

ANNUAL REPORT - 2008

NLR Projects in India

An Overview

NLR India Branch Office

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New Delhi - 110 016

INDIA

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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

1. 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 agency. 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 level Leprosy Programme Advisors. Since early part of 2008, NLR-India is supporting National Leprosy Eradication Programme run by GOI in 70 districts of 6 states (UP, Uttaranchal, Bihar, Jharkhand, West Bengal and Delhi) through its LPAs which, act as a 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 in India through 12 district level LPAs' and 2 state level LPAs' (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. Currently, national average of PR is around 0.84 and ANCDR at present is 1.2 per 10,000 persons.

The previous MOU with GOI ended on March 2008 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 ILEP 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 is spread over 3.3 million sq km and has 28 states, 1 National Capital territory of Delhi & 6 union territories covering 625 districts. These Districts are administered by their respective State/UT Government. These districts are subdivided into tehsils, which are composed of 2-3 blocks?. These blocks contain a population of approximately 100,000 and are composed of villages, which may range from 100 to 600 villages.

India is the seventh-largest country (by geographical area), and the largest democracy in the world. Accommodating 16.94 % of the world's population in 2.6% of the land area of the world. India is the most populous country in the world after China, inhabiting around 1.123 billion persons by the year 2008. As per census 2001, 28% of the population is urbanized having high population density with National average of 325 persons per square km; maximum being 903 persons per sq. km in West Bengal and minimum being 13 persons per sq km. in Arunachal Pradesh.

Agriculture is the predominant occupation in India, accounting for about 60% of employment. The service sector makes up a further 28% and industrial sector around 12% of the employment (<https://www.cia.gov/library/publications/the-world-factbook/geos/in.html#Econ> Accessed on 27th April 2008). However, the economy is slowly transforming from primarily agriculture, forestry, fishing, and textile manufacturing in 1947 to major heavy industry, transportation, and telecommunications industries. Central Government has given way to economic reforms and more private sector initiatives since late 1980s and through 1990s. Gross Domestic Product (GDP) of nearly US\$ 843.3 billion in 1994 rose to 1.06 trillion by 2008 (country data, 2008) and GDP per capita rose from 3.5 in 1987-97 to 7.3 in the year 2008 but 27.5 % of the population is still living below poverty line[#] (<https://www.cia.gov/library/publications/the-world-factbook/geos/in.html#Econ>, accessed on 27th April 2008). As per census 2001, 65 % of adult population is literate.

1.2 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) at the district level and Directorate of Health Services (DHS) at the State level.

For control of leprosy, National Leprosy Control Program (NLCP) was launched in the year 1955, using Dapsone monotherapy, which was later changed to National Leprosy Eradication Program (NLEP) in the year 1983 with the introduction of Multi Drug Therapy (MDT). The programme was vertical in nature till the year 2002-03 when Integration of leprosy services into General health care started and now the Leprosy and leprosy related services are provided by general health care (GHC) staff through above mentioned health infrastructure. Besides International Federation of Anti-leprosy Associations (ILEP), DANIDA, World bank and WHO were the major supporters from the very beginning. World Bank (WB) supported the 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 of India till date. Other partners like Sasakawa Memorial health foundation of Japan and many more local NGOs are supporting the program.

1.3 NLR in India

Support to National Leprosy Eradication Programme (NLEP) of India by Netherlands Leprosy Relief (NLR), 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. Besides providing technical and logistical support, at National and sub-national level, earlier the support was mainly in the form of State level support teams/coordinators at state level and District Technical Support Teams (DTSTs) at district level. These district level teams were placed to strengthen provision of sustainable and integrated leprosy services, of good quality, through General Health Care (GHC) system. This support was provided under an MOU between ILEP and GOI from 2002 to 2007. When this MOU came to an end on 31st March 2007, the DTSTs were withdrawn.

[#]<http://www.dfid.gov.uk/countries/asia/India-facts.asp>

[§]http://devdata.worldbank.org/AAG/ind_aag.pdf

A new MoU was signed between ILEP agencies (including NLR) and GOI in October 2007 for a period from 2007 to 2012. Under this MOU the support was to be provided under the thematic areas. Contents of the MOU could be seen in NLR India website (ref). With this MOU, different ILEP agencies agreed to provide support to NLEP with their different strategies and approaches but under the thematic areas. Some agencies are providing only state level coordinators/consultants, some are providing support through Technical Resource Units (TRUs) and others are providing support through their hospitals & local NGOs. With the focus on public health activities, to strengthen and improve monitoring and supervisory system, NLR has placed Leprosy Programme Advisors (LPAs). These LPAs are senior medical officers with lot of experience in leprosy & public health activities and they have been placed at state, regional or zonal level depending on the need of the state. These LPAs' are provided with a vehicle along with a driver. NLR-India is providing support to NLEP in 70 districts in 6 states of India through 12 Regional level LPAs and 2 State Level LPAs. NLR has also posted senior NMSs one each in states of Bihar, Jharkhand, UP, Uttarakhand, West Bengal and Delhi to support district authorities in self care project. Staff position of NLR is as under:.

Table 1 State wise number of LPAs' and State ILEP Coordinators in NLR supported districts

S. No	States	State level LPAs'	State level NMS	Regional LPAs	No. of Supported Districts	Total Districts in the State
1	Bihar	-	1	1	5	37
2	Jharkhand	1	1	2	10	22
3	Uttar Pradesh	-	1	5	34	70
4	Uttarakhand	1	1 in each division	1	13	13
5	West Bengal	-	1	1	3	18
6	Delhi	-	1	2	5	9
Total	6	2	6	12	70	169

The main role of these advisors is advisory in character. These advisors are strengthening the capacities of District staff (called the District nucleus) mainly in monitoring & supervision of the leprosy control programme, which is implemented through GHC staff. This is done by imparting class room and on the job training /coaching and guidance to District nucleus staff. At the state level our state level LPAs' are supporting the state in planning, monitoring and supervision of the programme. Besides this, NLR advisors are also imparting class room trainings/facilitation to GHC staff whenever required

1.4 Collaboration with ILEP Partners

In total 9 ILEP members (DFIT, TLM, AIFO, GLRA, Swiss Emmauss, ALM, Fontilles, LEPRa and NLR) are actively supporting NLEP of India. Table below gives an account of coordinating agency for the states supported by NLR

Table 2 ILEP Coordinating agency in NLR supported States

S.N.	Name of State	Coordinating Agency
1.	Bihar	DFIT
2.	Delhi	TLM
3.	Jharkhand	NLR
4.	Uttarakhand	NLR
5.	Uttar Pradesh	TLM
6.	West Bengal	GLRA

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

In U.P., TLM and NLR are the only supporting partners and TLM is the coordinating agency. Being the largest supported state, NLR project is supporting 34 districts by placement of LPAs at zonal level, one LPA covering 6-8 districts. TLM is supporting remaining 36 districts by placement of two Technical Resource Units, each unit covering 16-18 districts. It is agreed with TLM that the activities supported at state level will be shared proportionately by TLM and NLR and the district level support activities will be funded by individual agency directly. TLM has placed a state level coordinator to coordinate ILEP activities in UP.

In WB, GLRA is the coordinating agency. NLR, TLM, AIFO and GLRA are the supporting agencies; NLR is supporting 3 districts by placement of one LPA. A coordinator is placed by GLRA at the State level. Same understanding is with GLRA that the state level activities will be shared proportionately and distt. Level activities will be funded directly by the support agency.

In Bihar, DFIT is the coordinating agency. NLR, DFIT, LEPRO and TLM are the supporting agencies. DFIT has placed a coordinator at state level. NLR has placed one LPA to support 5 districts supported by NLR. Sharing of expenditure remains the same as in other states

In Jharkhand, NLR is the coordinating agency. TLM, DFIT and NLR were the supporting agencies. NLR being the coordinating agency has placed a state level advisor who is also acting as ILEP state coordinator. A joint action plan was prepared under discussion with state leprosy officer, WHO NLEP coordinator and all partners and accordingly activities were supported. Sharing of expenditure was done as in other states. In 2008 TLM declared their withdrawal from state in relation to public health support. Their hospital is still functioning.

In Uttarakhand, NLR is the Coordinating agency as well as the only supporting agency. NLR has placed one advisor at state level that is also representing ILEP as ILEP coordinator. Here also a joint action plan is prepared under consultation with State leprosy officer and the activities are supported as per the plan but by NLR only.

