Jharkhand, covering a population of 18,554 and identified 32 new cases of leprosy, who were given Multi-Drug Therapy (MDT). The integrated approaches of active case finding was presented in the International Federation of Anti-leprosy Associations (ILEP) conference and an operational research paper to be published in *Leprosy Review* was also submitted.

The focus has been on Primary Health Centres (PHCs) to access and promote continuous/integrated

services. The project's priority was to ensure transfer of skills and knowledge to people affected, as service users. The Accredited Social Health Activist (ASHA) workers and Rural Medical Practitioners (RMP) were sensitised on basics of leprosy and LF and referred cases of neuritis and reaction to health care facility. Similarly, the project also focused on promotion of Morbidity Management and Disability Prevention (MMDP) services.

During the Observation Days, the project team supported District Health Society in planning Active Case Detection (ACD) and Mass Drug Administration (MDA) campaigns. LEpra participated in six Coordination Committee Meetings of MDA programme under the chairmanship of the District Magistrate. The MDA is carried out initially with Diethyl Carbamazine Citrate and Albendazole in the 38 districts of the state from 2004. In 2021/22, three drug regimens (Ivermectin was added) were started in four districts Arwal, Aurangabad, Sheikhpura and Saran as a pilot.

Referral Centre, Jamui

This referral centre at Jamui established in the district hospital premises provides a wider range of services to its beneficiaries. The project aims at improving quality care and enhance capacities of government/community. Protective

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footwear is essential for leprosy cases having anaesthetic feet conditions and for LF cases. The referral centre has manufactured 130 pairs of Grade I and 65 pairs of Grade II footwear.

The project team tried accessing social entitlements and linked 24 people for different government welfare schemes such as disability pension, Pradhan Mantri Awas Yojana (PMAY), toilets and safe drinking water scheme.

The media support helped in information dissemination while social activists, local community leaders, and

service providers did their bit in disability management and increasing early case detection.

Little Flower Referral Centre, Raxaul

Little Flower Referral Centre is a pioneer leprosy rehabilitation unit-cum-140 bedded hospital, situated in a remote location of East Champaran district at Raxaul. The centre has indoor and outdoor facilities to cater services of the affected. The hospital provided OPD services to old and new patients.

A collaboration between LEPRO and Damien Foundation India Trust (DFIT)

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resulted in the establishment of a Reconstructive Surgery (RCS) unit at Little Flower. The centre covers a huge migratory population including 21 leprosy colonies with inhabitants facing challenges to get quality disability care and prevention services. The referral centre set out to provide direct support to leprosy affected people and to build the capacity of government to respond to the needs of such people.

Mobile Footwear Unit

Provision of footwear should be considered as a 'mandatory measure' and not as an extra, optional rehabilitation measure. Providing protective footwear is a part of treatment. The innovation of LEPRA - "Mobile Foot Care Unit", first-of- its kind in India, is a great success. During the period, the van covered 63

leprosy colonies and provided 2218 pairs of customised footwear to the affected persons.

Subsequently, the mobile van team trained 294 people on ulcer care, optimal uses of protective footwear and further prevention from worsening disability.

People LEPRA Foundation (PLF)

Protective footwear unit (now People LEPRA Foundation) (PLF) started supply of protective footwear on request of government order in Bihar, Jharkhand and by ILEP. This unit is providing quality footwear to persons affected by leprosy in NLEP and Non-Government Organisations (NGO). The manufacturing unit is based at Munger district in east middle region of Bihar state.

So far, 13566 pairs of grade 1 disability



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protective footwear were supplied to the District Health Society of Bihar, Jharkhand, Telangana and Andhra Pradesh. On the request of NLEP team, the centre has developed 1873 self-care kits and supplied to 26 districts of Bihar state and 500 LF self-care kits to Vector Borne Diseases Control Programme.

Facilitation in Emergency Vaccination Programme (EVP)

LEPRA had taken the initiative to mobilise the community and provide counselling to persons affected by leprosy, LF and the vulnerable

community. The team is facilitating COVID vaccination; and partners in emergency services with government, community leaders, and local authorities. The project team facilitated vaccination for 8493 people with leprosy, LF and family members and other vulnerable population.

Eye care

The Rural Health Programme (REH) is operational in Bhagalpur, Begusarai, Purnea, Jehanabad, Arwal, Nawada, Katihar and Siwan districts. There are four more districts, namely Khagaria, Nawada, Katihar and Siwan being

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included now. The REH district is providing eye care services on a fixed day clinic at the Urban Primary Health Centre and Primary Health Centre. The eye services cover refurbishment of Operation Theatre (OT), equipment, refraction, screening of cataract cases, facilitation in cataract surgery and advocacy.

The key activities include are screening of common eye diseases, refraction and spectacle provision, referral to higher level for cataract surgeries and specialised eye care services, capacity building of health staff etc.

The Rural Eye Health (Netra - Vasant) project is providing fixed day clinical services at Primary Health Centre on a rotation basis. The project is facilitating all eligible vulnerable population in accessing the Cataract Surgeries at free of cost at District Hospital.

In a similar approach with support of Sightsavers and collaboration of Government, a new Urban Eye Health Project (UEHP) Amrita Drishti started in Patna district.

Amrita Drishti Urban Eye Health Project (UEHP) is working closely with Ministry of Health and National Urban Health Mission towards creating systems that provide access to quality eye health to the urban poor.

Amrita Drishti Urban Eye Health Programme (UEHP) focuses on eye health of urban poor living in slums

and aims at establishing a system of primary eye care through community resource building and strengthening National Health Mission (NHM) for community eye screening and conducting diabetic retinopathy screening.

The eye-care services are provided through 25 Urban Primary Health Centres (UPHC) and 1 Diabetic Retinopathy Centre of Patna.

