ANNUAL REPORT - 2004

NLR Projects in India

An Overview

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INDIA

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LIST OF ABBREVIATIONS

ANCDR	Annual Case Detection Rate
AWW	Angan-Wadi Worker
BLAC	Block Level Awareness Campaign
BSG	Bharat Scout Guide
CMO	Chief Medical Officer (CMO & CS are same designation for the chief of
CBR	Community Based Rehabilitation
DANIDA	Danish International Development Assistance
DDG (L)	Deputy Director General (Leprosy)
DLS	District Leprosy Societies
DLO	District Leprosy Officer
DMO	District Medical Officer
DLA	District Leprosy Advisor
DTST	District Technical Support Team
FCRA	Foreign Contribution Regulation Act
GHC	General Health Care
GHS	General Health Services
GOI	Government of India
ICHD	International Course for Health Department
ILEP	International Federation of Anti-Leprosy Associations
IEC	Information, Education, Communication
INR	Indian Rupee
KIT	Koninklijk Instituut voor de Tropen (Royal Tropical Institute)
LEC	Leprosy Elimination Campaign
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
NCEL	National Conference for Elimination of Leprosy
NIHFW	National Institute of Health and Family Welfare
NGO	Non-Governmental Organization
NLEP	National Leprosy Eradication Programme
NMA	Non Medical Assistant (NMA and PMW are same depending upon the State)
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
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
TLM	The Leprosy Mission
TOR	Terms of Reference
WHO	World Health Organization

1. EXECUTIVE SUMMARY

Netherlands Leprosy Relief (NLR) a member of International Federation of Anti-Leprosy Associations (ILEP), is supporting National Leprosy Eradication Programe (NLEP) of India since the year 1993. The support was provided initially through other ILEP agencies and later NLR established its branch office in New Delhi, India, since March 2000. Besides technical and logistical support, at National and sub-national level, the support is mainly in the form of 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. Through 36 DTSTs, at present, NLR is supporting 62 districts in 6 problem states of India.

While analyzing epidemiological developments under NLEP of India, though the prevalence rate is declining steadily, there is no major decline in Annual new case detection rate, rather an increase is seen in last four years due to special case detection activities like Modified Leprosy Elimination Campaigns (MLEC) and Special Action projects for Elimination of Leprosy (SAPEL). 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. National average of PR is around 1.98 and ANCDR at present is 1.95 per ten thousand population.

NLR in general has made some major progress in its functioning in India in the year 2004. Long awaited Foreign Contribution Regulation Act (FCRA) clearance was obtained from Home Ministry in the month of August 2004. Draft of MOU between ILEP agencies and GOI was agreed and submitted to GOI in the month of December 2004. It was signed in February 2005. It gave a special status, to ILEP, of being an important and useful partner in eradication of Leprosy from India. NLR also signed an MOU with state of Uttaranchal as a sole ILEP agency supporting the whole state. NLR was awarded the best NGO of the year 2004 for its functioning in Delhi state. Two of its paramedical workers were also awarded the certificate of best workers for the year 2004. These awards were given by Government of Delhi in an organized award distribution ceremony. Almost all the Medical Officers, NMS and NMAs attended the National Conference for Elimination of Leprosy held at Raipur, Chhattisgarh state, in the month of January 2004. One of the poster from Mr. Jai Ram, NMS DTST, Ranchi, was awarded the best poster.

Though the achievements were many but there were some problems and delays in running of NLR projects due to factors beyond our control. Nine ILEP member organizations are working in India with their own mandates and priorities. 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. While working in states our teams find it difficult sometimes to meet out ad-hoc requests from districts and states. Also they are dependent on support teams for everything and on the other hand enthusiastic team members sometimes implement the activities of their own.

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.

2. INTRODUCTION

2.1 About NLR India

Netherlands Leprosy Relief (NLR), a member of International Federation of Anti-Leprosy Associations (ILEP), is supporting National Leprosy Eradication Programme (NLEP) of India. Besides providing technical and logistical support, at National and sub-national levels, the support is mainly in the form of 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. NLR involvement in India started from Bihar nearly 12 years ago i.e. in 1993. This support was extended to Uttar Pradesh & Uttaranchal state in the year 1998, to Delhi state in the year 1999, to Jharkhand in the year 2000 and to West Bengal in the year 2001. NLR established its branch office, in India, at Delhi, in the year 2000.

Realizing the utility of DTSTs in strengthening the process of integration, it was agreed upon to extend placement of DTSTs to cover all the districts including districts of low endemic states. Through mutual discussion among ILEP agencies and Central Leprosy Division, ILEP agencies have agreed to increase the number of DTSTs and also to place state level support teams in low endemic states. NLR was also given the option of providing teams in Orissa and other states. Through discussions with NLR medical advisors it was not considered appropriate to accept this offer on the plea that it is better to consolidate the existing support and improve supervision for existing teams rather than spreading too thinly in many states.

During 2004, GOI developed guidelines on placement of DTSTs in various states indicating number of State and District level teams with the names of ILEP organizations providing them. According to new guidelines and with mutual agreement, in the year 2004, one state level support team was added by NLR in the state of Uttaranchal. Now all the three teams in Uttaranchal are provided by NLR while state level support team (STST) started functioning from June 2004. Also in the year 2004, on the request of Delhi state / SLO, one more district – South Delhi was added under NLR DTST support. By the year 2005 NLR is supporting 62 districts in 6 states of India through 36 DTSTs as given in the table below.

Table 1 State wise number of DTSTs and 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	18
3	Uttar Pradesh	-	14	33	70
4	Uttaranchal	1	2	6	13
5	West Bengal	-	3	3	18
6	Delhi	-	2	5	9
Total	**6**	**1**	**35**	**62**	**165**

(Source: GOI guidelines for placement of DTSTs 2004)

2.2 Collaboration with ILEP partners

In general and as per GOI guidelines, DTST Projects in each state should be supervised and monitored by a State DTST Co-ordinator identified and supported by ILEP. Besides monitoring and supervising teams in the state, this coordinator is supposed to liaise with state authorities and Central leprosy division. In U.P. & W.B. it is a joint project where TLM in UP & GLRA in WB is coordinating agency. In UP, to maintain uniformity in functioning of DTSTs, a common Coordinator has been identified, by all partners. Expenditure of coordinator and other staff's salary, expenses of coordinator's office is shared by all partners i.e. TLM, AIFO and NLR. While in West Bengal there is a common coordinator but salary and other expenditures are not shared by all partners. State coordinator of WB and his office is monitoring and supervising teams provided by all partners. In the year 2004, it was agreed by TLM (the erstwhile coordinating agency for Uttaranchal) that NLR will be the coordinating agency for state of Uttaranchal. NLR is also coordinating agency for the state of Jharkhand but the expenses and salary of coordinator is not shared by partners (TLM DFIT and NLR). Table shown below gives an account of DTST support by different ILEP Agencies

Table 2 DTSTs by ILEP agencies in NLR supported States

S.N.	Name of State	TLM		NLR		LEPRA		GLRA/ ALES		DFIT		AIFO		Total	
		Dt.	DTST	Dt.	DTST	Dt.	DTST	Dt.	DTST	Dt.	DTST	Dt.	DTST	Dt.	DTST
1.	Bihar	1	1	5	5	9	9			22	22	-	-	**37**	**37**
2.	Delhi	2	1	5	2	-	-	1	1	1	1	-	-	**9**	**5**
3.	Jharkhand	4	2	10	9	-	-	-	-	8	8	-	-	**22**	**19**
4.	Uttaranchal	-	-	6	2+1*	-	-	-	-	-	-	-	-	**6**	**3**
5,	Uttar Pradesh	25	9	35	14	-	-	-	-	-	-	10	4	**70**	**27**
6.	West Bengal	4	4	3	3	-	-	11	11	-	-	1	1	**19**	**19**

(Source: GOI guidelines for placement of DTSTs 2004)
Dt. = Number of supported Districts
DTST = District Technical Support Teams
*There is one more State level Technical Support Team (STST) provided by NLR at Dehradun

It can be seen from the table that all the districts of endemic states like Bihar, Delhi, Jharkhand, UP and West Bengal are supported by DTSTs while only 6 districts out of 13 are supported in Uttaranchal being a low endemic state.

2.3 Problems and Delays

1. About 9 ILEP members are working in India with their own mandates and priorities. Provision of DTSTs is common through all partners. There are no working documents or common annual action plan agreed up on by all partners. Within ILEP, different collaborations and co-ordinations exist in different states.

2. There is lack of uniformity in implementation of activities in all the districts of a state except in UP an Uttaranchal because of multiple ILEP partners working with their own mandates and priorities. There is no mechanism whereby discussions are held with state authorities, consensus is reached and a common action plan is prepared.

3. NLR believes in working for the governments and with the governments. Since the activities are dependent on the government machinery there were some problems and delays in organizing activities due to non availability of officials and dates for organizing activities, lack of motivation because of lack of incentives as provided in other programmes, other priorities like pulse polio, transfers, ensuing elections, strikes of GHC staff.

4. There were funds allocated for various activities in World Bank project implementation plan (PIP), to be utilized in specific time period. Because of lack of knowledge of the PIP document, delays in or non approval of funds for the activities, from district leprosy societies, ease at which ILEP agencies can approve funds, NLR and other ILEP agencies are expected to support those activities.

5. In general, district and state level officials are not in the habit of planning and budgeting the activities. Often there are ad-hoc requests from district and state officials for the activities not planned in our annual plans & budget.

6. There are over expectations by Govt. staff in the form of vehicle or other logistical support. Denial leads to unnecessary misunderstanding, lack of cooperation, lack of appreciation and delays in implementation of the activities.

7. Because of technical expertise and uninterrupted mobility of DTSTs there is dependence on DTSTs seen in DLOs and SLOs. Sometimes for every problem, solution seems DTSTs. On the other hand enthusiastic DTSTs have tendency to implement the activities, sometimes also due to lack of GHC staff.