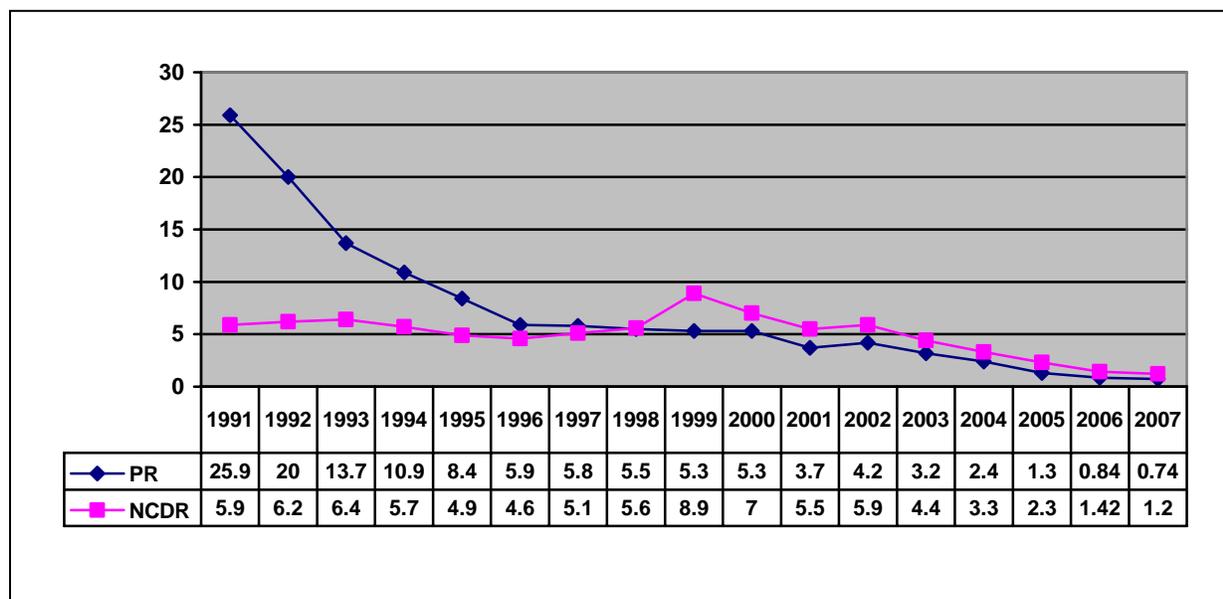
NLR in India is working in close cooperation, coordination and collaboration with major local and international NGOs (ILEP members), WHO, and Govt. of India. This report gives an overview of functioning of NLR in India.

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 0.74 per ten thousand population, at national level, by the end of March 2008.

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



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, which 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

A brief account of epidemiological status, of leprosy for the year 2008, 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 31 st Dec 2008	Prev Rate/1000 0	New Cases Detected from Apr 2008 – Dec 2008			Proportion among new cases			
				PB	MB	Total	MB	Female	Child	Gr.2
1	Jharkhand	3377	1.09	2057	2031	4088	49.68	35.74	10.13	2.86
2	Bihar	12112	1.23	9896	5690	15586	36.51	37.17	17.16	2.04

S. N.	State/UT	Cases on Record as on 31 st Dec	Prev Rate/1000 0	New Cases Detected from Apr 2008 – Dec 2008			Proportion among new cases			
3	Delhi	1434	0.80	448	794	1242	63.93	24.07	5.07	9.10
4	Uttarakhand	494	0.52	285	244	529	46.12	30.43	4.16	0.76
5	U.P.	18142	0.93	12769	8517	21286	40.01	31.19	6.20	1.87
6	West Bengal	9517	1.06	3841	5473	9314	58.76	30.64	8.26	2.37
Total (6 states)		45076	1.02	29296	22749	52045	43.71	33.06	10.11	2.25
India (all states)		92791	0.79	53596	49006	102602	47.76	35.30	10.23	2.72

(Source: Central Leprosy Division, GOI Dec 2008)

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 in the table above, though the recorded cases at the end of December 2008 were 45076, the new cases detected between April and December 2008 are 52045, which depicts that number of cases detected in nine months are far more than the registered cases at the end of the year. This means that the six states supported by NLR are still detecting large number of cases. This also supported by the fact, which can be seen from the above table that these six states alone are detecting more than 50% cases in the country. Among the new cases MB were 43.71%, female 33.06% and disability Grade II were 2.25 percent. 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 & other states. Disability Grade II is still high in Delhi, this could possibly be due to late reporting of cases, and neglected cases originating from all problem states of India, which have migrated to Delhi (whether temporary or permanent is unknown).

3. ANALYSIS OF ACTIVITIES

In the year 2007, the main focus of activities was to strengthen the “District Nucleus” technically so that they are able to carry out NLEP activities in their districts, efficiently & effectively and they work towards improving the quality of services provided through GHC staff.

In general, following activities were performed by NLR LPAs’ from January to December 2008 along-with district level staff:

- Supported state and district authorities in “Planning of NLEP activities”, and “Monitoring & Supervision of planned activities and staff”
- Our LPAs through “District Nucleus” 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 LPAs participated in formal classroom training sessions as facilitators and helped the “District Nucleus” in carrying out on the job training by visiting health centers along with staff of DN.
- Our LPAs were also identified as core trainers in the state. These LPAs’ were able to train the “District Nucleus”, in assessing the training needs of the GHC staff during supervisory visits and case validation visits.
- Our LPAs through “District Nucleus” supported GHC staff, in record keeping, report generation and counseling of patients.

Besides provision of general support by these LPAs, some of the activities were planned and budgeted from NLR source for the year 2008, as follows:

3.1 Analysis of activities, Branch Office – 2008

Table 4 Analysis of activities, Branch Office – 2008

ILEP No.	Description of activities	Result	Analysis/comments
1.3	Gen. Equipments		
1.3.1	Cannon DSLR Camera and Furnishing of NLR Office	Purchased	A DSLR Camera was purchased for B.O. and the office was refurbished in the last quarter of the year.
1.4.1	Vehicles	Income generated	Two old project vehicles of Delhi & Uttarakhand were sold. Insurance claim of Bokaro vehicle was settled.
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	Training of LPAs' of Uttar Pradesh	Done	LPAs' of UP were trained so as to equip them with the necessary skills.
2.5.3	Planning, Monitoring and Supervision training of Delhi DLOs'	Done	This was conducted to train DLOs' of Delhi in planning and monitoring the NLEP activities in their districts.
2.5.4	Communication skills Training of LPAs' at Pokhran	Done	Some of the LPAs' of NLR were sent to Pokhran to be trained in Communication & Presentation skills.
2.5.5	NLR Harmonization Workshop	Done	This was done to orient the newly recruited LPAs' to their new roles and responsibilities at Nainital.
2.5.6	Review Meeting of LPAs at Bodhgaya	Done	This was done to review the progress made by LPAs in their respective districts.
2.5.7	Workshop on Designing of NLR India website	Done	This was facilitated by Dr Enrik Engelhard to orient the selected LPAs' to the functioning of website.
2.5.8	ILEP Meeting at Delhi	Attended	This meeting was organized by NLR.
4.3	Special budget		
4.3.1	COMLEP Workshop II	Done	COMLEP pilot project for the state of Delhi successfully completed.
4.3.2	Supervision Workshop for LPAs' of NLR at Agra	Done	LPAs' of NLR & WHO Coordinator were trained to equip them with supervision skills.
4.3.3	Review of LFA Workshop	Done	This was done by Mr Jos Brand, Dr Joshi & Dr. Arif.
4.3.4	ILC Meeting at Hyderabad	Attended	Dr. M. A. Arif, Dr. S. C. Pandey, Dr. S. P. Sood, Dr. V. S. Pal, Dr. R. P. Chaudhary and Dr V. P. Gautam participated in International Congress on Leprosy
4.3.5	Community Based Rehabilitation Training at Guntur	Attended	Mr G S Dixit participated in CBR training at Guntur, Andhra Pradesh.
4.5	Teaching materials		
4.5.1	Printing of Infolep Brochure	Done	Infolep brochures were printed on request of H.Q. & the same were distributed in the ILC at Hyderabad.

