ANNUAL REPORT - 2007

NLR Projects in India

An Overview

NLR India Branch Office
U – 9, Green Park Extension,
New Delhi – 110 016
INDIA

TABLE OF CONTENTS

TABLES

FIGURES

ANNEXES

LIST OF ABBREVIATIONS

ANCDR	Annual Case Detection Rate
ANM	Auxiliary Nurse Midwife
AWW	Angan-Wadi Worker
CMO	Chief Medical Officer (CMO & CS are same designation for the chief of
CLD	Central Leprosy Division
DANIDA	Danish International Development Agency
DDG (L)	Deputy Director General (Leprosy)
DLO	District Leprosy Officer
DN	District Nucleus
DPMR	Disability Prevention & Medical Rehabilitation
DTST	District Technical Support Team
GHC	General Health Care
GHS	General Health Services
GOI	Government of India
ILEP	International Federation of Anti-Leprosy Associations
IEC	Information, Education, Communication
INR	Indian Rupee
LA	Leprosy Assistants
LFA	Logical Framework Approach
LPA	Leprosy Programme Advisor
M&E	Monitoring and Evaluation
M.O.	Medical Officer
MB	Multi Bacillary
MDT	Multi Drug Therapy
MOU	Memorandum of Understanding
MPWs	Multi Purpose Workers
MLEC	Modified Leprosy Elimination Campaign
NCDR	New Case Detection Rate
NGO	Non-Governmental Organization
NLEP	National Leprosy Eradication Programme
NMA	Non Medical Assistant (NMA and PMW are same depending upon the State)
NRHM	National Rural Health Mission
PR	Prevalence Rate
PB	Pauci Bacillary
PHC	Primary Health Centre (catering to a population of 25,000 and having at least one medical officer)
POD	Prevention of Disability
PIP	Project Implementation Plan of World Bank
PMW	Para Medical Worker
PIP	Project Implementation Plan of World Bank
RCH	Reproductive and Child Health Programme
RNTCP	Revised National Tuberculosis Programme
SAPEL	Special Action Project for Elimination of Leprosy
SC	Sub Centre (catering to a population of 5,000 attended by a ANM or MPW)
SLO	State Leprosy Officer
STST	State Level Support Team
SIS	Simple Information System
TB	Tuberculosis
UP	Uttar Pradesh
UT	Under Treatment
TOR	Terms of Reference
WHO	World Health Organization

EXECUTIVE SUMMARY

Netherlands Leprosy Relief (NLR) a member of International Federation of Anti-Leprosy Associations (ILEP), is supporting National Leprosy Eradication Programme (NLEP) of India since the year 1993. The support was provided initially through other ILEP agencies. NLR established its branch office in New Delhi, India, in March 2000. Besides national level support, NLR support is, at present, mainly in the form of State and District Technical Support Teams (STST & DTSTs). Since 2001 till March 2007, NLR-India supported National Leprosy Eradication Programme run by GOI in 70 districts of 6 states (UP, Uttaranchal, Bihar, Jharkhand, West Bengal and Delhi) through District Technical Support Teams (DTSTs) which, acted as catalyst to improve the functioning of existing NLEP and GHC staff; so that, they carry out NLEP activities in an effective manner. NLR is supporting 70 districts in 6 problem states of India, through 35 DTSTs, and 1 STST (Table 1). The main function of these teams is to strengthen General Health Care (GHC) system for provision of sustainable quality leprosy services.

While analyzing epidemiological developments under NLEP of India, though the prevalence rate is declining steadily as well as Annual new case detection rate. States, which are supported by NLR, are contributing about 50% of the new cases detected in India. With WHO and GOI targets of achieving elimination by December 2005 active search of cases has been stopped and GOI is focusing more on controlling operational factors like wrong diagnosis, re-registrations and deletion of extra registered and cured leprosy patients. As on March 2007, national average of PR is around 0.72 and ANCDR at present is 1.2 per 10,000 persons.

The previous MOU with GOI ended on March 2007 and all the staff was withdrawn from 3 states. Though the achievements were many but there were some problems and delays in starting the NLR projects due to factors beyond our control. Initially there were differences of opinion amongst ILEP members regarding strategy to be followed to support NLEP in different states. Later, there were differences regarding distribution of the districts amongst ILEP partners. Nine ILEP member organizations are working in India with their own mandates and priorities. On the other hands various difficulties were faced in arranging the meetings between GOI officials and other ILEP members. The present MOU signed between ILEP and GOI gives an over view of activities to be supported by ILEP but there is no common working documents or common annual action plan agreed upon by all partners. Within ILEP, different collaborations and co-ordinations exist in different states. As per the commitments made in MOU signed between GOI and OLEP members, we have started conducting LFA workshop so as to support the state governments in preparation of annual plan of action. It is envisaged that Leprosy Programme Advisor placed by NLR would strengthen the functioning of District Nucleus by transferring the skills in planning, monitoring and supervision. In addition NLR-India would also be supporting the NLEP in India by giving technical support to “Self Care Groups”.

This report gives an overview of functioning of NLR in India with highlights of major achievements/activities in all the six states supported by NLR.

1. INTRODUCTION

1.1 Background information about India

India is a Sovereign, Secular, and Democratic Republic with a Parliamentary system of Government in South Eastern region of Asian sub-continent. It s spread over 3.3 million sq km and has 28 states, 1 National Capital territory of Delhi & 6 union territories covering 522 districts. There are 604 Districts in India administered by their respective State/UT Government. These districts are subdivided into tehsils or taluks, townships that are composed of from 200 to 600 villages.

Economy transformed from primarily agriculture, forestry, fishing, and textile manufacturing in 1947 to major heavy industry, transportation, and telecommunications industries by late 1970s. Central Government is giving way to economic reforms and more private sector initiatives since 1980s and 1990s. Gross Domestic Product (GDP) of nearly US$ 843.3 billion in 1994 rose to 1.06 trillion by 2007 (country data, 2008) and GDP per capita rose from 3.5 in 1987-97 to 7.7 in the year 2007 but 27.5 percent of the population is still living below poverty line[#]. As per census 2001, 65 percent of adult population is literate.

India is the seventh-largest country by geographical area, and the largest democracy in the world. Accommodating 16 per cent of the world's population in 2.6% land of the world, India is the most populous country in the world after China, inhabiting around 1.123 billion persons by the year 2007. [$] As per census 2001, 28% of the population is urbanized having high population density with national average of 325 persons per square km; and maximum being 903 persons per sq. km in west Bengal amongst all states.

1.2 About the Health infrastructure & NLEP of India

The Health infrastructure at the peripheral level starts with a sub-center covering a population of 3,000 – 10,000 and is manned by Multi Purpose Worker (MPW) Male or Female. Above this center there are Additional Primary Health Centers (APHC) covering a population of 25,000 – 30,000. This center is manned by a Medical Officer (MO) and other staff. Above this APHC there are Block level Primary Health Centers (PHC), which are catering to a population of around 100,000. These centers are manned by a Medical Officer & other staff with facilities for hospitalization and emergency services. In some of the states, where the facilities for specialized services are also available, a few of these PHCs are upgraded as Community Health Centers (CHC). Above these Health Centers, there is at least one district hospital in all the districts of the country. All this structure is under the control of Chief Medical Officer (CMO) and Directorate of Health Services (DHS) of the State.

For control of leprosy, National Leprosy Control Program (NLCP) was launched in the year 1955, which was changed to National Leprosy Eradication Program (NLEP) in the year 1983 with the introduction of Multi Drug Therapy (MDT). Besides ILEP, World Bank (WB) supported NLEP from 1993 to 2004. DANIDA supported the program in few states from 1986 – 2003. After cessation of WB and DANIDA support ILEP & WHO are the major external agencies supporting NLEP till date. ILEP has been supporting the program since the beginning of the control program. Other partners like WHO, NIPPON Foundation and other local NGOs are also supporting the program.

1.3 About NLR India

Netherlands Leprosy Relief (NLR) is supporting National Leprosy Eradication Programme (NLEP) of India since the year 1993. Besides providing technical and logistical support, at National and sub-national level, presently the support is mainly in the form of State level coordinators and District Technical Support Teams (DTSTs). These district level teams are placed, to strengthen provision of sustainable and integrated leprosy services, of good quality, through General Health Care (GHC) system but not replacing them. NLR involvement in India started from Bihar nearly 13 years ago i.e. in 1993. This support was extended to Uttar Pradesh and Uttaranchal (now called Uttarakhand) in the year 1998, to Delhi in the year 1999, to Jharkhand in the year 2000 and to West Bengal in the year 2001. (Maps

depicting NLR supported districts of six states are placed at annexes) NLR established its branch office, in India, at Delhi, in the year 2000.

[#]http://www.dfid.gov.uk/countries/asia/India-facts.asp
[$]http://devdata.worldbank.org/AAG/ind_aag.pdf

NLR-India has supported 63 districts in 6 states of India through 35 DTSTs and 1 STST till March 2007 as given in the table below.