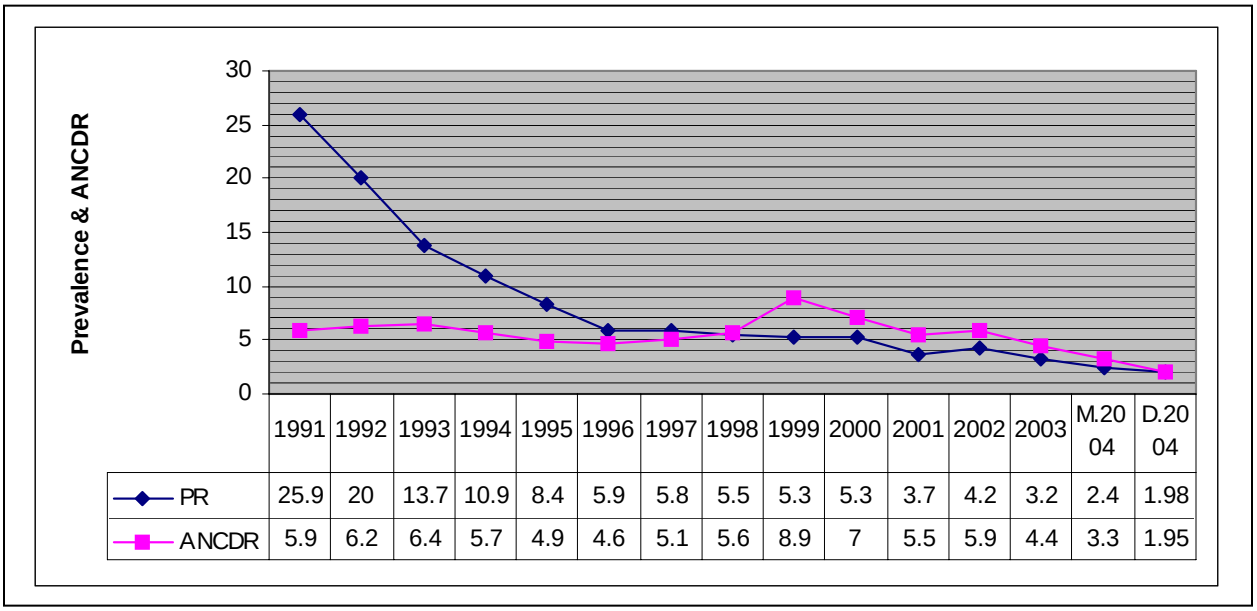
NLR in India is working in close cooperation, coordination and collaboration with major local and international NGOs (ILEP members), WHO, and Govt. of India. This report gives an overview of functioning of NLR in India.

3. EPIDEMIOLOGICAL DEVELOPMENTS

3.1 India

Gradual reduction in registered Prevalence Rate continued in yr. 2004 also. Five endemic states ie Bihar, Jharkhand, UP, W.B. and Delhi remained endemic this year also. Trends in India in the figure below indicates peaks in ANCDR due to repeated Modified Leprosy Elimination Campaigns (MLECs)

Figure 1Trends of Leprosy Prevalence & Annual New case detection rates in India



	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	M.2004	D.2004
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	1.98
ANCDR	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	1.95

(Source: NLEP, GOI 2004)

Since, NLR is supporting only 6 states in India data from these states have been taken to give an idea of epidemiological trends in NLR supported projects. In the last row Indian averages are also depicted for comparison. It can be seen that about 50% of the new cases are from these states.

Table 3 Essential Indicators used in NLEP (as on December 2004)

SN	State/ UT	Cases on record as on Dec. 2004	Prevalence Rate per 10000 Population	New cases detected from April 2004-Dec. 2004			Proportion among new cases			
				PB	MB	Total	MB %	Female %	Child %	Gr. 2 %
1	Jharkhand	14194	4.96	10131	6875	17006	40.43	38.77	16.51	1.46
2	Bihar	35116	3.93	23495	9392	32887	28.56	39.76	19.10	0.71
3	Delhi	5578	3.62	1576	1695	3271	51.82	19.17	6.05	2.57
4	Uttar-anchal	1062	1.19	576	467	1043	44.77	30.97	10.50	1.25
5	Uttar Pradesh	44347	2.49	22332	16157	38489	41.98	31.58	8.02	1.26
6	West Bengal	19739	2.34	5733	6851	12584	54.44	29.59	10.50	2.11
	Total (6 states)	**120036**	**2.97**	**63843**	**41437**	**105280**	**39.36**	**34.67**	**13.09**	**1.26**
8	**India**	**215802**	**1.98**	**128254**	**84251**	**212505**	**39.65**	**35.60**	**13.68**	**1.53**

(Source: Monthly progress report, NLEP GOI Dec. 2004)

As can also be seen in the above table, state of Jharkhand is showing the highest prevalence rate while the number of new cases detected are highest in UP and Bihar probably because of the large population, delayed start of the MDT services and large infection pool. High proportion of MB cases with high proportion of deformity in West Bengal indicates that the cases are not detected early and that there may be hidden cases. With WHO and GOI policy to discourage active search there is a need to improve IEC activities and strengthen integrated leprosy services.

We could not generate two important indicators namely Cure rates and proportion of Grade 1 disability among new cases These two indicators are not calculated regularly as the SIS guidelines developed and issued by GOI do not contain provision for calculation of these indicators hence the system is not in habit of calculating them. Through LEM exercises and through our teams, special efforts are being made to calculate cure rates but still no efforts are made to calculate proportion of Gr. 1 disability among new cases. NLR has initiated assessment of Gr. 1 disability while validating new cases. These sampled data could be extrapolated to yield information about the persons requiring special care like MCR, self care training etc.

4. ANALYSIS OF ACTIVITIES

Following activities were performed by DTST in general in various states together with and through General Health Care (GHC) staff:

Our teams supported state and district authorities in planning of various activities at state and district level.
Our teams supported GHC system in effectively implementing leprosy eradication activities, including correct diagnosis, treatment, case-holding, POD, disability care, patient counseling and education, drug supply management, planning and monitoring, recording and reporting and implementation of technical supervision by the supervisory staff of the GHC services.
Our teams provided trainings, both on-the-job and by participation in formal courses. Around 75% of our DTSTs time and budget is utilized in supervision and on the job support. Some of the team members were among the core trainers in the state. Through validation and interactions with GHC staff, NLR teams were able to assess training needs and imparted trainings accordingly.
Our teams supported GHC staff, in reviewing patient records, registers and reports and implementation of Simple Information System (SIS) introduced by Government of India.
Our teams provided support in Planning & implementation of IEC activities.

Besides above support provided by the teams, some activities were planned and budgeted for the year 2004, which can be seen in the table below:

Table 4 Activities approved as per the branch office budget, 2004

Nr.	**Description of activities**	**Result**	**Analysis/comments**
2.5	**Training**		
2.5.1	Meeting & Conferences	Shared with ILEP agencies	Some amount was allocated in this head for sharing of activities requested ad-hoc by state and central government, which is shared by ILEP agencies.
	POD training	It was organized in states of UP, Delhi and Uttaranchal	
	DTST coordinator's workshops	Held at Bhubaneshwar, Hyderabad and Delhi. W'shop at Ranchi, was organized by NLR, ,	These coordinators meeting are organized every quarter, one ILEP member takes the responsibility of organizing it and expenses are shared by all partners
	Training of DLOs of Delhi in clinical and managerial aspect of leprosy	Was organized at Delhi for three days, topics covered were clinical, SIS, Drug supply management, planning, monitoring and evaluation	It was not budgeted. It was requested by SLO in response to initiatives taken by NLR and agreed by all partners
2.5.2	Refresher course of NLR DTST M.Os, NMS and other staff	To update the knowledge and skills DTST staff, reorientation of all members from Bihar and Jharkhand was organized at Bodhgaya. Main	This type of reorientations are very encouraging for the teams as they know each other, interact and share their experiences besides updating

Nr.	Description of activities	Result	Analysis/comments
		topics discussed were POD, Supervision, Motivation, presentation skills, planning cycle, and a role play was done by the members	their knowledge
4.4	**Health Education Activities**		
4.4.1	Health Education Material	Patient cards for the state of Jharkhand were printed	This was to fill up the gap as the state was taking time to print it from World Bank budget
		Exhibition sets were prepared to supply to each district supported by NLR,	They are helpful in displaying leprosy messages during special congregations, during camps and special markets
		Photo cards were printed	They were very helpful to be carried with health care workers
4.5	**Teaching materials**		
4.5.1	POD booklets	Purchased from TLM media center and distributed to Bihar and Jharkhand	POD camps were organized through World bank funds but no arrangements were made for supply of self care booklets, hence supplied by NLR
4.5.2	Pens, writing pads, plastic folder and OPD slips with leprosy messages	Printed and supplied to Delhi, Bihar and Jharkhand	They were found to be very useful due to dearth of these items in state governments
4.5.3	Flow chart for diagnosis and management of leprosy	Developed by a core group of ILEP members in discussion with Leprosy division,	This activity was under discussion during the year 2003 but no concrete decision was taken to finalize it. Country representative was a member of the core group and actively participated in its development. In 2004 leprosy division agreed to supply it to the whole country through ILEP hence it was not budgeted for the year 2004
4.5.4	Community Based Rehabilitation (CBR) kits	Procured from Bangalore	This was an ad-hoc request from INFOLEP hence was not planned and budgeted

5. OTHER DEVELOPMENTS

5.1. Introduction

NLEP of India is operational from the year 1983. Many local and International agencies were supporting NLEP. These agencies were WHO, World Bank, DANIDA, ILEP and other local NGOs. Policies of GOI were mostly influenced by WHO and World Bank and ILEP had a small role to play. DANIDA ended its support in 2003, World Bank ended its project in 2004 and now ILEP is gaining more importance and can influence GOI. WHO and GOI had set a goal to eliminate leprosy by the year 2000 in line with the resolution at World health assembly. NLEP could not compete with M.leprae and its epidemiology and could not achieve so called elimination by the year 2000. This target was extended to 2002 then to 2003 and finally shifted to December 2005.

