

**ANNUAL REPORT - 2009**  
NLR Projects in India

**An Overview**

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## LIST OF ABBREVIATIONS

ANCDR	Annual Case Detection Rate
ANM	Auxiliary Nurse Midwife
AWW	Angan-Wadi Worker
CMO	Chief Medical Officer
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
FCRA	Foreign Contribution Regulation Act
GHC	General Health Care
GHS	General Health Services
GOI	Government of India
IILEP	International Federation of Anti-Leprosy Associations
IEC	Information, Education, Communication
INR	Indian Rupee
IDEA	International Association for Integration Dignity and Economic Advancement
ILU	International Leprosy Union
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
MOHFW	Ministry of Health & Family Welfare
MPW	Multi Purpose Worker
MLEC	Modified Leprosy Elimination Campaign
NCDR	New Case Detection Rate
NGO	Non-Governmental Organization
NLEP	National Leprosy Eradication Programme
NMA	Non Medical Assistant
NRHM	National Rural Health Mission
PR	Prevalence Rate
PB	Pauci Bacillary
PHC	Primary Health Centre
POD	Prevention of Disability
PMW	Para Medical Worker
SAPEL	Special Action Project for Elimination of Leprosy
SC	Sub Centre
SLO	State Leprosy Officer
SIS	Simple Information System
TCR	Treatment completion rate
UP	Uttar Pradesh
UT	Under Treatment
WHO	World Health Organization

## Glossary

ANM	Auxiliary Nurse Midwife—Providing General Health care services at a Health sub-centre, covering a population of 5,000 to 10,000
APHC	Additional Primary Health Centre – A health center, covering about 25,000 to 50,000 population. There are 3 to 4 APHCs under each main PHC
ASHA	Accredited Social Health Activist—Under National Rural Health Mission, she is a local resident of a village selected by Gram Sabha, working as a link person between community and health system.
AWW	Aagan Wadi Worker – is a functionary in each village, under Integrated Child Development Services Scheme, a centrally sponsored scheme of Government of India, providing child care
CDMO	Chief District Medical Officer – is a District Administrative Head for Health Department.
CGHS	Central Government Health Services - Catering to the health needs of Central Government Employees
CHC	Community Health Centre – Larger health center, in rural area, covering a population of about 100,000 to 200,000, having specialized health care facilities such as Medicine, Surgery, Gynecology etc
Cohort	A group of persons, who share a common experience within a defined time period.
Criteria	Criteria are standards against which something is judged and by which decisions are made and actions are measured.
Cure	A person who has completed a full course of fixed duration MDT (6 dose for PB & 12 doses for MB) is considered cured
Decentralized planning	Planning originating at district level under consultation with all stakeholders
DG2	includes visible deformity or damage of hand & feet; or person cannot count fingers at a distance of 6 feet, lagophthalmos, irido-cyclitis, or corneal opacity
DLO	District Leprosy Officer - Responsible for management of NLEP activities, in the District
DN	District Nucleus - Established in each district, headed by DLO, has 1 MO, 1NMS/NMA and 1 Health Educator responsible for monitoring and supervision of NLEP activities
DTST	District Technical Support Team provided by ILEP agencies to support integrated leprosy services till 2007.
EHF Score	A sum total of Grades of disabilities of Eye, Hand & Feet
Gram Sabha/Panchayat	It's a local, elected government, at the village level, comprising of 7-17 members, responsible for upkeep of the village including street lights, sanitation etc.
HOPE	Hydro, Olio, Physio Exercises
JJ Clusters	Temporary shanty houses are built without civic amenities.
LPA	Leprosy Programme Advisor, M.B.B.S. Graduates with long experience in the field of leprosy, are posted to improve the functioning of District Nucleus/DLO
LRPU	Leprosy Rehabilitation Promotion Unit
LTC	Leprosy Training Center

MCD	Municipal Corporation of Delhi, an Autonomous Body within NCT responsible for Water. Sanitation, Health needs of the population living in a certain predefined geographical area
MOU	Memorandum of Understanding between GOI and ILEP India for the period 2007-2012
Monitoring	A mechanism of data collection, processing and interpretation with the purpose of helping the manager (staff) to keep continuously in touch with the progress of a programme. Monitoring is a day-to-day follow-up of activities to ensure that they are proceeding as planned and are on schedule.
NCT	National Capital Territory of Delhi is better known as NCT
NDMC	New Delhi Municipal Corporation - An Autonomous Body within NCT responsible for Water. Sanitation, Health needs of the population living in New Delhi district.
Nyaya Panchayats	is an elected body in India, to settle the disputes arising at the village level. Nyaya Panchayat consists of one member elected from each gram sabha. It is endowed with functions based on broad principles of natural justice. They can be given civil and minor criminal jurisdiction. One nyaya panchayat operates in many gram sabhas usually between 1-7
SSOD	Soaking, Scrapping, Oiling and Dressing
Subdivision	Administrative Subunits of the District
TRU	Technical Resource Unit is provided by ILEP coordinating agency to support NLEP in state and comprises of one experienced medical & one paramedical person

## 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. NLR established its branch office in New Delhi in March 2000. NLR has also established a trust in the year 1999, which received permission to receive foreign donations under Foreign Contribution Regulation Act (FCRA), in the year 2004. NLR in India, through its branch & trust, is supporting NLEP of India at national & state level, and 77 districts of 6 states of India, namely Uttar Pradesh, Uttarakhand, Bihar, Jharkhand, West Bengal and Delhi. Besides providing technical and logistic support at national & state levels, NLR is providing support to NLEP mainly in the form of State and Zonal level Leprosy Programme Advisors (LPAs) and state & zonal level self care coordinators, since the year 2008. NLR has placed 11 Regional and 2 state level LPAs. These LPAs transfer their skills to improve the functioning of existing District Nucleus and GHC staff. In addition to this, NLR has also placed NMSs as self care coordinators, in all the states supported by NLR i.e. 1 Non Medical Supervisor (NMS) in each state except Uttarakhand where 2 NMSs are placed (Table 1). These NMSs are providing technical support to District Nucleus (DN) staff in promoting self care in Leprosy colonies, by formation of Self Care Groups.