3.2 Analysis of activities, Trust Office – 2008

Table 5 Analysis of activities, Trust Office – 2008

ILEP No.	Description of activities	Result	Analysis/comments
1.4	Vehicles		
1.4.1	Vehicle purchase for Kumaon region	ordered	Though not budgeted, but was ordered after approval from HQ
2.5	Training		
2.5.1	National level SLOs' Conference	Done	NLR Paid its share to ILEP-Coordinator for these activities
2.5.2	NLR Share towards National DPMR Consultant at CLD	Done	
2.5.3	NLR Share towards other support staff at CLD	Done	
4.4	I.E.C.		
4.4.1	Printing of T-Shirts for distribution amongst general population	Done	T-shirts bearing slogan related to leprosy were printed and given to LPAs' for distribution.
4.5	Teaching materials		
4.5.1	DPMR Guidelines	Done	NLR paid its share to ILEP-Coordinator for printing of DPMR Guidelines.

3.3 Activities in Delhi – 2008

ILEP Head	Activity	Result	Analysis/Comments
2.5	Training on Cohort Analysis and Interpretation of Indicators	Done	Cohort analysis was carried out by DN and LAs' in Delhi
2.5	Development of SCGs' in Delhi	Done	Person affected with leprosy have realized the need of self care and taken the step towards formation of SCG.
2.5	COMLEP Pilot Project	Done	COMLEP project completed successfully in May 2008.
2.5	Advocacy meeting at state level	Done	Advocacy meeting was organized successfully at state level. NLR paid its share to ILEP-Coordinator for Delhi.
2.5	DN Training	Done	DN training was organized successfully at state level. NLR paid its share to ILEP-Coordinator for Delhi.

3.4 Activities in Bihar – 2008

ILEP Head	Activity	Result	Analysis/Comments
2.5	DN Training in Patna	Done	DN training was organized successfully at state level. NLR paid its share to ILEP-Coordinator for Bihar.
2.5	Training of ANMs' in POD at Patna	Done	Training of ANMs' was organized successfully. NLR paid its share to ILEP-Coordinator for Bihar.

ILEP Head	Activity	Result	Analysis/Comments
2.5	W'shop on MDT management for Pharmacists and Storekeepers of all the 5 NLR supported districts.	Done	The Pharmacists' training was organized successfully in NLR supported districts.
2.5	Orientation training of DNT	Done	
2.5	SCG activities in NLR supported districts	Done	The activities related to SCGs' were organized successfully in NLR supported districts.

3.5 Activities in Jharkhand – 2008

ILEP Head	Activity	Result	Analysis/Comments
2.5	Training of District Nucleus	Done	DN training was organized successfully at state level.
2.5	DLOs review meeting	Done	DLOs' review meeting was organized successfully at state level.
2.5	Training of core trainers in DPMR	Done	Training of core trainers in DPMR was organized successfully at state level.
2.5	DLO workshop in planning supervision & monitoring	Done	The DLOs' workshop in planning supervision & monitoring was organized successfully in NLR supported districts.
2.5	SCG development	Done	The activities related to SCGs' were organized successfully in NLR supported districts.
2.6	Symposium of Dermatologists & Physicians	Done	Symposium of Dermatologists & Physicians was organized successfully at state level.

3.6 Activities in Uttarakhand – 2008

ILEP Head	Activity	Result	Analysis/Comments
2.5	Review meeting of DLOs	Done	DLOs' review meeting was organized successfully at state level. The expenditure incurred on training was borne by NLR.
2.5	Pharmacists training in MDT supply management	Done	The Pharmacists' training was organized successfully in NLR supported districts.
2.5	DN training 7 districts of Garhwal region	Done	Training of DNs' of all districts of Garhwal region was organized successfully. The expenditure incurred on training was borne by NLR.
2.5	DLO workshop in planning supervision & monitoring	Done	The DLOs' workshop in planning supervision & monitoring was organized successfully for all districts of Uttarakhand.
2.5	Symposium of Dermatologists & Physicians	Done	Symposium of Dermatologists & Physicians was organized successfully at state level.

ILEP Head	Activity	Result	Analysis/Comments
2.5	SCG development	Done	The activities related to SCGs' were organized successfully in all colonies of "Persons affected with Leprosy".
2.5	Purchase of LCD an Printer	Done	LCD was purchased to develop the capacity of state office. The expenditure incurred was borne by NLR.
2.5	Purchase of Multi Function Printer	Done	Multi Function Printer was purchased to develop the capacity of SLO's office. The expenditure incurred was borne by NLR.

3.7 Activities in Uttar Pradesh – 2008

ILEP Head	Activity	Result	Analysis/Comments
2.5	Pharmacists training in MDT supply management	Done	The Pharmacists' training was organized successfully in NLR supported districts. The expenditure incurred on training was borne by NLR.
2.5	DLO workshop in planning supervision & monitoring	Done	The DLOs' workshop in planning supervision & monitoring was organized successfully for all districts of Uttar Pradesh. The expenditure incurred was equally shared by NLR and TLMI.
2.5	Managerial workshop CMOs'	Done	The managerial workshops for CMOs' was organized successfully for all districts of Uttar Pradesh. The expenditure incurred was equally shared by NLR and TLMI.
2.5	SCG development	Done	The activities related to SCGs' were organized successfully in NLR supported districts.

3.8 Activities in West Bengal – 2008

ILEP Head	Activity	Date	Result
2.5	Pharmacists Training in MDT Management	December 2008	The Pharmacists' training was organized successfully in NLR supported districts. The expenditure incurred on training was borne by NLR.

3.9 Problems and Delays

This time because of our independence (not depending on ILEP agencies), and with good preparation for the new project we practically faced no problems in our projects in Uttarakhand, Jharkhand, Delhi and UP. However in the states of Bihar and West Bengal, due to poor coordination state level, activities could not be finalized hence ad-hoc requests keep coming and very few activities were supported at the state level. In Bihar, due to late release of funds and floods our LPAs could not participate in training activities like other states.

4. OTHER DEVELOPMENTS

4.1 Introduction

This chapter describes the activities or developments other than the routine planned activities which took place in the year 2008.

4.2 Capacity Building of NLR Staff

In early part of 2008, NLR-India placed Leprosy Programme Advisors' at regional level to provide support to the District Nucleus of the districts after signing of the new MOU between GOI and ILEP agencies. These LPAs' are senior medical officers with lot of experience in leprosy and public health activities. One LPA along with the driver is placed at a regional level to cover a group of districts, where they are needed most. Before deploying them in the field, these LPAs' were given orientation in relation to their role as per current MoU. Besides understanding their role, they were also equipped with necessary knowledge & skills; so that, they able to strengthen the DN in Planning, Monitoring and Supervision of NLEP activities.

A group of 6 LPAs' from Uttar Pradesh, Uttarakhand, Bihar, Jharkhand and West Bengal attended a 2-weeks workshop on communication skills at BIKASH, Pokhara, Nepal.

Mr. G. S. Dixit, National SCGs' Coordinator, NLR attended an International CBR course at Guntur, Andhra Pradesh from 10th January to 26th January 2008.

4.3 COMLEP Project

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 was prudent to think of 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 from Southampton University (UK) had done most of the development work on the first version of COMLEP, which was based on Epi-Info 3.3 was modified to the needs of leprosy control programme.

The first 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.

Following the workshop, the COMLEP pilot project was undertaken in two districts of Delhi for field testing purposes. In the implementation phase, the trained Leprosy Assistants were posted at major hospitals of South and West districts of Delhi. They visited the assigned hospital once 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.

After completion of data entry, second COMLEP Workshop was organized from 21st-23rd May 2008 to discuss the outcome of the pilot projects and to modify the tool. The workshop was also attended by Dr. D. M. Thorat (DADG-Lep, Central Leprosy Division), Computer Programmers Mr. E. Sathish Kumar & Mr. C. Balakrishnan from Central Leprosy Training & Research Institute (CLTRI) also participated. The database was changed from EPI-Info to MS Access on the basis of the feed back received from the participants.

Since the reporting requirement is more complex than in other countries, following the workshop it was decided that we need to review the strengths & weaknesses of the available software in India to devise an enhanced version of current COMLEP. A proposal describing the need of a workshop to first have consensus of partners on need to develop a comprehensive software at the national level, was sent to all concerned.