In the year 2004 DDG (L) changed and with WHO influence policies of GOI started changing towards achieving the target of elimination of leprosy. Special activities like Leprosy Elimination Monitoring (LEM) and Validation of new cases were carried out by NIHFW/GOI with support from WHO and ILEP. Few NLR team members participated in LEM and validation exercises as monitors and validators. Besides other findings, these exercises highlighted high proportions of wrong diagnosis and inflated prevalence rates due to faulty recording and lack of updating of registers. WHO emphasized that elimination is not achieved in India due to operational factors.

GOI issued instructions to State Leprosy Officers (SLO) to validate all the cases which are newly detected, update the registers, follow Accompanied MDT etc. etc. all measures to eliminate leprosy. Our DTSTs were also pressurized to be involved in 100% validation of cases, deletion of wrongly diagnosed cases, deletion of cases which are defaulters, deletion of cases ,which are over treated or cured but not removed from the registers.

Other than this some of the important developments, which took place in our projects are as under:

5.2 Overall Developments

1. In general all Support teams extended their support in planning and implementation of special activities like Modified Leprosy Elimination Campaign (MLEC), Special Action Projects for Elimination of Leprosy (SAPEL), Leprosy Elimination Monitoring (LEM) and Block Level Awareness Campaign (BLAC) in various states. As per request from GOI our teams were also involved in evaluation of MLECs.

2. DLAs of support teams took training in management courses organized by GOI through NIHFW, Delhi.

3. Team members took active part in National Conference for Elimination of Leprosy (NCEL) held at Raipur, Chhattisgarh and Indian Association of Leprologists (IAL) conference held at Haldia, West Bengal to share their experiences with other delegates.

5.3 National level

1. ILEP, mostly pushed by NLR, discussed with GOI to have an agreement for the support to be provided to NLEP. Discussion started for formulating a document with the name of “Scheme of participation of ILEP under NLEP” as the then DDG and GOI did not agree for signing of an MOU. Series of discussions and changes in the document held since the year 2002. It was expected that by the end of 2004, World Bank and DANIDA support will be stopped and WHO may also decrease its support owing to achievement of elimination. Officials in the Ministry changed and GOI took it seriously to formulate and sign an MOU with ILEP. After series of discussions and changes the draft was agreed by GOI by the end of 2004 with the condition that no separate MOUs will be signed with state governments and DTSTs involved in Leprosy will not take part in other programmes. Finally MOU was signed with GOI in February 2005 for a period up to March 2007. NLR played a major role right from initiating the draft to its finalization stage.

2. ILEP (International) End year meeting was organized jointly by ILEP India at Hyderabad, India, from 7th – 11th Dec 2004. 1st day of the meeting was given to discussions on India and the day was designated as "India Day". Idea to give one day to discussions on India was to generate political commitment and bring ILEP in the limelight as an important and valuable partner. Because of venue at Hyderabad and winter session of parliament at Delhi, Health minister, Secretary Health and even Joint Secretary (Health) could not attend the meeting. GOI was represented only by Deputy Director General (Leprosy) Dr. G.P.S. Dhillon. Mr. Rens Verstappen, Head projects department. Mr. J.W. Dogger, Project Officer from Amsterdam and Dr. M. A. Arif country representative India participated in "India day" and on other days. Mr. Kommer Braber, Director NLR also attended the meeting on other days.

3. Revised Guidelines on placement and functioning of DTST in various states were issued by GOI. Country Representative participated in discussions to develop guidelines and designing of reporting formats.

4. To facilitate GHC staff, Flow chart for diagnosis and treatment of leprosy was developed by ILEP agencies. It took more than a year to finalize it because of discussions and agreement by leprosy division.

5.4 Branch Office

1. Long awaited Foreign Contribution Regulation Act (FCRA) clearance was obtained from Home Ministry in the month of August 2004. This act applies for receiving foreign contributions by the trusts/organizations who are working in India. This was a big achievement as the permission was denied twice in the past and was very difficult to obtain without using extra means. NLR branch office could manage it without using extra influence/means.

2. With support from NLR, Country Representative Dr. M. A. Arif pursued 9 months ICHD course at KIT Amsterdam and could obtain MPH degree in June 2004.

3. Medical Advisor NLR India, Dr. P. R. Manglani, participated as core group member in revising the learning materials originally developed by ILEP and GOI.

5.5 Delhi State

1. On request from SLO and agreement of GOI, one more district "South Delhi" was added to NLR, DTST project, Delhi. By this addition now NLR is supporting 5 out of 9 districts of Delhi.

2. NLR was awarded the best NGO working in Delhi for the year 2004. A trophy was handed over during an award giving ceremony organized by Delhi Government. Mr. Anil Kumar and Mr. Shesh Pal Singh of NLR DTSTs were awarded the certificate of the best para medical workers for the year 2004.

5.6 Bihar

1. All NLR DTST staff (Medical Officers and NMS / NMA) of Bihar state attended NCEL conference held at Raipur from 27th to 30th January 2004 and shared the experiences through poster presentation

2. Preparations for assembly elections of Bihar state started from October 2004 and affected some of the planned activities.

3. GHC staff of Bihar state went on strike for about one month in November 2004 which affected DTSTs functioning.

5.7 Jharkhand

1. All NLR DTSTs staff (Medical Officers and NMS / NMA) of Jharkhand state attended NCEL conference held at Raipur from 27th – 30th January 2004 and shared the experiences. Since there was no oral presentation 31 posters were presented by NLR team members. Poster by Mr. Jay Ram, NMS, DTST Ranchi, was awarded the best poster.

2. Some of DTST staff of Jharkhand attended biennial national IAL conference held at Haldia, West Bengal from 27th – 29th February 2004 and presented oral and poster papers.

3. State Coordinator Jharkhand was given the responsibility of organizing DTST state coordinators meeting at Ranchi, which was conducted successfully. SLO, Jharkhand had given carry bags and dinner to all the delegates.

5.8 Uttar Pradesh

1. Regional commissioners of Bharat Scout Guide (BSG) has been sensitized and oriented for leprosy eradication / NLEP all over the state.

2. Self care training to disable cases and POD training of GHC staff has been carried out during POD camps. Two camps per block though out the state.

3. Rotary club of Netherlands has provided utensils with insulated handles to women leprosy cases with anesthetic hands.

4. IEC workshop was conducted where selected persons from GHC staff were trained to prioritize IEC activities and prepare IEC plan for the districts.

5. End evaluation of DTST project was undertaken in November 2004. After debriefing of the evaluation, a meeting was organized involving all stakeholders to discuss the outcome of evaluation, identify problems in the state and prepare a working document for the activities to be undertaken in the next project. Mr. Rens Verstappen from NLR and Mr. Jan Willem Dogger also participated along with other partners.

5.9 Uttaranchal

1. As per discussion and agreement with TLMI, a team was swapped between TLM and NLR from UP to Uttaranchal making them two DTSTs from NLR in Uttaranchal and 14 DTSTs from NLR in UP.
2. One additional State level Support team was placed by NLR in June 2004 making NLR the sole supporter to the state of Uttaranchal. NLR will also be the coordinating agency for the state.
3. MOU was signed between NLR alone and state govt. of Uttaranchal for a period of one year i.e. from January 2005 to December 2005. As per GOI guidelines for placement of DTSTs, DTSTs in Uttaranchal will be required in Uttaranchal up to December 2005 only and further requirement will be assessed by the end of this year.

5.10 West Bengal

1. Support teams by GLRA are also supporting RNTCP (tuberculosis) programme in their districts. The time of state coordinator is shared in both the projects.
2. All three NLR teams participated in National Conference for Elimination of Leprosy held at Raipur in January 2004.
3. Change of SLO in the year 2004 has affected the implementation of planned activities.

6. FINANCE

Table 5 Expenditure statement, of Branch office, for the year 2004

		TOTAL EXPENDITURE IN THE YEAR	TOTAL BUDGET FOR THE YEAR	SAVINGS / (OVER) EXPENDITURE	Expend -iture in %
INVESTMENTS					
1	Buildings / Land	-		-	
2	Medical Equipment	-		-	
3	General Equipment	292,084.00	178,700.00	(113,384.00)	
4	Vehicles	441,000.00	650,000.00	209,000.00	
5	Rehabilitation of equipment	-		-	
6	Miscellaneous	-		-	
	TOTAL INVESTMENTS:	733,084.00	828,700.00	95,616.00	88%
SALARY, STAFF AND TRAINING					
1	Medical Doctors	655,200.00	655,200.00	-	
2	Other Medical Staff	336,000.00	336,000.00	-	
3	Administrative Staff	626,237.00	708,000.00	81,763.00	
4	Staff Benefits	201,446.58	263,750.00	62,303.42	
5	Training	318,164.00	120,000.00	(198,164.00)	
6	Miscellaneous staff exp.	-		-	
	TOTAL SALARIES & TRAINING:	2,137,047.58	2,082,950.00	(54,097.58)	103%
MAINTENANCE					
1	Repairs and Utilities	444,558.50	445,750.00	1,191.50	
2	Anti-Leprosy drugs	-		-	
3	Other Drugs	-		-	
4	Vehicle Maint/ travel & Transport	1,078,332.00	644,000.00	(434,332.00)	
5	General supplies	-	-	-	
6	Miscellaneous	-	-	-	
	TOTAL MAINTENANCE:	1,522,890.50	1,089,750.00	(433,140.50)	140%
ADMINISTRATION					
1	Office Expenses	236,962.95	213,400.00	(23,562.95)	
2	Public relations	47,667.00	70,000.00	22,333.00	
3	Special budget	-		-	
4	Health education activities	15,000.00	150,000.00	135,000.00	
5	Teaching materials	364,820.00	150,000.00	(214,820.00)	
6	Miscellaneous	6,050.00	80,000.00	73,950.00	
	TOTAL ADMINISTRATION:	670,499.95	663,400.00	(7,099.95)	101%
	TOTAL EXPENDITURE:	5,063,522.03	4,664,800.00	(398,722.03)	**109%**

General equipments & Vehicles: Instead of purchasing Vehicle "Scorpio" we had ordered "Bolero Jeep" for our office. Savings under this head were utilized for replacements of three computers, one printer & U.P.S.