Table 1 State wise number of DTSTs and STST in NLR supported districts

S. No	States	State level Support Team	No. of DTSTs	No. of Supported Districts	Total Districts in the State
1	Bihar	-	5	5	37
2	Jharkhand	-	9	10	22
3	Uttar Pradesh	-	14	34	70
4	Uttarakhand	1	2	13	13
5	West Bengal	-	3	3	18
6	Delhi	-	2	5	9
Total	**6**	**1**	**35**	**70**	**169**

(Source: Adapted from GOI protocol for placement of DTSTs 2004)

1.4 Collaboration with ILEP Partners

In total 9 ILEP members (DFIT, TLM, AIFO, GLRA, Swiss Emmauss, ALM, Fontilles, LEPRA and NLR) were actively supporting NLEP of India. Table below gives an account of DTSTs provided by different ILEP Agencies in the states supported by NLR.

Table 2 DTSTs by ILEP agencies in NLR supported States

S.N.	Name of State	TLM		NLR		LEPRA		GLRA/ ALES		DFIT		AIFO		Total		Coordinating Agency
		DTSTs	Dt.	DTSTs	Dt.	DTSTs	Dt.	DTSTs	Dt.	DTSTs	Dt.	DTSTs	Dt.	DTSTs	Dt.	
1.	**Bihar**	1	1	5	5	9	9	-	-	22	22	-	-	**37**	**37**	**DFIT**
2.	**Delhi**	1	2	2	5	-	-	1	1	1	1	-	-	**5**	**9**	**TLM**
3.	**Jharkhand**	2	4	9	10	-	-	-	-	7*	8	-	-	**18**	**22**	**NLR**
4.	**Uttarakhand**	-	-	2+1**	6	-	-	-	-	-	-	-	-	**3**	**13**	**NLR**
5.	**Uttar Pradesh**	9	26	14	34	-	-	-	-	-	-	4	10	**27**	**70**	**TLM**
6.	**West Bengal**	4	4	3	3	-	-	11	11	-	-	1	1	**19**	**19**	**GLRA**

(Source: Adapted from GOI protocol for placement of DTSTs 2004)

Dt. = Number of Districts supported
DTST = Number of District Technical Support Teams

* Against the commitment under MOU, 1 team less was provided by DFIT
**There is one State level Coordinator (ILEP State Coordinator) provided by NLR at Dehradun, Uttarakhand state

A brief, about Coordination in NLR supported states, is as follows:

In U.P., it was a joint project, where TLM and NLR were the supporting partners and TLM was the coordinating agency. To maintain uniformity in functioning of DTSTs, a common Coordinator was identified, by above three ILEP agencies. Expenditure, of salary of coordinator, of other staff in his office, expenditure of coordinator's office, was shared by all partners proportionately.

In WB, it was also run as joint project where GLRA was the coordinating agency. There was a common coordinator but his salary, was not shared by all partners. Some expenses of Coordinator's office were shared by NLR.

In Bihar, Delhi & Jharkhand, the Coordinators were appointed by DFIT, TLM & NLR respectively (being the coordinating agency of the state). Salary, office and other expenses were born by respective ILEP coordinating agency of the state e.g. salary, staff and other expenses of DTST state coordinator for Jharkhand is born by NLR only.

NLR in India is working in close cooperation, coordination and collaboration with major local and international NGOs (ILEP members), WHO, and Govt. of India. This report gives an overview of functioning of NLR in India.

1.5 Problems and Delays

In March 2007, DTSTs were withdrawn from supporting National Leprosy Eradication Programme, because of conclusion of MOU between GOI and ILEP agencies. Very few activities could be supported by NLR in the year 2007, because a new MOU between GOI and ILEP agencies was delayed by 8-9 months. Following are the problems that were faced in the process of signing a new memorandum of understanding between ILEP members and GOI.

1. There was lack of uniformity in NLEP activities in districts of different state except in UP, Uttarakhand and to some extent in Bihar, because different ILEP partners are working with their own mandates and priorities. There is no mechanism whereby joint discussions are held with state authorities, consensus is reached and a common action plan is prepared. Efforts were made in UP, Bihar and Uttarakhand to establish this process which delayed the signing of new MOU between GOI and ILEP agencies in India, to which NLR-India is a party.

2. There were some problems in organizing the meetings amongst ILEP members so as to reach the consensus regarding the strategic support to National Leprosy Eradication Programme.

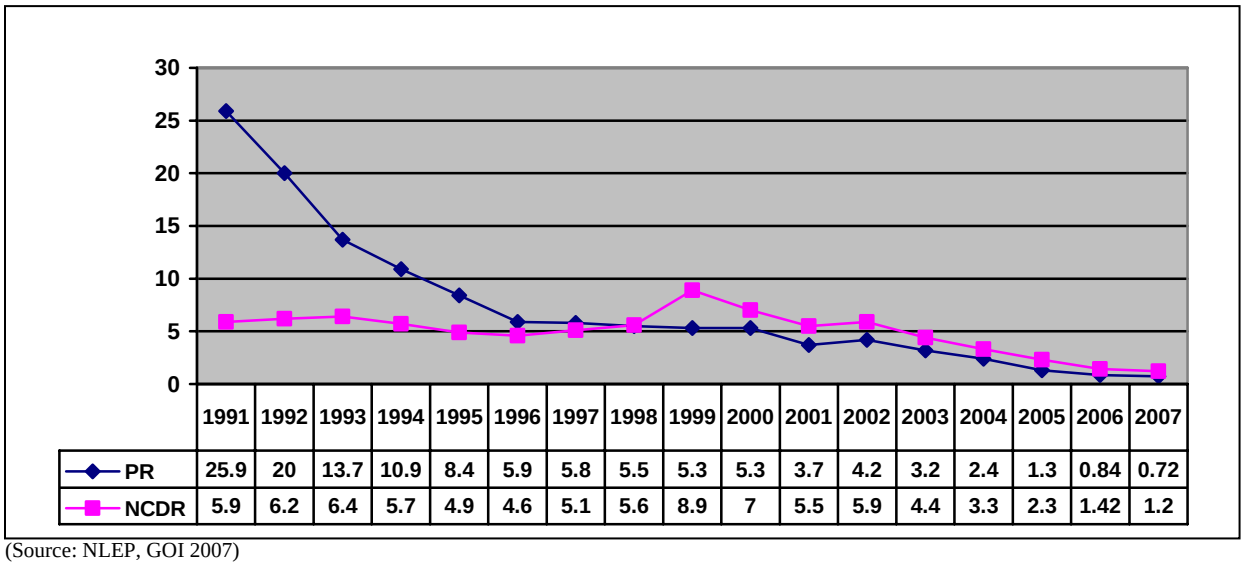
3. Since the ILEP support is decided in consultation with the government machinery, there were some problems and delays in organizing meeting with them, also. These are due to either non-availability of officials and non-finalization of dates.

2. EPIDEMIOLOGICAL DEVELOPMENTS

2.1 India

After achieving elimination at the National level by December 2005, efforts were continued by Govt. of India & the State to control the so called 'operational factors' and the PR reached to 0.72 per ten thousand population, at national level, by the end of March 2007.

Figure 1 Trend of Leprosy Prevalence & Annual New Case Detection Rates in India



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007
PR	25.9	20	13.7	10.9	8.4	5.9	5.8	5.5	5.3	5.3	3.7	4.2	3.2	2.4	1.3	0.84	0.72
NCDR	5.9	6.2	6.4	5.7	4.9	4.6	5.1	5.6	8.9	7	5.5	5.9	4.4	3.3	2.3	1.42	1.2

(Source: NLEP, GOI 2007)

As can be seen in the above graph the prevalence rate has been declining steadily while the new case detection has been either constant or fluctuating till 2002. Increase in case detection before that has been due to special campaigns like MLECs and SAPELs. From 2002 onwards WHO and GOI discouraged active case detection, integration started and case detection was mainly passive: through voluntary reporting only. With the approach of the target date of elimination of Leprosy, operational factors were considered hindering elimination. Extra efforts were made not to register old cases and delete long absentees and defaulters. New cases were supposed to be only registered after validation by DTST MO, or District Nucleus or special team, which cripples integration but was ignored. Cases who had completed the treatment but were not deleted from the registers were removed. Cases, who were given more than required doses of MDT, were also removed from the registers. These efforts led to decrease in NCDR & PR, well before the natural decline.

