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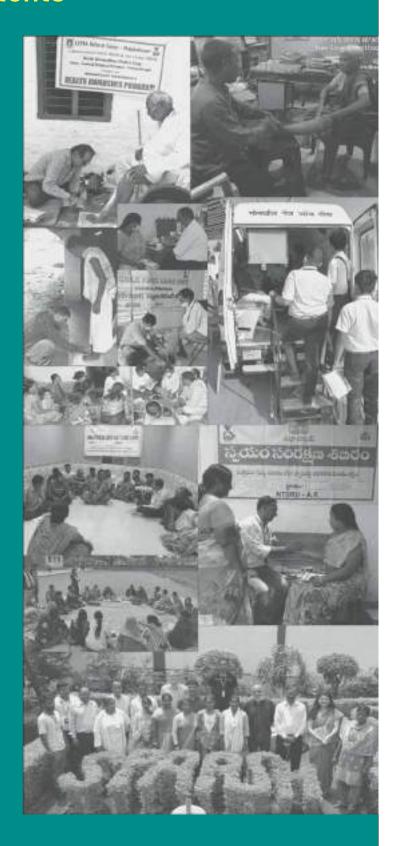
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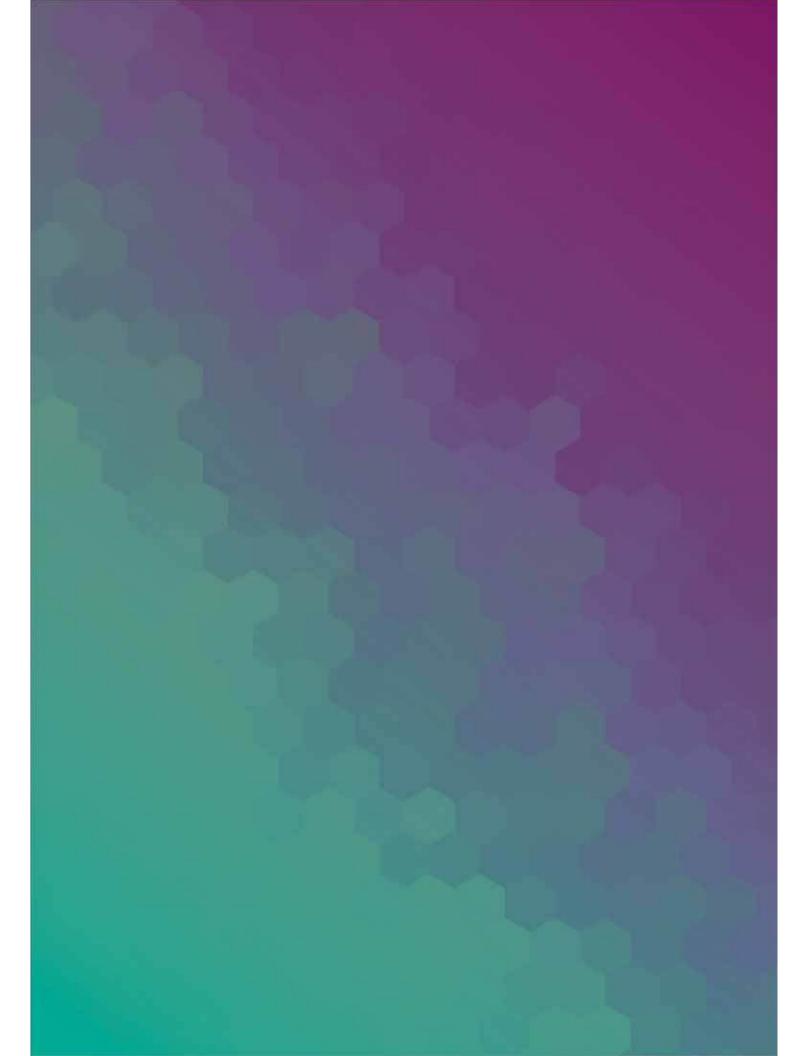
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2020: COVID - 19: Covid Testing (First NGO accredited private lab to test Covid in Telangana) and Vaccination (overcoming vaccine hesitancy), Dry Ration Distribution, Rehabilitation.

2024 leaf - Lepra Society will launch an ambitious new strategy 2024 - 30.

2004: Eye Care - Secondary and Tertiary Hospitals providing Comprehensive Inpatient Eye Care Services including Cataract Surgeries, Glaucoma Surgeries, Diabetic Retinopathy.

1999: Inaugurated the Blue Peter Public Health and Research Centre (BPHRC) in Hyderabad, India, on December 14th, dedicated to leprosy, TB, and HIV research, with a focus on finding more effective treatments and preventing disabilities.

2006: Lymphatic Filariasis - Prevention, Training, Awareness, Case Detection, Diagnosis, Treatment Facilitation, Counselling, Prevention of Impairments Disability Services, Surgery (Hydrocele), Rehabilitation, Gender Equality, Rights and Advocacy, Private Sector Engagement.

2002: HIV - Prevention, Training, Awareness, Case Detection, Diagnosis, Counselling, Prophylaxis Treatment, Private Sector Engagement.

1996: Tuberculosis (TB) Prevention, Training, Awareness,
Case Detection, Diagnosis incl.
culture and drug susceptibility
testing for MTB, Treatment
Facilitation, Counselling, Private

Sector Engagement.

2015: WASH - Software- Water and Sanitation -Trainings & Awareness Programmes. Hardware - Construction of Toilets, Safe water, Rain / water harvesting facilities.

1997: Leprosy & Lymphatic Filariasis - Diagnostics, better treatment modalities (reaction management and ulcer care & sociobehavioural aspects of leprosy and its consequences. TB - first private lab in the country to get for culture and drug susceptibility testing for MTB and for Covid testing. -100+Journal Publications to date.

1989: Leprosy - Prevention, Training, Awareness, Case Detection, Diagnosis, Treatment Facilitation, Counselling, Prevention of Impairments Disability Services, Ulcer Care, Rehabilitation, Gender Equality, Rights and Advocacy, Private Sector Engagement.

# Lepra Society Strategy 2024-2030

**LEPRA SOCIETY STRATEGY** 



# Lepra will Deliver

Health, Inclusion and Innovation (Research & Technology) for people affected by Leprosy and Lymphatic Filariasis.

daily interactions of a

diversity of different

viewpoints and

perspectives.



# We are working for a World where

Transmission of leprosy and Lymphatic Filariasis (LF) is controlled

...and people affected by leprosy and LF are able to access treatment, able to manage the consequences of disease, including disability...

...and are acknowledged, empowered, have dignity and are equals in society.



### And we will do this by

- Building on our long history of ensuring people affected by leprosy and LF can access quality healthcare services.
- Ensuring that people affected by leprosy and LF are in the lead so they can realise their full inclusion and empowerment as equal members of society, and enjoy improved quality of life, and physical and mental well-being.
- Complementing our work with innovations in research, technology and practice, so we can contribute to a more effective and evidencebased response to leprosy and LF.

# MCLUSIVE

of each other in our

CARING

by demonstrating kindness for each other in the workplace for the people affected by leprosy & LF, who we exist to serve.