This service is being supported by a mobile eye health van in urban slum areas. People are getting benefits of refraction as well as diabetic retinopathy. The comprehensive eye care services are Refraction, Cataract Screening, Diabetic Retinopathy and Referrals.

In eye care, 67,479 persons accessed services for refractions (256 persons with leprosy and 3,403 LF). Among all, 40,948 were found with refractive errors and prescribed spectacles. In parallel, 15,901 persons with cataract were identified and out of that 7625 people underwent cataract surgery. Around 5184 people were tested for diabetic retinopathy in comprehensive eye-care services.

World Sight Day and World Elder's Day is observed in implementing seven districts and advocacy efforts are being made for availability of comprehensive quality eye-care services in all Public Health Facilities.

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TUBERCULOSIS

JEET Project

Joint Effort for Elimination of Tuberculosis (JEET) is the largest private health sector engagement initiative for Tuberculosis (TB) ever to be carried out in India. JEET was being implemented in close coordination with India's Revised National Tuberculosis Control Programme (RNTCP), through local Patient–Provider Support Agencies (PPSAs), to enhance private sector engagement.

Focusing primarily on private facilities – clinics, hospitals, laboratories, pharmacies, and informal healthcare providers – JEET aimed to improve case notification and successful treatment outcomes. Under the project, private patients could receive free, quality-assured diagnostic and treatment services to minimize out-of-pocket expenses. The project provided patients with treatment adherence support by facilitating regular interaction between patients

and providers; it also facilitated the provision of incentives by the national TB control programme to patients for nutritional support, and to private providers for notification. Through these interventions, the project ensured access to diagnostics and treatment, notification, and improved treatment success rates.

LEPRA partnered with Centre for Health Research and Innovation (CHRI) and implemented the JEET project in five districts, namely, Varanasi, Prayagraj, Gorakhpur, Jaunpur and Sitapur of Uttar-Pradesh. The project brought a tremendous change and accomplished a total notification of 30265 people and registered them on the Nishay portal. In parallel 10506 people were counselled for regular treatment, 12768 persons tested for HIV and 10693 for diabetes. The programme was aimed to provide support and 9805 people registered for Direct Benefit Transfer (DBT). The JEET project was phased out on 31st March 2022.



DELHI

West Delhi Referral Centre located in the premises of the Guru Gobind Singh Government Hospital covers four leprosy colonies namely, Tilak Nagar colony (slum area), Patel Nagar colony (slum area), Peeragarhi colony, Raghubir Nagar JJ (Jhuggi Jhopdi i.e. slum colony). The centre works in close collaboration with Rotary project in Delhi and National Capital Region's leprosy colonies.

The WDRC accommodated patient requirements of Micro-Cellular Rubber (MCR) protective footwear as hospitals throughout Delhi referred patients. The recurring ulcer cases have been reduced after training sessions on Disability Care Camps held at the centre as well as the Integrated Prevention of Deformity camps held at colonies. The awareness created about leprosy has been fruitful in bringing new cases to the centre at an early stage.

The referral centre could not undertake services like school survey, contact survey and training programmes due to COVID pandemic. During the pandemic people migrated to the villages in different states. To prevent worsening of deformities, MCR footwear and self-care kits were provided to available patients in the leprosy colonies.

The centre has provided effective care to patients. The purpose was to promote early case detection among women and children and prevent disability as well as halt the worsening

of existing disability among people affected by leprosy.

Children and women were approached through Disability Care Camps and Integrated Prevention of Disabilities (IPOD) camps held at leprosy colonies. During surveys, family members and parents of children were informed about leprosy as a disease and its consequences. The awareness about the utilisation of physiotherapy, exercises and modalities resulted in positive responses helping the beneficiaries to regain the use of hands to attain a range of motion in joints suffering deformities.

The Centre collaborated with NLEP staff and participated in various meetings, health camps, training programmes and surveys. Educating patients resulted in improved self-care and usage of protective footwear. Patients understood the need for follow-ups and for clinical examinations of their family and friends. **The establishment of the centre in the premises of a hospital helped the patients to a larger extent and provided guidance for regular exercises and self-care practices.**

Leprosy Control Project with Rotary Club -Delhi

The Leprosy Control Project, a joint Global Grant Project of Rotary and LEPRAs, was started in Delhi on October 2019 and covers Delhi and National Capital Region. This Global Grant Project focuses on the major

DELHI

objectives.

In the National Capital of Delhi/NCR there are 39 leprosy colonies. In spite of COVID-19 we were able to reach out to 23 leprosy colonies providing services to the people of the community with the help of our Mobile Care Van. During this period, 40 physiotherapy sessions and Disability Care Camps were conducted. Direct Care Services were provided to the people affected by leprosy. Self-care kits (611), MCR footwear, Grade-I (357), Customised MCR footwear, Grade-II (293), Aid/Appliances (67) Tricycles (100), walking sticks (30) and blankets (80) were distributed to the people affected by leprosy. Seven Certificate Training programmes for around 265 Government Health Care Professionals were held. Solar Panel Installation was done in three Leprosy Colonies namely, Satya Jeevan Kushta Ashram-Lajpat Nagar, Jeevandeep Kusht Ashram-R.K. Puram and Mother

Theresa Home-Missionaries of Charity, which helped save on electricity bills.

Due to COVID, Active Case Finding activity could not be done, but was initiated in April where 115 school children were screened.

On 30th Jan 2022 World Leprosy Day was celebrated at Lok Mata Kushta Ashram, Patel Nagar with the State National Leprosy Eradication Project Team. Many other activities were conducted during the Anti-Leprosy Week. Awareness was created through social media, newspapers, digital media, press release, panel discussion, dialogue sessions, print media, and news podcast. The project established good rapport with the International Federation of Anti-Leprosy Association (ILEP) Partners, State Leprosy Officer NLEP Team, District Leprosy Officer's, WHO and Pradhans (leaders) of leprosy colonies of Delhi.