2.2 NLR Supported States

NLR supported six of the problem states of India namely UP, Bihar, West Bengal, Jharkhand, Delhi and Uttarakhand till March 2007 through State & District Technical Support Teams. A brief account of epidemiological status, of leprosy in these NLR supported states, is given in the table below:

Table 3 Essential Indicators used in NLEP for the NLR supported States

S. N.	State/UT	Cases on Record as on 31st Mar 2007	Prev. Rate/ 10000	New Cases Detected from Apr 2006 – Mar 2007			Proportion among new cases			
				PB	MB	Total	MB	Female	Child	Gr.2
1	Jharkhand	3912	1.39	4013	3659	7672	47.69	37.32	12.80	2.87
2	Bihar	12166	1.06	13677	7673	21350	35.96	36.23	14.91	2.27
3	Delhi	3221	1.53	1312	1834	3146	58.30	118.53	4.39	5.91
4	Uttarakhand	661	.64	406	357	763	46.79	30.14	4.85	0.92
5	U.P.	21761	0.95	19637	12776	32413	39.42	31.19	5.80	1.15
6	West Bengal	10794	.99	6680	6913	13593	50.86	34.80	10.08	3.24
Total (6 states)		**52515**	**1.21**	**45725**	**33212**	**78937**	**42.07**	**33.25**	**9.61**	**2.16**
India (all states)		**95150**	**0.72**	**76605**	**62647**	**139252**	**44.99**	**34.25**	**10.13**	**2.25**

(Source: Central Leprosy Division, GOI Mar 2007)

Data from six states have been taken to give an idea of epidemiological status of NLR supported projects. These data are generated from the monthly progress reports from CLD. It is to be notified here that the reporting year in India is taken from 1st April to 31st March. As can be seen from the above table, National average of PR has gone down to 0.72 by March 2007. Since the data for case detection from March to December 07 are not available separately, it is reported that a total of 0.14 million cases were detected between April 2006 to March 2007 with MB proportion of 44%, female 34% and disability Grade II around 2.25%. We have compared the national average with the data provided by the state supported by NLR. It can be seen from the table above that around 52.66% of the total new cases detected in India, (during one year) are from the states that supported by NLR. It can also be seen from the table that UP & Bihar, being larger and most populous states are still contributing the highest number of cases followed by West Bengal and other states. Disability Grade II is still high in Delhi and West Bengal. High proportion of Gr II disability could be attributed to the reporting of late, neglected cases originating from all problem states of India, which have migrated to Delhi (whether temporary or permanent is unknown). High proportion of MB cases with high proportion

of Disability Grade II in West Bengal indicates that the cases are not detected early and that there may be more hidden cases.

3. ANALYSIS OF ACTIVITIES

Till March 2007, the main focus of activities was to maintain the progress made in 'integration' of leprosy services at peripheral & district level and to improve quality of services through GHC staff.

In general, following activities were performed by DTSTs' till March 2007 along-with district level staff and through General Health Care (GHC) staff:

- Our teams supported state and district authorities in planning of activities at state & district level.
- Our teams supported GHC system in implementing leprosy control activities effectively, including correct diagnosis & treatment, case-holding, POD, disability care, patient counseling and education, drug supply management, planning and monitoring, recording & reporting and implementation of technical supervision
- Our teams provided trainings by participating in formal training session as facilitator and also on the job by visiting health centers. Around 75% of our DTSTs' time and budget was utilized in supervision and on the job support.
- Some of the team members were among the core trainers in the state. Through interactions with GHC staff and case validation, these teams were able to assess training needs and impart trainings accordingly, which led to improvement in quality of services. On an average, wrong diagnosis is at the level of 3 – 7 percent and, wrong classification was between 1 – 4 percent.
- Our teams supported GHC staff, in implementation of Simplified Information System (SIS) introduced by Government of India. Our teams also assisted the GHC staff in updating the records and counseling of patients.
- Our teams provided support in Planning & implementation of IEC activities.

Besides provision of general support by these teams, some of the activities were planned and budgeted from NLR source for the year 2007, as follows:

3.1 Analysis of approved activities, Branch Office – 2007

Table 4 Analysis of activities, Branch Office – 2007

ILEP No.	Description of activities	Result	Analysis/comments
1.3	**Gen. Equipments**		
1.3.1	Aqua Guard, Laser Printer, Wireless LAN & Office Renovation	Purchased	Budgeted Equipments were purchased & little expenditure was made in renovation of office.
1.4.1	**Vehicles**	Income generated	Uttarakhand Project Vehicle was sold
2.1 & 2.2	**Salary and staff Benefits**		
	Salaries & Staff Benefits	Disbursed	Salaries & staff benefits disbursed as per norms.
2.5	**Training**		
2.5.1	Meetings & Conferences (sharing with ILEP agencies)	Done	NLR Share paid to ILEP towards SLOs review meeting.
2.5.2	Harmonization Workshop of New Coordinators under NLR, related to their job	Not Done	After closure of project (31.3.2007) coordinators & LPAs were not recruited till Dec' 07.
2.5.3	Joint review Meetings at Delhi	Not Done	After closure of project (31.3.2007) LPAs were not recruited till Dec' 07.
2.5.4	Training of newly recruited LPAs	Done	Newly recruited LPAs for U.P trained in Dec 07 at Delhi
2.5.5	CBR Workshop, Nepal	Workshop attended	Dr. M. A. Arif (C.R) & Dr. P. R. Manglani attended workshop on CBR at Nepal.
4.3	**Special budget**		
4.3.1	COMLEP Pilot Project	Done	COMLEP pilot project for the state of Delhi successfully accomplished.
4.3.2	Strategic Planning Workshop based on LFA	Done	Strategic Planning workshops based on LFA were successfully accomplished for Jharkhand, Delhi, Uttarakhand & U.P states.
4.3.3	Facilitation Skills Workshop for Medical College Professors.	Done	Facilitation Skills Workshop for Medical College Professors based on LFA were successfully conducted in Nainital & Cochin
4.3.4	SCG meeting in Indonesia	Attended	Dr. M. A. Arif & Dr P.R. Manglani participated in SCG Meeting in Indonesia.
4.3.5	Neuropathology Workshop in Amsterdam	Travel claim reimbursed	Travel claim reimbursed to Indian Delegates for attending Neuropathology workshop in Amsterdam.
4.5	**Teaching materials**		
4.5.1	Printing of DPMR Guidelines	Not Shared	DPMR Guidelines were not ready, hence sharing of cost not done.

3.2 Analysis of approved activities, Trust Office – 2007

Table 5 Analysis of activities, Trust Office – 2007

ILEP No.	Description of activities	Result	Analysis/comments
1.4	**Vehicles**		
1.4.1	Sale of Old Vehicle	Income Generated	An old project vehicle was sold.
2.1,2.2 & 2.3	**Salaries & Staff Benefits**		
2.1	Salary M.O	Not disbursed	Because of the delay in signing of MOU with GOI, Coordinator Projects was not appointed.
2.2 & 2.3	Salary Admin Staff.	Disbursed	Salaries & staff benefits disbursed as per norms.
2.5	**Training**		
2.5.1	Sharing with ILEP Agencies	Not Done	No major activities were undertaken by ILEP members in India hence costs were also not shared.
4.5	**Teaching materials**		
4.5.1	Sharing with ILEP Agencies (DPMR & Other materials)	Not Done	DPMR Guidelines were not ready, hence sharing of cost not done.

3.3 Activities in Delhi – 2007

S. No.	Activity	Period	ILEP Head
1	Training on Drug Supply Management was supported by DTST	Jan-Feb'07	2.5
2	Training of District Nucleus & Paramedical staff on Cohort Analysis was organized by DTSTs'	Jan-Feb'07	2.5
3	Awareness programme was organized amongst ASHA workers and Civil defence workers	Jan-Feb'07	2.5
4	General Health Care staff was given training on issues of self care practices	Jan-Feb'07	2.5

3.4 Activities in Bihar – 2007

S. No.	Activity	Period	ILEP Head
1	A meeting with District Nucleus staff was organized to orient them with concepts and practice of supervision and monitoring	Jan-Feb'07	2.5
2	Trainings of Anganwari Workers, Auxiliary Nurse Midwives, and Health Educators	Jan-Feb'07	2.5
3	Sensitization meetings with village level health worker i.e. ASHAs', Panchayat ward Commissioner, female groups at village level and community development NGOs	Jan-Feb'07	2.5
4	Trainings of ANM/HW and pharmacists to promote self-care practices amongst leprosy affected persons	Jan-Feb'07	2.5

5	Supported GHC syatem in implementing leprosy control activities effectively through correct diagnosis & treatment, case-holding, POD, disability care, patient counseling and education, drug supply management, planning, monitoring, supervision, recording and reporting	Jan-Feb'07	2.5
6	DTSTs' provided trainings on the abovementioned issues by participating in formal training session as facilitator and also on the job where formal training could not be conducted on the abovementioned issues by visiting health centers	Jan-Feb'07	2.5

3.5 Activities in Jharkhand – 2007

S. No.	Activity	Period	ILEP Head
1	Advocacy meetings were organized to gain the support of all district level programme officer and tertiary level hospital	Jan-Feb'07	2.5
2	Trainings was imparted to Medical officers of various health agencies in the state, AWW, Mahila Mandal Groups, Supervisors, Dressers and Pharmacists on issues like correct diagnosis & treatment of leprosy cases, case-holding, POD, disability care, patient counseling and education, drug supply management, planning, monitoring, supervision, recording, reporting and self care practices	Jan-Feb'07	2.5
3	Awareness programmes were conducted for Village level administration (Village Panchayat), SC/ST colonies and Village women folk. In addition, leprosy huts were used in some of the IEC activities	Jan-Feb'07	2.5
4	Review meetings with DLO & GHC staff were conducted to assess the progress of the National leprosy eradication Programmes at the district level	Jan-Feb'07	2.5
5	Training was imparted to volunteers and Registered Medical Practitioners and Private practitioners were also trained at the district level	Jan-Feb'07	2.5
6	Leprosy patients who were under treatment or released from treatment were also trained in self care practices	Jan-Feb'07	2.5

3.6 Activities in Uttarakhand – 2007

S. No.	Activity	Period	ILEP Head
1	Advocacy meetings with Panchayat and at rural & district areas were conducted	Jan-Feb'07	2.5
2	Advocacy meetings were organized at district level and in rural areas.	Jan-Feb'07	2.5
3	Reorientation training of MOs' and Army Medical Staff was done on issues like correct diagnosis & treatment of leprosy cases, case-holding, POD, disability care, patient counseling and education, drug supply management, planning, monitoring, supervision, recording, reporting and self care practices	Jan-Feb'07	2.5
4	Village leaders were sensitized to the leprosy related issues during BDC meetings	Jan-Feb'07	2.5
5	Quarterly review meetings of NLR teams were also conducted	Jan-Feb'07	2.5

3.7 Activities in Uttar Pradesh – 2007

- Since DTST project was withdrawn in March 2007, hence no major activity could take place in Uttar Pradesh in year 2007.