# EFFECTIVE

by learning about what works best and building on that by making best use of our resources to maximise impact.

# ACCOUNTABL

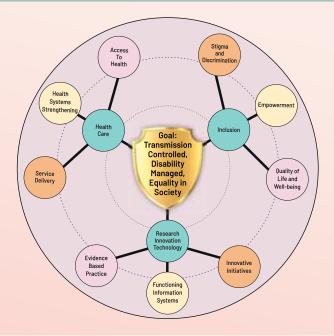
by being open and honest in all our activities and interactions by taking responsibility for our own actions.

# INNOVATIVE

by giving people the space & freedom to explore new ideas by seeking new ways to increase our impact in the world.

PEOPLE-CENTRED

EVIDENCE-LED







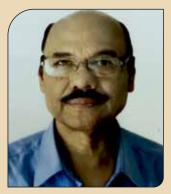
# Theory of Change (ToC)

| h h  | Health systems<br>are strengthened   | Infrastructure,<br>equipment and<br>supplies in place  | Skilled workforce<br>in place   | Appropriate<br>finance/budget/<br>resource available                                   | Appropriate policies/<br>guidelines/SOPs<br>in place                           | Ownership, commit-<br>ment & leadership<br>assumed by govt               | Key actors are<br>sensitised and<br>engaged |
|--|--|--|---|--|--|--|---|
| e a l t  | Quality healthcare<br>services<br>are delivered  | Complete ownership<br>of healthcare services<br>assumed by govt  | Co-delivery of<br>essential care<br>packages established  | Referral<br>system in place  | Early case<br>detection in place   |  |   |
| H H  | Healthcare<br>services<br>are accessed   | Barriers to access<br>to healthcare services<br>for affected<br>communities are<br>removed               | Increased motivation,<br>commitment & health<br>seeking behavior<br>amongst affected<br>communities   | Increased mobilisation<br>and understanding of<br>need amongst<br>affected communities |  |  |   |
| ity or Life in infected  | Reduced stigma<br>and discrimination<br>experienced by<br>people affected by<br>Leprosy and LF         | Discriminatory<br>legislation is being<br>abolished and rights<br>of people affected are<br>being upheld | Political commitment<br>is declared /<br>demonstrated by<br>key actors                                | Linkages/rapport<br>developed between<br>Lepra/partners<br>and key actors              | Communities<br>advocate<br>for change  | Communities are<br>sensitized and<br>engaged                             |   |
| d improve the quality  | Increased<br>empowerment of SSGs/<br>Forums/Federations/<br>orgs of people affected<br>by Leprosy & LF | Forums/Groups are<br>empowered and<br>self sustained   | Forums/Groups have access to services and entitlements  | Forums/Groups are engaged and advocate for services and entitlements                   | Groups/SSGs/<br>Federation are<br>formed                                       |  |   |
| to Lero) the disability and improve the quality of Life in infected / affected person in LEPRA operational districts | Improved quality of<br>life & well-being<br>among persons<br>affected by<br>Leprosy & LF               | Confidence, dignity<br>and self-esteem<br>amongst pensions<br>affected<br>by Leprosy & LF                | Participation of persons<br>affected by Leprosy and<br>Fin Cultural and social<br>events is increased | Livelihoods of people<br>affected try Leprosy<br>and LF are improved                   | Physical & PSS needs<br>of prem affected<br>by Laprosy and LF<br>have been met | Basic needs of persons<br>affected<br>by Laprosy and LF<br>have been met |   |
|  | Functioning<br>standardised<br>information<br>systems in place   | Capacity of Lepra<br>and partner staff<br>developed  | Devices and tools are in place  | Partnership<br>strategy is<br>developed  |  |  |   |
| lo interrupt the transmission, minimize (near n n 0 v a t i 0  | Lepra research<br>directly informs<br>evidence-based<br>practices                                      | Capacity of Lepra<br>and partner staff<br>developed  | Evidence is<br>collated,<br>analyzed and<br>disseminated  | Research has<br>been implemented   | Priority<br>research studies<br>designed                                       | Research strategy<br>is developed  | Research problem<br>are identified          |
| lo interrupi   | Innovations in<br>practice are<br>supported by Lepra<br>and implemented                                | Capacity of Lepra<br>and partner staff<br>developed  | Innovation is<br>analysed   | Innovation is<br>piloted   | Innovative solutions<br>explored for<br>identified problems                    |  |   |





# **Board of Governors**



Mr. Jagadish Pradhan Chairman



Dr. Ashok Kumar Vice Chairman

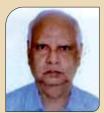


Mr. Prasant Kumar Naik Secretary

# **Members**



Prof. Kapa Dasaradha Ramaiah



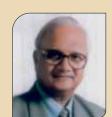
Mr. Niladhab Prusty



Ms. P.K. Jayashree



Dr. Vishwa Mohan Katoch



Lt. Gen. (Retd.) Dr. M.A. Tutakne



Dr. P. Suranjeen Prasad



Dr. Venkata Ramanamma Atkuri



Ms. Meenakshi Batra



Dr. Dil Kishore Raman



Ms. Meena Gupta, IAS (Retd.)



Lt. Gen. V D Tiwari



Dr. V. Rukmini Rao



Dr. Urmila Pingle



Dr. Y B Jayanth Kumar



Dr. Prasanta Mahapatra



Mr. Neravena Rajendra Prasad



Mrs. Peddisetti Rama Devi



Prof. Nasreen Rustomfram



Mr. Antony Samy



Mrs. Srilatha Sivalenka



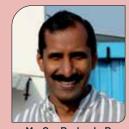
# **Country Management Team**



Mr. Prasant Kumar Naik Chief Executive



Mr. Arun Kumar Kandukuri Head of Programs, RM & Comms



Mr. Om Prakash. P Head of Finance & Operations



Dr. Micheal Sukumar Research Medical Officer & I/C BPHRC



Ms. Radhika Mamidi State Coordinator



Mr. Naveen Satle State Coordinator



Mr. Rajni Kant Singh State Coordinator



**Dr. Debendra Kumar Sahu** Medical Superintendent, Eye Care



# From the CE's Desk

### **Dear Colleagues, Partners and Supporters,**

As we look back on the year 2023-24, I am filled with deep gratitude for the remarkable progress we have achieved in our mission to combat leprosy and other neglected diseases. This journey has been marked by both challenges and victories, and our collective dedication has brought hope and healing to countless lives.

Leprosy, in particular, remains a central focus of our efforts, and I am proud of the strides we have made together in addressing this enduring disease. Beyond its physical impact, leprosy often brings a heavy burden of stigma and exclusion.



At LEPRA, we are committed to tackling these issues with empathy and resolve. This year, we extended our outreach to 156 districts, ensuring that more individuals received timely diagnosis, effective treatment, and the support needed to restore their dignity and sense of belonging.

Our approach to leprosy is comprehensive, understanding that curing the disease is only part of the journey. Equally important is reintegrating individuals into their communities. This year, we have witnessed the transformation of lives—not just through the number of people treated but through the renewed confidence and hope seen in those who were once isolated. Their stories inspire us and reaffirm the importance of our mission.