JHARKHAND

Leprosy

In 2009, a disability care unit SPARSH (a joint venture of Tata Steel and LEpra) was started at Jamadoba, in Dhanbad district of Jharkhand state. SPARSH is providing OPD services to the needy that includes Information, Education and Communication (IEC) on the subject, provision for specially designed protective footwear, physiotherapy, Prevention of Disability (POD), Prevention of Worsening Disability (POWD).

This newly constructed hospital supports patients for surgery. The reconstructive surgery unit at

Jamadoba consists of a 10-bed hospital for leprosy patients across the State. It provides free treatment to those who have been disabled by leprosy as well as pre-operative and post-operative care. **This reconstructive surgery unit, which is one-of-its-kind in Eastern India, plays a major role in the leprosy eradication programmes, benefitting the patients from the States of Jharkhand and Bihar.** The unit supported and benefitted 73 patients from districts of Bihar and Jharkhand.

During COVID pandemic,



JHARKHAND

Reconstructive Surgery (RCS) was stopped with the permission of Government of Jharkhand from April 2020. With an advocacy effort of LEPRA and TATA team, RCS was restarted with nine persons undergoing surgery. They have followed post-operative care and managed complications successfully at SPARSH, maintaining COVID protocols. Finally, all cases have regained their functional ability and are back to normal life.

Tata Steel Rural Development Services, Family Initiatives Foundation (TSRDS) and LEPRA, in partnership with the Govt. of Jharkhand, organised a one-day workshop on initiatives taken to address leprosy. The workshop was held at the District Training Centre, Dhanbad with a key objective of sharing learnings from a decade-long implementation of leprosy programmes and also to explore the way forward in consultation with senior officials from government and NGOs.

The workshop addressed by civil surgeon, District Leprosy Officer, State ILEP Coordinator, said that the concerted effort to check the rate of prevalence of leprosy, particularly among children, has been intensified and measures like capacity building of medical officers for timely diagnosis and treatment has been initiated. These helped in improving quality of medical services in treating leprosy.

The team also supported District

Health Society in planning of Active Case detection and Regular Surveillance (ACD-RS) as well as Mass Drug Administration (MDA) campaign.

The project team is continuously committed to create awareness and reaching an unreached population for early case detection after a COVID pandemic. Further, awareness drives with the help of mobile education units are also on the cards of LEPRA. A total of 125750 people were covered and disseminated messages on addressing social stigma and discrimination. The socio-economic rehabilitation programme aimed at creating and enhancing income generation opportunities for rehabilitated population affected with leprosy. These solutions, are feasible, viable, marketable and sustainable.

On the Observation days, efforts were made to raise awareness for early detection and comprehensive treatment of leprosy, disability prevention, removal of social stigma and prejudice from community.

The project team is committed to create awareness about eye-care services and avoidable blindness in the state. World Sight Day and World Elder's Day is observed in implementing seven districts and advocacy efforts are to ensure availability of comprehensive quality eye-care services in Public Health Facility.

MADHYA PRADESH, RAJASTHAN

10 districts of the state continue to be leprosy endemic since more than five years. Most of these districts are from Indore division and between April to December 2021 a total of 4947 new cases were identified. 5 districts reported a prevalence rate more than 1 and 4 districts reported high annual case detection rate (ANCDR) more than 10 to 24. The Multi-Bacillary (MB) proportion of the State was 68.5% and 101 Grade 2 (G2) disability cases were found in new cases.

Leprosy and Lymphatic Filariasis

The Referral Centre (RC) in the state is in Sendhwa (Barwani district). In every survey, new cases continuously come up in Sendhwa block. Leprosy patients from nearby blocks come to RC Sendhwa to seek Disability Prevention and Medical Rehabilitation Services (DPMR) services and treatment of complications and ulcers. With increase in number of patients at RC Sendhwa support is being sought from the District Level Authorities to provide designated manpower to support the Referral Centre so that better services can be provided to people affected with leprosy.

Re-orientation training on leprosy is given to general health care staff of Sendhwa block. Special survey for active case detection and regular surveillance with the help of NLEP staff in Indore and Khargone was undertaken whereby 121 (Men -61, Women -53, Child-7) new cases were

detected. Out of new cases- MB were 99 (82%), child cases were 7 (6%), Grade I disability was 17(14%) while Grade2 visible deformity was 35 (29%). Counselling and nerve function assessments were done to 978 people. 11 Prevention of Disability (POD) camps were organised with the collaboration of State Leprosy Forum. Vaccination to 1920 vulnerable people (leprosy, HIV, TB) and migratory people were carried out. 815 ration kits were provided to the leprosy affected families with coordination of Association of People Affected by Leprosy (APAL), state forum in Indore, Barwani, Dhar, Ujjain, Khandwa, Barwah and Maharashtra.

Coordination activities were done for COVID-19 awareness; daily needs were supplied to leprosy colony with the state leprosy forum. Due to COVID 19 epidemic situation, field work was affected and many outreach activities could not be completed. Vacant positions of National Leprosy Eradication Programme (NLEP) staff and non-availability of reporting persons affected the drug distribution, reporting of leprosy cases and complication management

Due to COVID-19 epidemic situation, many activities like Prevention of Disability (POD) camp, school survey, group meeting, training, self-care camps, Reconstructive Surgery (RCS) screening camps follow-up of complication cases etc. were affected.

MADHYA PRADESH, RAJASTHAN

(The project staff tried to cover it through telephonic counselling). Defaulter cases increased due to migration for non-availability of employment. Hidden cases are still available in the field, which need special activities to be diagnosed.