3.8 Activities in West Bengal – 2007

- Since DTST project was withdrawn in March 2007, hence no major activity could take place in West Bengal in year 2007. However, some training activities were carried out by DTSTs'

4. OTHER DEVELOPMENTS

4.1 Introduction

Till March 2007, NLR-India continued its support and contributed to the NLEP activities at various levels. After March 2007, when MOU with GOI ended, the differences of opinion started to crop up amongst ILEP partners in India regarding the issues related to strategy of support to the NLEP to be adopted and distribution of districts between them, which delayed the signing of new MOU with GOI by 8-9 months. However, NLR-India carried out following innovative activities, which are given as under:

4.2 'COMLEP' Pilot Project

Tremendous achievements have been made in the National Leprosy Eradication Programme and this programme has been labeled as one of the best leprosy control programmes in the world. During the period when the programme was vertical, there was specific staff to handle records, patient's data and reports. An information system was there with detailed and comprehensive records available at each service providing center. Vertical staff was competent enough to handle around 13 registers/records. When the number of cases decreased, it was thought that handling the programme in a vertical structure will not be not cost-effective, hence it was decided that the leprosy services should be integrated into General Health Care (GHC) system.

With this integration, it was felt necessary that the data to be recorded and reports to be generated should be minimized and simplified so that GHC staff is able to handle the workload along with their other responsibilities. Through a workshop, Simplified Information System (SIS) was developed, which is working well in the programme. The system still caters through sending and receiving the reports in hard copy, which are some times missed due to postal errors. In the modern era, when everyone is carrying a computer, it is vital to think in the direction of computerization of records and information system. Attempts have been made at various levels to computerize the database but it could be done only in few states and with no uniformity. Now since the computers will be available through National Rural Health Mission (NRHM) in each and every district of the country, it is prudent to think about computerized management information system. University of Amsterdam Medical Centre, WHO Regional Office in Africa, University of Southampton, KIT and Netherlands Leprosy Relief took an initiative to develop a database for maintaining computerized patient's records with adaptation from the package piloted in African countries. This package was designated as 'COMLEP'. Dr. Peter Nicholls had done most of the development work on the first version of COMLEP, which was based on Epi-Info 3.3.

A workshop was held in May 2007, in order to introduce COMLEP leprosy data management system to teams of four countries viz. Indonesia, Vietnam, India and Nepal. This database was developed using Epi-Info and was modified to the needs of leprosy control programme.

Following the workshop, the COMLEP system was introduced in two districts of Delhi for field testing purposes. As a part of preparatory phase following activities were carried out.

- Coding of hospitals and districts was completed by SLO's office.
- Designing and printing of formats as per the fields created in COMPLEP package.
- Training of staff in disability assessment and in filling up of the designed formats. During training, 1st day was utilized for briefing on COMLEP plus VMT ST Assessment, 2nd day was used for on the job training with patients and 3rd day was used for discussions and feedback. Leprosy Assistants were trained for one more day to enable them to use COMLEP package and data entry module.

In the implementation phase, Leprosy Assistants were posted at major hospitals of South and west districts of Delhi. Specialist in-charge of Skin & VD department in these hospitals ensured that all required information was recorded during leprosy patient management. The trained Leprosy Assistants visited the assigned hospital once in a week and entered the required information into computer using COMLEP software from the patients' cards and master register. One Leprosy Programme Advisor supervised these Leprosy assistants by making visits every fortnight. This project continued into year 2008.

4.3 'Logical Framework Approach' (LFA) Workshops

In India, most of the time situations and problems are dealt with on ad-hoc basis, because there is no plan in place. It is well established, that for unstructured activities, 80 % of the efforts give less than 20% of the valuable out come. Much of the time is spent in deciding what to do next, wait for State govt. and GOI instructions/guidelines. Absence of clear cut instructions or guidelines, leads to unnecessary, unfocussed, and ineffective steps. Since planning provides direction towards which the team moves, it links objective with resources and actions. Planning is also important to monitor the activities, so that if the activities are not going as per the plan, corrective actions could be taken in time. It gives an opportunity to evaluate actions in relation to the objectives. Lessons learnt, by evaluation, could be used for future planning. The DTST project ended in March 2007 because of conclusion of MOU between ILEP agencies and GOI. However, realising the abovementioned state of planning in India NLR introduced Logical Framework Approach (LFA) which is based on participatory approach for result based Strategic Planning in 2 NLR supported states viz. Jharkhand, and Delhi. NLR has also supported workshops in these 2 states for the preparation of state level "Plan of action" document. This approach of planning is likely to acquire more importance in health care sector in India, because of the fact that NRHM and RCH-II also support result based participatory approach for planning.

- Strategic Planning Workshop was organized for the State of Jharkhand for preparation of annual plan of action, from 21st May to 25th may 2007 at Jamshedpur, Jharkhand. This workshop was attended by DDG (CLD), the representatives of WHO, DFIT, and other stakeholders from the state.
- To develop a pool of experts who could facilitate the LFA workshops at state level, NLR organized two workshops for Professors of Medical Colleges at Nainital from 22nd Oct'07 –26th Oct'07 and Cochin from 18th Dec'07 to 21st Dec'07.
- NLR organized Strategic Planning Workshop for the State of Uttarakhand in Nainital for preparation of annual plan of action, between 17th and 19th July 2007. This workshop was attended by DDG (CLD), the representatives of WHO, representative of leprosy affected persons, and various other stakeholders in NLEP of the state.
- NLR organized Strategic Planning Workshop for the State of Delhi in Nainital for preparation of annual plan of action, between 21st and 23rd July 2007. This workshop was attended by DDG (CLD), the representatives of WHO, representative of leprosy affected persons, and various other stakeholders in NLEP of the state.
- A Strategic Planning Workshop was organized for the State of Uttar Pradesh in Nainital for preparation of annual plan of action, between 25th and 28th July 2007. This workshop was attended by DDG (CLD), the representatives of WHO, representative of leprosy affected persons, and various other stakeholders in NLEP of the state.

4.4 Visits of foreign delegates

- NLR India organized visits of foreign delegates-
  - Mr Jan Willem Dogger visited India from 25th to 29th March 2007.
  - Dr. Peter Nicholls and Dr Wim Van Brakel visited India from 1st May to 6th May to conduct the COMLEP workshop.
  - Mr Jos Brand visited India from 19th to 27th May to facilitate the LFA workshop.
  - Mr Jan Willem Dogger visited India to initiate and process of LFA workshop.
  - Mr Jan Willem Dogger visited NLR supported states in India Lucknow, Uttar Pradesh, Ranchi, Jharkhand and Delhi from 27th August to 6th September.
  - Mr Jos Brand visited India from 27th August to 6th September to facilitate the LFA workshop.
  - Mr Jos Brand visited India from 19th to 27th September to facilitate the LFA workshop.
  - Mr Jos Brand visited India from 15th to 24th December to facilitate the LFA workshop.
  - Dr. Piet Feenstra visited India from 2nd to 16th November 2007 to analyze the situation and suggested strategies to be adopted.
  - Dr. Anrik Engelhard visited India to facilitate the LFA workshop in Uttarakhand from 14th to 30th July 07