Our success would not be possible without the dedication of our exceptional staff, the support of our partners, and the generosity of our donors. Your belief in our mission and unwavering commitment have been the driving force behind our achievements. As we move forward, I am confident that together we will continue to bring hope, healing, and dignity to those in need. Thank you for standing by us.

Warm regards,

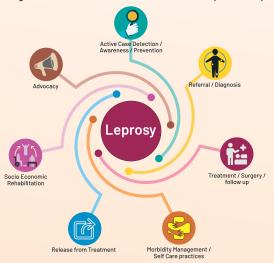




LEPRA's Patient Continuum of Care is a holistic framework designed to address the comprehensive needs of individuals affected by leprosy, lymphatic filariasis, and other related conditions. This continuum ensures that patients receive seamless care from the initial stages of prevention and diagnosis through to treatment, rehabilitation, and social reintegration.

By focussing on both medical and socio-economic aspects, LEPRA's approach not only aims to cure the disease but also to empower patients with the knowledge and resources to manage their conditions and reclaim their dignity and place in society.

Through advocacy and ongoing support, LEPRA strives to eliminate stigma and promote inclusivity, ultimately leading to healthier communities and improved quality of life for those affected.



### Patient Continuum of Care for Leprosy

Leprosy Patient Continuum Care (PCC) ensures holistic management, starting with early case detection through Active case detection or passive case detection. Once suspects are identified in the community, we refer the cases to the nearest public health facility for diagnosis, confirmation and treatment(MDT). As a part of prevention of disability / impairments and morbidity management patients receive Ulcer care, physiocare and self-care training, protective footwear and information on complication management. For those with deformities, rehabilitation includes reconstructive surgeries and vocational training for reintegration. Needs assessment for eligible patients for rehabilitation and link for social and economic support schemes. Advocacy with the support of International Leaders in Education Programme (ILEP) India advocacy efforts to repeal discriminatory laws against leprosy patients.



### Patient Continuum of Care for Lymphatic Filariasis (LF)

As a part of Prevention we organise various awareness campaigns and facilitate Mass Drug Administration (MDA). We also facilitate in line listing of existing LF cases. As a part of Morbidity management we facilitate treating acute attacks, entry lesions and reduction of swelling. Patients receive ongoing training on self care practices,. Physiotherapy to manage lymphedema and prevent infections. Provision of customised footwear to LF patients. We also facilitate hydrocelectomies. Need Assessment for rehabilitation and linking to social and economical schemes to help maintain patients' quality of life and reintegration into society.



Project Highlights

# **Empowering Women For Leprosy Care**

# Interventions and Impact to date...

LEPRA's commitment to empowering communities affected by leprosy is evident in its focus on addressing the critical skill gap in leprosy care. Leprosy, a deeply personal disease, requires a specialized approach for diagnosis and care, particularly as most cases are diagnosed clinically. As many of LEPRA's experienced Physio Technicians approach retirement, the need to train a new generation of caregivers has become increasingly urgent1. Recognizing that over 40% of leprosy patients are female and often prefer care from female providers, LEPRA has strategically focused on training Female Physio Care Assistants (PCAs) from leprosy-affected families. These individuals bring a unique empathy to their roles, having witnessed the challenges of the disease first-hand.

Since April 2022, LEPRA has successfully trained 48 Female Physio Care Assistants (PCAs) across 21LEPRA Referral Centres in 9 Indian states supported by the Rotary Global Grant and lepra UK, in collaboration with the Schieffelin Institute of Health Research and Leprosy Centre (SIHRLC), these training programs are designed to equip participants with the skills needed to deliver high-quality physiotherapy, ulcer care, and rehabilitation services.





Since last two years and to date, 31 of the trained PCAs (60%) have been placed in various LEPRA Referral Centres, actively contributing to the care of leprosy patients. Looking ahead, LEPRA plans to train an additional 6 Female PCAs in 2024-25, continuing its commitment to closing the skill gap and sustaining high-quality care. Through these efforts, LEPRA is not only meeting the immediate needs of leprosy patients but also investing in the long-term empowerment of affected communities, ensuring a sustainable, compassionate approach to healthcare that fosters both healing and community involvement.

# **Girl Children Education**

The project's goal is to empower girl children from families affected by leprosy in the states of Odisha, Bihar, Jharkhand, and Chhattisgarh by providing them with access to formal education and remedial classes. In addition, the initiative focuses on developing essential skills and competencies that will enhance their employability after completing their studies. Over the past year, the project has successfully supported 41 deserving girl students with transformative educational resources, significantly improving their academic performance and overall confidence. This reflects LEPRA's unwavering commitment to creating better opportunities for these young minds. Notably, three girl children graduated this year, receiving comprehensive counseling and securing iob placements.



These empowered young women are now diligently working towards self-sufficiency and contributing to their families' livelihoods. The girl children education initiative is generously supported by Mette Jorstad and the Gramya Resource Centre, which was founded by Smt. Dr. V. Rukmini Rao in honor of her late colleague Ms. Mette Jorstad. This initiative is dedicated to providing educational support and resources to girl children who aspire to build a brighter future for themselves and their communities. By fostering an environment that values education and personal growth, the project is paving the way for lasting change and empowerment.





(Alleviating the burden from Skin diseases of affected People to improve Inclusion, Restoration and Empowerment)



Community Empowerment



Integrated SKIN-NTD Active Case Finding





Co-ordination and Advocacy

Funded by Effect Hope Canada and LEPRA UK, the ASPIRE project is a comprehensive five-year initiative aimed at addressing skin-related Neglected Tropical Diseases (NTDs) in Jamui District, Bihar. The project specifically targets leprosy, lymphatic filariasis, leishmaniasis, and scabies, focusing on assessing their prevalence and providing integrated services to affected individuals. With over 1,000 patients already identified, ASPIRE is dedicated to promoting inclusion, restoration, and empowerment for those impacted by these diseases.

# **Main Objectives**

1.Assess the Burden: Evaluate the prevalence and impact of skin NTDs over five years.

2.Integrated Care: Implement a comprehensive approach for managing skin NTDs throughout the continuum of care.

3.Effective Models: Develop scalable models to control leprosy and reduce its associated disability burden.

4.Strengthen Health Systems: Enhance local health services for managing skin NTDs and related complications.

5.Generate Evidence: Produce data to inform national NTD control strategies and guide potential intervention scale-ups.

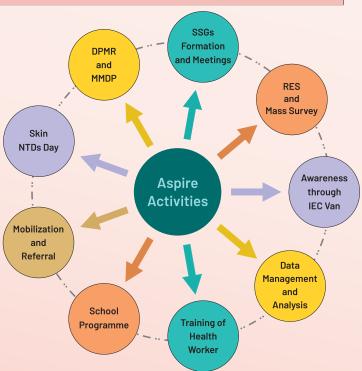


(Alleviating the burden from Skin diseases of affected People to improve Inclusion, Restoration and Empowerment)

# **Key Activities**

- •Rapid Enquiry Survey (RES): Completed across all 10 blocks, this survey reached a population of 1.2 million, identifying the distribution and prevalence of skin diseases to inform targeted interventions for leprosy, lymphatic filariasis, and scabies.
- •Mass Survey: Ongoing until December 2025, this initiative aims to collect detailed data on skin diseases throughout the district.
- •Training Programs: Conducted for search teams, field staff, and health providers to enhance skills in diagnosis, management, and the use of digital tools.
- •IEC Campaigns: Implemented to raise community awareness about skin diseases, including prevention and treatment options.
- •Self-Support Groups (SSGs): Established 40 groups this year to provide support for individuals affected by skin diseases.
- •Skin NTD Days: Held bi-monthly in each block to ensure continuous care and follow-up for identified cases.