Counselling is effective with the psychological aspect and mental health; new detection and voluntary reporting increased. Advocacy for Emergency Vaccination Programme (EVP) was carried out with the government hospital for vaccination of leprosy affected people with the Ashagram Trust for the rehabilitation of residents of colonies and with the state leprosy forum for the basic daily needs of leprosy affected persons. Goonj Foundation and Rising Star helped to supply rations in four districts.

Advocacy was done with the state forum for the supply of wound-care kits to Ashagram, Harsh Nagar, Dhar, Indore's leprosy colony. A coordination meeting with Sahyog Kushth Nivaran Sangh, a State Forum of MP and APAL members was held during October 2021 for supporting wound care activities in all leprosy colonies and APAL committed that they will mobilise some fund to start dressing clinics in major leprosy colonies of Western Madhya Pradesh. In January 2022, APAL started this support by establishing dressing clinic in leprosy colony in Dhar and Barwani. At LEPRAs the staff ensures to provide training of community volunteers to do dressing services efficiently.



MADHYA PRADESH, RAJASTHAN

St Joseph's Leprosy Centre (SJLC)

62 persons (Men 48, Women 9 and 5 girls) underwent Reconstructive Surgeries (RCS) at the St. Joseph's Leprosy Centre (SJLC). Inpatient service was provided to 195 including pre-and-post RCS, ulcer, reaction and other complications. Reconstructive surgery follow-up was done for 123 patients and through Screening of Activity Limitation and Social Inclusion Assessment (SALSA) the impact of RCS of each individual and the changes before and after surgery could be gauged.

Active case detection was done through the school education programme. Home visits were conducted for the leprosy affected. group talks, exhibition through IEC van, pamphlet distribution and flash card demonstration were done. 2 new cases were detected through group talk and healthy contact examination. 48 new cases came to the centre voluntarily, through other patients, health staff, NLEP and from community and through IEC.

Due to unavailability of local transportation in COVID-19 situation leprosy patients were unable to reach the centre for treatment and prevention of disability service. The St Joseph's Leprosy Centre (SJLC) project focuses on reduction of disabilities and disability prevention and medical rehabilitation activities at secondary level as mentioned in NLEP operational guidelines.

The project provides direct service delivery and enhances early case detection by implementing activities as per National Disability Prevention and Medical Rehabilitation operational guidelines, supporting NLEP in clearing the backlog of RCS cases, conducting active case detection through contact examination and school surveys, promoting of self-care, providing specialised services - treatment of complications -reactions, neuritis, and ulcers, besides psycho-social support, providing specialised appliances - protective footwear for Grade 1 and Grade 2 disability persons, adoptive devices for disability prevention, physiotherapy for reconstructive surgery (pre and post), advice on difficult-to-diagnose cases, in-patient services for complications, improving referrals at periphery level and involvement of ASHAs/Community-Based Organisations of persons affected by leprosy and government staff), demand generation for services and mainstream persons affected by leprosy with the existing government schemes.

45 new leprosy cases were detected through IEC activities, community referrals and suspects referred by frontline health workers. All new cases were given one-month's multidrug treatment and referred to the Primary Health Centre for further treatment and registration. Of 73 healthy contacts screened, 1 new case was detected.

MADHYA PRADESH, RAJASTHAN

3 leprosy technical training sessions were provided to 223 Community Health Officers (CHOs) in Indore, Dhar and Barwani. One Leprosy training done for 35 general health staff of Block Sendhwa to increase the demand generation for the referral centre.

TUBERCULOSIS

India has the world's largest burden of Tuberculosis (TB). Over the past two decades, India's Revised National Tuberculosis Control Programme (RNTCP) has made notable progress in reducing TB deaths, through the provision of basic TB services via the public sector, Nonetheless, 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.** For these reasons, India recently announced plan to eliminate TB, where private sector

engagement forms a key strategic priority. Clinton Health Access Initiative (CHAI) extended JEET project supported by Global Fund to three more districts of Rajasthan namely Jodhpur, Kota and Udaipur from April 2019 to Dec 2021.

HIV

Svetana, Subiksha + (Prison intervention) and Blended Training

LEPRA Society's SAATHII in partnership with Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) phase -III is supporting National AIDS Control Organization (NACO) and MP State AIDS Control Societies in implementing HIV-TB intervention with Svetana , and Blended Training and in prisons and other closed settings through project Subiksha.

The project is contributing to the National goal of 95-95-99 and implementing with an aim of providing HIV prevention and treatment services for inmates living





in prisons and other closed settings in the states and union territories of India. So far the project has covered 130 prisons and 15 other close settings in Madhya Pradesh. 803 Prison Peer Volunteers (PPVs) were selected and trained.

Seven Stand Alone Integrated Counselling and Testing Centres (SA-ICTC), 62 Facility Integrated Counselling and Testing Centre (FICTC), 07 Link ART Centre (LAC), 01 S- Oral Substitution Therapy (OST) and 52 Sputum Collection Centres (SCC) were established and are functioning in prisons

990 officials of prisons and other closed settings were sensitised on HIV-TB intervention. Two hundred and ten medical and para-medical staff were sensitised. A total of 514149 inmates were tested for HIV.

With an objective to increase the footfall while organising the screening camps, the intervention adopted multi-pronged approaches like recreational events, folk media activities and awareness generation

activities through wall painting, jail vani and World AIDS Day awareness programmes.

Community Radio Jail Vani

The intervention established oversight committees both at the state and district level and convened periodic meetings to ensure contribution of various departments to increase efficacy of the programme. The Madhya Pradesh AIDS Control Society (MPSACS) adopted multi-pronged approaches for providing HIV counselling and testing services for the imprisoned population. The intervention established seven SA-ICTCs and 62 F-ICTCs in the prisons besides organising 816 screening camps in the prisons and other close settings To promote harm reduction among the People with Injecting Drug (PWID) inmates, a satellite Oral Substitution Therapy (OST) centre was established in Bhopal Central Prison. During January 2022, the Satellite Oral Substitution Therapy centre provided drug dependency treatment to eight prison inmates.