4.4 Strategic Planning Workshops using Logical Framework Approach (LFA)

In India, most of the time, situations and problems are dealt with on ad-hoc basis, because there is no plan in place. Realising this, NLR introduced Logical Framework Approach (LFA) in NLEP of India, which is based on participatory approach and is result oriented. Strategic Planning workshops were organized in 4 NLR supported states viz. Uttar Pradesh, Delhi, Uttarakhand and Jharkhand in 2007. As a follow up of these state level workshops, a team of national and international experts including Mr Jos Brand, Mr. P. L. Joshi (DDG-L) and Dr M A Arif reviewed the outcome of these workshops in July 2008. The review exercise of the workshops revealed that State and District level officers found this tool of planning very useful in making more systematic and methodical plans. According to the mission, the efforts being carried out by the Government and its support organisations to improve State and District planning are working in the right direction; it is a large task to achieve the changes as intended by the NRHM. Important actions are still to be taken towards capacity building at State and District level. At the same time, the mission is aware that capacity building does not stop at the level of the individual State or District officer; it will take several years to achieve the desired results. It was realized after the review that LFA workshops and subsequent support by NLR staff would be essential to further improve the planning practices. (refer Report of LFA Review)

4.5 Follow up of Strategic Planning Workshops

On seeing the success of these workshops, NLR organized “Planning, Monitoring and Supervision Workshop” for DLOs’ of various other NLR supported states, as given below-

- Planning, Monitoring and Supervision Workshop was organized for DLOs’ of Delhi from 23rd to 25th January 2008 at Dehradun, Uttarakhand. This workshop was attended by SLO (Delhi), District Nucleus staff of Delhi.
- Planning, Monitoring and Supervision Workshop was organized for DLOs’ of 13 districts of Uttar Pradesh from 2nd-4th September 2008 at Lucknow, Uttar Pradesh. This workshop was attended by SLO (Uttar Pradesh), and District Nucleus staff of 13 districts of Uttar Pradesh.
- Planning, Monitoring and Supervision Workshop was organized for DLOs’ of 14 districts of Uttar Pradesh from 15th-17th September 2008 at Varanasi, Uttar Pradesh. This workshop was attended by District Nucleus staff of 14 districts of Uttar Pradesh.
- Planning, Monitoring and Supervision Workshop was organized for DLOs’ of 9 districts of Uttar Pradesh from 13th-15th October 2008 at Agra, Uttar Pradesh. This workshop was attended by District Nucleus staff of 9 districts of Uttar Pradesh.
- Planning, Monitoring and Supervision Workshop was organized for DLOs’ of 10 districts of Uttar Pradesh from 16th-18th October 2008 at Agra, Uttar Pradesh. This workshop was attended by District Nucleus staff of 10 districts of Uttar Pradesh.
- Planning, Monitoring and Supervision Workshop was organized for DLOs’ of 9 districts of Uttar Pradesh from 5th-7th November 2008 at Meerut, Uttar Pradesh. This workshop was attended by District Nucleus staff of 9 districts of Uttar Pradesh.
- Planning, Monitoring and Supervision Workshop was organized for DLOs’ of 15 districts of Uttar Pradesh from 19th-21st November 2008 at Lucknow, Uttar Pradesh. This workshop was attended by District Nucleus staff of 15 districts of Uttar Pradesh.
- Planning, Monitoring and Supervision Workshop was organized for DLOs’ of Uttarakhand from 21st - 23rd October 2008 at Dehradun, Uttarakhand. This workshop was attended by SLO (Uttarakhand), and District Nucleus staff of Uttarakhand.
- Planning, Monitoring and Supervision Workshop was organized for DLOs’ of all NLR supported districts of Jharkhand from 2nd to 4th June 2008 at Brambe, Jharkhand. This workshop was attended by SLO (Jharkhand), and District Nucleus staff of all NLR supported districts of Jharkhand.

4.6 Self Care Groups Project

In order to enable the Leprosy affected persons with disabilities to prevent further worsening of their disabilities and restore their social life, NLR-India has started supporting the District Nucleus staff in the formation, monitoring and supervision of “Self Care Groups” and counseling of participants that is carried out by the DN staff in relation to these projects in leprosy colonies of four states of India viz. Uttarakhand, Delhi, Jharkhand and Bihar. On the basis of inputs received during the workshops held in Indonesia, NLR has developed guidelines for formation and functioning of Self Care Groups. As per the guidelines, disability assessment of each inhabitant of the leprosy colony is carried out by a trained staff from the DN team. One very senior NMS has been appointed as “National SCGs’ Coordinator” by the NLR for the purpose of training, coordination and supervision of the formation and functioning of SCGs’.

Process of establishment of SCGs’ has started in 5 PAL homes in NLR supported districts of Bihar, PAL homes in Uttar Pradesh, PAL homes in NLR supported districts of West Bengal, and 3 PAL homes NLR supported districts of Delhi. Though, the process of formation of SCGs’ was initiated in all remaining 26 PAL homes of Uttarakhand in 2008, but PAL started practicing self care in only few of the PAL Homes. In Jharkhand, persons affected with leprosy have started practicing self care in all PAL homes of district Bokaro, Ranchi, and Palamau.

4.7 Situation Analysis of functioning of District Nucleus

After the signing of MOU with GOI, NLR recruited LPAs’ and trained them in various aspects of leprosy and briefed them about their roles and responsibilities, at branch office. After their deployment in the field the first assignment they completed was situation analysis of functioning of District Nucleus. This was done on a predestined and discussed format in all the districts supported by NLR. The purpose of this exercise was to have the baseline information about the functioning of District Nucleus and to assess the needs. On the basis of needs assessment done through this exercise, our LPAs are providing necessary inputs to improve the functioning of district nucleus. This analysis will give us an opportunity to repeat the exercise after one and half years and compare the changes brought about by LPAs’

4.7 Additional Developments: In addition to the developments mentioned above, few additional developments took place in few states supported by NLR. These are:

4.7 (i) Developments in Jharkhand

- **Reconstructive Surgeries:** RCS started at Rajendra Institute of Medical Sciences, Ranchi & Mahatma Gandhi Medical College and Hospital, Jamshedpur.
- **Rehabilitation services:** Rehabilitation services in the form of supporting Self-care groups started in PALs colonies in three districts. Efforts are being made to develop SCGs’ in other districts, also. Other Institutes like Bank/Clubs also have supported by providing plastic tubs, and self-care kits are being provided by DLO.
- **Manpower Support:** Support to SLO office is being given by ILEP for Clerk/Steno & Peon to facilitate the official work.

4.7 (ii) Developments in Uttarakhand

- **Stake holders Meeting:** – A meeting of DDG (L) with Divya Prem Seva Mission (DPSM), an NGO situated in Haridwar took place in 2008. Objective of the meeting was to ensure delivery of basic health services by DPSM to the persons living in PALs homes.
- **IPC meetings:** IPC meetings were held by District Nuclei involving rural health committee.
- **Deep ulcer treatment:** NLR in Uttarakhand facilitated and supported the deep ulcer management of persons affected with leprosy at Doon hospital.

4.8 Visits of foreign delegates

- NLR India received following foreign delegates-
 - Mr. Jan Willem Dogger visited India twice, once in the month of Jan-Feb, 2008 to attend “International Leprosy Congress” at Hyderabad and second time in July 2008 to review NLR projects.
 - A film crew from the Netherlands, consisting of 3 members namely Mr. Raymond Van Haefen and two cameramen visited India in April 2008, to make a film on life of the people affected by Leprosy.
 - Dr. Richard de Soldenhoff visited India to act as a “Facilitator” in a “Workshop on Supervision” in March.
 - Dr. Peter Nicholls and Dr. Wim V Brakel visited India to act as “Facilitators” in COMLEP workshop, which was held on 21-23rd May 2008.
 - Dr. Anrik CF Engelhard visited NLR-projects in India to provide “Technical assistance” in July 2008.
 - Mr. Jos Brand visited India to review the introduction of “Logical Framework Approach” in India in July 2008.
 - Dr. Anrik CF Engelhard visited India regarding “Technical assistance” to NLR-projects, to attend ILEP partners’ meeting and development of NLR India website in December 2008.