# **Data Strengthening Project**

# Data to Decision Making - Data Strengthening Project, Telangana

The Data Strengthening project aims to enhance the Health Information Systems of Telangana State's National Leprosy Eradication Programme (NLEP), supported by the American Leprosy Mission (ALM). In Year 1(2022-23), a Situational Analysis led to recommendations for capacity-building initiatives and training for key data personnel in districts and nodal persons at PHCs. Ongoing activities include training identified nodal persons on the basics of leprosy, Nikust 2.0, and Monthly Progress Reports (MPR). Out of the planned 800, 514 district/PHC-level nodal persons have already been trained. An online training tool is being developed for continuous learning, alongside efforts to improve data flow and monitoring visits, culminating in a Telangana State NLEP will have patients digital data on Nikust 2.0 Dashboard for effective data analysis.





# The Epic Project

The EpiC project, implemented by LEPRA and supported by FHI 360 in five districts of Telangana, strengthens the capacity of civil society organizations (CSOs) engaged in HIV service delivery, supporting India's National AIDS Control Program (NACP). By enhancing organizational development, EpiC promotes self-reliance and sustainability among key population-led community-based organizations (CBOs). The partner selection process identifies 18 CBOs through consultations and assessments across nine capacity areas. A tailored Capacity Development Plan (CDP) addresses identified gaps, with monthly mentoring by Cluster Coordinators (CCs) ensuring continuous support. The project tracks progress through regular meetings, reports, and documentation, achieving significant outcomes such as increased statutory compliance and improved resource mobilization. Additionally, the project has gained recognition in USAID's newsletters, showcasing initiatives like the Aditi Kitchen Spice Packaging Unit and Cheyutha Eco-Crafts, further promoting financial sustainability for marginalized communities. Overall, EpiC's structured approach fosters enhanced organizational capacity and community engagement in the HIV response.











### SAMARTH PROJECT - MENTAL HEALTH INTIATIVE

LEPRA, in collaboration with Effect Hope and LEPRA UK, is implementing a project in three blocks of Chhatarpur district, Madhya Pradesh, aimed at improving health and psychosocial outcomes for individuals affected by leprosy and lymphatic filariasis (LF). The project has reached 1,200 patients, with 60% diagnosed with LF and 40% with leprosy, and established 109 Self Support Groups (SSGs). These SSGs have received training on recognizing signs, symptoms, and complications of both conditions, as well as mental health support. Regular activities include peer counselling, mindfulness sessions, and integrated prevention camps, with positive outcomes anticipated. Project evaluation is carried out in early quarter of 2024.



Project Evaluation results highlight the significant impact of Self-Support Groups (SSGs) on the lives of individuals living with leprosy and lymphatic filariasis (LF), enhancing their physical, social, and mental well-being. Improved relationships with friends, family, and neighbors have led to reduced stigma and greater recognition of their contributions. While responses to mindfulness interventions varied, peer counseling sessions effectively fostered solution-focused perspectives and reduced stress. Encouraged by these results, there is a desire to replicate this successful model in other locations to further address mental health needs.





# **JAGRUTI Project**

### JAGRUTIPROJECT, Samasthipur, Bihar State

The Jagruti Project aims to address neglected tropical diseases (NTDs) in Samastipur, Bihar, through womenled WASH (Water, Sanitation, and Hygiene) initiatives in 130 villages. Key objectives include achieving over 80% adoption of recommended WASH behaviours, empowering self-help groups (SHGs) to create local advocacy plans, and providing 100% treatment support for leprosy and lymphatic filariasis patients. Supported by American Leprosy Missions (ALM), the project has reported significant achievements, including high access to social entitlements and the provision of CAD CAM footwear to 51 patients, enhancing ulcer prevention. The team also developed a Quality of Life (QoL) measurement tool for leprosy and LF patients, with findings published in the Leprosy Review. A comprehensive 360-degree evaluation highlights the project's success and staff commitment, recommending a three-year extension to enhance community engagement and expand advocacy efforts to sustain and amplify the positive impacts achieved.

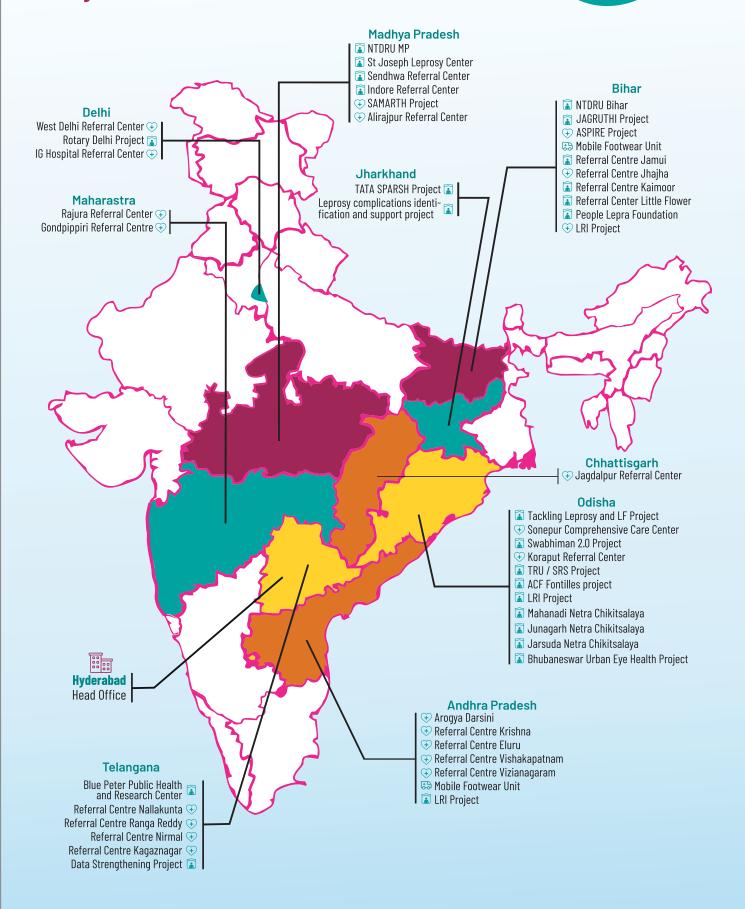


Jagruti Women Group Meeting to address the issues of Leprosy, Lymphatic Filariasis , WASH etc



Inaguration of Leprosy and Lymphatic Filariasis Morbidity Management Camp

# **Project Office and Location**



# State-wise Interventions



# Andhra **Pradesh**





# NTDRU Project

- -2 Comprehensive Disability Clinic -Co-located at Government Hospitals -Vijayawada, Eluru
- 8 Satellite Centres

## DISPEL Project

- 2 Comprehensive Disability Clinics-Vizianagaram, Vishakhapatnam
- Female Physio Care Assistant and **Shoe Technician Training Project**
- Arogya Darshini Project
- Sreyassu Project
- Mobile Footwear Unit





- Training
- Awareness
- Active & Passive Case Detection/ Camps
- Facilitate Diagnosis/ Treatment
- Morbidity Management
- Prevention of Disability
- Ulcer Care/ Physio Care/ Reaction Management/Entry Lesion/ Acute Attack/ Swelling Reduction
- Footwear Provision
- · Aids and Appliances provision
- Medical and Social Rehabilitation
- Facilitate Reconstructive Surgery/Hydrocelectomy/ Cataract Surgery etc
- Livelihood Support
- Self-Support Groups
- Community based Rehabilitation



Partners .





