On analyzing epidemiological developments, it is observed that 6 States, which are supported by NLR, are contributing a little over 50% of the new cases detected in the country. Amongst NLR supported states, proportion of MB cases is similar in all the states except for Delhi and West Bengal. The proportion of children amongst new cases in these 6 states is also similar except for Bihar, where it is higher than the national average. The proportion of Grade II disability amongst new cases, in these 6 states, is also similar except for Delhi, where it is more than 3 times the national average. However, there is no difference in the proportion of females in these states. Currently, national average of PR is around 0.74 and ANCDR at present is 1.2 per 10,000 persons (**Figure 1**).

NLR in India is supporting NLEP under an MOU signed between ILEP and GOI. The first MOU ended on 31<sup>st</sup> March 2007 when DTSTs were withdrawn. The second MOU was signed for a period 2007-2012, in the month of October 2007. Under this MOU the support to NLEP is to be provided under thematic areas. NLR's support to NLEP is in two forms. One is programme support under which our state & zonal level LPAs have worked towards strengthening the capacities of state & district officials mainly to improve planning, monitoring & supervision, under integrated Leprosy programme. This all is done by providing "class room" and "on the job" training. The second is, support to formation of "Self Care Groups" and promotion of self care amongst the persons affected by Leprosy, living in Leprosy colonies. The self care group formation and practice has increased from 34 colonies in 4 states, in 2008, to 171 colonies in all the 6 NLR supported states by the year 2009.

Besides other, NLR's major contribution to NLEP in the year 2009, was in the form of support to District Nucleus and promotion of Result Based Management (RBM) at state and district level. Training workshop for SLOs & Planning workshop for the state of West Bengal were among the few special interventions. Influenced by these workshops, GOI issued guidelines to follow result based planning, which led to series of workshops for all District officials of the country. Other than RBM, Health Supervisors were trained to improve supervision, Pharmacists were trained to improve drug supply management. Country Representative drafted chapters on Planning, Monitoring and Supervision, which was included in 'National Manual for Training of Medical Officers'. Fundraising preparations started in India with training of Country Representative in an International workshop followed by training of all NLR staff through 'Resource Alliance' in India. Rehabilitation activities included support to DN to promote self care by Persons Affected by Leprosy (PAL). NLR also supported provision of aids and appliances to persons affected by Leprosy in Leprosy colonies.

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 other union territories. The state and union territories are composed of districts, which are administrative units of the country. The population of a district may range from 0.3 to 2.5 million. These Districts are administered by a District Magistrate or District Collector.

India is the seventh-largest country (by geographical area), and the largest democracy in the world, accommodating 17.5 % of the world's population in 2.4% of the land area of the world. India is the most populous country in the world after China, inhabiting around 1.17 billion persons (estimated July 2009). As per census 2001, 27% 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.<sup>1</sup> However, the economy is slowly transforming from primarily agriculture, forestry, fishing, and textile manufacturing in 1947 to major heavy industry, transportation, and telecommunication 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 declined to 6.1% in 2009 due to Industrial slowdown and global financial crisis. 25% of the population is still living below poverty line (est. 2007)<sup>2</sup>. As per the 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, a few of these PHCs are upgraded as Community Health Centers (CHC) where the facilities for specialized services are also available. Above these Health Centers, there is at least one district hospital in all the districts of the country. All this structure is under the technical control of Chief Medical Officer (CMO) at the district level and Directorate of Health Services (DHS) at the State level.

To address the issues under Millennium Development Goals (MDGs), GOI has modified its strategy to strengthen General Health Care (GHC) services and termed it as National Rural Health Mission (NRHM). More can be seen on the website [www.nrhm.nic.in](http://www.nrhm.nic.in). Under this mission, at district level, the CMOs will be in charge of all the national health programmes. Grass root level volunteers with the name of Accredited Social Health Activist (ASHAs) have been and are being identified who will be paid, depending on the services provided. Under NLEP these ASHAs will be paid INR 100 at the time of confirmation of cases if suspected and referred by them and on completion of treatment in time, they will be paid INR 200 and 400 more, depending on the type of case i.e. PB or MB respectively. There will be village health & sanitation committee and patient welfare committees, with flexible funds available to help poor patient or for ad-hoc and unforeseen activities

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. Now the Leprosy treatment and other related services are provided by general health care (GHC) staff through above mentioned health infrastructure. Under NLEP, from 2007 onwards more



emphasis was given to prevention of disability component and the name was given 'Disability Prevention & Medical Rehabilitation (DPMR)'. Guidelines were developed with records to be maintained and reporting formats were added accordingly.

Besides International Federation of Anti-leprosy Associations (ILEP), DANIDA, World bank and WHO were the major supporters of NLEP 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 also supporting the program.