Training: Members of our DTSTs participated in Raipur & Haldia conferences. Expenses, incurred were booked under this head.

Vehicle Maintenance/Travel: over expenditure is due to purchase of air tickets for local travel of Guests from Amsterdam.

Office Exp: After return from Amsterdam and with experience on working on fast internet, broadband internet connection was installed in branch office

Teaching Material: Expenditure under this head includes NLR contribution for printing of flow charts, developed by ILEP India

7. CONCLUSIONS & RECOMMENDATIONS

1. Final draft of MOU with GOI was developed and submitted to GOI. After discussion among all partners NLR played role in changing the Scheme of Participation into MOU.
2. Most of the activities planned for the year 2004 were carried out. More focused approach could be followed in the year 2005.
3. There is a tendency of state machinery to be dependent on DTSTs while enthusiastic DTSTs are sometimes acting vertically may be due to lack of GHC staff, at some places.
4. Progress on integration - process is satisfactory, diagnosis & treatment of leprosy cases is being done by GHC staff but management of reactions and other complications needs to be supported further.
5. Some of the planned activities could not be carried out due to change in the priorities of NLEP state, strikes by GHC staff in Bihar, assembly election in Bihar and Jharkhand and non-availability of dates mainly by non-govt. hospitals.
6. ILEP (International) End of year meeting was conducted at Hyderabad, India, during 7^{th} – 11^{th} Dec 2004, was a boom. 1^{st} day of the meeting was "India Day" discussing about Leprosy in India, role of partners in NLEP and role of ILEP in efforts for "leprosy free world".
7. Inspite of continuing funds from GOI after cessation of World Bank support, ADHOC request from states and districts is continuing although reduced in number.
8. Supervisory system and referral system in GHC is under developed and needs more attention / priority.
9. A working document & mutually agreed annual plan will facilitate DTST functioning.
10. End Evaluation of U.P. project was conducted from 25^{th} October – 04^{th} November 2004. Final report has been received by concerned partners. Major recommendations were continuation of UP project for 3 more years, District nucleus be equipped for supervision, more focus be given to urban areas and awareness has to be enhanced.

7.1 Future challenges

1. Activities of state DTST Coordinator and DTST staff are to be prioritized and focused on area and staff that requires strengthening.
2. Further strengthening in the area of capacity building of GHC staff in all six priority states needs to be attended. Especially in managing complicated cases, reducing wrong diagnosis and re-registration & supervisory activities at peripheral health facilities.
3. Supervisory system by GHC staff needs to be developed to improve the performance of GHC Staff, better drug support management and monitoring the progress effectively.
4. Referral system for cases needing surgery and hospitalization is to be streamlined. DTST can play a role in establishing a good referral system.

5. Participation in Quarterly meeting of state DTST coordinators need to be continued to achieve improved performance of support teams and better coordination among partners.
6. Strategies to increase MDT coverage to under privileged groups eg: women, tribal, people below poverty line, Urban slums, nomads etc. are to be developed.
7. A stronger focus should be placed on Urban areas.
8. Prevention of disability – practices are to be inbuilt in routine NLEP services by GHC.
9. Training of district nucleus in each district is to be taken as priority so that supervision and monitoring of program is done by GHC staff regularly.
10. Defaulter retrieval, migration and re-registration especially in Urban area and involvement of non-governmental facilities in big cities is yet to be addressed.
11. Improving quality of support by DTST, capacity building of DTST staff mainly in managerial aspects i.e. planning and supervision is to be continued.
12. DTST should facilitate involvement of all sub centre in MDT services.
13. ICDS staff (Angan Wari Workers) to be sensitized for their role in suspecting leprosy, referring the cases and retrieval of defaulters.
14. Sensitization of state level society to enhance its functioning. DTST state coordinator may take lead in this process.
15. DLOs and CMOs of the state need training / re-orientation for better administration, planning and assessment.
16. Recommendations given in the document “final report of end-evaluation – U.P. project needs to be followed up.

Annexure 1 Administrative Details of Branch Office Staff

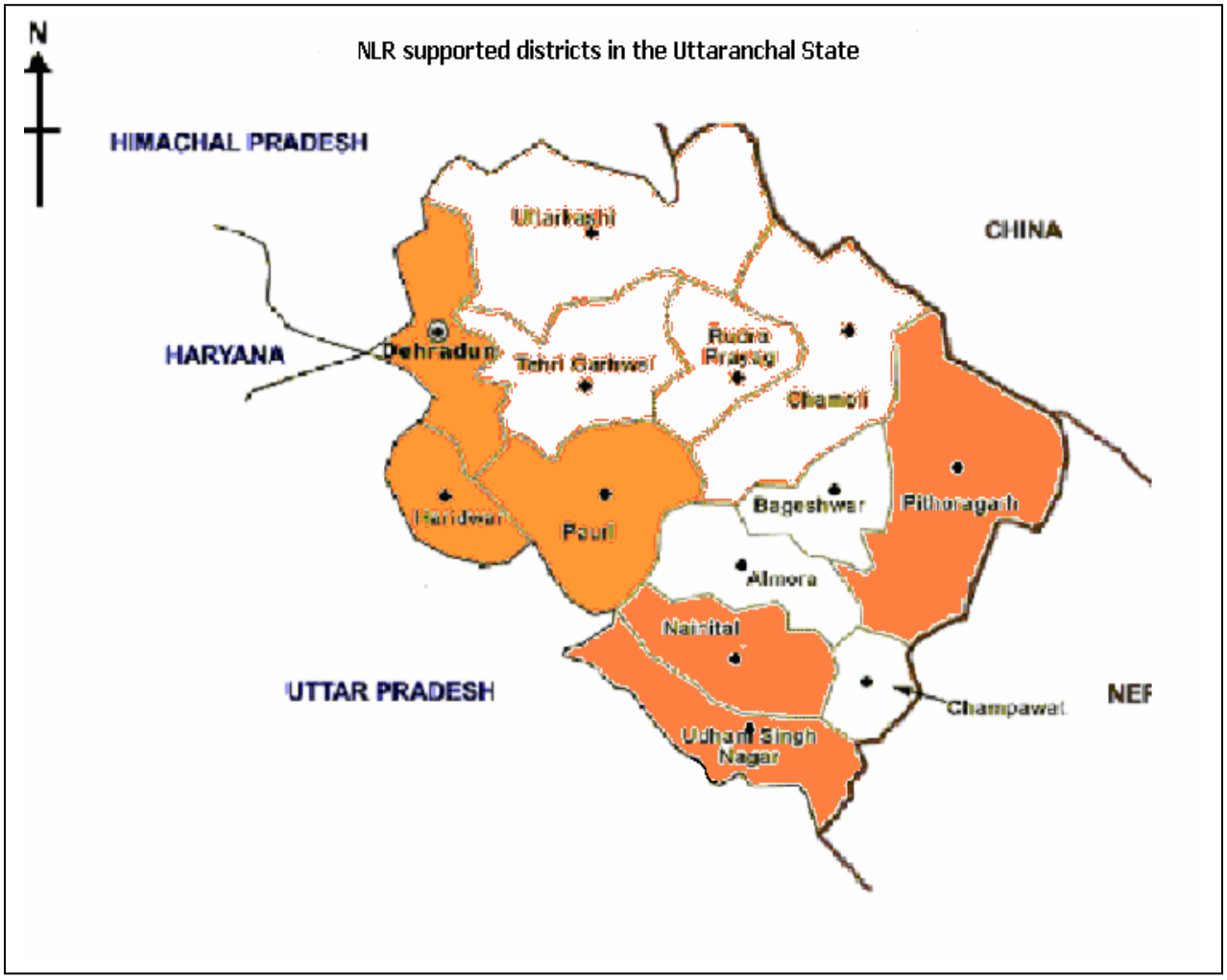
S.No.	Name	Designation	Residential Address
1	Dr. M. A. Arif	Country Representative	A – 31, DDA Flats, Munirka, New Delhi
2	Dr. P. R. Manglani	Medical Advisor	133, Arjun Nagar, First Floor, Street 29, Safdarjung Enclave, New Delhi – 110 029
3	Mr. Ashok Kumar	Mgr. Accounts & Admn.	C-1/190, Janakpur, New Delhi
4	Mr. Vishal M. Singh	Accounts Asstt.	196 – A, Hari Nagar, Ashram, New Delhi
5	Ms. Pooja Grover	Personal Sec / Off. Asst.	H.No. 40, Madangir, New Delhi – 110 062
6	Mr. Rustam Mansoor	Driver	A – 182, Shaheen Bagh, Abul Fazal Enclave, Part – II, New Delhi – 110 025
7	Mr. Joginder Prasad	Peon	C – 59, Satya Vihar, Kamal Pur, Burari, Delhi – 110 084