# **Interventions**





3,620 Outpatients



Awareness/ Trainings



Nerve Func. Assessment





<u>Management</u>



Facilitated For



Active and Passive Screenina



New Leprosy Cases Diagnosed and

Initiated MDT

Reactions Management



2,018 MCR Protective Footwear Provided





Outpatients

Acute Attacks



Awareness/ Training

Entry Lesions



Training Health Staff

Footwear Provided

Customised





Linked for





PLHIVs Registered



**PLHIVs** То ТВ

Treated



NEW TB **HIV Cases** 



Follow Up of PLHIVs



Clinic Support For PLHIV



1,240 Nutrition Support



26 TB/HIV Follow-up



ART Drug Management











### **ASPIRE**

-2 Comprehensive Disability Clinic -Co-located at Government Hospitals -Jamui and Jha Jha

### **JAGRUTI**

- -Comprehensive Disability Clinic-Colocated at Government Hospital-Samasthipur
- -Health systems strengthening for integrated NTD-leprosy Disability prevention
- -Integrated footcare for NTD- leprosy
- -Livelihood support for people with NTD disability (New)
- People led Advocacy for NTD deability
- -Kaimur Referral Centre (Ongoing)

# NTDRU Project

- -Comprehensive Disability Clinic-Little Flower Raxaul Referral Centre
- -Sparsh Referral Centre (Ongoing) West Delhi Referral Centre
- Mobile Footwear Unit Project
- Female Physio Care Assistant and **Shoe Technician Training Project**
- People LEPRA Foundation (PLF) **Project**
- **UPLIFT** Project
- AMRITA Drishti



- Training
- Awareness/Camps
- Active & Passive Case Detection/ Camps
- Facilitate Diagnosis/ Treatment
- Morbidity Management
- Prevention of Disability
- Ulcer Care/ Physio Care/ Reaction Management/Entry Lesion/ Acute Attack/ Swelling Reduction
- Footwear Provision
- Aids and Appliances provision
- Medical and Social Rehabilitation
- Faciliate Reconstructive Surgery/Hydrocelectomy/ Cataract Surgery etc.
- Livelihood Support
- Self-Support Groups
- Community based Rehabilitation























Outpatients



229 Reactions



103,843 Awareness/



107,014 Active Screening



17 Facilitated for RCS







Ulcer Management



4,393 MCR Protective Footwear Provided



790 Leprosy Cases Diagnosed and Initiated MDT



199 Linked For SER





21,976 Outpatients



126,696 Awareness/ Training



Linked for SER



360,645 MDA Coverage



4,756 Customised Footwear Provided



2,730 LF Cases



Hydrocele Done



1,059 Acute Attacks Treated



1,843 Entry Lesions Treated





OPD Registered



7,508 Refraction Tested



4,532 Spectacles Prescribed



Screened For Retinopathy



1,215 Referred For Cataract





2,223 Tested For Diabetes















-Comprehensive Disability Clinic - • Awareness/Camps District Govt. Hospital - Jagdalpur

Female Physio Care Assistant and **Shoe Technician Training Project** 



- Training
- Active & Passive Case Detection/ Camps
- Facilitate Diagnosis/ Treatment
- Morbidity Management
- Prevention of Disability
- Ulcer Care/ Physio Care/ Reaction Management/Entry Lesion/ Acute Attack/ Swelling Reduction
- Footwear Provision
- · Aids and Appliances provision
- Medical and Social Rehabilitation
- Facilitate Reconstructive Surgery
- Livelihood Support
- Self Support Groups
- Community based Rehabilitation



















Outpatients





Assessment



New Leprosy Cases -Diagnosed and Initiated MDT



Management MCR Footwear Provided



10,241 Active & Passive















- NTDRU Project
  - -Comprehensive Disability Clinic -Govt. Guru Gobind Hospital
- Female Physio Care Assistant and **Shoe Technician Training Project**
- Rotary Club of South Delhi Project





- Training
- Awareness/Camps
- Active & Passive Case Detection/ Camps
- Facilitate Diagnosis/ Treatment
- Morbidity Management
- Prevention of Disability
- Ulcer Care/ Physio Care/ Reaction Management/Entry Lesion/ Acute Attack/ Swelling Reduction
- Footwear Provision
- Aids and Appliances provision
- Medical and Social Rehabilitation
- Facilitate Reconstructive Surgery
- Livelihood Support
- Community based Rehabilitation













# **Leprosy Control Project**

The Leprosy Control Project is a collaborative eort between the Rotary Club of South Delhi and LEPRA, initiated in October 2019, covering Delhi/NCR. Its primary objectives are:

- 1. Leprosy Awareness: Promote awareness to combat prejudice and stigma by emphasizing that "Leprosy is curable".
- 2. Active Case Finding: Conduct thorough door-to-door surveys, targeting vulnerable urban groups such as slum dwellers, migrants, women, and children.
- 3. Disability Reduction: Early detection, surgical and physiotherapy support, and specialized aids to minimize disability in affected individuals.
- 4. Healthcare Professional Training: Train both public and private healthcare sta to improve case detection and disability reduction efforts.









Active & Passive





Leprosy Suspects Identified







Nerve Function



New Leprosy Cases



MCR Protective Footwear Provided



Reactions











- 👔 NTDRU Project & TATA
  - -Comprehensive Disability Clinic -
  - -Sparsh Reconstructive Surgery Unit
- Mobile Footwear Unit Project
- Female Physio Care Assistant and **Shoe Technician Training Project**
- Robert Luff Research Project



- Training
- Awareness/Camps
- Active & Passive Case Detection/ Camps
- Facilitate Diagnosis/ Treatment
- Morbidity Management
- Prevention of Disability
- Ulcer Care/ Physio Care/ Reaction Management/Entry Lesion/ Acute Attack/ Swelling Reduction
- Footwear Provision
- Aids and Appliances provision
- Medical and Social Rehabilitation
- Carryout Reconstructive Surgery
- Livelihood Support
- Community based Rehabilitation





