### 1.3 NLR in India

NLR started support to National Leprosy Eradication Programme (NLEP) of India from the state of Bihar nearly 17 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, (Annexes 1 to 6) NLR established its branch office, in India, at Delhi, in the year 2000. NLR Foundation was also established as a charitable trust, in the year 1999 for which permission, to receive foreign donations, from Home Ministry was granted in the year 2004 under Foreign Contribution Regulation Act (FCRA). Besides providing technical & logistical support, at National and sub-national level, support was provided in the form of State and District level Technical Support Teams (DTSTs). This support was provided under an MOU between ILEP & GOI from 2002 to 2007. When this MOU came to an end on 31<sup>st</sup> March 2007, the DTSTs were withdrawn.

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 is to be provided under the thematic areas. These thematic areas were "Strengthening the planning, monitoring and supervision (including Disease surveillance system)", "Capacity Building at various levels", "Support to DPMR (including referral systems)", "Operational research", "Socio-economic rehabilitation and community participation" etc. Contents of the MOU could be seen in NLR India website ([www.nlrindia.org](http://www.nlrindia.org)). 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) wherever needed. These LPAs are senior medical officers with long experience in Leprosy & public health activities. 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 77 districts in 6 states of India through 11 Regional and 2 State Level LPAs. NLR has also posted senior NMSs, one each, in the states of Bihar, Jharkhand, UP, West Bengal and Delhi and 2 in the state of Uttarakhand, to support district authorities in promoting self care by persons affected by leprosy themselves. Staff position of NLR is as under:

**Table 1 State wise staff position in NLR supported states**

S. No.	States	State Level LPAs	NMS	Regional LPAs	No. of Supported Districts	Total Districts in the States
1	Bihar	-	1	1	5	37
2	Jharkhand	1	1	2	16	24
3	Uttar Pradesh	-	1	5	34	71
4	Uttarakhand	1	2	-	13	13
5	West Bengal	-	1	1	3	18
6	Delhi	-	1	2	6	9
<b>Total</b>	<b>6</b>	<b>2</b>	<b>7</b>	<b>11</b>	<b>77</b>	<b>172</b>

The main role of these LPAs is advisory in character i.e. to advise, coach and guide the district and state functionaries. 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 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. NMS present in each state, is responsible for supporting districts authorities in promoting self care to be practiced by persons affected by leprosy, themselves.

## 1.4 Collaboration with Partners

### 1.4.1 ILEP partners

In total 9 ILEP member agencies (DFIT, TLM, AIFO, GLRA, Swiss Emmauss, ALM, Fontilles, LEPR 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 (2009)**

S. No.	Name of the 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 2009, in U.P., TLM and NLR were the only supporting partners and TLM was the coordinating agency till Dec.09. Being the largest supported state, NLR is supporting 34 districts by placement of LPAs at zonal level, one LPA covering 5-8 districts. TLM is supporting remaining 36 districts by placement of two Technical Resource Units, each unit covering 16-18 districts. It was 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 had placed a state level coordinator to coordinate ILEP activities in UP.

In WB, GLRA is the coordinating agency. NLR, TLM, AIFO and GLRA were 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 District Level activities will be funded directly by the support agency.

In Bihar, DFIT is the coordinating agency. NLR, DFIT, LEPR 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 withdrew its activities in 2008; DFIT and NLR were the only supporting agencies in the year 2009. 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 Uttarakhand, NLR is the Coordinating as well as the only supporting agency. NLR has placed one advisor at state level, who is also representing ILEP as ILEP coordinator. Here also NLR & State, joint action plan is prepared under consultation with State leprosy officer and the activities are supported as per the plan, but by NLR only.

In Delhi, DFIT and GLRA have withdrawn their district support in 2009. Out of 9 districts NLR was covering 6 districts through it's two LPAs and TLM was covering 3 districts through it's one MO TRU who was also coordinating the state.

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

### **1.4.2 Other partners**

Some of the partners, working with NLR, other than ILEP are as under:

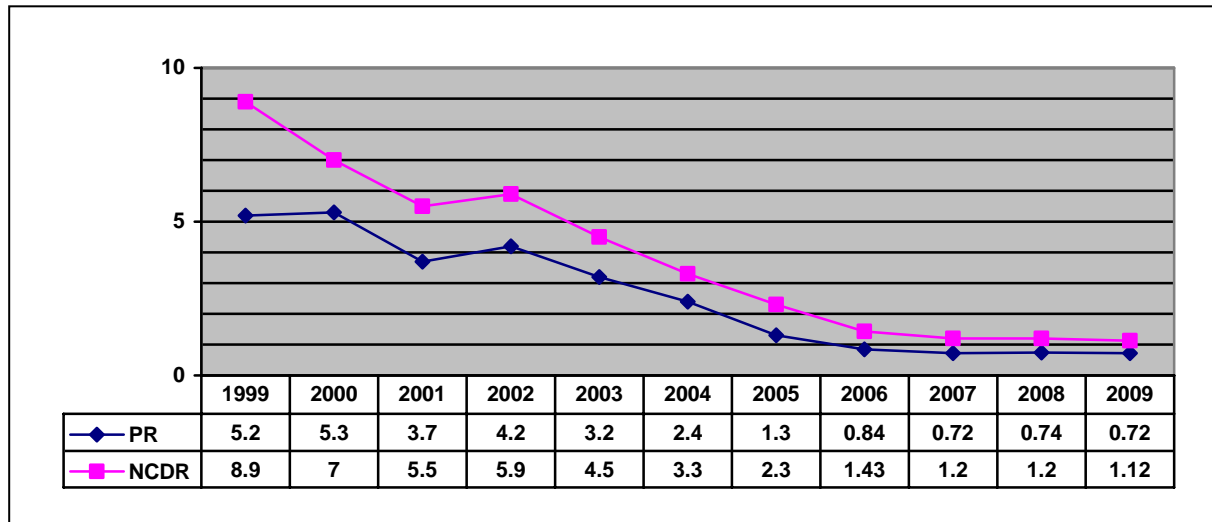
1. Central Leprosy Division (CLD), Government of India (GOI)
2. State departments of health of 6 NLR supported states
3. ALERT India, Mumbai
4. Comprehensive Leprosy Care (CLC), Mumbai, supported by Novartis
5. World Health Organization (WHO), Global and SEARO
6. Chhota Nagpur Sanskritik Sangh (CNSS) at Ranchi, Jharkhand
7. Viklang Kushth Ashram Seva Samiti, Amroha, JP Nagar, UP
8. Missioneries of Charities, Bokaro, Jharkhand
9. International Association for Integration Dignity and Economic Advancement (IDEA)
10. International Leprosy Union (ILU), Pune
11. Sasakawa Indian Leprosy Foundation (SILF), New Delhi
12. Punjab National Bank
13. Rotary club
14. Lions club