Annexure 2 Map of NLR supported districts in Delhi state

DELHI

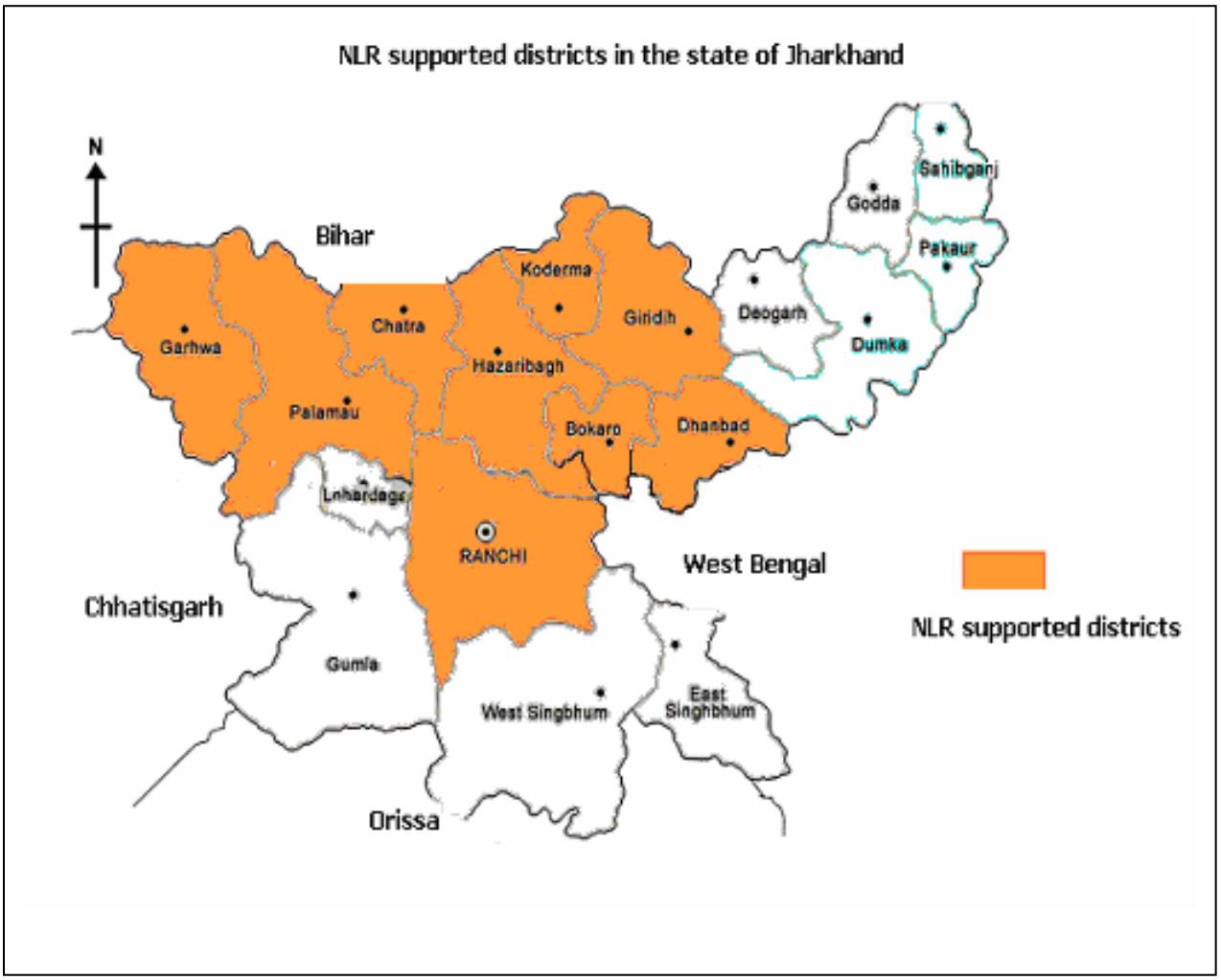
Annexure 3 Map of NLR supported districts in Uttaranchal state

UTTARANCHAL



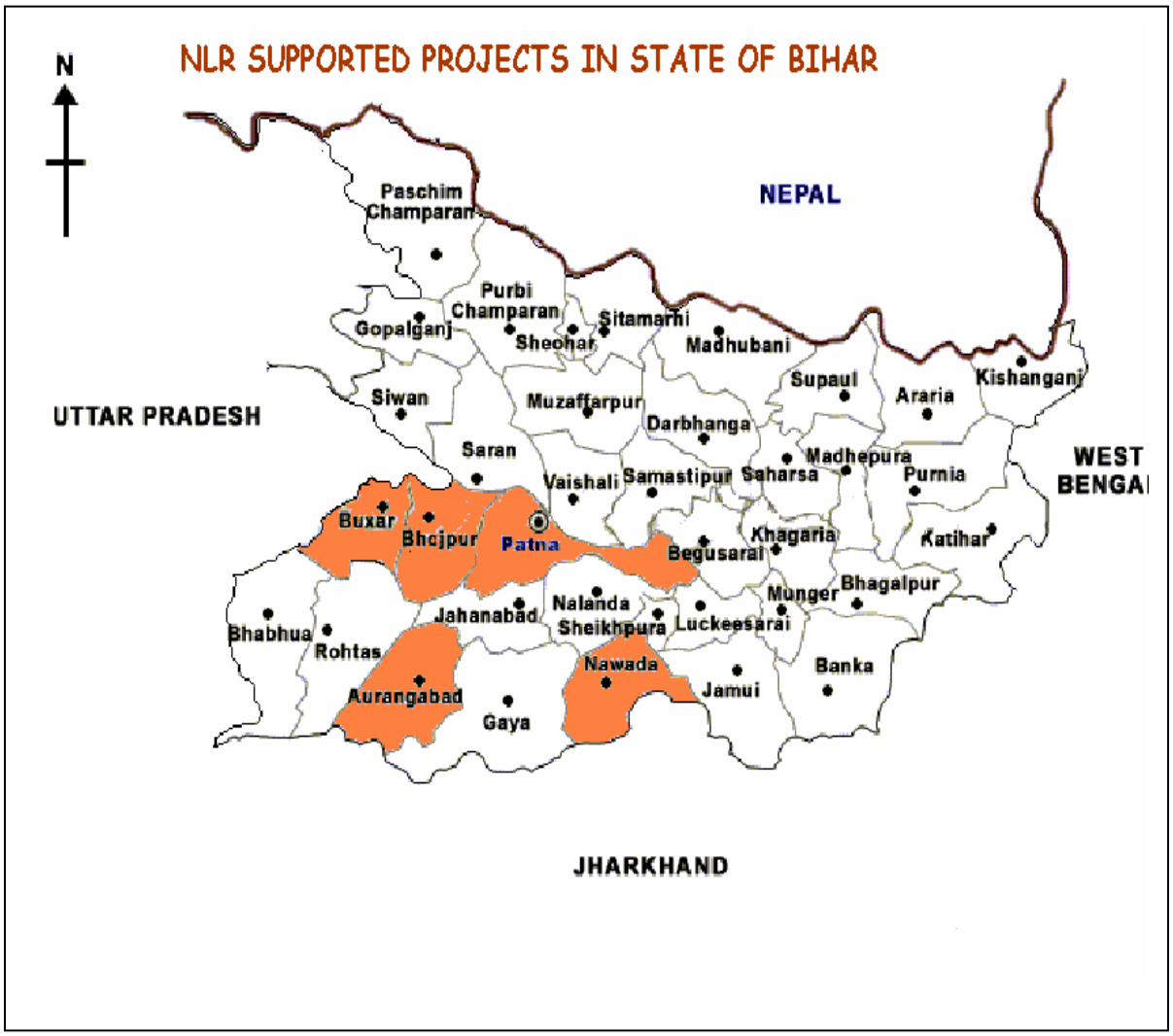
Annexure 4 Map of NLR supported districts in Jharkhand state

JHARKHAND



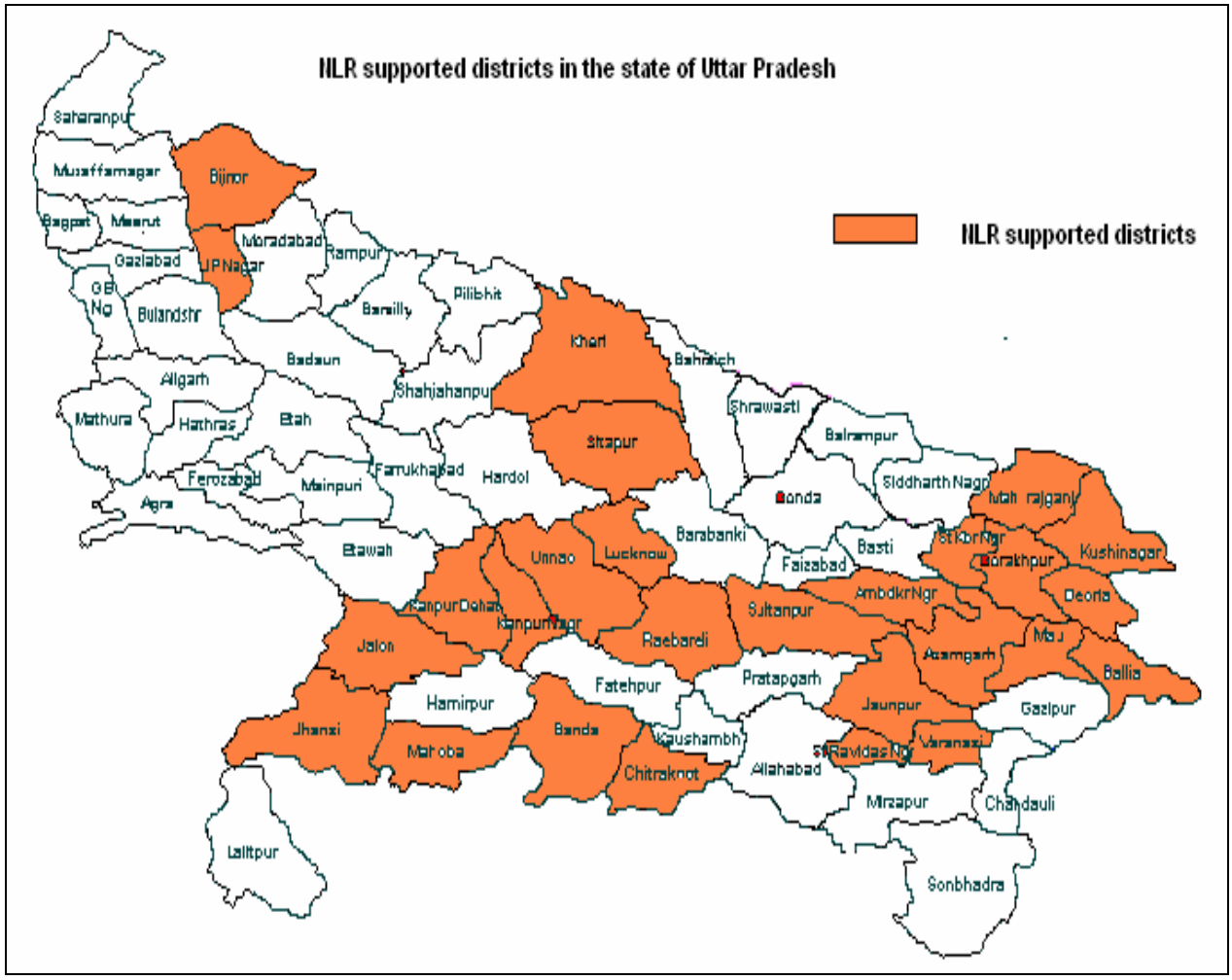
Annexure 5 Map of NLR supported districts in Bihar state