4.5 Participation in meetings

- Country Representative, Manager Accounts & Administration along with Mr. Sanjay Batra, Charted Accountant & Consultant, NLR India, attended a meeting of financial heads along with ILEP representatives on 22nd January 2007, held at Delhi, to discuss implications of newly introduced FCRA bill financial implications in new MOU and how to share expenses under new projects
- Country Representative attended a meeting of ILEP Partners on 23rd January at Delhi.
- Country Representative attended a joint DTST review meeting held at Patna, Bihar on 2nd February.
- Country Representative, Medical Advisor and ILEP State Coordinator attended a meeting with representatives of Medical & Health department of Uttarakhand on 22nd & 23rd February to discuss the support by NLR-India to Uttarakhand.
- Country Representative attended a joint DTST and DLO review meeting at Ranchi, Jharkhand on 26th & 27th February.
- Country Representative attended a meeting of State authorities of Uttar Pradesh to discuss future support by ILEP in the State of Uttar Pradesh. This meeting was held on 13th April 2007 at SLOs office.
- Dr. Anrik Engelhard, Medical Advisor from Amsterdam, Country Representative, Medical Advisor and ILEP State Coordinator attended a meeting with state authorities of Uttarakhand on 17th April to discuss the future support by NLR-India to Uttarakhand.
- Dr. Anrik Engelhard, Medical Advisor from Amsterdam, Country Representative, Medical Advisor and ILEP State Coordinator attended a meeting with state authorities of Jharkhand on 19th April to discuss the future support by NLR-India to Jharkhand.
- Attended a meeting of DDG (L), CLD staff, ILEP Partners, WHO representatives and Dermatologist at Nirman Bhawan, New Delhi on 28th May 2007 to discus the issues related to leprosy programme.
- Country Representative attended a meeting along with ILEP Partners working for the State of West Bengal and SLO of West Bengal on 3rd July 2007 to discus the ILEP support to the state.
- Country Representative attended a meeting along with ILEP Partners working for the State of West Bengal attended a meeting with SLO of West Bengal on 3rd August 2007 to discus the ILEP support to the state.
- Meting was attended by Mr. J. W. Dogger, Project officer, NLR Amsterdam, Country Representative along with NLR staff at Ranchi, other ILEP partners and with SLO to discuss outcome of Strategic Planning workshop and listed activities for the State of Jharkhand.
- Meting was held on 31st August 2007 at Uttar Pradesh, which was attended by Mr. J. W. Dogger, Project officer, NLR Amsterdam, Country Representative along with other ILEP partners to discuss outcome of Strategic Planning workshop and listed activities for the State of Uttar Pradesh
- Meting was held on 3rd September 2007 at Delhi, which was attended by Mr. J. W. Dogger, Project officer, NLR Amsterdam, Country Representative, LPA Delhi along with other ILEP partners and SLO to discuss outcome of Strategic Planning workshop, listed activities and COMLEP pilot project, for the State of Delhi
- Meting was held on 5th September 2007 at Dehradun, which was attended by Mr. J. W. Dogger, Project officer, NLR Amsterdam, Country Representative along with ILEP State Coordinator to discuss outcome of Strategic Planning workshop and listed activities for the State of Uttarakhand
- Country Representative and Dr. Manglani attended a CBR conference at Kathmandu from 4th – 6th October 2007.
- Attended a meeting of ILEP Partners at CNI Bhawan on 16th October 2007 to discus the functioning of ILEP in India.
- Country Representative, Manager Accounts & Admin attended a meeting on 21st November 2007 at TLM office to discuss the strategy that would be followed up in support to NLEP of Uttar Pradesh and distribution of districts and the issue related to Leprosy Programme Advisor.

- Country Representative attended a review meeting of DLOs of Uttarakhand on 23rd & 24th November 2007.
- Country Representative attended a meeting of ILEP Partners supporting Uttar Pradesh on 30th November 2007 to discus the strategy that would be followed up in support to NLEP of Uttar Pradesh.
- Country Representative attended a review meeting of North-Eastern States at Gangtok on 6-7 December 2007 and took a session on "Management Planning using LFA".
- Country Representative attended a meeting of ILEP Partners supporting Uttar Pradesh, NLEP coordinators and SLO (UP) on 28th Dec 2007 to discus the strategy that would be followed up in support to NLEP of Uttar Pradesh and distribution of districts.
-

4.6 Foreign visits

- Dr. M. A. Arif and Dr. P R Manglani visited Indonesia to attend Self care groups meeting.
- Dr. M. A. Arif and Dr. P R Manglani visited Nepal to attend CBR workshop from 4th to 6th October 2007.
- NLR supported participation of Indian delegates in Neuropathology workshop at Amsterdam.

4.7 Developments in Delhi

- Since DTST project was withdrawn in March 2007, hence no major activity could take place in Delhi in year 2007. However, LFA workshop was organized by NLR-India for preparation of annual plan of action of Delhi, between 21st and 23rd July 2007. This workshop was attended by DDG (CLD), the representatives of WHO, representative of leprosy affected persons, and various other stakeholders in NLEP of the state.

4.8 Developments in Bihar

- Since DTST project was withdrawn in March 2007; hence, no major activity except some routine activities could take place in Bihar in year 2007.

4.9 Developments in Jharkhand

- Since DTST project was withdrawn in March 2007, hence no major activity could take place in Jharkhand in year 2007. However, LFA workshop was organized by NLR-India for preparation of annual plan of action of the state, from 21st May to 25th may 2007. This workshop was attended by DDG (CLD), the representatives of WHO, representative of leprosy affected persons, and various other stakeholders in NLEP of the state.
- Mr. Jan Willem Dogger visited Ranchi along-with Dr. M. A. Arif to meet the S.L.O. and Health Secretary and discussed the outcome of strategic planning workshop and future course of action regarding preparation of strategic plan of activities to be supported by ILEP members.

4.10 Developments in Uttarakhand

- Since DTST project was withdrawn in March 2007, hence no major activity could take place in Jharkhand in year 2007. However, LFA workshop was organized by NLR-India for preparation of annual plan of action of the state, from 17th to 19th July 2007. This workshop was attended by DDG (CLD), the representatives of WHO, representative of leprosy affected persons, and various other stakeholders in NLEP of the state.

4.11 Developments in Uttar Pradesh

- Since DTST project was withdrawn in March 2007, hence no major activity could take place in Jharkhand in year 2007. However, LFA workshop was organized by NLR-India for preparation of annual plan of action of the state, from 25th and 28th July 2007. This workshop was attended by DDG (CLD), the representatives of WHO, representative of leprosy affected persons, and various other stakeholders in NLEP of the state.

4.12 Developments in West Bengal

- Since DTST project was withdrawn in March 2007; hence, only routine activities could take place in West Bengal in year 2007.

5. FINANCE

In following tables, an overall view of expenditures in India followed by detail expenditures made through Branch & the Trust office is provided. Detail of expenditure in the states and their explanation could be seen in individual annual reports.

5.1 Expenditure Statement of NLR India - 2007

Table 6 An overview of NLR India Budget Allocation & Expenditure – 2007

S.No.	State	Allocated Amount INR	Expenditure INR	Exp In %
1.	Branch Office	7,227,173.00	6,989,615.63	97%
2.	Trust office	1,991,585.00	757,247.00	38%
3.	Bihar	859,688.00	208309.44	24%
4.	Delhi	1,138,623.00	894,614.00	79%
5.	Jharkhand	2,873,400.00	2,297,623.43	80%
6.	Uttar Pradesh	3,910,300.00	2,157,274.00	55%
7.	Uttarakhand	1,188,769.00	1,478,361.00	-24%
8.	West Bengal	684,061.00	610,373.10	89%
TOTAL (INDIA) in INR In Euro		**I NR 19,873,599.00 € 342,165**	**I NR 15,393,417.60 € 265,030**	**77%**

Conversion in Euro as on 31.12.2007, www.oanda.com

- As a result of conclusion of the DTST project in March 2007 no activities were carried out; hence, less expenditure is seen in some of the projects like Bihar & Uttar Pradesh.

- As coordinator office at Dehradun (Uttaranchal) was operational to discuss & continue future support to State NLEP, hence over expenditure is seen.

5.2 Expenditure Statement of Branch Office - 2007

Table 7 Expenditure statement, of Branch office, for the year 2007

		Total Expenditure in the Year (INR)	Total Budget for the Year (INR)	Savings / (Over) Expenditure (INR)	Expen-diture in %
I. INVESTMENTS					
1.1	Buildings / Land				
1.2	Medical Equipment				
1.3	General Equipment	110,820.00	247,000	136,180.00	
1.4	Vehicles	(160,000.00)	No Budget	160,000.00	
1.5	Rehabilitation of equipment				
1.6	Miscellaneous				
	TOTAL INVESTMENTS	**(49,180.00)**	**247,000.00**	**296,180.00**	**-120%**
II. SALARY, STAFF AND TRAINING					
2.1	Medical Doctors	864,000.00	864,000.00	-	
2.2	Other Medical Staff	327,584.00	300,000.00	(27,584.00)	
2.3	Administrative Staff	694,066.00	672,000.00	(22,066.00)	
2.4	Staff Benefits	795,465.00	821,323.00	25,858.00	
2.5	Training	201,742.00	300,000.00	98,258.00	
2.6	Miscellaneous staff exp.	-	-	-	
	TOTAL SALARIES & TRAINING:	**2,882,857.00**	**2,957,323.00**	**74,466.00**	**97%**
III. MAINTENANCE					
3.1	Repairs and Utilities	543,663.00	1,146,250.00	602,587.00	
3.2	Anti-Leprosy drugs				
3.3	Other Drugs				
3.4	Vehicle Maintenance/ travel & Transport	873,950.00	1,017,000.00	143,050	
3.5	General supplies				
3.6	Miscellaneous				
	TOTAL MAINTENANCE	**1,417,613.00**	**2,163,250.00**	**745,637.00**	**66%**
IV. ADMINISTRATION					
4.1	Office Expenses	262,087.02	326,600.00	64,512.98	
4.2	Public relations	72,853.61	72,000.00	(853.61)	
4.3	Special budget	2,403,385.00	1,421,000.00	(982,385.00)	
4.4	Health education activities				
4.5	Teaching materials		40,000.00	40,000.00	
4.6	Miscellaneous				
TOTAL ADMINISTRATION:		**2,738,325.63**	**1,859,6000.00**	**(878,725.63)**	**147%**
TOTAL EXPENDITURE		**6,989,615.63**	**7,227,173.00**	**237,557.37**	**97%**
In Euro		**€ 120,445**	**€ 124,539**	**€ 4,093.60**	

(Conversion in Euro as on 31.12.07, www.oanda.com)

Brief explanation on the utilization of Branch office budget is given as under:

1.3, Gen Equipments: We had planned to shift the office, in which some expenditure was foreseen. With the development of having offices in residential versus commercial area, we have not shifted, hence the minimal expenditure was made in purchase of budgeted equipments and little bit in renovation.