## 2. EPIDEMIOLOGICAL DEVELOPMENTS

### 2.1 India

After achieving elimination at the National level by December 2005, efforts were continued by Govt. of India & the States, to control the so called 'operational factors' and the PR reached to 0.72 per ten thousand population, at national level, by the end of March 2009.

**Figure 1 Trend of Leprosy Prevalence & Annual New Case Detection Rates in India (1999-2009)**



(Source: NLEP, GOI 2009)

As is evident from the graph that both "Prevalence rate" and "Annual New Case Detection Rate" showed steady decline till March 2006. However, since March 2006 these two have been constant, which could possibly be due to poor self reporting. Increase in case detection from 1999 to 2002 can be attributed to special campaigns like MLECs and SAPELs. From 2002 onwards, WHO and GOI discouraged active case detection, promoted integration and thus the 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. In many states, new cases were supposed to be only registered after validation by MO, or District Nucleus or a special team. Cases that had completed the treatment but were not deleted from the registers were also removed. Cases, which were given more than required doses of MDT, were removed from the registers. These efforts led to decrease in NCDR & PR, well before the natural decline.

## 2.2 Epidemiological situation in NLR Supported States:

It is to be notified here that the reporting year in India is taken from 1<sup>st</sup> April to 31<sup>st</sup> March. A brief account of epidemiological status of leprosy for the year 2008-09, in 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 <sup>st</sup> March 2009	Prev Rate/ 10000	New Cases Detected from Apr 2008 – March 2009			Proportion among new cases			
				PB	MB	Total	MB	Female	Child	Gr.2
1	Jharkhand	2941	0.93	2568	2613	5181	50.43	35.13	9.36	2.93
2	Bihar	10771	1.07	12656	7430	20086	36.99	36.48	16.64	2.1
3	Delhi	1369	0.74	598	1033	1631	63.34	23.91	4.84	8.71
4	Uttarakhand	436	0.45	347	320	667	47.98	30.13	4.2	0.75
5	Uttar Pradesh	16206	0.81	16512	11056	27577	40.12	31.78	6.27	2.01
6	West Bengal	8932	0.98	4727	7164	11891	60.25	30.56	8.15	0.98
<b>Total (6 states)</b>		<b>40655</b>	0.83	37408	29616	<b>67033</b>	<b>49.85</b>	<b>31.33</b>	<b>8.24</b>	<b>2.91</b>
<b>India (all states)</b>		<b>86331</b>	<b>0.72</b>	<b>69235</b>	<b>64949</b>	<b>134184</b>	<b>48.4</b>	<b>35.17</b>	<b>10.14</b>	<b>2.53</b>

(Source: Central Leprosy Division, GOI March 2009)

Data from six states have been taken to give an idea of epidemiological status of NLR supported states. As can be seen in the table above, that the recorded cases, at the end of March 2009 in 6 NLR supported states were 40655, the new cases detected between April 08 and March 2009 are 67033, which depicts that the number of cases detected in 12 months are far more than the caseload at the end of the year. This means that the six states supported by NLR are still detecting large number of cases. This is also supported by the fact, that these six states alone are detecting approx. 50% of the cases in the country. Among the new cases MB were 49.85%, female 31.33% and disability Grade II were 2.91 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 reporting of neglected cases originating from all problem states of India, may be migrating to Delhi (whether temporary or permanent is unknown).

### 3. ANALYSIS OF ACTIVITIES

NLR in India is supporting the NLEP in two ways:

1. Supporting the programme or Public Health Support
2. Supporting medical rehabilitation i.e. Self Care Group Support

#### 3.1 Public Health support:

In the year 2009, 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 Leprosy services, provided through GHC staff.

In general, following activities were performed by NLR LPAs from January to December 2009 along-with district level staff:

- Supported state and district authorities in “Planning of NLEP activities”
- Our LPAs through “District Nucleus” supported GHC system in implementation of Leprosy control activities including correct diagnosis & treatment, case-holding, POD, disability care, patient counseling and education, drug supply management, recording & reporting, monitoring, 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 during visits to health centers along with staff of DN.
- Our LPAs were also identified as core trainers in the state. These LPAs’ were able to equip the “District Nucleus”, in assessing the training needs of the GHC staff during supervisory and field visits.
- With NLR support, in the year 2009, states have organized many workshops on Supervision & Monitoring. These workshops have been very useful in improving capacity of field staff in Supervision & Monitoring. These workshops were well received and appreciated.
- NLR LPAs participated as experts, to validate the new cases and coordinated the national pilot survey for assessment of the actual burden of Leprosy