# Interventions





Outpatients





Management





Facilitated for





Linked For







New Leprosy Cases Diagnosed and



MCR Protective







Awareness/



Provided



Treated





LF Cases Listed



MDA



**Entry Lesions** 







# **Madhya Pradesh**







- 3 Comprehensive Disability Clinics Co-located at Government Hospitals Sendhwa, Indore (Medical College) and Alirajpur
- SJLC Reconstructive Surgery Unit
- SAMARTH Project Mental Health
- Svethana, Subhiksha and Blended
  Training
- Female Physio Care Assistant and Shoe Technician Training Project
- Social Inclusion & Inclusive Education Projects



- Training
- Awareness/Camps
- Active & Passive Case Detection/ Camps
- Facilitate Diagnosis/ Treatment
- Morbidity Management
- Prevention of Disability
- Ulcer Care/ Physio Care/ Reaction Management/Entry Lesion/ Acute Attack/ Swelling Reduction
- Footwear Provision
- Aids and Appliances provision
- Medical and Social Rehabilitation
- Carryout Reconstructive Surgery
- Livelihood Support
- Community based Rehabilitation

























Awareness/ Training



Ulcer Management



Nerve Function
Assessment



Linked for



83 Facilitated for



96 Reactions Management



1,791 Active Screening



New Leprosy Cases
Diagnosed and
Initiated MDT



MCR Protective Footwear Provided



Active Self-Support





1,950,020 Pregnant Women Tested For HIV



742 Eligible Infant Diagnosis For HIV



HIV Positive Women
Initiated on ART



258,620 Prisoners Tested For HIV













- 2 Comprehensive Disability Clinic -Govt. Hospitals at Gondpippiri and
- Female Physio Care Assistant and **Shoe Technician Training Project**





- Training
- Awareness/Camps
- Active & Passive Case Detection/ Camps
- Facilitate Diagnosis/ Treatment
- Morbidity Management
- Prevention of Disability
- Ulcer Care/ Physio Care/ Reaction Management/Entry Lesion/ Acute Attack/ Swelling Reduction
- Footwear Provision
- Aids and Appliances provision
- Medical and Social Rehabilitation
- Facilitate Reconstructive Surgery
- Livelihood Support
- Community based Rehabilitation

























**New Leprosy Cases** Diagnosed and Initiated MDT



Nerve Function Assessment













# NTDRU Project

- Koraput Community Care Centre & Comprehensive Disability Clinic
- 18 Satellite Comprehensive Disability Clinics
- Koraput ACF&POD Project
  - Swabhiman .2.0
  - Sonepur Community Care Centre & Comprehensive Disability Clinics
- Mayurbhanj Project
- Tackling LF Project
- Female Physio Care Assistant and **Shoe Technician Training Project**
- IDU Project
- FSW Project
- Mahanadi Netra Chikistalaya
- Junagarh Netra Chikistalaya
- Jharsuguda Netra Chikistalaya
- **Bhubaneswar Urban Eye Health Project**

- Active & Passive Case Detection/ Camps
- Facilitate Diagnosis/ Treatment
- Morbidity Management
- Prevention of Disability
- Ulcer Care/ Physio Care/ Reaction Management/Entry Lesion/ Acute Attack/ Swelling Reduction
- Footwear Provision
- Aids and Appliances provision
- Mental Health
- Medical and Social Rehabilitation
- Facilitate Reconstructive Surgery/Hydrocelectomy/ Cataract Surgery etc
- · Livelihood Support
- Self-Support Groups
- · Community based Rehabilitation





























# **Odisha**









Screening











Training





MCR Protective Footwear Provided





-New Leprosy cases diagnosed and initiated - MDT- 1233





3,866



21,758 Awareness/





**Entry Lesions** Treated







Linked to



listed/done





Peer Educator



Regular



19,542



80,435







**Syphilis** 



16,320

TI Bhubaneswar (IDU)









5,253





Syphilis

The spore (FSW)



# **Odisha**



# Interventions









Retinopathy















1,605 Other





5,978 Spectacles









2,423 Spectacles









New & Review OP Registered





5,399

Identified



6,997







School Student





Mobile Van Bhubaneswar



Screened at Campus/



7,221 Refraction



86 ???? Cataract































# Telangana 💙 💙 💙







- 4 Comprehensive Disability Clinics Co-located at Government Hospitals
  - Hyderabad, Ranga Reddy, Nirmal & Kumarambheem
- **EPIC Project**
- 2 TB Microscopy Centres (Gaddiannaram & King Koti)
- Female Physio Care Assistant and **Shoe Technician Training Project**







- Training
- Mentoring Support
- Awareness/Camps
- Active & Passive Case Detection/ Camps
- Facilitate Diagnosis/ Treatment
- Morbidity Management
- Prevention of Disability
- Ulcer Care/ Physio Care/ Reaction Management/Entry Lesion/ Acute Attack/ Swelling Reduction
- Footwear Provision
- Aids and Appliances provision
- Mental Health
- Medical and Social Rehabilitation
- Facilitate Reconstructive Surgery/Hydrocelectomy/ Cataract Surgery etc.
- Livelihood Support
- Self-Support Groups
- Community based Rehabilitation





















Outpatients





Management



Management



Linked for SFR





Assessment



MCR Protective Footwear Provided



Active & Passive Screening



New Leprosy Cases Diagnosed and Initiated MDT



Active Self-Support





Awareness/



Customised Footwear Provided



Treated









Acute Attacks Treated



Linked to **SER Schemes** 





PLHIV TO TB



4,919 Base Hospital









Between April 2023 and March 2024, a total of three projects were completed, six ongoing projects were continued fromthe previous year, and six projects were submitted to external funding agencies. Important outcomes and scientific findings of the Projects were presented in the 32nd biennial conference of Indian Association of Leprologists conference, Bengaluru, India. Additional routine tasks have been completed such as sensitizing the public to early detection, leprosy case detection, adherence to the MDT, and other awareness campaigns for Leprosy, TB, LF, and antimicrobial resistance. In addition, care provided for leprosy reactions, foot ulcers, neuritis and providing MCR foot wear to those affected by leprosy

### **Completed Projects:**

- 1. Pro-active screening of leprosy patients treated in high endemic districts of India, for detection of leprosy reactions and nerve inflammation and outcomes in terms of nerve damage (Funded by Robert Luff Foundation).
- 2.Occurrence of plantar ulcer among people affected by leprosy in the context of implementation of NLEP guidelines (In-house study).
- 3. Clofazimine-induced hyperpigmentation: Aclinicopathological and thermoscopic correlation. (Funded by RSTMH).

### New proposals submitted

- 1. Evaluation of B and T cell immunophenotyping in Erythema Nodosum Leprosum (ENL) and its association with the host immune transcriptome in leprosy.
- 2. Search for possible salivary miRNA signatures (biomarkers) in leprosy.
- 3. Diet related perceptions and diversity among people affected by leprosy: A mixed method case-control study.
- 4.Effect of oral Yashadha Basma and topical Swetha Marham in treating foot ulcers in leprosy and diabetes -Arandomized control
- 5. Investigating for Antimicrobial resistance (AMR) in leprosy in the context of programmatic implementation of the SDR PEP (post exposure prophylaxis with single dose rifampicin).
- 6.Centre of Excellence for public health research and training in antimicrobial resistance (AMR) and diagnostics in neglected tropical diseases for the India.