ODISHA AND CHHATTISGARH

Leprosy

Leprosy continues to be one of the major public health problems in Odisha state. The disease is further neglected due to COVID-19 pandemic situation. From April 2021 to January 31, 2022, 4418 patients were under treatment, 4488 new cases of leprosy have been detected through routine surveillance and special survey of Covid-19. In the state, 36.8% of cases constitute women and 6.9% constitute children.

Swabhiman Project

During the COVID lockdown period, over 700 people affected by leprosy were supported and reached. The lockdown drastically reduced active and passive case finding for diagnosis. The lab services, in particular, got affected. 51 cases out of 196 tested are positive and were referred to concerned Primary Health Centre/Community Health Centre for treatment.

Prevention and Management of Disabilities often requires specialised footwear, custom-made by the shoe technician. The shoe technician's work is supported by Field Coordinators who collect and send footwear measurements to the Koraput Care Centre, ensuring wider and more effective coverage of footwear services. The centre is aiming for long term sustainable solution whereby the government bears majority of the costs pertaining to LEPROA.

Koraput Care Centre

The Koraput Care Centre is owned by the Government and leased out to LEPROA Society. Services provided here are in integration with the local administration, filling up vital gaps, which are lacking in the Government set up.

The Koraput Care Centre restarted its supports activities in 17 blocks across six districts in the State of Odisha, India, covering approximately 2.5 million people. The center provides physio care, lab testing, adult education, proper counselling, skill building knowledge and training, MCR footwear, etc.

From September 2021 till March 2022, a total of 242 cases were provided care in OPD including 82 women and 3 children. 85 persons who required more care for different complication management (Reaction/NFI-11, Ulcer-39, Pre-Post-operative follow-up-18, Other-12) were admitted. In total, 10 NFI and reaction cases got improved.

51 Pre operative RCS
42 Post Operative RCS

1800 customised footwear for GII disability patients
177 persons were linked to social security schemes

135 - monthly disability pension
32 - housing schemes
10 - pensions and housing schemes

Technical Resource Unit

This year, the Government of Odisha decided to implement Active Case

ODISHA AND CHATTISGARH

Detection and Regular Surveillance (ACD and RS) in the villages and detected leprosy cases in the last 3 years. Accordingly 16,769 villages of 314 blocks and 66 urban reporting units covered a population of around 1,73,24,573. All the identified population were examined twice by the Accredited Social Health Activists (ASHAs).

Four hundred and forty five Medical Officers were trained at District Level Training Programmes in the districts of Mayurbhanj, Khurda, Koraput, Cuttack, Jajpur, Sambalpur, Bhadrak and Ganjam.

Active Case Detection (ACD) activities were grossly affected due to COVID, which engulfed the entire area for the last whole year. Despite

implementation of ACD, the new case detection has shown no improvement. The grass-root level workers were restricted to move out to the household visits and refer suspects. Moreover, voluntary reporting of cases also got much affected. Due to the pandemic, 40% of new case detection got affected. To some extent jointly surveying of households with Covid cases and other communicable diseases were also addressed.

The Technical Resource Unit project supported the State Leprosy Cell in planning, capacity building, supervision and monitoring processes.

Lymphatic Filariasis

Lymphatic Filariasis is prevalent in 20 districts of Odisha state. The project is a boon for persons affected with LF



ODISHA AND CHATTISGARH

and leprosy, two neglected diseases in the community with alarming consequences. The project is implemented in 5 blocks of two districts with four field staff. From a house-to-house survey in Khandapada block of Nayagarh district, it was noted that the actual no of cases are five times more than the estimated case load.

The project services have benefitted many such cases and healed affected people who are now leading a normal life.

Eye Care

LEPRA'S eye care intervention was started as one of the disability management components. It is an active member of National Prevention for Control of Blindness (NPCB) and member of Vision 2020 forum in India. It is committed to prevent avoidable blindness in Odisha, particularly in Western Odisha through two base hospitals and extension services.

The dream of catering to the eye-care needs of the poor and marginalised people through establishment of eye-care centres materialized with the Mahanadi Netra Chikitsalaya (MNC) at Birmaharajpur of Sonepur

district in 2005 and Junagarh Netra Chikitsalaya (JNC) at Junagarh of Kalahandi district in 2016. **Both the hospitals are the preferred eye-care centres rendering quality eye-care services at affordable price.** These projects were also accredited by the National Accreditation Board for Hospitals (NABH). Additionally, MNC has also got an ISO certification and made the first operational modular Operation Theatre (OT) complex in Western Odisha. Both hospitals facilitated 18,183 Cataract Surgeries, more achievements pertaining to eye care programmes are displayed in the tables (Statistics).



ODISHA AND CHATTISGARH

HIV/AIDS

Till the end of December 2021, 54644 persons were detected HIV positive; 41937 were registered on Anti-Retroviral Therapy (ART). Active care cases were 22183. Total Loss-to-Follow-Up (LFU) were 990 while Permanent LFU were 8139. The death toll was 9786. LEPRA is implementing 2 HIV projects with support from Odisha State AIDS Control Society (OSACS).

The targeted population under the Targeted Intervention Injecting Drug Users (TI-IDU) and Female Sex Workers (TI - FSW) Project were facilitated for different services. The project reached out to all its beneficiaries and other extended

services too. The Needle and Syringe Exchange Programme (NSEP) and Condom services were availed by the registered beneficiaries through Behaviour Change Communication (BCC) so as to minimise their high-risk behaviours. 563 Key Population (KPs) were covered under CBS activities. The empowerment of KPs will be considered as an indicator towards non requirement of the project. **The project is linked to National AIDS Tuberculosis Control Organization referring the registered KPs to TB screening and other referral services.**



RESEARCH

During this year, the Blue Peter Public Health Research Centre (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 besides carrying out vaccination campaign for people in leprosy colonies.