1.4, Vehicles: An old vehicle, which was purchased from branch office fund for Uttarakhand project, has been sold; hence income is reflected in this head.

2.2, Other Med. Staff: Dr. Manglani's salary was budgeted only for three months, he resigned in the month of August, hence over expenditure is seen.

2.3, Admn. Staff: Pooja's salary was increased in the month of August 07 hence a minor over expenditure is seen.

2.5, Training: Because of cessation of project in March 2007, no major activity was undertaken. This contain expenditures on –

- ⇒ Advance Payment of registration fee & accommodation charges for ILC at Hyderabad.
- ⇒ Training of newly recruited Leprosy Program Advisors (LPAs) appointed for U.P
- ⇒ Payments for registration fee, air ticket & perdiem of Dr. Manglani for attending C.B.R workshop at Nepal.
- ⇒ Payment to ILEP towards NLR share for SLOs review meeting.

3.1 Repairs & Utilities: A lump sum amount was kept to pay a higher rent in case we had shifted to the commercial area, hence savings are seen hare.

4.1, Office Exp: Saving is seen due to cessation of our projects.

4.3, Special Budget: Over expenditure is seen as it contains expenditures on –

- ⇒ COMLEP workshop in Delhi.
- ⇒ Dr. Manglani & Dr. Arif's participation in SCG meeting in Indonesia.
- ⇒ Reimbursement to Indian delegates for participation in Neuropathology workshop in Amsterdam.

4.5, Teaching Material: This was budgeted to support DPMR learning material but till date DPMR guidelines are not printed.

Note: Savings under various heads can be seen because of cessation of project activities after March 2007.

5.3 Expenditure Statement of Trust Office - 2007

Table 8 Expenditure statement, of Trust Office, for the year 2007

		Total Expenditure in the Year (INR)	Total Budget for the Year (INR)	Savings / (Over) Expenditure (INR)	Expen-diture in %
I. INVESTMENTS					
1.1	Buildings / Land				
1.2	Medical Equipment				
1.3	General Equipment				
1.4	Vehicles	(145,000.00)	No budget	145,000.00	
1.5	Rehabilitation of equipment				
1.6	Miscellaneous				
	TOTAL INVESTMENTS	(145,000.00)	No budget	**145,000.00**	**NIL**
II. SALARY, STAFF AND TRAINING					
2.1	Medical Doctors	-	360,000.00	360,000.00	
2.2	Other Medical Staff				
2.3	Administrative Staff	285,793.00	312,000.00	26,207.00	
2.4	Staff Benefits	267,916.00	334,985.00	67,069.00	
2.5	Training	755.00	177,000.00	176,245.00	
2.6	Miscellaneous staff exp.				
	TOTAL SALARIES & TRAINING:	**554,464.00**	**1,183,985.00**	**629,521.00**	**47%**
III. MAINTENANCE					
3.1	Repairs and Utilities	192,308.00	258,400.00	66,092.00	
3.2	Anti-Leprosy drugs				
3.3	Other Drugs				
3.4	Vehicle Maintenance/ travel & Transport	145,643.00	304,000.00	158,357.00	
3.5	General supplies				
3.6	Miscellaneous				
	TOTAL MAINTENANCE	**337,951.00**	**562,400.00**	**224,449.00**	**60%**
IV. ADMINISTRATION					
4.1	Office Expenses	8,799.00	55,200.00	46,401.00	
4.2	Public relations	1,033.00	20,000.00	18,967.00	
4.3	Special budget		10,000.00	10,000.00	
4.4	Health education activities				
4.5	Teaching materials		160,000.00	160,000.00	
4.6	Miscellaneous				
	TOTAL ADMINISTRATION:	**9,832.00**	**245,200.00**	**235,368.00**	**04%**
	TOTAL EXPENDITURE	**757,247.00**	**1,991,585.00**	**1,234,338.00**	**38%**
	In Euro	**€ 13,048.9**	**€ 34,319.1**	**€ 21,270.2**	

Conversion in Euro as on December 31, 2007, www.oanda.com

Brief explanation on the utilization of Trust Office budget is given as under:

1.3, General Equipments: This reflects the income generated as a result of sale of a vehicle in Uttarakhand.

2.1, Medical Doctors: Staff was withdrawn from the field because of cessation of project in March 2007. Hence, the savings are shown under this subhead. Furthermore, MOU with GOI could not be signed and Coordinator Projects could not be appointed.

2.3, Admn Staff: Because of the delay in signing of MoU with Govt. of India, Office Assistant was not hired.

2.4, Staff Benefits: Savings here reflects the unclaimed medical benefits of employee.

2.5, Trainings: Because of cessation of MOU on 31st March 2007, no major activities were undertaken by ILEP members in India and costs were also not shared, hence savings are seen.

Under subhead 3.4, 4.1, 4.2, 4.3 and 4.5: Projects ceased to function in March 2007 and new MOU with GOI could not be signed. Hence, savings are seen.

6. CONCLUSIONS & RECOMMENDATIONS

1. The national goal of elimination of leprosy has been reached by December 2005. In the year 2007, NCDR and PR continued to decline but very slowly.

2. Out of the 6 states supported by NLR, UP detected more than 31,028 cases in nine months (April – Dec 06) i.e. nearly one-fourth of the total new cases detected in India, followed by Bihar (19041) and West Bengal (13551).

3. The treatment completion rates are poor in an urban setup of Delhi. There is a need that patient follow-up and retrieval is established and strengthened in an urban setup. The completion rates were calculated by NLR teams. GHC staff is not in habit of assessing completion rates by cohort. There is a need that cohort reporting by GHC staff is practiced. However, NLR teams have made some efforts in this direction.

4. Integration of leprosy into General Health Care Services has progressed, satisfactorily. NLR DTSTs have played a major role in strengthening and improving the quality of general health care services. NLR DTSTs in general have achieved a very good reputation in the districts supported by them. Diagnosis, treatment, maintenance of record, generation of reports, drug supply management and other components of the program are taken care by GHC staff independently with varying shades of quality. However, nerve function impairment assessment, management of complications and DPMR components need to be strengthened.

5. With the implementation of DPMR project by GOI, there will be a need to support the GHC staff in training in self-care and other POD services. Referral system under GHC is still under developed and requires further strengthening. This is need to develop and strengthen capacity at each level of health care services to ensure delivery of quality services to disabled and complicated cases. To enable the GHC staff in assessment of all disabled cases, and strengthening of POD services, is still a major challenge.

6. In relation to DPMR services, there is a need to develop guidelines in order to facilitate the smooth implementation of DPMR services.

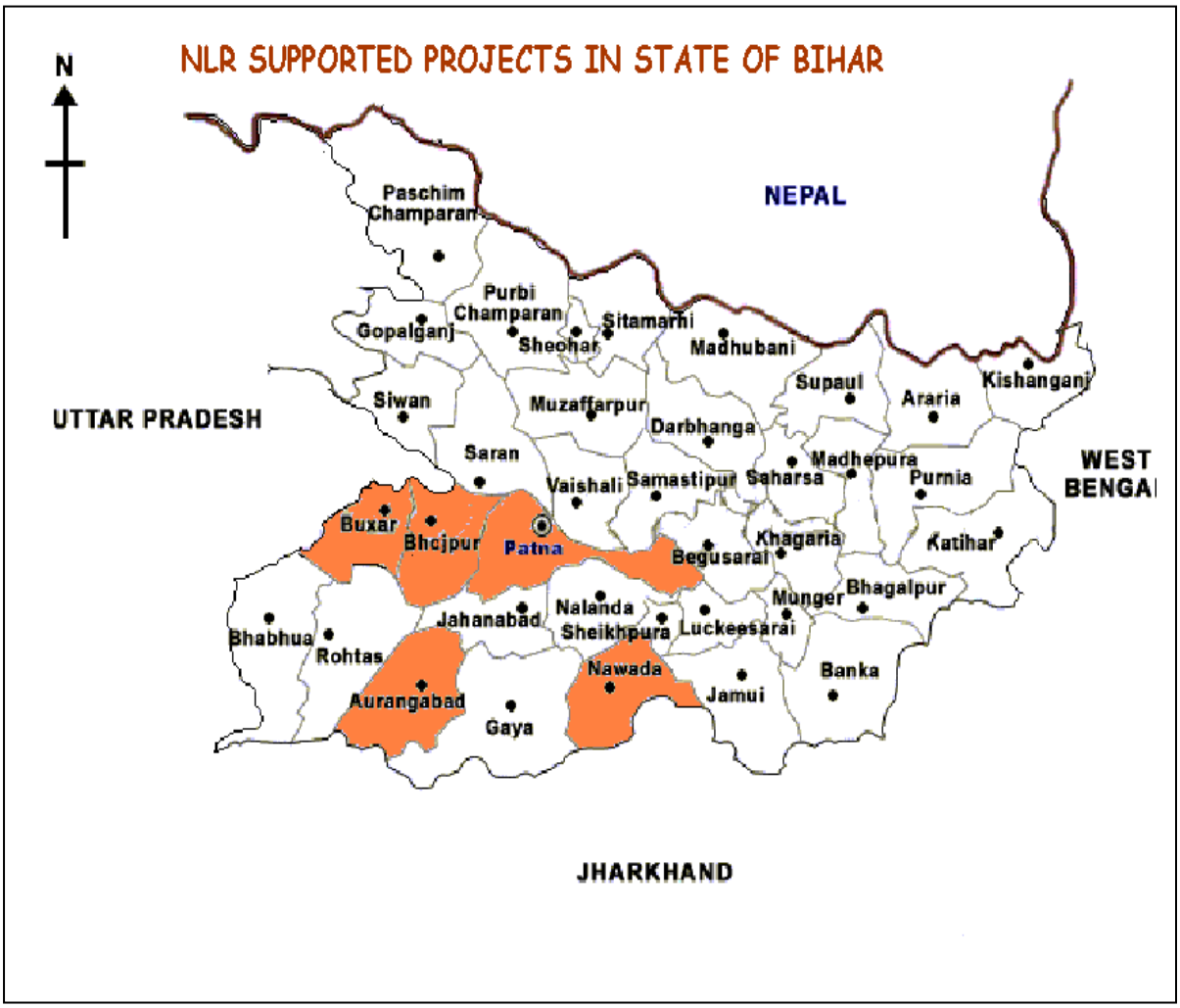
7. DTST project ended in March 2007, because of conclusion of MOU between ILEP agencies and GOI. Next MOU between ILEP agencies and GOI was delayed by almost nine months because of the differences of opinion amongst ILEP partners in India regarding the issues related to strategy of support to the NLEP to be adopted and distribution of districts between them. However, NLR-India carried out some innovative activities of national interest such as COMLEP Project and LFA workshops.