4.9 Participation in meetings

- Dr. M. A. Arif (Country Representative), Dr. S. C. Pandey (Coordinator Projects), Dr. S. P. Sood (ILEP Coordinator-Jharkhand), Dr. V. S. Pal (ILEP Coordinator-Uttarakhand), Dr. R. P. Chaudhary (LPA), Dr. J. B. Singh (LPA) and Dr V. P. Gautam (LPA) participated in International Congress on Leprosy in Jan-Feb 2008.
- Dr. M. A. Arif (Country Representative) attended the ILEP International representatives meeting, Hyderabad in February 2008.
- Dr. M. A. Arif (Country Representative) and Dr. S. C. Pandey (Coordinator Projects) participated in UP DLOs’ review meeting in Agra and Allahabad in the year 2008.
- Dr. M. A. Arif (Country Representative) attended the 2nd Meeting of ILEP on 1st April at AIFO Office, Bangalore.
- Dr. M. A. Arif (Country Representative) attended the Meeting of ILEP and WHO to discuss issues as follow up to the GOI meeting on 2nd - 3rd April at AIFO Office, Bangalore.
- NLR participated in review meeting of DLOs’ of Jharkhand on 21st April 2008.
- Dr. M. A. Arif (Country Representative) participated in the State ILEP coordinators meeting, Hyderabad in May 2008.
- Dr. M. A. Arif (Country Representative) and Dr Enrik Engelhard (Medical Advisor, NLR-Amsterdam) attended a Symposium on leprosy for Dermatologists and Physicians of District Hospitals of Jharkhand was organized on 22nd July 2008.
- Dr. M. A. Arif (Country Representative) attended the workshop for finalization of training manual for NLEP-India in August 2008.
- Dr. M. A. Arif (Country Representative) attended the ILEP India representatives meeting, Delhi in September 2008.

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 - 2008

Table 6 An overview of NLR India Budget Allocation & Expenditure – 2008

S.No.	State	Allocated Amount INR	Expenditure INR	Exp In %
1.	Branch Office	4,611,100.00	3,927,004.23	85%
2.	Trust office	2,516,100.00	2,641,374.63	105%
3.	Bihar	2,013,300.00	974,594.00	48.4%
4.	Delhi	1,897,000.00	1,210,267.00	64%
5.	Jharkhand	4,630,400.00	2,260,701.00	49%
6.	Uttar Pradesh	6,550,700.00	3,509,608.00	54%
7.	Uttarakhand	3,781,100.00	2,633,207.63	70%
8.	West Bengal	1,437,300.00	849,000.00	59%
9	Technical Workshops	1,137,350.00	993,974.00	87%
TOTAL (INDIA) in INR In Euro		I NR 28,574,350.00 €411,947.00	I NR 15,372,548.86 €273,914.00	66.49%

Conversion in Euro as on 31.12.2008, www.oanda.com

5.2 Expenditure Statement of Branch Office - 2008

Table 7 Expenditure statement, of Branch office, for the year 2008

		Total Expenditure in the Year (INR)	Total Budget for the Year (INR)	Savings / (Over) Expenditure (INR)	Expenditure in %
I. INVESTMENTS					
1.1	Buildings / Land				
1.2	Medical Equipment				
1.3	General Equipment	215,218.00	215,000.00	(218.00)	
1.4	Vehicles	(305,000.00)	No Budget	305,000.00	
1.5	Rehabilitation of equipment				
1.6	Miscellaneous				
	TOTAL INVESTMENTS	(89,782.00)	215,000.00	304,782.00	-142%
II. SALARY, STAFF AND TRAINING					
2.1	Medical Doctors	936,000.00	936,000.00	0.0	
2.2	Other Medical Staff				
2.3	Administrative Staff	768,466.00	876,000.00	107,534.00	
2.4	Staff Benefits	182,580.00	546,250.00	363,670.00	
2.5	Training	206,413.99	185,323.00	(21,413.99)	
2.6	Miscellaneous staff exp.	-	-	-	
	TOTAL SALARIES & TRAINING:	2,093,459.99	2,543,250.00	449,790.01	92%
III. MAINTENANCE					
3.1	Repairs and Utilities	647,991.00	569,250.00	(78,741.00)	
3.2	Anti-Leprosy drugs				
3.3	Other Drugs				
3.4	Vehicle Maintenance/ travel & Transport	941,723.00	842,000.00	(99,723.00)	
3.5	General supplies				
3.6	Miscellaneous				
	TOTAL MAINTENANCE	1,589,714.00	1,411,250.00	(178,464.00)	113%
IV. ADMINISTRATION					
4.1	Office Expenses	260,694.48	349,600.00	64,512.98	
4.2	Public relations	43,505.76	72,000.00	28,494.24	
4.3	Special budget		10,000.00	10,000.00	
4.4	Health education activities				
4.5	Teaching materials	29,412.00	10,000.00	(19,412.00)	
4.6	Miscellaneous				
	TOTAL ADMINISTRATION:	333,612.24	441,600.00	107,987.76	76%
	TOTAL EXPENDITURE	3,927,004.23	4,611,100.00	685,097.77	85%
	In Euro	€56,614.00	€66,477.00	€9,877.00	

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

The under expenditure is reflected in two budget line in almost all the statements for which common explanation is as under –

- **4.4 Health Education:** Savings due to activities conducted through the state Govt. funds.
- **3.4 Vehicle/Travel:** Funds were kept for government staff mobility only in the states.

Rest of the explanations is as under:

Branch Office:

1.3 Gen equipments: Office furnishing was done in 4th quarter and a DSLR Camera (Nikon D-60) was purchased.

1.4 Vehicles: Two old project vehicles of Delhi & Uttarakhand, which were purchased from Branch office, were sold in this quarter; hence income is reflected in this head.

2.3 Admin Staff: Could not find the suitable candidate; hence office assistant was not recruited this year.

2.4 Staff Benefits: Staff benefits are taxable, Perdiem of C.R was allocated under this head but same was paid from budget line 3.4, vehicle/Travel. Hence there is saving in this head & over expenditure is reflected in 3.4, vehicle/Travel

2.5 Trainings: Participation fee for CBR Congress (Bangkok) was paid & Workshop on website development was conducted in 4th quarter, hence slight over expenditure.

3.1, Repair & Maint.: Over expenditure is seen due to polishing & painting in office premises.

4.3 Special Budget: As agreed upon, this amount was kept, for any unforeseen adhoc activity.

4.5 Teaching Material: Over expenditure is seen due to printing of 5000 Infolap brochures/leaflets in 1st quarter, which were carried to Hyderabad & Amsterdam.

Bihar

2.3 Salary Admin Staff: Salary, of 2 drivers, was budgeted, depending on the need only one team was placed at Patna, hence savings are seen in this head.

2.5 Trainings: Self Care Group (SCG) activities were initiated & MDT Management trainings were conducted in NLR supported districts of Bihar, hence over expenditure is seen.

Delhi

2.3 Salary Admin staff: Salary for two drivers was budgeted but only one driver was required for Delhi, Trust office. The same driver was utilized for 2nd team of Delhi; hence saving is seen in this head.

2.5 Trainings: Development of Self care Groups in Delhi is at initial stages, hence less expenditure and saving is reflected in this head

3.1 Repairs & Utilities: No Major repair was done in the ground floor flat; hence saving is seen in this head.

4.1 Office Expenses: Some of the expenditures like stationery, postage etc are shared with Branch office; hence saving is reflected in this head.

Jharkhand

2.1 Medical Doctors: One of our LPA, Dr. R. P. Chaudhary resigned; hence saving is seen in this head.

1.4 Vehicles: Insurance claim of Bokaro stolen vehicle was settled (in 3rd quarter) by insurance company; hence income is reflected in this head.

2.2 Other Medical Staff: Support to SLO office was provided, hence over expenditure is seen.

2.3 Admin Staff: Salary for peon at Coordinator's office, Ranchi, was budgeted same was not posted hence saving is reflected in this head

2.5 Trainings: Some funds was kept for any adhoc activity but no adhoc activity was undertaken; hence this saving.

3.1 Repairs & Utilities: We had taken offices on rent in Bokaro & Latehar zones at cheaper rates compared to budgeted amount; hence saving is reflected in this head.

Uttar Pradesh

1.3 Gen Equipments: It was planned that the Lucknow office will be equipped with photocopier, fax, computer, printer etc but because of the less workload we opted not to buy photocopier & fax, hence this saving.

1.4 Vehicles: five vehicles were sold in this year and one vehicle was purchased for Lucknow office; hence income is reflected in this head.

2.2 Other Medical Staff: Because of the late start of SCG in U.P, NMS was appointed from June onwards hence this saving. Same has effect on 2.4, staff benefits.