BIHAR



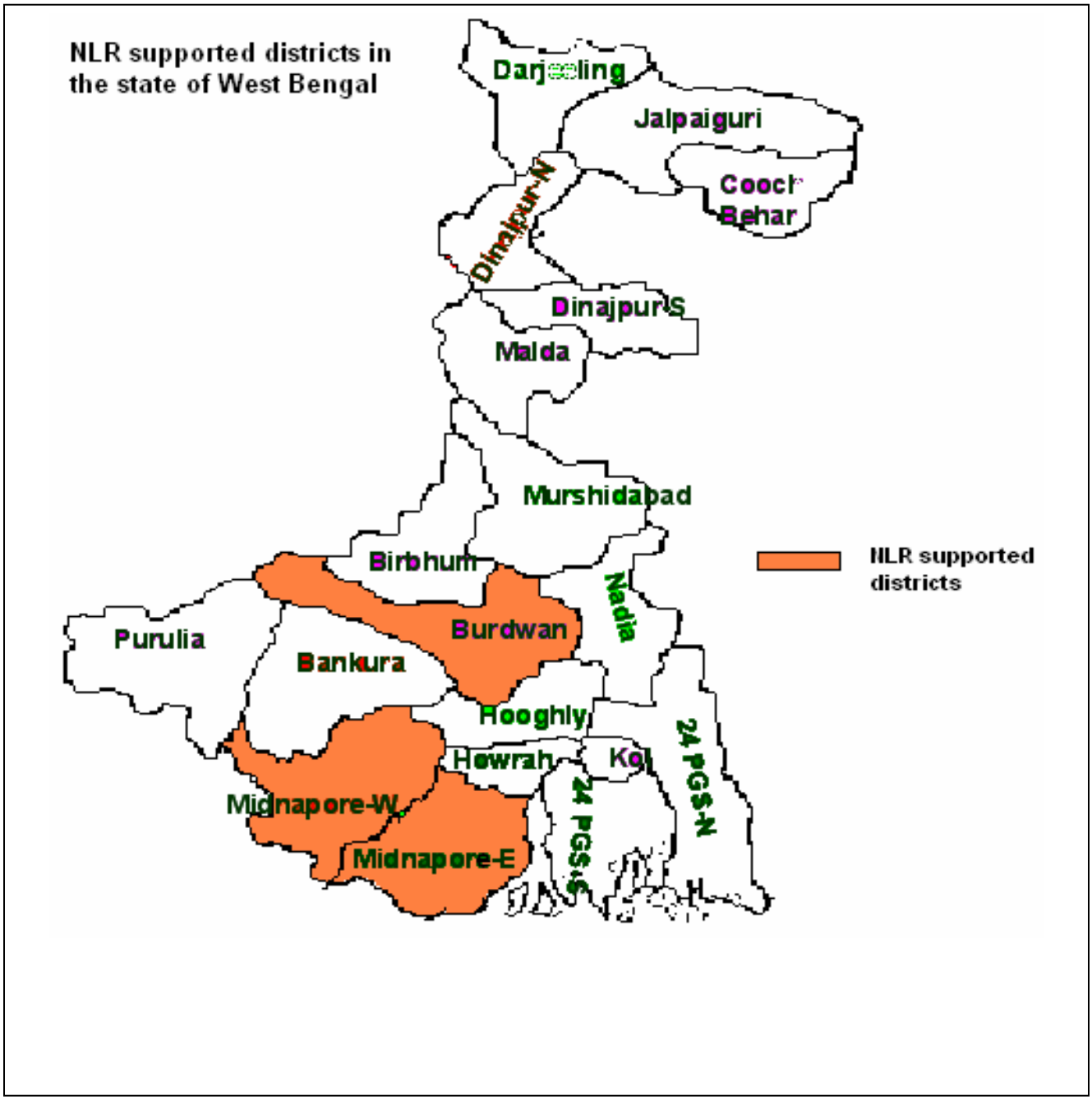
Annexure 6 Map of NLR supported districts in Uttar Pradesh state

UTTAR PRADESH



Annexure 7 Map of NLR supported districts in West Bengal state

WEST BENGAL



Annexure 8 MPR India – December 04

NATIONAL LEPROSY ERADICATION PROGRAMME
MONTHLY PROGRESS REPORT FOR CASE DETECTION, TREATMENT & DISCHARGE

'2004-2005

Sl. no.	State/UT	Estimated Population Mar., 2004 updated	Cases on record as on3/04	No. of new cases detected *			Cases discharged upto end of the month	Cases on record at the end of month	Prevalence Rate per 10000 Population	Reports received upto the month
				PB	MB	Total				
	2	3	4	5	6	7	8	9	10	11
1	Andhra Pradesh	78719475	15628	12467	4743	17210	20201	12637	1.61	12/2004
2	Arunachal Pradesh	1169177	82	13	30	43	68	57	0.49	12/2004
3	Assam	28044996	1293	300	640	940	961	1272	0.45	12/2004
4	Bihar	89251397	44351	23495	9392	32887	42122	35116	3.93	11/2004
5	Chhattisgarh	21848880	12918	5687	4915	10602	10671	12849	5.88	12/2004
6	Goa	1400825	263	111	103	214	228	249	1.78	12/2004
7	Gujarat	53741323	6946	3367	2352	5719	8042	4623	0.86	12/2004
8	Haryana	22684143	477	140	205	345	392	430	0.19	12/2004
9	Himachal Pradesh	6377412	275	63	130	193	224	244	0.38	12/2004
10	Jharkhand	28632158	11636	10131	6875	17006	14448	14194	4.96	12/2004
11	Jammu & Kashmir	10860076	366	71	158	229	242	353	0.33	12/2004
12	Karnataka	55289574	7742	3262	2871	6133	7858	6017	1.09	12/2004
13	Kerala	32706021	1627	616	567	1183	1303	1507	0.46	12/2004
14	Madhya Pradesh	64421022	10329	2706	3205	5911	8987	7253	1.13	12/2004
15	Maharashtra	102795098	29497	17079	9696	26775	32417	23855	2.32	12/2004
16	Manipur	2582097	38	16	13	29	37	30	0.12	12/2004
17	Meghalaya	2492116	32	8	17	25	17	40	0.16	12/2004
18	Mizoram	961258	10	8	5	13	15	8	0.08	12/2004

Sl. no.	State/UT	Estimated Population Mar., 2004 updated	Cases on record as on3/04	No. of new cases detected *			Cases discharged upto end of the month	Cases on record at the end of month	Prevalence Rate per 10000 Population	Reports received upto the month
				PB	MB	Total				
	2	3	4	5	6	7	8	9	10	11
19	Nagaland	2300122	33	13	28	41	21	53	0.23	12/2004
20	Orissa	38360947	13382	11155	6982	18137	19370	12149	3.17	12/2004
21	Punjab	25624668	1218	346	601	947	933	1232	0.48	12/2004
22	Rajasthan	60797577	2291	212	745	957	1109	2139	0.35	12/2004
23	Sikkim	588035	40	18	14	32	30	42	0.71	12/2004
24	Tamil Nadu	64106973	8868	6441	4534	10975	11697	8146	1.27	12/2004
25	Tripura	3332992	92	19	19	38	66	64	0.19	12/2004
26	Uttar Pradesh	177776052	62575	22332	16157	38489	56717	44347	2.49	12/2004
27	Uttaranchal	8935209	1226	576	467	1043	1207	1062	1.19	12/2004
28	West Bengal	84233135	25757	5733	6851	12584	18602	19739	2.34	11/2004
29	A & N Islands	382424	29	17	27	44	39	34	0.89	11/2004
30	Chandigarh	995677	290	84	132	216	223	283	2.84	12/2004
31	D & N Haveli	252655	311	123	48	171	360	122	4.83	12/2004
32	Daman & Diu	179957	3	1	1	2	1	4	0.22	12/2004
33	Delhi	15419155	6052	1576	1695	3271	3745	5578	3.62	12/2004
34	Lakshadweep	63531	16	1	1	2	13	5	0.79	12/2004
35	Pondicherry	1029488	88	67	32	99	118	69	0.67	12/2004
	Total	**1088355645**	**265781**	**128254**	**84251**	**212505**	**262484**	**215802**	**1.98**	