8. A workshop was organized in New Delhi to sensitise the participants to the COMLEP package. It was attended by participants from Indonesia, Vietnam, Nepal and India. COMLEP project was started in two districts of Delhi for field testing purposes. Implementation of COMLEP project included selection of hospitals in theses two districts on the basis of caseload, designing & printing of formats and training of LAs' in handling the COMLEP package.

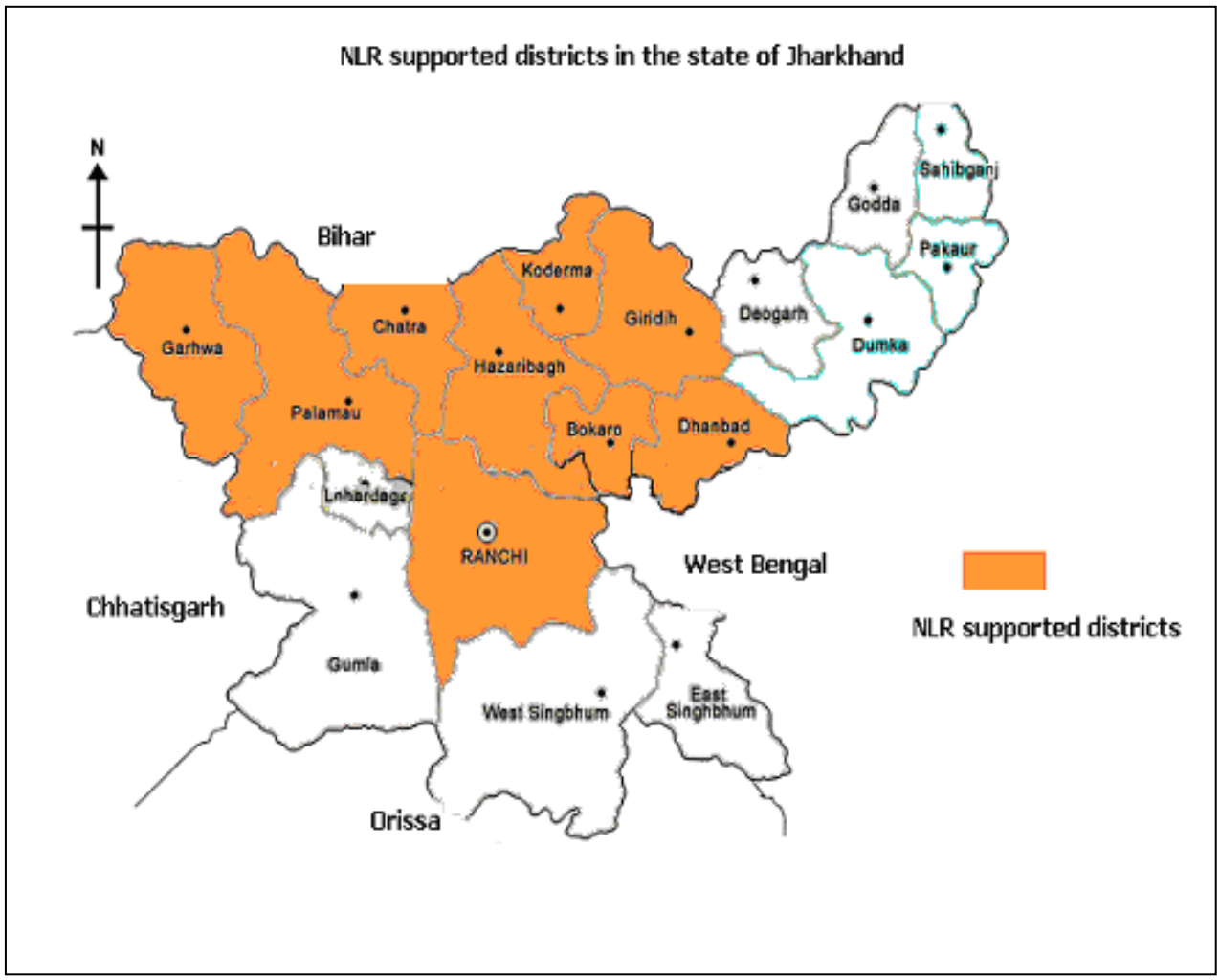
9. LFA workshops organized by NLR-India for the preparation of annual plan of action of different states was appreciated by all the participants including National and state level programme managers.

Annex I Map of NLR supported districts in Delhi state

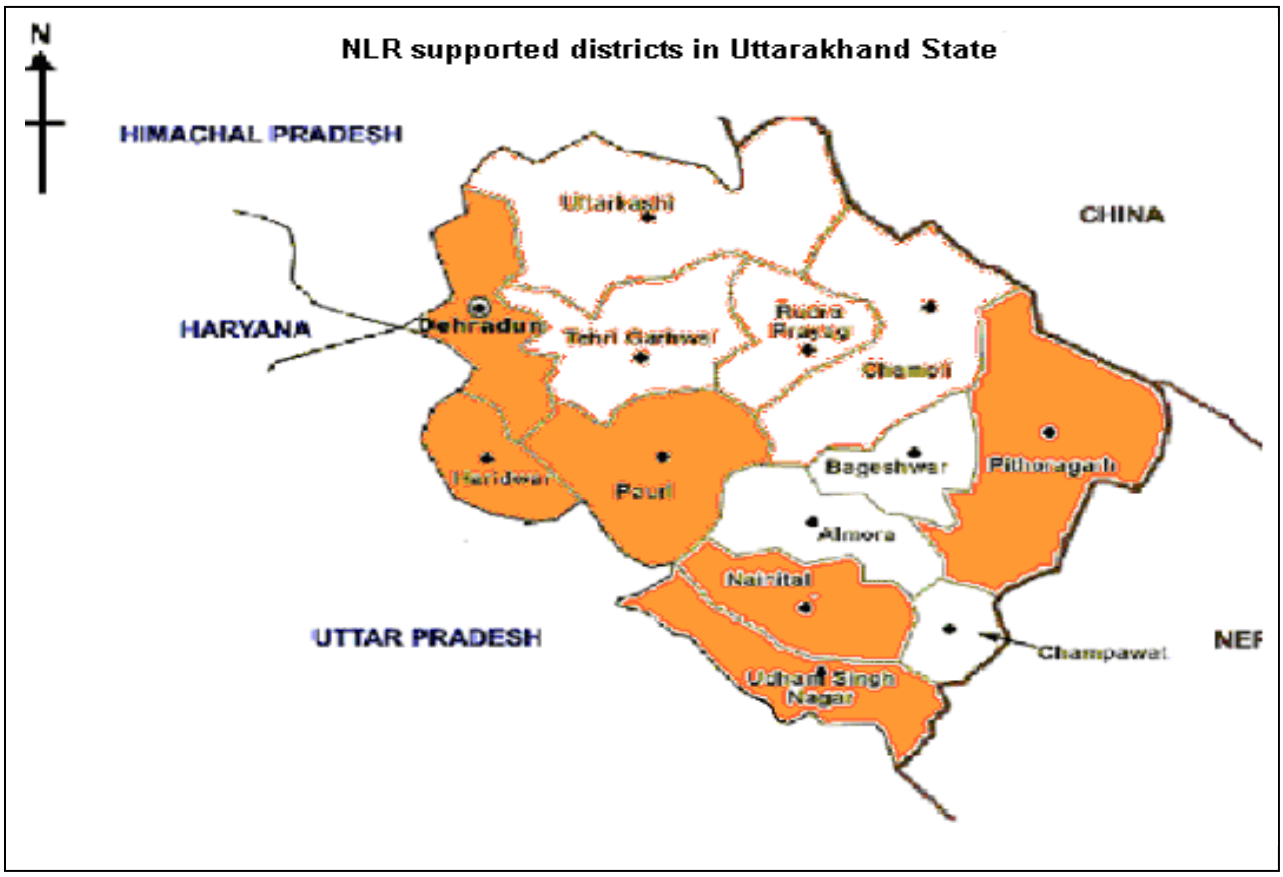
Annex II Map of NLR supported districts in Bihar state