## **Ongoing Projects:**

1.Early detection and management of peripheral neuropathy in diabetes and leprosy - A coordinated public-private partnership model(Funded by Indian Council of Medical Research, 2024–2028).

2.Molecular characterization of microbial ecology and local metabolites in relevance to clinical outcome of chronic foot ulcers (Funded by Indian Council of Medical Research, 2021-24).

3. Comparative assessment of quantitative nasal swab PCR and blood transcriptomics in early prediction of progression to clinical leprosy in healthy household contacts of leprosy patients (Funded by Indian Council of Medical Research, 2023–27).

4. Epidemiological and clinical risk factors associated with disability progression among leprosy patients Released from Treatment (Funded by Indian Council of Medical Research, 2022–24).

5.Utility of LED fluorescent microscopy for detection of Mycobacterium leprae in Slit Skin and Nasal Swab Smears of Leprosy (Funded by Indian Council of Medical Research, 2021-24).

6. Personalised footwear for foot ulcers in leprosy by baropodometri through an innovative community engagement model (Funded by Leprosy Research Initiative, 2023-25).









# Leprosy



33531 **Out Patients** 



1233092 Active Screening



4122 Ulcer Management



221 Facilitated for ReConstructive Surgery



10249 MCR Protective Footwear Provided



962 Linked for Socio Economic Rehabilitation



3895 New Leprosy Cases Diagnosed and Initiated MDT



Reactions Management



12,808 Nerve Function Assessment

# Lymphatic Filariasis



27596 MDA Coverage



657157 **Customised Footwear** 



1242 Linked to SER



Acute Attacks Treated



Entry Leisions Treated



LF Cases Linelisted



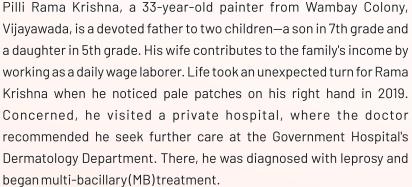
420548 Population Reached By Awareness/Training



Memoirs of our Beneficiaries

# Memoir of Pilli Rama Krishna





Unfortunately, by the end of his treatment, Rama Krishna developed a claw in his left hand. This prompted him to return to the dermatology department, where he was referred to a Referral Centre for specialized care. On December 31, 2020, during a nerve function assessment, it was confirmed that he had right-hand ulnar neuritis and a claw hand on his left.

The Medical Officer at the Dermatology Department promptly initiated clinical treatment with Prednisolone. The dedicated Physiotherapist (PT) at the Referral Centre provided Rama Krishna with a cotton slab and sling and advised him to take rest. After three months of consistent care, his neuritis improved significantly. He was then prepared for reconstructive surgery for his left-hand claw, receiving finger loops and dynamic splints to strengthen his hand.

On June 21, 2021, Rama Krishna was referred to a surgical center in Kathipudi, where he underwent surgery on June 27, 2021. Three weeks later, his sutures were removed, and he began post-operative care. With continued physiotherapy and the use of a dorsal slab, Rama Krishna's hand gradually regained full function.

Today, Rama Krishna is back to work, painting with the same skill and dedication as before. The impact of his condition had left him unable to work, causing financial strain on his family. Now, with his hand fully recovered, he can support his family once again. Rama Krishna expressed his deep gratitude to LEPRA for the crucial support he received, from the surgery to the ongoing physiotherapy that helped him reclaim his livelihood and sense of normalcy.





# **Memoir of Biram Tudu**

### Biram Tudu's Journey to Recovery and Resilience

Biram Tudu, a 40-year-old daily laborer from Dhatkidihi village, Rairangpur Block, lived with the burden of lymphatic filariasis (LF) and hydrocele for 25 years. His condition caused both physical pain and emotional distress, leaving him unable to provide for his family. As the sole breadwinner, Biram's inability to work pushed his household into poverty, forcing his illiterate wife to take on the responsibility of supporting their family.

In Dhatkidihi, where most residents depend on daily labor, healthcare is limited. Despite knowing about his condition, Biram avoided treatment due to self-stigma, fear, and lack of awareness, spending money on ineffective remedies.

When LEPRA learned of Biram's situation, they intervened swiftly, collaborating with local ASHA workers to offer guidance. They informed him about free hydrocele surgery available at a government facility but met with resistance due to years of ingrained fear. LEPRA responded with patience, organizing awareness meetings to educate the community on LF, the benefits of surgery, and the importance of self-care. Through consistent follow-ups, Biram gradually realized the possibility of a healthier future. Alongside counseling, LEPRA linked Biram to the Indira Awaas Yojana (IAY) scheme, providing financial support. After two months of guidance, Biram

Two months later, Biram's health had vastly improved. He returned to work, restoring his family's financial stability, and his marital relationship also thrived. Biram's recovery inspired two other hydrocele patients in his community to seek surgery.

decided to undergo surgery. On June 26, 2024, he had a successful

hydrocele surgery at the Sub-Divisional Hospital (SDH) in Rairangpur.

Today, Biram is a symbol of resilience and hope, showing how compassionate intervention can restore health, dignity, and a sense of purpose. His gratitude for LEPRA's support is boundless, and his story continues to inspire others to seek the help they need.









# Memoir of Bimla Malik

Ms. Bimala Malik, a 75-year-old resident of Rampur village, has faced numerous challenges throughout her life. While some difficulties were fleeting, others required immense strength to overcome. One of the most daunting battles she encountered was the gradual loss of her vision.

For years, Bimala struggled with poor eyesight, which made daily activities increasingly difficult. Despite the growing challenge, she continued to push through, as her condition was painless and didn't seem urgent. However, as her vision worsened, Bimala realized that her independence was at risk. Tasks she once performed with ease became nearly impossible, prompting her to seek help.

With the support of SEVA, LEPRA Society's Mahanadi Netra Chikitsalaya (MNC) established a Vision Centre in Patnagarh, Bolangir district. The Vision Centre not only offers primary eye care services but also actively engages in community outreach, organizing screening camps and home visits to identify and support those in need of surgical interventions. During one such visit to Rampur village, a community health worker discovered Bimala and conducted a vision assessment. She was diagnosed with bilateral cataracts, leaving her nearly blind.

Understanding the urgency of the situation, the team ensured Bimala's safe transportation to the base hospital, where her right eye underwent a successful cataract surgery on 07.08.2023. She was given detailed post-operative care instructions, provided with medication, and advised to visit the Vision Centre for follow-up care.

Once again, Bimala demonstrated her resilience, emerging victorious from yet another battle. With her vision restored, she expressed heartfelt gratitude to everyone who supported her during this challenging time. Through their collective efforts, Bimala regained not just her sight, but her independence and confidence to continue her journey with strength and dignity.





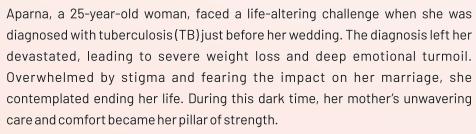
Epuri Anjali, a 36-year-old from Donge Nagar, Jaggaiahpeta Urban, faced unimaginable challenges when both she and her husband were diagnosed with HIV in 2007. Her husband, devastated by the diagnosis, refused treatment and passed away in 2020, leaving Anjali to care for their HIV-negative son. Enduring emotional and physical abuse from her mother-in-law, Anjali remained strong. Following her husband's death, Sreyassu stepped in, offering Anjali counseling and ensuring she received regular ART medication. They provided clinical and nutritional support, helping her regain control of her health. In 2009, Anjali learned tailoring—a skill that became her lifeline. She eventually started her own tailoring business and now trains other women in her community.