*** All detected cases are initiated treatment with MDT**

NATIONAL LEPROSY ERADICATION PROGRAMME

'2004-2005

Sl no	State/UT	Percentage of New Cases Detected												Report recvd
		MB		Female		Child cases		Visible Deformity		Schedule Tribe		Schedule Caste		
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
1	Andhra Pradesh	4743	27.56	7169	41.66	3461	20.11	221	1.28	1735	10.08	4027	23.40	12/2004
2	Arunachal Pradesh	30	69.77	6	13.95	1	2.33	2	4.65	27	62.79	9	20.93	12/2004
3	Assam	640	68.09	231	24.57	52	5.53	34	3.62	79	8.40	75	7.98	12/2004
4	Bihar	9392	28.56	13077	39.76	6283	19.10	232	0.71	358	1.09	7897	24.01	11/2004
5	Chhattisgarh	4915	46.36	3478	32.81	917	8.65	266	2.51	1703	16.06	1745	16.46	12/2004
6	Goa	103	48.13	62	28.97	23	10.75	5	2.34	0	0.00	3	1.40	12/2004
7	Gujarat	2352	41.13	2497	43.66	811	14.18	117	2.05	3033	53.03	277	4.84	12/2004
8	Haryana	205	59.42	61	17.68	6	1.74	18	5.22	6	1.74	90	26.09	12/2004
9	Himachal Pradesh	130	67.36	31	16.06	8	4.15	21	10.88	16	8.29	61	31.61	12/2004
10	Jharkhand	6875	40.43	6593	38.77	2807	16.51	249	1.46	4585	26.96	2832	16.65	12/2004
11	Jammu & Kashmir	158	69.00	31	13.54	13	5.68	11	4.80	16	6.99	7	3.06	12/2004
12	Karnataka	2871	46.81	2283	37.22	841	13.71	25	0.41	514	8.38	1335	21.77	12/2004
13	Kerala	567	47.93	415	35.08	203	17.16	30	2.54	21	1.78	76	6.42	12/2004
14	Madhya Pradesh	3205	54.22	1895	32.06	348	5.89	173	2.93	1306	22.09	1001	16.93	12/2004
15	Maharashtra	9696	36.21	11289	42.16	4141	15.47	362	1.35	5515	20.60	4060	15.16	12/2004
16	Manipur	13	44.83	6	20.69	2	6.90	0	0.00	2	6.90	1	3.45	12/2004
17	Meghalaya	17	68.00	9	36.00	1	4.00	0	0.00	22	88.0	2	8.00	12/2004
18	Mizoram	5	38.46	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	12/2004

Sl no	State/UT	Percentage of New Cases Detected												Report recvd
		MB		Female		Child cases		Visible Deformity		Schedule Tribe		Schedule Caste		
		No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
19	Nagaland	28	68.29	7	17.07	1	2.44	5	12.20	12	29.27	29	70.73	12/2004
20	Orissa	6982	38.50	6582	36.29	2335	12.87	335	1.85	3802	20.96	3727	20.55	12/2004
21	Punjab	601	63.46	161	17.00	23	2.43	36	3.80	7	0.74	201	21.22	12/2004
22	Rajasthan	745	77.85	289	30.20	29	3.03	72	7.52	93	9.72	166	17.35	12/2004
23	Sikkim	14	43.75	2	6.25	2	6.25	0	0.00	1	3.13	0	0.00	12/2004
24	Tamil Nadu	4534	41.31	2493	22.72	2002	18.24	154	1.40	93	0.85	1233	11.23	12/2004
25	Tripura	19	50.00	12	31.58	2	5.26	4	10.53	9	23.68	4	10.53	12/2004
26	Uttar Pradesh	16157	41.98	12154	31.58	3087	8.02	485	1.26	105	0.27	8914	23.16	12/2004
27	Uttaranchal	467	44.77	323	30.97	90	8.63	13	1.25	80	7.67	209	20.04	12/2004
28	West Bengal	6851	54.44	3724	29.59	1321	10.50	265	2.11	1766	14.03	2763	21.96	11/2004
29	A & N Islands	27	61.36	6	13.64	4	9.09	0	0.00	0	0.00	0	0.00	11/2004
30	Chandigarh	132	61.11	61	28.24	17	7.87	26	12.04	3	1.39	36	16.67	12/2004
31	D & N Haveli	48	28.07	56	32.75	19	11.11	0	0.00	147	85.96	0	0.00	12/2004
32	Daman & Diu	1	50.00	0	0.00	0	0.00	0	0.00	0	0.00	0	0.00	12/2004
33	Delhi	1695	51.82	627	19.17	198	6.05	84	2.57	15	0.46	62	1.90	12/2004
34	Lakshadweep	1	0.00	0	0.00	0	0.00	0	0.00	2	100.0	0	0.00	12/2004
35	Pondicherry	32	32.32	24	24.24	21	21.21	0	0.00	0	0.00	4	4.04	12/2004
	Total	**84251**	**39.65**	**75654**	**35.60**	**29069**	**13.68**	**3245**	**1.53**	**25073**	**11.80**	**40846**	**19.22**	

Annexure 9 ILEP B1 - Delhi

Questionnaire B1

MDT and Prevention of disabilities*

Project No.	Project Name	Reporting Year
4.25.17.12	DELHI (5 DISTRICTS)	**2004**

Patients registered for MDT		Population:	6,650,719	
One dose MDT treatment = 4 week or a month medication		MB	PB	Total
101	Number of new cases detected during the reporting year and never treated before	1,072	1,040	2,112
101b	Amongst 101, number of females	N.A.	N.A.	391
102	Amongst 101, number of children (0-14 years)	N.A.	N.A.	118
103	Amongst 101, number of cases who have undergone a disability assessment at diagnosis	1,072	1,040	2,112
104	Amongst 104, number of cases with WHO disability grade 1	N.A.	N.A.	N.A.
105	Amongst 104, number of cases with WHO disability grade 2	N.A.	N.A.	84
106	Number of PB cases who started MDT treatment during the period 1 January - 31 December, one year previously		N.A.	
107	Amongst 107, number of cases who completed 6 doses of MDT within 9 months		N.A.	
108	Number of MB cases who started MDT treatment during the period 1 January - 31 December, two years previously	N.A.		
109	Amongst 109, number of cases who completed 12 doses of MDT within 18 months	N.A.		
110	Number of patients registered for MDT at the end of the reporting year	1,971	1,151	3,122
Patients given POD service				
111	Number of persons in need of protective footwear (who have loss of plantar sensation) seen during the reporting year			N.A.
112	Amongst 111, number of persons who had or were given protective footwear			N.A.
113	Number of patients diagnosed with reaction and neuritis during the reporting year	N.A.	N.A.	N.A.
114	Among 113, number of patients treated with steroids	N.A.	N.A.	N.A.

N.A. - Data Not Available.

Annexure 10 ILEP B1 - Delhi

Questionnaire B1

MDT and Prevention of disabilities*

Project No.	Project Name	Reporting Year
	DELHI (5 DISTRICTS)	**2004**

Patients registered for MDT		Population:	3,366,798.00	
One dose MDT treatment = 4 week or a month medication		MB	PB	Total
101	Number of new cases detected during the reporting year and never treated before	433.00	387.00	820.00
101b	Amongst 101, number of females	-	-	155.00
102	Amongst 101, number of children (0-14 years)	-	-	35.00
103	Amongst 101, number of cases who have undergone a disability assessment at diagnosis	-	-	33.00
104	Amongst 104, number of cases with WHO disability grade 1	-	-	-
105	Amongst 104, number of cases with WHO disability grade 2	-	-	33.00
106	Number of PB cases who started MDT treatment during the period 1 January - 31 December, one year previously		516.00	
107	Amongst 107, number of cases who completed 6 doses of MDT within 9 months		-	
108	Number of MB cases who started MDT treatment during the period 1 January - 31 December, two years previously	-		
109	Amongst 109, number of cases who completed 12 doses of MDT within 18 months	-		
110	Number of patients registered for MDT at the end of the reporting year	820.00	327.00	1,147.00
Patients given POD service		-	-	-
111	Number of persons in need of protective footwear (who have loss of plantar sensation) seen during the reporting year			4.00
112	Amongst 111, number of persons who had or were given protective footwear			3.00
113	Number of patients diagnosed with reaction and neuritis during the reporting year	7.00	1.00	20.00
114	Among 113, number of patients treated with steroids	7.00	1.00	19.00

Annexure 11 ILEP B1 - Bihar

MDT and Prevention of disabilities*

Project No.	Project Name	Reporting Year
	BIHAR (5 Districts)	**2004**

Patients registered for MDT		Population:	7,491,799.00	
One dose MDT treatment = 4 week or a month medication		MB	PB	Total
101	Number of new cases detected during the reporting year and never treated before	2,273.00	3,240.00	5,513.00
101b	Amongst 101, number of females	229.00	436.00	1,807.00
102	Amongst 101, number of children (0-14 years)	80.00	205.00	821.00
103	Amongst 101, number of cases who have undergone a disability assessment at diagnosis	2,273.00	3,240.00	5,513.00
104	Amongst 104, number of cases with WHO disability grade 1	701.00	1,209.00	1,910.00
105	Amongst 104, number of cases with WHO disability grade 2	-	-	48.00
106	Number of PB cases who started MDT treatment during the period 1 January - 31 December, one year previously		1,406.00	
107	Amongst 107, number of cases who completed 6 doses of MDT within 9 months		1,359.00	
108	Number of MB cases who started MDT treatment during the period 1 January - 31 December, two years previously	895.00		
109	Amongst 109, number of cases who completed 12 doses of MDT within 18 months	844.00		
110	Number of patients registered for MDT at the end of the reporting year	2,223.00	2,920.00	5,143.00
Patients given POD service				
111	Number of persons in need of protective footwear (who have loss of plantar sensation) seen during the reporting year			-
112	Amongst 111, number of persons who had or were given protective footwear			-
113	Number of patients diagnosed with reaction and neuritis during the reporting year	6.00	-	6.00
114	Among 113, number of patients treated with steroids	6.00	-	6.00