2.5 Trainings: As a follow up of Strategic Planning workshop, series of Planning, Monitoring & Supervision workshops were conducted in all the districts of U.P state; hence over expenditure is reflected in this head

5.3 Expenditure Statement of Technical Workshops - 2008

Table 8 Expenditure statement, of Branch office, for the year 2008

Trainings & Workshops					
2.5.1	Management & Planning Workshops (Delhi)	230,985.00	230,000.00	(985.00)	
2.5.2	Supervision Workshop (Agra)	273,402.00	379,350.00	105,948.00	
2.5.3	Training of UP L.PA.s	103,967.00	100,000.00	(3,967.00)	
2.5.4	ILC Meeting, Hyderabad	198,500.00	200,000.00	1,500.00	
2.5.5	Communication Skills Trg. Workshop (Pokhran)	78,586.00	80,000.00	1,414.00	
2.5.6	L.F. Introduction Trajectory India	108,534.00	148,000.00	39,466.00	
TOTAL EXPENDITURE		993,974.00	1,137,350.00	143,376.00	87%
In Euro		€14,330.00	€16,397.00	€2,067.00	

New project (Technical Workshops)

As per the instructions from H.Q., another project called "Technical Workshops" was created with ILEP code no. 425.99.01. All the expenditures shown are special initiatives under head training & workshops.

5.4 Expenditure Statement of Trust Office - 2008

Table 9 Expenditure statement, of Trust Office, for the year 2008

		Total Expenditure in the Year (INR)	Total Budget for the Year (INR)	Savings / (Over) Expenditure (INR)	Expenditure in %
I. INVESTMENTS					
1.1	Buildings / Land				
1.2	Medical Equipment				
1.3	General Equipment				
1.4	Vehicles	591,288.63	No budget	(591,288.63)	
1.5	Rehabilitation of equipment				
1.6	Miscellaneous				
	TOTAL INVESTMENTS	591,288.63	No budget	(591,288.63)	NIL
II. SALARY, STAFF AND TRAINING					
2.1	Medical Doctors	348,000.00	348,000.00	0.0	
2.2	Other Medical Staff	144,000.00	144,000.00	0.0	
2.3	Administrative Staff	323,100.00	397,200.00	74,100.00	
2.4	Staff Benefits	129,665.00	152,300.00	22,635.00	
2.5	Training	431,932.00	705,000.00	273,068.00	
2.6	Miscellaneous staff exp.				
	TOTAL SALARIES & TRAINING:	1,376,697.00	1,782,500.00	405,803.00	77%
III. MAINTENANCE					
3.1	Repairs and Utilities	217,931.00	265,400.00	47,469.00	
3.2	Anti-Leprosy drugs				
3.3	Other Drugs				
3.4	Vehicle Maintenance/ travel & Transport	429,767.00	304,000.00	(125,767.00)	
3.5	General supplies				
3.6	Miscellaneous				
	TOTAL MAINTENANCE	647,698.00	569,400.00	(78,298.00)	114%
IV. ADMINISTRATION					
4.1	Office Expenses	22,561.00	59,200.00	36,639.00	
4.2	Public relations	3,130.00	5,000.00	1,870.00	
4.3	Special budget		100,000.00	100,000.00	
4.4	Health education activities				
4.5	Teaching materials				
4.6	Miscellaneous				
	TOTAL ADMINISTRATION:	25,691.00	164,200.00	138,509.00	16%
	TOTAL EXPENDITURE	2,641,374.63	2,516,100.00	(125,274.63)	105%
	In Euro	€38,080.00	€36,274.00	€1,806.00	

Conversion in Euro as on December 31, 2008, www.oanda.com

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

Trust Office

1.4 Vehicles: A Bolero Jeep was purchased for Delhi Trust Office, though not budgeted.

2.5 Trainings: NLR share was sent to DFIT towards expenditure incurred by them on support to CLD (National consultant DPMR salary his travel & salary of admin. Staff) and SLOs' conference. No other national activity was undertaken hence saving is reflected in this head.

3.4 Vehicle/Travel: Because of series of workshops & starting of the SCG projects, Coordinator Projects & SCG Coordinator had to travel more; hence this over expenditure.

4.1 Office Expenses: Most of the expenses incurred through Branch office account; hence minimal expenditure is reflected in this head.

4.3 Special Budget: Due to organization of series of strategic planning workshops launch of Client Perspective Study could not be discussed with leprosy division hence this saving.

Uttarakhand

1.4 Vehicles: A Bolero Jeep was purchased for Kumaun (Nainital) zone, though not budgeted.

2.1 Medical Doctors: Dr. H.C. Pandey was shifted to Lucknow to fill up the vacancy in U.P; hence saving is seen in this head.

2.2 Other Medical Staff: Salary for 4 Para Medic staff for urban area (support to SLO office) was budgeted same could not be materialized; hence saving is seen in this head.

2.5 Trainings: Meeting of Cooperative partners, re-orientation of CMOs and any other adhoc training could not be conducted, hence this saving. This effect may be due to change of SLO.

West Bengal

2.5 Trainings: Most of the training activities were carried out by State govt. GLRA coordination was sluggish; whatever activities were conducted were because of efforts put in by NLR LPA in NLR supported districts. Hence saving is reflected in this head. In general activities in West Bengal were sluggish because of poor GLRA coordination.

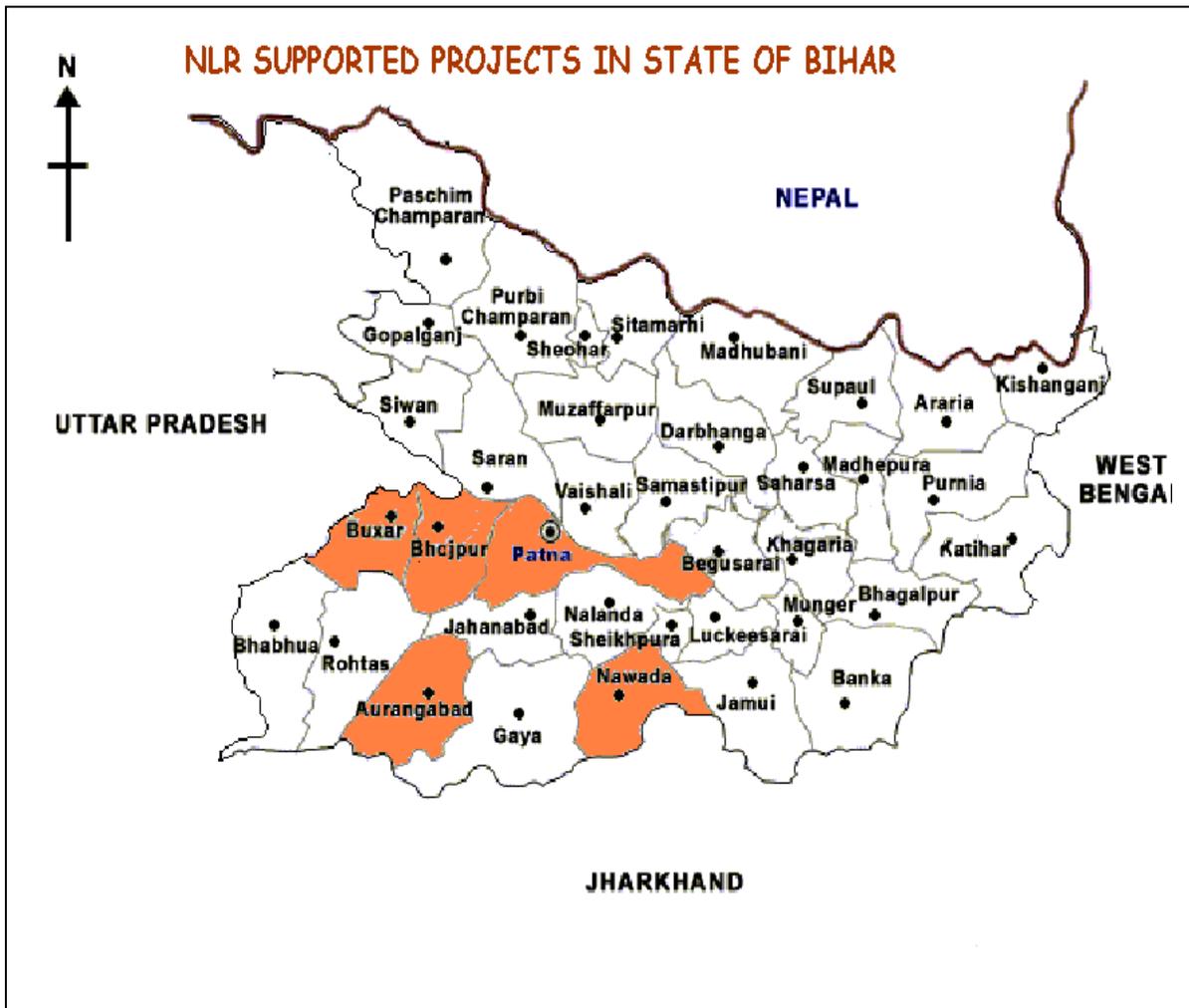
6. CONCLUSIONS & RECOMMENDATIONS

1. The national goal of elimination of leprosy has been reached by December 2005. In the year 2008, 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 2008, 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 these 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.