#### 3.2 Self Care Group Support:

In order to enable, the persons affected by Leprosy, to take care of their disabilities and to prevent further worsening and restore their social life, NLR-India has started supporting the district nucleus staff in the formation, monitoring and supervision of “Self Care Groups” in Leprosy colonies. In the year 2008, NLR India started with support to 34 Leprosy colonies, in 4 NLR supported states (Uttarakhand, Bihar, Delhi & Jharkhand). In the year 2009 we extended this support to 127 colonies in all 6 NLR supported states. Table below shows the progress so far till Dec. 2009

**Table 4 SCG Support to Leprosy colonies**

States	Total no. of Leprosy colonies known to us	No. of Leprosy colonies identified	SCG practice Started in no.	No. of SCG Formed
Uttarakhand	29	29	29 (all)	90
UP	68	33	18	40
Bihar	26	8	5	10
Jharkhand	56	33	11	49
W. Bengal	35	18	5	6
Delhi	33	6	3	10
<b>Total</b>	<b>247</b>	<b>127</b>	<b>71</b>	<b>205</b>

Besides above mentioned support, tricycles, crutches, goggles, MCR foot wears were also provided to needy one.

Other than provision of general technical support by these LPAs and SCG coordinators, more activities, which were planned and budgeted from NLR source, are described as follows:

### 3.3 Analysis of activities, Branch Office – 2009

Table 5 Analysis of activities, Branch Office – 2009

ILEP No.	Description of activities	Result	Analysis/comments
<b>1.3 Gen. Equipment</b>			
1.3.1	Laptops for LPAs	Done	Because of website workshop, laptops were purchased in 2008. In 2009 only 2 laptops were purchased. Other than this support to SLO office of West Bengal in the form of Laptop & LCD projector was provided. EPABX, LAN other expenses in new Br. office were also done from this budget.
<b>1.4 Vehicle</b>			
1.4.1	Replacement of Car	Done	Old office car was replaced with a new car Chevrolet Optra, No. DL-9C T-2220 purchased on 10.12.09
<b>2.5</b>	<b>Training</b>		
2.5.1	Review Meetings of LPAs	Done	These meetings were organized in the months of April, August & December 09, to review the progress made by LPAs in their respective districts.
2.5.2	Training & Communication skills course for LPAs at Nepal, 2nd Batch	Done	To act as good advisor, coach, guide, this training was provided to hone the skills of 2 more LPAs in the month of January 09
2.5.3	Workshop on LFA with Mr. Jos Brand	Done	This workshop was organized in the month of March 09, for the training of state Leprosy officers of the country. In this, some of the ILEP members shared the cost
2.5.4	Consensus building workshop for COMLEP	Not Done	Central Leprosy division was not sure of data to be collected from periphery, in light of introduction of National Rural Health Mission.
2.5.5	International Resource Mobilization Workshop (IRMW) at Bangalore	Done	This workshop was organized from 25 <sup>th</sup> to 28 <sup>th</sup> June at Convention Centre, Infosys Technologies Bangalore where Mr. Jan William Dogger and Dr. Arif participated. Purpose was to apprise ourselves and if possible learn the skills of fundraising.
2.5.6	IAL Workshop (unplanned)	Done in agreement with HO	This was held from 2 <sup>nd</sup> to 4 <sup>th</sup> Oct 2009, at RML Hospital New Delhi. In this Conference, Coordinator Projects, 8 LPAs & 5 NMSs from NLR, participated. Besides this a contribution of INR 30,000 was also made.
<b>4.5</b>	<b>Teaching Material</b>		
4.5.1	Learning material	Done	Pictorial books were purchased from ALERT Mumbai.

### 3.4 Analysis of activities, Trust Office – 2009

Table 6 Analysis of activities, Trust Office – 2009

ILEP No.	Description of activities	Result	Analysis/comments
<b>1.3 Gen. Equipment</b>			
1.3.1	Purchase of AC, Carpeting, blinds (Unplanned)	Done	Shifting to new office done in August 09. Because of shifting to new office, certain purchases were done, which were not budgeted. Due approval was taken from HO
<b>1.4 Vehicle</b>			
1.4.1	Purchase of vehicle	Done	Old vehicle was replaced with Mahindra Bolero jeep no. DL-3C-BM-5286 purchahsed on 15.12.09
<b>2.5 Training</b>			
2.5.1	Sharing with ILEP Agencies	Done	NLR Share paid towards National DPMR Consultant, Support staff to CLD, National Level SLOs' Conference and Printing of DPMR Guidelines.
2.5.2	Board & Trust Meetings	Done	These meetings were conducted as & when required
2.5.3	Workshop on LFA with Mr. Jos Brand	Done	This workshop was organized for the state of West Bengal in the month of August 09
2.5.4	SARI Workshop (Unplanned)	Done after due approval from HO	A "Debriefing workshop on Stigma Assessment and Reduction of Impact (SARI)" was organized from 9 <sup>th</sup> -11 <sup>th</sup> November 2009 at New Delhi.
2.5.5	Resource Mobilization Workshop in Delhi (Unplanned)	Done after due approval from HO	This Workshop was conducted at Indian Social Institute, New Delhi, from 1 <sup>st</sup> – 4 <sup>th</sup> Sept 09 with the objective to improve capacity of our staff for resource mobilization
<b>4.3 Special Budget</b>			
4.3.1	Client perspective study	Not done	Central Leprosy Division didn't agree for the study
<b>4.5 Teaching material</b>			
4.5.1	Learning material	Done	Pictorial books were purchased from ALERT Mumbai.