The major achievements during this year are highlighted below:

Research Studies and their leads:

Biologicals for treating chronic foot ulcers in leprosy and diabetes:

An applied study (Funded by ICMR, GoI and Norwegian Research Council)





involving tropical application of natural antimicrobial peptides in treating infected plantar ulcers in leprosy and diabetes was completed. The leads are now ready for further development into a self-administrable medicated wound dressing.

Our research (Funded by ICMR, GoI) demonstrated the usefulness of Platelet Rich Fibrin (PRF) in better healing of chronic foot ulcers in leprosy as compared to conventional treatment. The study findings are being disseminated with all the stakeholders that are involved in foot care in leprosy.

Active screening for prevention and early detection of leprosy related disabilities

One of our operational research projects in the states of Bihar, Odisha and Telangana (Funded by Robert-Luff Trust, UK) identified the risk of developing disability in leprosy affected individuals even after 10 years of the Multi-Drug Therapy (MDT) treatment. The findings are being

disseminated with the public health programmes, WHO and all the other stakeholders through scientific reports and peer reviewed publications.

Molecular diagnosis and antimicrobial testing for leprosy and TB:

BPHRC continued its research and services on molecular diagnosis of leprosy and TB. The leads from the findings are ready for development into diagnostic test kits.

Clinical and Out-Reach Services:

Integrated Morbidity Management services (Funded by Effect Hope, Canada).

Integrated Morbidity Management services for leprosy, lymphatic filariasis and diabetes has been initiated in the Basti dawakanas of Medchal district, Telangana in coordination with the District Medical & Health Officer and Programme Officer for leprosy, Medchal district. Leprosy screening was done for 250 members; TB screening done for 98 persons, 40 self-

RESEARCH

care kits were provided: seven pairs of Micro-Cellular Rubber footwear were provided and self-care was taught to two lymphatic filariasis patients.

Mobile COVID Vaccination (Funded by Life Insurance Corporation of India's Golden Jubilee Foundation and American Leprosy Mission) campaign was organised in collaboration with the National Leprosy Elimination Programme (NLEP), Hyderabad and Medchal districts. The people affected by leprosy residing in leprosy colonies in Hyderabad and Medchal districts were given two doses of COVID vaccination. A total of 1425 COVID vaccine doses were given under the project.

Rotary Global Grant-COVID Project: Under Rotary Project, a total of 369 COVID RTPCR tests were provided to the people affected by leprosy and health care staff.

Satellite Integrated Leprosy Clinic (SILC): To support leprosy work-Nerve Function Analysis (NFA), physiotherapy, SSS and collaborative academic research SILC has been started at department of Dermatology, Venereology and Leprosy (DVL), Gandhi Hospital, Secunderabad in March 2022.

Orientation programmes on leprosy and TB:

- Continuous Medical Education (CME) programme was organised at Shadan Medical College and at Osmania Medical College for medical students
- Training of Medical and paramedical staff on leprosy in collaboration with NLEP, Hyderabad.
- Sensitisation of Bachelors of Homeopathic medicine students on Tuberculosis and Leprosy with clinical demonstration and exposure to Research was done on World TB day 2022.

New Research Grants received:

From Indian Council of Medical Research (ICMR)- for metabolite based diagnosis of AMR in chronic foot ulcers

From Royal Society of Tropical Medicine and Hygiene -Assessment of oral health status of people affected by leprosy.

Advocacy and Technical Advisory:

Dr Aparna Srikantam took over as the Chair disease management, disability and inclusion cross-cutting group of NTD NGO Network. The technical advocacy group closely works with the Neglected Tropical Disease Community, WHO and Country Programmes for advocating the essential healthcare packages for NTDs. LEpra BPHRC leads the research working group of International Federation of Anti-leprosy Organisations (ILEP), India and working group for national strategic plan for leprosy.

RESOURCE MOBILISATION UNIT

The Resource Mobilisation and Communications (RM&C) Unit has successfully managed to reach their fundraising target in unrestricted money, all thanks to the support of our donors. "Samiksha" - LEPRA Society's monthly newsletter has completed more than a year and it serves as a key overview for our stakeholders to understand the range of services LEPRA offers and the impact made with their support.

In terms of recognition and profile building, LEPRA Society was awarded with the "Sat Paul Mittal Appreciation Award" for 2021 in Institutional Category for rendering outstanding service to the Humanity. This is a recognition of the hard work LEPRA's field teams do every single day and this award is dedicated to them.

The RM&C unit expanded the scope of its work by initiating capacity building workshops under which were conducted Resource Mobilisation training workshops to 18 CSOs under the EpiC project (supported by USAID & PEPFAR) which has made an impact. The social media continues to do well and around 2 lakh people were reached on Facebook. Additionally, LEPRA has key influencers and celebrities from different states and project locations as our state ambassadors (Andhra Pradesh - Koneru Humpy, Bihar - Maithili Thakur, Telangana - Sneha Ramchander, Odisha - Padma Shri Kamala Pujari and Gorekhnath Sahu) to promote LEPRA's work. These ambassadors have created awareness on leprosy and other diseases.

On the occasion of World Leprosy Day (WLD) 2022 - 30 January 2022, Anti-Leprosy Fortnight (ALF) was observed from 30 Jan to 13 Feb. This year, the events were planned to follow a hybrid model - mix of on-ground and virtual activities/events. The on-ground activities were scaled down considerably due to COVID19 and the related restrictions in different areas. The virtual "live" events which were organised for the first time in LEPRA Society proved to be a great success, especially in terms of awareness generation and wider audience reach. The virtual live events were done with active participation of field teams and colleagues at the respective project locations. All the project teams took part in the virtual events very enthusiastically as they were directly showcasing and sharing their work through a live show.