With Sreyassu's continued support, Anjali's son is pursuing higher education, securing his future. Today, Anjali aspires to expand her business by acquiring a zigzag machine, symbolizing her determination to move forward.

Anjali's journey from despair to empowerment is a powerful testament to resilience, community support, and her unwavering determination. She inspires others to overcome adversity and embrace hope for a brighter future.



# **Memoir of Aparna**



With support from local community members, including a former TB patient, Aparna sought help at the Designated Microscopy Centre (DMC) in Gaddiannaram. Initially in critical condition, she and her mother were overcome with emotion, breaking down during counseling sessions. The DMC team provided Aparna with treatment, nutrition support, and family counseling, helping her regain both her physical and emotional strength.

Through perseverance and continuous support, Aparna successfully completed her TB treatment and restored her health. Today, she leads a happy, healthy life and has since married, embracing a hopeful future.

Aparna's journey highlights the importance of timely medical care, family support, and resilience, showing that even in the face of adversity, recovery and happiness are possible.

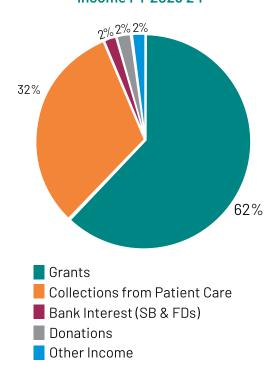


# **Financials**

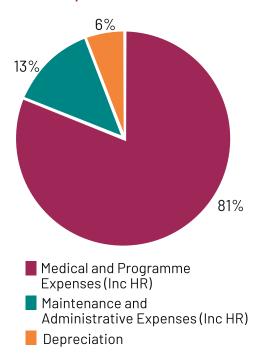
| 4  |          |                           |  |  |  |
|--|----------|---------------------------|--|--|--|
| Particulars  | Schedule | 2023-24                   | Amount in £<br>2022-21                 |  |  |
| LIABILITIES  |          | 1 1 1 1 1 1 1 1 1 1 1 1 1 |  |  |  |
| J. Fund Inlance  | 1        | 29,67,46,289              | 26.13.06.90                            |  |  |
| II. Social and Economic Rehabilitation (SISI)<br>Revolving Fund  | 2        | 1723,104                  | 17,23,100                              |  |  |
| BE Current Liabilities   | 3        | 1,13,12,236               | 35,53,67                               |  |  |
| ASSETS   | [1+0+01] | 30,97,81,631              | 26,66,43,87                            |  |  |
|  |          |                           |  |  |  |
| IV. Frand Assets<br>Gruss Block  |          | 30,12,96,561              | 25,12,36,82                            |  |  |
| Leus Depressation  | 72       | 15,70,86,622              | 13.35.59.64                            |  |  |
| Net Block  | TV       | 14,92,29,939              | 11,75,77,18                            |  |  |
| V. Offier Assets.  |          | A. V. CONST. SAN.         |  |  |  |
| at Inventory at Cost   | 5 (0)    | 32,38,586                 | 25,18,94                               |  |  |
| hi-Other Current Assets (Unsecured)  | 3-00     | 5,65,72,028               | 2,51,72,580                            |  |  |
| d) Cash and Bark Balances  | 2        | 5,16,19,453               | 0.02.17.44                             |  |  |
| d) Cash and Bara, Balances   |          | 16.05.51.692              | 14,90,66,69                            |  |  |
| Total  | IIV-VI   | 30.97,81,631              | 26.66.43.87                            |  |  |
| As per our report of even dare attached, form 100 Significant Accounting Policies and Notes to Accounting Schodules referred to above form an integral part for end on behalf of: Skalino d Co. Chartered Accountance, FEN. 2229-128.  July 20 | unts     | thalf of:<br>177<br>No.   | ssanta Kumar Nati<br>ied Executive cum |  |  |

|   | ON NO. 474             | of 1989s                  | elangana, India   |  |  |  |
|---|------------------------|---------------------------|-------------------|--|--|--|
| INCOME AND EXPENDITURE ACCOUN   | T FOR THE              | YEAR ENDED 315            | F MARCH, 2024     |  |  |  |
| (C Amount   |                        |                           |                   |  |  |  |
| Particulars   | Schedule               | 2023-24                   | 2022-21           |  |  |  |
| INCOME. Grants Received Interest  | BA.                    | 22,96,92,616<br>66,34,132 | 21,09,16,45       |  |  |  |
| Donations Received -<br>Foreign   |                        |                           | 26,83             |  |  |  |
| - Local   |                        | 72,75,830                 | 75,63,73          |  |  |  |
| Other Contributions   |                        |                           | 11/20/00          |  |  |  |
| Local   |                        | 10,20,294                 | 4,35,57           |  |  |  |
| Collections from Eye Care Services  | 34 B                   | 11,78,01,474              | 10,70,44,11       |  |  |  |
| Other factore   | 14 C                   | 70,69,840                 | 12,23,00          |  |  |  |
| Total   |                        | 36,94,94,136              | 13,58,64,61       |  |  |  |
| ENPENDITURE   |                        |                           |                   |  |  |  |
| Salaries, Staff Welfare and Training Expenses   | 100                    | 15.43.49.421              | 12.65.42.02       |  |  |  |
| Grants given to Projects Aided  | 11                     | 1,60,000                  |                   |  |  |  |
| Medical and Programme Expenses  | 12                     | 13.82.01.501              | 12:40:33.20       |  |  |  |
| Maintenance and Administrative Expenses   | 13                     | 2.18.05.215               | 2,44,81,41        |  |  |  |
| Dependation   | 4                      | 1,97,586,630              | 1,63,22,48        |  |  |  |
| Total   |                        | 33,63,14,769              | 29,13,79,12       |  |  |  |
| Surplus / (Deficit) carried over to the balance   | e shoet                | 3.31,79,387               | 4.44.85.49        |  |  |  |
| merphany styleadid carried over solute means.   |                        | 20101000                  | 7(1700)/40        |  |  |  |
| Significant Accounting Policies and Notes to A Schedules referred in above form an integral; For and on behalf of: S.Saboo & Co. Chartered Accountants FRN: 322952E | oart of the f          | a behalf of:<br>CETY      | santa Kurnar Naik |  |  |  |
| MM No. 057426   | 0.                     | Tr                        | easurer           |  |  |  |
| May have seen a factor  | Charles                | 40-                       |                   |  |  |  |
| Place: Hyderahad<br>Date: 18th September 2024   | P Omprak<br>Head - Fin | ash<br>ance & Operations  |                   |  |  |  |

# Income FY 2023 24



# Expenses FY 2023 24



# artners

# **Our Engagement Partners**









































































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

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

Please Scan this QR Code to Donate



Thank You to the LEPRA Society Team for your unending support!



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**★** LEPRA Society X LEPRA Society





**LEPRA Society**