Annexure 12 ILEP B1 - Jharkhand

Questionnaire B1

MDT ar ILEP tion of disabilities*

Project No.	Project Name	Reporting Year
	NLR - JHARKHAND (9 DISTRICTS)	**2004**

Patients registered for MDT		Population:	15,997,633.00	
One dose MDT treatment = 4 week or a month medication		MB	PB	Total
101	Number of new cases detected during the reporting year and never treated before	5,009.00	6,085.00	11,094.00
101b	Amongst 101, number of females	1,269.00	1,852.00	3,839.00
102	Amongst 101, number of children (0-14 years)	442.00	952.00	1,686.00
103	Amongst 101, number of cases who have undergone a disability assessment at diagnosis	5,009.00	6,085.00	11,094.00
104	Amongst 104, number of cases with WHO disability grade 1	-	-	-
105	Amongst 104, number of cases with WHO disability grade 2	109.00	14.00	149.00
106	Number of PB cases who started MDT treatment during the period 1 January - 31 December, one year previously		7,832.00	
107	Amongst 107, number of cases who completed 6 doses of MDT within 9 months		6,815.00	
108	Number of MB cases who started MDT treatment during the period 1 January - 31 December, two years previously	5,728.00		
109	Amongst 109, number of cases who completed 12 doses of MDT within 18 months	4,574.00		
110	Number of patients registered for MDT at the end of the reporting year	4,549.00	3,315.00	7,864.00
Patients given POD service		-	-	-
111	Number of persons in need of protective footwear (who have loss of plantar sensation) seen during the reporting year			109.00
112	Amongst 111, number of persons who had or were given protective footwear			70.00
113	Number of patients diagnosed with reaction and neuritis during the reporting year	62.00	31.00	93.00
114	Among 113, number of patients treated with steroids	61.00	31.00	92.00

Annexure 13 ILEP B 1 – Uttaranchal

Questionnaire B1

MDT and Prevention of disabilities*

Project No.	Project Name	Reporting Year
	UTTARANCHAL (6 Districts)	**2004**

Patients registered for MDT		Population:	4,033,994.00	
One dose MDT treatment = 4 week or a month medication		MB	PB	Total
101	Number of new cases detected during the reporting year and never treated before	462.00	554.00	1,016.00
101b	Amongst 101, number of females	41.00	58.00	275.00
102	Amongst 101, number of children (0-14 years)	11.00	9.00	73.00
103	Amongst 101, number of cases who have undergone a disability assessment at diagnosis	192.00	168.00	360.00
104	Amongst 104, number of cases with WHO disability grade 1	-	-	-
105	Amongst 104, number of cases with WHO disability grade 2	9.00	1.00	12.00
106	Number of PB cases who started MDT treatment during the period 1 January - 31 December, one year previously		216.00	
107	Amongst 107, number of cases who completed 6 doses of MDT within 9 months		175.00	
108	Number of MB cases who started MDT treatment during the period 1 January - 31 December, two years previously	179.00		
109	Amongst 109, number of cases who completed 12 doses of MDT within 18 months	22.00		
110	Number of patients registered for MDT at the end of the reporting year	216.00	107.00	965.00
Patients given POD service		-	-	-
111	Number of persons in need of protective footwear (who have loss of plantar sensation) seen during the reporting year			30.00
112	Amongst 111, number of persons who had or were given protective footwear			30.00
113	Number of patients diagnosed with reaction and neuritis during the reporting year	-	-	-
114	Among 113, number of patients treated with steroids	-	-	-

Annexure 14 ILEP B1 – U.P.

Questionnaire B1

MDT and Prevention of disabilities*

Project No.	Project Name	
	DTST - U P	**TOTAL**
	Population:	35,062,677

Patients registered for MDT

	One dose MDT treatment = 4 week or a month medication	**MB**	**PB**	**Total**
101	Number of new cases detected during the reporting year and never treated before	20,708	26,379	46,456
101b	Amongst 101, number of females	3,823	4,564	16,697
102	Amongst 101, number of children (0-14 years)	716	1,216	3,599
103	Amongst 101, number of cases who have undergone a disability assessment at diagnosis	10,020	13,856	24,242
104	Amongst 104, number of cases with WHO disability grade 1	4	2	1,438
105	Amongst 104, number of cases with WHO disability grade 2	310	71	639
106	Number of PB cases who started MDT treatment during the period 1 January - 31 December, one year previously	0	32,209	1,834
107	Amongst 107, number of cases who completed 6 doses of MDT within 9 months	893	20,770	972
108	Number of MB cases who started MDT treatment during the period 1 January - 31 December, two years previously	39,828	676	0
109	Amongst 109, number of cases who completed 12 doses of MDT within 18 months	26,147	1,029	949
110	Number of patients registered for MDT at the end of the reporting year	21,740	14,164	53,957
Patients given POD service		0	0	0
111	Number of persons in need of protective footwear (who have loss of plantar sensation) seen during the reporting year	339	0	3,916
112	Amongst 111, number of persons who had or were given protective footwear	127	0	2,323
113	Number of patients diagnosed with reaction and neuritis during the reporting year	183	34	237
114	Among 113, number of patients treated with steroids	157	28	219

Annexure 15 ILEP B1 – West Bengal

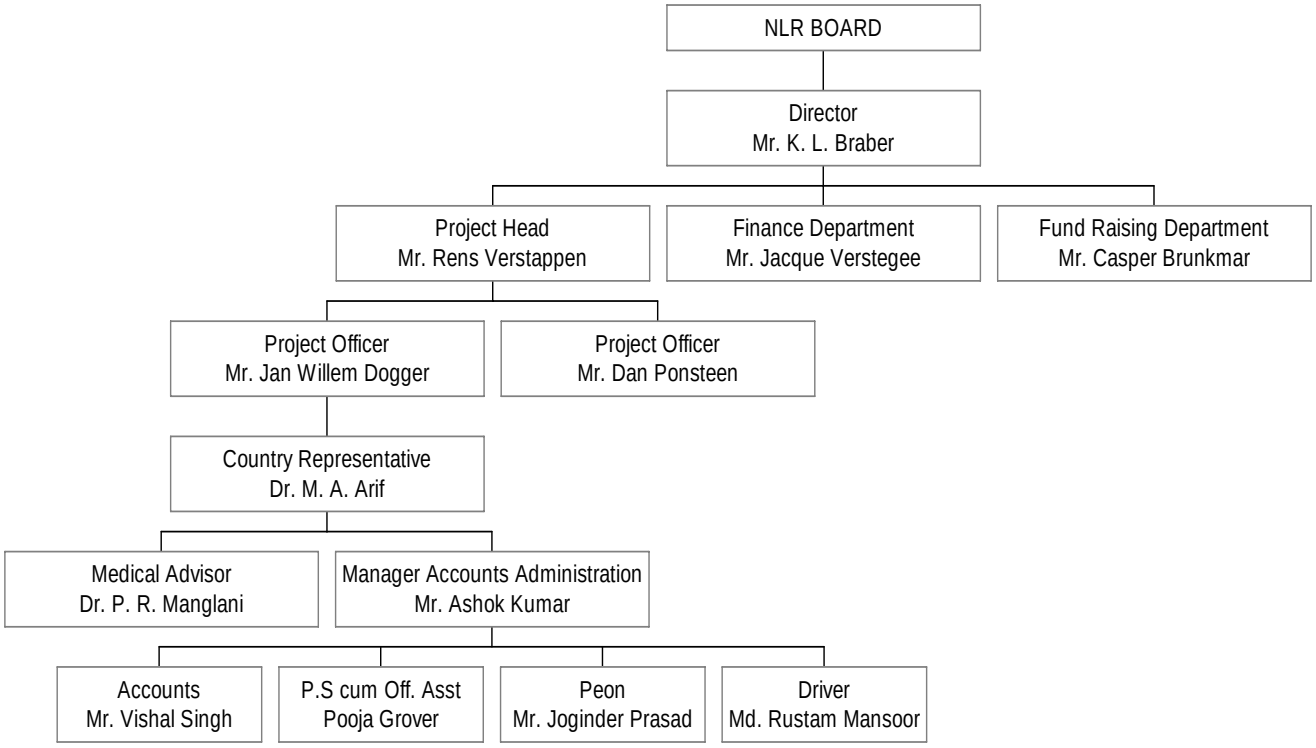
Questionnaire B1

MDT and Prevention of disabilities*

Project No.	Project Name	Reporting Year
	WEST BENGAL (3 Districts)	**2004**

Patients registered for MDT		Population:	17,227,956	
One dose MDT treatment = 4 week or a month medication		MB	PB	Total
101	Number of new cases detected during the reporting year and never treated before	3,640.00	3,822.00	7,462.00
101b	Amongst 101, number of females	-	-	-
102	Amongst 101, number of children (0-14 years)	349.00	646.00	995.00
103	Amongst 101, number of cases who have undergone a disability assessment at diagnosis	3,640.00	3,822.00	7,462.00
104	Amongst 104, number of cases with WHO disability grade 1	-	-	-
105	Amongst 104, number of cases with WHO disability grade 2	92.00	13.00	105.00
106	Number of PB cases who started MDT treatment during the period 1 January - 31 December, one year previously		3,205.00	
107	Amongst 107, number of cases who completed 6 doses of MDT within 9 months		3,023.00	
108	Number of MB cases who started MDT treatment during the period 1 January - 31 December, two years previously	3,669.00		
109	Amongst 109, number of cases who completed 12 doses of MDT within 18 months	3,385.00		
110	Number of patients registered for MDT at the end of the reporting year	4,044.00	2,370.00	6,414.00
Patients given POD service				
111	Number of persons in need of protective footwear (who have loss of plantar sensation) seen during the reporting year			
112	Amongst 111, number of persons who had or were given protective footwear			
113	Number of patients diagnosed with reaction and neuritis during the reporting year			
114	Among 113, number of patients treated with steroids			

Annexure 16 NLR – Organ gram



Annexure 17 Visit to the programme in India

1.	Dr. Pieter Feenstra	3rd – 12th February, 2004
2.	Mr. Jan Willem Dogger	07th – 16th March, 2004
3.	Dr.Wim H. Van Brakel	20th – 25th August, 2004
4.	Dr. Jan Visschedijk	25th October – 4th November 2004
5.	Mr. Rens Verstappen & Mr. Jan Willem Dogger	2nd – 12th November, 2004
6.	Mr. K. L. Braber	07th – 18th December 2004
7.	Mr. Jan Willem Dogger	06th – 11th December 2004
8.	Mr. Rens Verstappen	07th – 11th December 2004