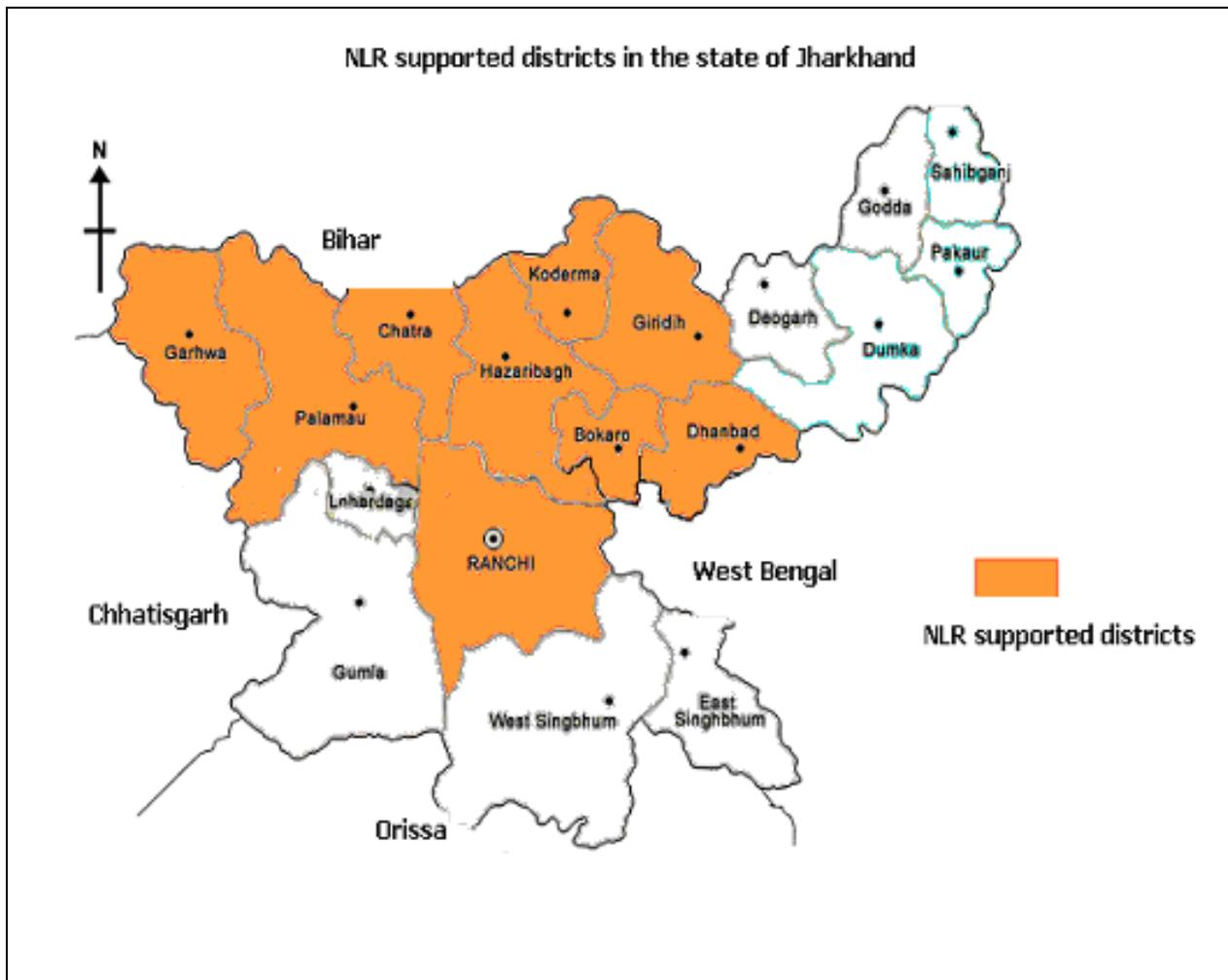
Annex I Map of NLR supported districts in Delhi state



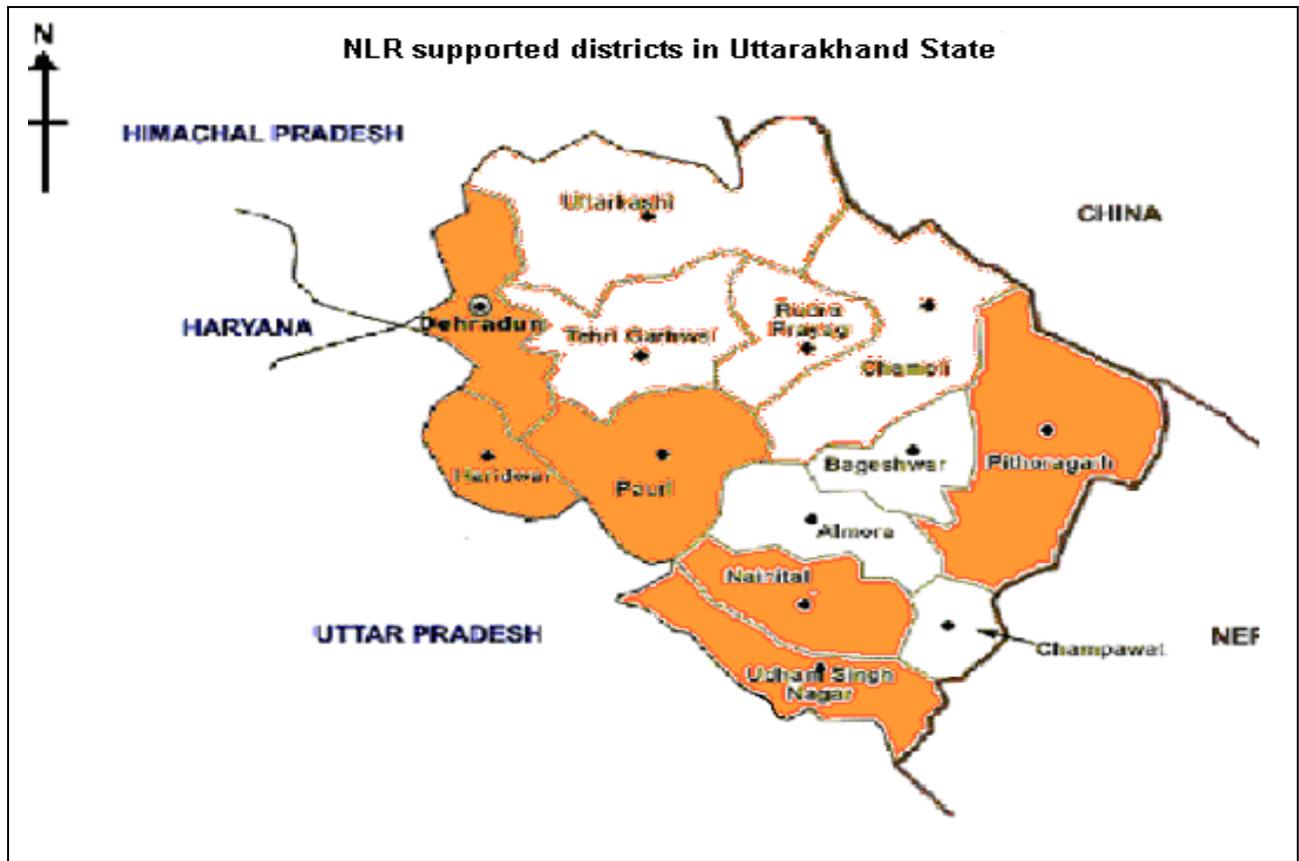
Annex II Map of NLR supported districts in Bihar state