### 3.5 Analysis of activities, Technical Workshops – 2009

In the year 2009, no special training or workshop was conducted under this budget line



### 3.6 Activities in Delhi – 2009

**Table 7 Analysis of activities, Delhi – 2009**

<b>ILEP No.</b>	<b>Description of activities</b>	<b>Result</b>	<b>Analysis/comments</b>
<b>2.5 Trainings</b>			
2.5.1	One day Orientation of Health Workers in Supervision	Done	Workshop on Leprosy for GHC staff was conducted in 5 batches in the months from July to September 09
2.5.2	One day orientation of Pharmacists & Store Keepers in MDT Management	Done	This activity was completed in 3 batches in the months between July & September 09, for better MDT management in the district.
2.5.3	Quarterly NLEP review meeting by CDMOs	Not done	CDMOs didn't give priority to this review
2.5.4	Stakeholders' meeting 3 in no.	Not done	Districts could not arrange this meeting
2.5.5	Orientation of DN & GHC staff	Done	This was done in 2 batches in the month of October 09, to improve referral & follow up
2.5.6	Review Meeting of DN& NLEP Staff	Not done	In the month of October & November, on request of the districts, MDT Management workshops, for pharmacists & Store keepers, were done in 2 batches, instead of these meetings.
2.5.7	Skin Camp (South District)	Not done	DLO was not willing for this camp. On his request, MDT Management workshop for pharmacists & Store keepers was done in September 09, in 1 batch instead of skin camps
2.5.8	Rehabilitation Activities (SCG-Training, Disability assessment, Meeting, Supervision& monitoring, Aids & appliances Distribution & Health Camps	Done	Done in 3 colonies of Delhi. Health camp was organized in 4 colonies in the month of September & November 09. 4 Tricycles, 10 goggles & 8 crutches were distributed to persons affected by Leprosy
<b>Unplanned Activities ( On Request of SLO )</b>			
2.5.9	State Level Review Meetings	Done	On request of SLO two review meetings were supported in the month of February & December 09. This support was through ILEP in which NLR paid its share
2.5.10	POID training of NMS & PT	Done	On the request of SLO, this training was organized in April & May 09, at TLM hospital Naini Allahabad, to improve capacity of these officials for providing POD services

### 3.7 Activities in Bihar – 2009

**Table 8 Analysis of activities, Bihar – 2009**

<b>ILEP No.</b>	<b>Description of activities</b>	<b>Result</b>	<b>Analysis/comments</b>
<b>1.3</b>	<b>General equipments</b>		
1.3.1	Digital Camera	Purchased	It was purchased to capture action photographs
<b>1.4</b>	<b>Vehicle</b>		
1.4.1	Vehicle	Purchased	Old vehicle was replaced with Mahindra Bolero Jeep No. BR-01-PA-2865 purchased on 18.02.09
<b>2.5</b>	<b>Trainings</b>		
2.5.1	Orientation training of Supervisors in Supervision	Done	As per desire of district officers sensitization of ANM was done in place of supervision workshop for supervisors, in 14 batches, in the months from October to December 09 in District Nawadah.
2.5.2	Stakeholders' Meeting for 5 districts	Done	Meeting was organized successfully in 1 district at in October 09
2.5.3	Orientation of NLEP staff	Done	Orientation of NLEP staff was organized successfully in 5 batches at district level in June 09.
2.5.4	Rehabilitation Activities (SCG, Training, Monitoring & half day review meeting, logistic support, Disability assessment, Protective aids & appliances)	Done	SCG activity was done in 5 colonies. 11 Tricycles, 12 Goggles, 6 Crutches and 51 pairs MCR Chapels was distributed
<b>Unplanned activities (On the request of SLO)</b>			
2.5.5	Review meeting of DLOs of all districts	Done	This was an unplanned activity and was completed as joint ILEP activity in the month of August 09. NLR paid the share to IIEP state coordinator.
2.5.6	Sensitization of trainee staff nurses of Patna Medical College, Nalanda Medical college & Hospital	Done	This was an unplanned activity done on the request of State Officers in the month of September ,09, in 4 batches

### 3.8 Activities in Jharkhand – 2009

**Table 9 Analysis of activities, Jharkhand – 2009**

<b>IILEP No.</b>	<b>Description of activities</b>	<b>Result</b>	<b>Analysis/comments</b>
<b>1.3</b>	<b>General Equipment</b>		
1.3.1	Purchase of Camera	Done	Camera was purchased to capture action shots
<b>1.4</b>	<b>Vehicle</b>		
1.4.1	Vehicles for Ranchi & Palamau	Ordered	Not yet delivered in 2009
<b>2.5</b>	<b>Trainings</b>		
2.5.1	Training of Supervisors in Supervision	Done	Activity was completed successfully in 9 out of 17 batches from August to December, 09
2.5.2	Orientation of D.N & NLEP staff (56 participants for one day twice in a year)	Not Done	Position of SLO was vacant, due to death of former SLO
2.5.3	Quarterly meeting of D.N & NLEP staff in 2 districts		
2.5.4	Refresher workshop on decentralized planning & supervision for D.N (2 in no.)	Done	Workshop was organized successfully in 2 batches at state level in the month of October ,09
2.5.5	Managerial training to DLOs	Not Done	Position of SLO was vacant, due to death of former SLO and due to problems in movement due to Naxalites.
2.5.6	One day symposium of Dermatologist & Physicians		
2.5.7	DLOs review meeting (Twice in a Year)	Done	After joining of new SLO, review meetings were completed successfully at State level in the month of June & November, 09. It was a joint IILEP activity.
2.5.8	Coordination Meeting (SLO, WHO & IILEP)	Done	Quarterly Meeting was completed successfully with all NLEP partners of the state in the month of February & November, 09.
2.5.9	Rehabilitation Activities (SCG, Training, Monitoring & half yearly review meeting, logistic support, Disability assessment, Protective aids & appliances)	Done	SCG activity was done in 11 colonies. 5 Tricycles, 30 Goggles, 24 Crutches and 120 pairs of MCR foot wears were distributed
2.5.10	Training of Lokdoot (Leprosy cured persons)	Not done	Post of LPA was vacant at Dumka and Palamau