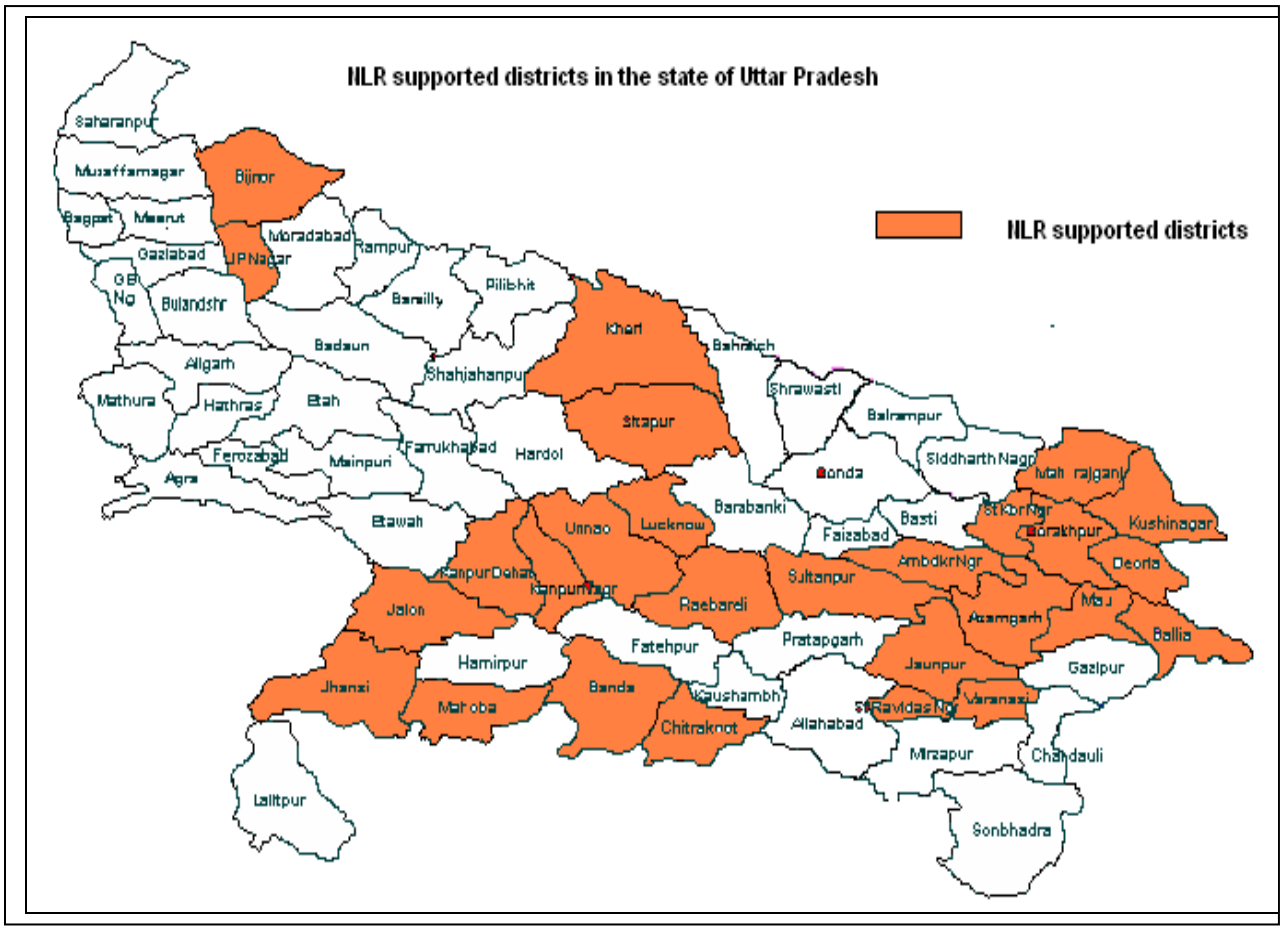
Annex III Map of NLR supported districts in Jharkhand state



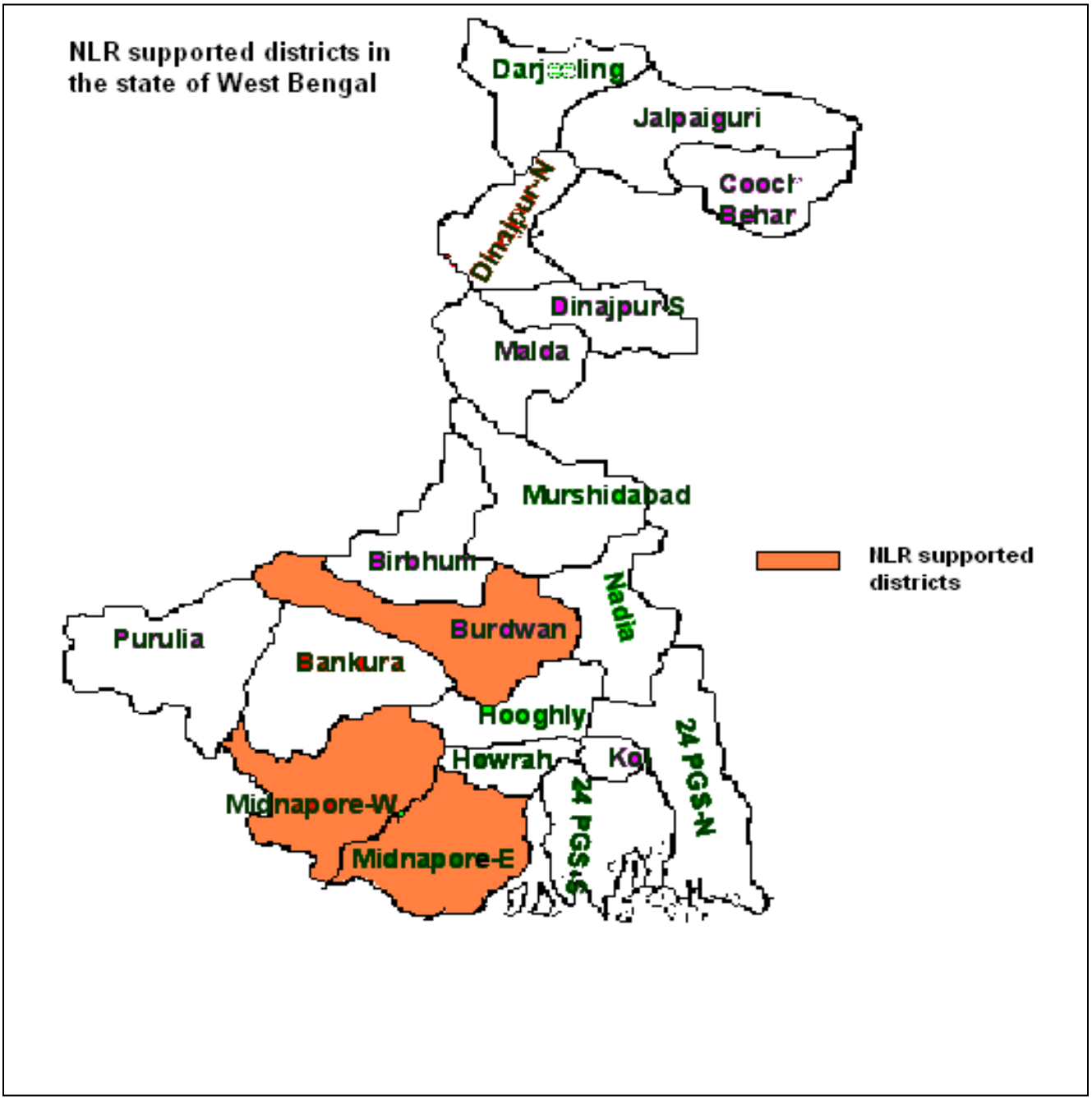
Annex IV Map of NLR supported districts in Uttarakhand state



Annex V Map of NLR supported districts in Uttar Pradesh state



Annex VI Map of NLR supported districts in West Bengal state



Annex VII Details of NLR Branch Office Staff

S.No.	Name	Designation	Residential Address
1	Dr. M. A. Arif	Country Representative	A–31-D, DDA Flats, Munirka, New Delhi
2	Dr. P. R. Manglani	Medical Advisor	133, Arjun Nagar, First Floor, Street 29, Safdarjung Enclave, New Delhi-110029
3	Mr. Ashok Kumar	Manager (Accounts & Administration)	C-1/190, Janakpuri, New Delhi
4.	Mr. Vishal M. Singh	Accounts Officer	42, Masjid Lane, Bhogal, New Delhi
5	Ms. Pooja Grover	Office Executive	H.No. 40, Madangir, New Delhi – 110062
6	Mr. Rustam Mansoor	Driver	F-177, Shaheen Bagh, Abul Fazal Enclave, Part – II, New Delhi – 110 025
7	Mohd. Ali Ahmed	Driver	F-147/3, Shaheen Bagh, Abul Fazal Enclave - II, Okhla, New Delhi – 110025
8	Mr. Joginder Prasad	Peon	C – 59, Satya Vihar, Kamal Pur, Burari, Delhi – 110084