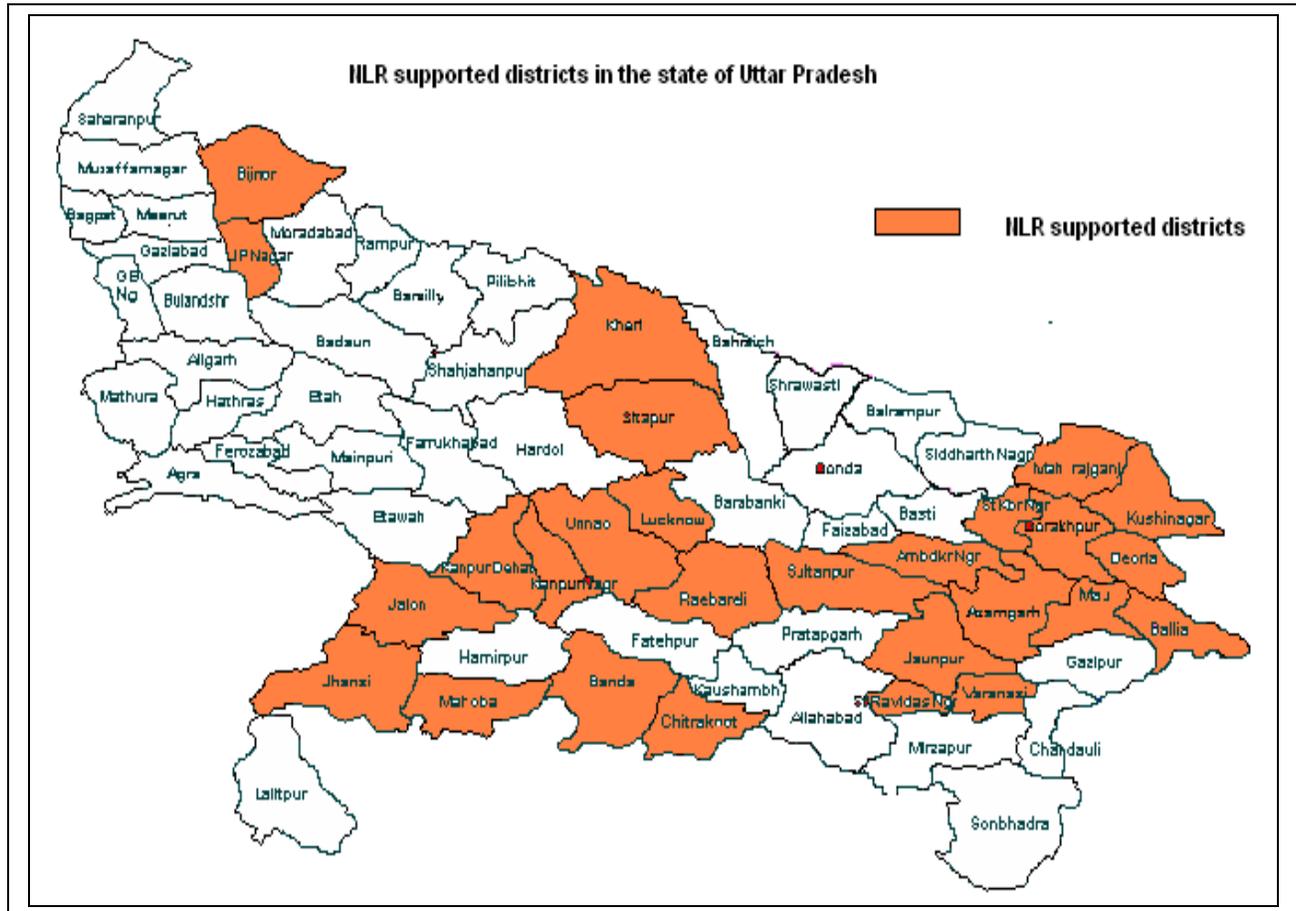
Annex III Map of NLR supported districts in Jharkhand state



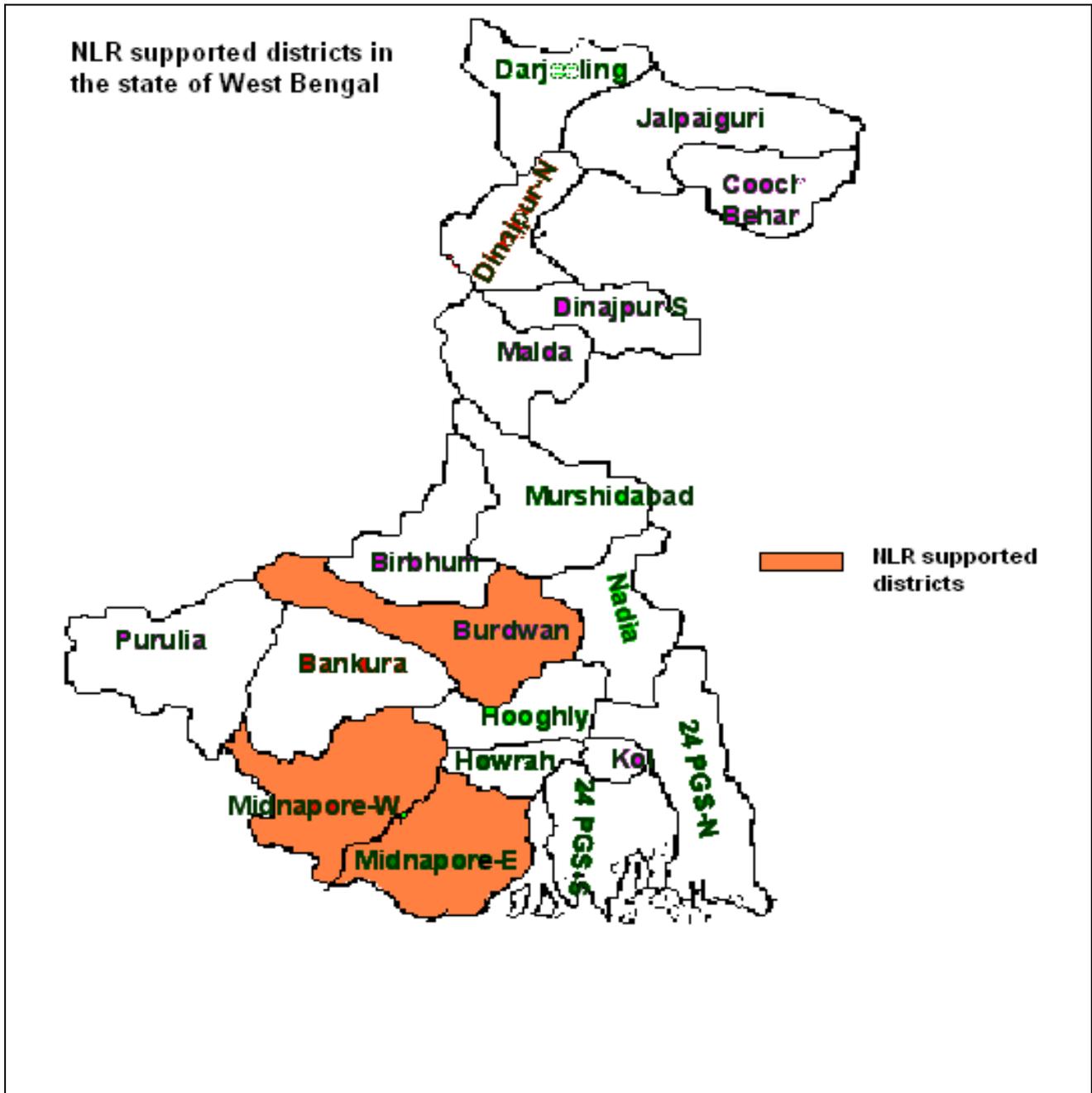
Annex IV Map of NLR supported districts in Uttarakhand state



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. S. C. Pandey	Coordinator Projects	D-47/2, Arjun Nagar, Safdarjung Enclave, New Delhi-110029
3	Mr. G. S. Dixit	SCG Coordinator	Near Asha Ram Bapu Ashram, Deendayal Puri, Nandgram, Ghaziabad (U.P.)
4.	Mr. Ashok Kumar	Manager (Accounts & Administration)	C-1/190, Janakpuri, New Delhi
5	Mr. Vishal M. Singh	Accounts Officer	28, Church Road, Masjid Lane, Bhogal, New Delhi
6	Ms. Pooja Grover	Office Executive	H.No. 40, Madangir, New Delhi – 110062
7	Mr. Rustam Mansoor	Driver	F-177, Shaheen Bagh, Abul Fazal Enclave, Part – II, New Delhi – 110 025
8	Mohd. Ali Ahmed	Driver	F-147/3, Shaheen Bagh, Abul Fazal Enclave - II, Okhla, New Delhi – 110025
9	Mr. Joginder Prasad	Peon	C – 59, Satya Vihar, Kamal Pur, Burari, Delhi – 110084