### 3.9 Activities in Uttarakhand – 2009

**Table 10 Analysis of activities, Uttarakhand – 2009**

<b>ILEP No.</b>	<b>Description of activities</b>	<b>Result</b>	<b>Analysis/comments</b>
<b>1.3</b>	<b>General equipments</b>		
1.3.1	Digital Camera	Purchased	It was purchased to capture action photographs
<b>1.4</b>	<b>Vehicle</b>		
1.4.1	Vehicle	Purchased	Old vehicle was replaced with Mahindra Bolero Jeep No. UK-07-AD-5481 purchased on 30.09.09
<b>2.5</b>	<b>Training</b>		
2.5.1	Re-orientation of DLOs & NMSs in de-centralized planning & supervision (2 days)	Done	Workshop on De-centralized Planning and Supervision was completed successfully at state level, in the month of September, 09
2.5.2	Training of Supervisors in Supervision	Done	Training was done successfully in 5 batches out of 13 because state could not finalize the dates for remaining batches. These trainings were conducted in the months from September to December, 09
2.5.3	Quarterly review meetings of District Nucleus	Not done	State could not organize
2.5.4	Advocacy meeting with village health committee at Block level	Done	Meetings were done successfully in 3 batches out of 9 because state could not finalize the dates for remaining one. These meetings were organized in the months of Nov & December,09
2.5.5	Advocacy meeting of Co-operation partners	Done	Advocacy meeting was completed successfully at state level, in the month of November, 09
2.5.6	Sensitization Workshop of CMOs	Done	Sensitization Workshop of CMOs was completed successfully at state level, in the month of August,09
2.5.7	Rehabilitation Activities in Garhwal region ( SCG, Monthly Monitoring & Supervision)	Done	SCG activities done in 9 colonies. 25 Tricycles, 73 Goggles were distributed.

### 3.10 Activities in Uttar Pradesh – 2009

Table 11 Analysis of activities, Uttar Pradesh – 2009

ILEP No.	Description of activities	Result	Analysis/comments
<b>1.3</b>	<b>General equipments</b>		
1.3.1	Digital Cameras	purchased	Cameras were purchased by each of 5 LPAs, to capture action photographs
<b>1.4</b>	<b>Vehicle</b>		
1.4.1	Vehicle at Bareilly	purchased	Old vehicle was replaced with Mahindra Bolero Jeep No. UP-32-CV-1527 purchased on 18.02.09
1.4.2	At Ballia	purchased	Same with No. UP-32-CT-7589 purchased on 18.02.09
1.4.3	At Jhansi	purchased	Same with No. UP-32-CT-7588 purchased on 18.02.09
1.4.4	At Varansi	purchased	Same with No. UP-32-CV-1524 purchased on 18.02.09
<b>2.5</b>	<b>Trainings</b>		
2.5.1	Training of Male & female Health Supervisors in Supervision	Done	The workshops were organized successfully for 83 batches out of 110, due to extra duties of Bareilly LPA. These workshops were organized from March till December, 09
2.5.2	Training of NRHM MBAs	Not Done	This activity could not be done because most of the posts of MBAs were vacant.
2.5.3	Refresher workshop of decentralized planning & supervision	Done	2 Day refresher workshops were completed successfully in 6 batches in the months of September & October, 09. These were joint ILEP activities NLR paid its share to ILEP State Coordinator.
2.5.4	Regional Review Meeting of DLOs	Done	Meeting was conducted successfully at 2 places, in the month of April & June It was joint ILEP activity NLR paid the share to ILEP State Coordinator.
2.5.5	Rehabilitation Activities (SCG, Training, Monitoring & half yearly review meeting, logistic support, Disability assessment, Protective aids & appliances)	Done	SCG activity was done in 12 colonies. 7 Tricycles, 30 Goggles and 3 Crutches were distributed to PAL.
2.5.6	One day Opinion leaders workshop at district level (5 districts)	Not Done	These activities could not be done due to extra duties of Jhansi LPA (deputed to Bareilly pilot survey).
2.5.7	Training of Pvt. Practitioners & Dermatologist (160 participants in 5 districts)		
2.5.8	One day sensitization Workshop for remaining 17 CMOs from 2008 was conducted in January, 09	Done	These activities were unplanned due to late discussion of ILEP state coordinating agency (TLMI) with the state. They were joint ILEP supported activities at state level. These activities were done based on the need and request of the state.
2.5.9	One day Sensitization Workshop for CMSs of Male District Hospitals was conducted in	Done	

<b>ILEP No.</b>	<b>Description of activities</b>	<b>Result</b>	<b>Analysis/comments</b>
	January, 09.		
2.5.10	12 Days POID Training for PTs. & NMS was conducted in two batches, at Naini Allahabad in the month of May & June ,09	Done	
2.5.11	One day Symposium for Dermatologists was held in June, 09 at TLM Naini Allahabad	Done	
2.5.12	5 Days Training of LTs of District Hospitals, in October,09 at TLM, Naini Allahabad	Done	
2.5.13	One day sensitization Workshop for CMS of District Female Hospitals in July,09 at Lucknow	Done	
2.5.14	One day sensitization Workshop for Orthopedic Surgeons of District Hospitals was done in December, 09 at Lucknow.	Done	
2.5.15	One day sensitization Workshop for Eye Surgeons of District Hospitals was done in December 09 at Naini Allahabad.	Done	