Acknowledgement to our Partners



Statistics of LEpra Programmes

Leprosy

Sl.No	Leprosy Indicator	Andhra Pradesh	Bihar, Jharkhand & Delhi	Madhya Pradesh	Odisha	Telangana	Total
1	Number of Out Patients Reported	705	5185	1290	1568	3474	12222
2	Awareness Programmes - Population Reached (health observational days, camps, meetings and other stake holders etc)	15623	729585	671	12600	3433	761912
3	Number of General Health Staff trained on Leprosy and Care	490	2360	231	0	526	3607
4	Population covered in Door to Door Active search / Contact Tracing / Focal survey / school survey	114840	22522	163	70964	20971	229460
5	Total Number of New - Leprosy Cases Detected (ACD & PCD)	72	724	291	255	155	1497
6	Among total New Cases , Number of MB Cases	60	227	142	162	134	725
7	Among Total New Cases, Number of Disability G1 Cases	5	24	25	13	52	119
8	Among Total New Cases, Number of Disability G2 Cases	2	38	44	34	33	151
9	Among Total New Cases(ACD+PCD), Number of patients reported with plantar ulcers	6	89	0	0	11	106
10	Number of Nerve Function Assessment done(new & old patients) - Patient Count	549	1024	770	2160	886	5389
11	Number of Impairments identified in (new & old patients)	38	208	14	0	64	324
12	Number of Impairments Corrected (Partial / Full)	12	160	86	0	27	285
13	Number of patients identified for Reactions / Neuritis	35	160	89	161	83	528
14	Number of patients treated and recovered from Reactions / Neuritis	26	160	89	75	36	386
15	Number of patients identified for Ulcer Management	378	577	127	375	184	1641
16	Number of Patients treated for their Ulcer(s) and healed	231	405	54	124	65	879
17	Number of G1 patients provided protective footwear-- Patient Count (Including provision to Govt)	1882	1799	1213	0	1553	6447
18	Number of G2 patients provided protective footwear	2311	2259	509	2976	405	8460
19	Number of people received Self Care Kits/Aids & Appliances / Adaptive Devices	972	441	224	554	202	2393
20	Number of patients underwent Reconstructive Surgery (RCS)	13	17	62	51	2	145
21	Number of patients benefitted by SER/Govt Schemes /Education Support	87	12	50	198	5	352

Lymphatic Filariasis (LF)

Sl.No	Activity	AP	Bihar	Odisha	TS	Total
1	Total Number of LF Lymphedema/Elephantiasis cases line listed	275	6378	20570	316	27539
2	No. of Persons identified / line listed for Hydrocele	2	1658	245	3	1908
3	No. of Persons underwent Hydrocelectomy - Head/ Patient Count	0	93	89	0	182
4	Awareness Programmes - Population Reached (health observational days, camps, IEC Van Shows , Group meetings etc)	19059	550	16544	7596	43749
5	Number of General Health Staff trained on LF and Care	811	1163	1576	529	4079
6	Patients reported with entry lesions	554	358	304	64	1280
7	Patients treated for entry lesions and treated	356	404	282	64	1106
8	Patients reported with acute attacks	67	549	185	57	858
9	Patients treated for acute attacks and treated	22	525	178	57	782
10	Patients received protective footwear	353	1443	947	611	3354
11	Number patients eligible of Socio Economic Rehabilitation (SER/Govt Schemes /Education Support)- Patient Count	142	5256	73	27	5498
12	Number of patients benefitted by Socio Economic Rehabilitation (SER/Govt Schemes /Education Support)- Patient Count	32	693	51	14	790

Tuberculosis (TB)

Particulars / Activity	Rajasthan	Uttar Pradesh	Total
Total Notification from Private Providers	4385	16300	20685
No. of patients put on Fix Dose Combination	813	1489	2302
No. of patients Counsellled (Telephonically)	3963	10177	14140
No. of Sample collection CBNAAT	124	4116	4240
Total UDST	513	3123	3636
Total contacts tracing	3608	6076	9684

Eye Care

Particulars	Odisha	Bihar	Total
No.of people examined at the primary level	18282	0	18282
No.of people examined at the secondary level / tertiary level	34785	45387	80172
No.of cataract operations performed	18183	6804	24987
No.of minor surgeries conducted	2531	0	2531
No.of people refracted (i.e given sight test for spectacles)	9124	8789	17913
No.of people provided spectacles	5437	0	5437

HIV Interventions

Particulars	Total
No of clients counselled and screened for HIV test	8013
Number of people in prisons or other closed settings that have received an HIV test and Know their results	27692
Found HIV positive	66
Number newly diagnosed with HIV initiated on Anti- Retroviral Therapy (ART)	66
PLHIV Referred for TB Diagnosis	195
Follow up of PLHIV	1447
Clinic Support for PLHIV	480
Nutrition Support	720
ART Drug Adherence management among PLHIV	3316
Number of Prison Peer Volunteers (PPVs) to be trained & inducted	138
Online HIV Training to General Health staff	850
Regular Medical Check Up (100% target population visit to PP clinic in every quarter)	75114
Symptomatic Treatment (20% of target population for 2 times in a year)	451
Syphilis Test facilitation	4560
Condom Distribution	110167
Social Marketing Condom	11634
General Medical Check-up	3341
Needle Distribution	46656
Syringe Distribution	127943



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 the financial statements of M/s. LEPRASOCIETY, which comprise the balance sheet as at March 31, 2022, and the Statement of Income and Expenditure and Statement of Receipts & Payments for the year ended March 31, 2022 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, 2022.
- 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 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 : vravulapallico.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.



LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)
BALANCE SHEET AS AT 31ST MARCH, 2022

		Amount in ₹	
Particulars	Schedule	As at 31st March, 2022	As at 31st March, 2021
Liabilities			
Capital Fund	1	21,61,19,112	16,54,87,254
Social and Economic Rehabilitation (SER) Revolving Fund	2	17,23,104	17,23,104
Current Liabilities	3	28,77,205	1,68,67,018
Total		22,07,19,421	18,40,77,376
Assets			
Fixed Assets			
Gross Block	4	22,19,05,422	18,50,81,454
Less: Depreciation		12,01,83,895	11,15,12,940
Net Block		10,17,21,527	7,35,68,514
Current Assets, Loans and Advances	5	1,47,40,053	2,33,10,308
Investments	6	5,94,41,289	4,01,65,699
Cash and Bank Balances	7	4,48,16,552	4,70,32,855
Total		22,07,19,421	18,40,77,376

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 : 14.09.2022



For and on behalf of LEPRA SOCIETY

Dr. Vishwa Mohan Katoch
Chairman

P Omprakash
Head - Finance & Operations

Prasanta Kumar Naik
Chief Executive cum
Treasurer

LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

INCOME AND EXPENDITURE ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2022

Particulars	Schedule	Amount in ₹	
		For the Year ended 31st March, 2022	For the Year ended 31st March, 2021
Income			
Grants Received	8A	21,72,43,981	21,91,85,364
Interest	9	31,46,410	40,10,035
Donations Received			
- Foreign		1,81,104	-
- Local		27,65,714	11,54,402
Other Contributions			
- Local		6,41,741	-
Collections from Eye Care Services	14 A	7,72,80,543	6,79,84,436
Other Income	14 B	52,78,030	1,29,48,218
Total		30,65,37,523	30,52,82,455
Expenditure			
Salaries, Staff Welfare and Training Expenses	10	12,94,06,792	11,59,41,407
Grants given to Projects Aided	11	545	1,59,09,525
Medical and Programme Expenses	12	10,80,02,195	10,97,79,738
Maintenance and Administrative Expenses	13	1,84,40,915	1,72,66,721
Depreciation	4	1,32,81,317	1,05,58,010
Total		26,91,31,764	26,94,55,401
Surplus / (Deficit) carried over to the balance sheet		3,74,05,759	3,58,27,054

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: 14.09.2022



For and on behalf of LEPRA SOCIETY

Dr. Vishwa Mohan Katoch
Chairman

P Omprakash
Head - Finance & Operations

Prasanta Kumar Naik
Chief Executive cum
Treasurer

LEPRA SOCIETY
(REGISTRATION NO. 474 of 1989)

RECEIPTS AND PAYMENTS ACCOUNT FOR THE YEAR ENDED 31ST MARCH, 2022

Particulars	Schedule	Amount in ₹	Amount in ₹
Opening Cash and Bank Balances as at 01st April, 2021 (A)	7		4,70,32,855
Add: Receipts (B)			
Grants Received	8		21,72,43,981
Grants-in-Kind - Fixed Assets (per contra)			12,40,404
Collections from Eye Care Services			7,44,01,078
Interest Received			
- On Fixed Deposits - Local Donation Account		22,30,949	
- Bank Interest - Foreign Contribution Regulation Act (FCRA) Account		9,49,535	
- Bank Interest - Local Donation Account		10,25,163	42,05,647
Donations Received			
- Foreign		1,81,104	
- Local		27,62,623	29,43,727
Other Contributions			
- Local		6,41,741	6,41,741
Other Receipts	14		3,26,24,949
Term Deposits received during the year			-
Total Receipts (B)			33,33,01,527
Less: Payments (C)			
Grants given to Projects Aided	11		545
Investments (purchases of assets):			
- Land		83,78,994	
- Buildings		1,17,13,859	
- Medical Equipment		91,86,740	
- General Equipment		53,48,196	
- Vehicles		65,56,028	4,11,83,817
Grants-in-Kind - Fixed Assets (per contra) Received			12,40,404
Salaries, Staff Welfare and Training Expenses	15		12,83,51,635
Medical and Programme Expenses	16		10,83,63,017
Maintenance and Administrative Expenses	17		1,89,77,007
Others	18		1,81,25,815
Term Deposits made during the year			1,92,75,590
Total Payments (C)			33,55,17,830
Closing Cash and Bank Balances as at 31st March, 2022 (A+B-C)	7		4,48,16,552

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. 0079525

CA. V Ravulapalli
Partner

M. No. 206523

Place: Hyderabad
Dated: 14.09.2022



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

HUMAN RESOURCES

Positions	Gender		Total
	Men	Women	
Senior Management Staff	6	4	10
Middle Management Staff	90	15	105
Supervisory Level	185	63	248
Junior Level	64	21	85
Total	345	103	448

Salary Structure

Designation	Range
Senior Management Staff	Rs.53,500 - Rs.2,80,000
Middle Management Staff	Rs.42,800 - Rs.72,800
Supervisory Level	Rs.15,400 - Rs.46,200
Junior Level	Rs.10,120 - Rs. 17,000

MANAGEMENT COMMITTEE MEMBERS

Name	Designation
Dr. Vishwa Mohan Katoch	Chairman
Ms. P.K. Jayashree	Vice Chairman
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. Venkata Ramanamma Atkuri	Member
Mr. Prasanta Kumar Naik	Secretary





Head Office

LEPRA Society,
Near TEC Building,
Cherlapally to Rampally Road,
Cherlapally, Hyderabad - 501301,
Telangana, India.

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Join us in adding more smiles by choosing to donate / support through one of the options below

Online www.leprasociety.in/donate/

Bank transfer **Account Number /type /name**
0132003006100/Savings/LEPRA Society

Bank Name IDBI Bank Limited **IFSC Code** IBKL0000002

QR Code



Donations made to LEPRA Society are exempted under Section 80G (50%) and 55 (i) (ii) (100%) of Income Tax Act 1961.