### 3.11 Activities in West Bengal – 2009

Table 12 Analysis of activities, West Bengal – 2009

ILEP No.	Description of activities	Result	Analysis/comments
<b>1.3</b>	<b>General equipments</b>		
1.3.1	Digital Camera	Purchased	It was purchased to capture action photographs
<b>1.4</b>	<b>Vehicle</b>		
1.4.1	Vehicles	purchased	Hired vehicle was not cost effective; hence new vehicle was purchased after approval from head office. Mahindra Bolero was purchased with No. WB-42-N-9236 purchased on 30.09.09
<b>2.5</b>	<b>Trainings</b>		
2.5.1	Training of Supervisors in Supervision (208 persons)	Done	Completed successfully in 4 batches in October & November 09, for improved supervision at district level.
2.5.2	One day orientation training for Pharmacist in MDT Management	Done	Completed successfully in I batch in November, 09 for improved MDT management at district level.
2.5.3	Rehabilitation Activities (SCG, Training, Monitoring & half yearly review meetings, logistic support, Disability assessment, Protective aids & appliances)	Done	SCG activities were done in 5 colonies. 1 Tricycles, 4 Goggles, 6 Crutches and 57 pairs of MCR Foot wears were distributed

### 3.12 Problems and Delays

We practically faced no problems in our projects in Uttarakhand, Delhi and UP. However in the states of Jharkhand, because of former SLO's death and vacancy in his position for quite sometime, elections and vacancies of LPAs in Dumka & Palamau, some of the activities could not be initiated. In Bihar and West Bengal, due to poor coordination, state level activities could not be finalized hence ad-hoc requests kept coming and very few activities were supported at the state level. Other factors in Bihar were massive floods, most of the activities planned by the state or ILEP could not be conducted.

## **4. OTHER DEVELOPMENTS**

### **4.1 Introduction**

This chapter describes the activities or developments, which took place other than the routine planned activities in the year 2009

### **4.2 Capacity Building of NLR Staff**

#### **4.2.1 Training in “Training & communications skills”**

Two LPAs’ from Uttar Pradesh and Coordinator project from branch office attended a 2-weeks workshop on Teaching and Communication skills at BIKASH, Pokhara, Nepal from 1<sup>st</sup> to 14<sup>th</sup> February 09

#### **4.2.2 Training in Website development**

In the era of fast communication and overload of e-mails, it was felt that the information sharing can best be effectuated by creating a website. The objective of website development was: to have a platform where public can know about NLR & its functioning, one can know about the facts of Leprosy, one can find linkages in relation to Leprosy, and by using the intranet NLR staff in India and Internationally, can get an updated information on each other’s functioning and internal communication channels could be established, avoiding heavy loads of e-mails & postal hard copies. Self driven site@school was used as content management tool. Advantage of learning content management is that we can modify or update the website, ourselves. Dr Anrik Engelhard was instrumental in encouraging us to learn the skills of content management, because of him only the training workshops started in 2008. In the year 2009 two more workshops were organised at NLR India branch office from 16<sup>th</sup> May to 2<sup>nd</sup> June 2009 and from 5<sup>th</sup> to 10<sup>th</sup> of October 2009. In these workshops, selected NLR Leprosy Programme Advisors, other staff members from the project and all branch office staff participated to sharpen the skills of content management. In these workshops, Dr. Anrik Engelhard was kind enough to spare his valuable time to facilitate our learning. This learning was more focused on leprosy control than on IT. Now we have a basic website. Ideally, this website will permanently be under construction just like the rest of our work. Website can be accessed at [www.nlrindia.org](http://www.nlrindia.org).

Major constraints for the management of website are: that NLR staff is composed of mostly senior medical doctors with less inclination to internet & website usage 2. They are yet to be confident in writing & uploading the contents 3. Website is to be modified to become donor friendly 4. Difficulty in internet connection in field projects 5. Other job responsibilities of NLR staff 6. On the move, most of the time 7. Lack of consistency in sitting, writing and uploading the contents leads to diminishing skills. 8. Systematic management of files, folder trees needs improvement with NLR staff

### **4.3 Follow up of Result Based Management Workshops**

Influenced by the usefulness of NLR supported result based management workshops, in the year 2009, CLD requested NLR to organize training of all State Leprosy Officers so that they are equipped with the knowledge and skills of result based planning. Strategic Planning workshop, for training of SLOs of all the states of India was organized from 17<sup>th</sup> to 21<sup>st</sup> March 09 at Jaipur. This workshop was facilitated by Mr Jos Brand, Mr Jan Willem Dogger and Dr. Arif. ILEP member agencies joined NLR later to participate and share the costs

To carry it forward CLD also instructed all the states, to organize ‘decentralized planning and management’ workshops, to train DLOs and Medical officers of all the districts of the country. On the request of CLD, to develop local facilitators for these workshops, NLR organized a workshop for Facilitators at Delhi. This workshop was organized on 16<sup>th</sup> June, which was solely facilitated by Dr Arif.

We have also organized refreshers workshops on decentralized planning and management for district officers for the states of Uttar Pradesh, Jharkhand and Uttarakhand, which were supported from NLR funds. The states of Delhi, West Bengal, and Bihar organized these workshops from their society funds and our LPAs facilitated these workshops as and where required.



## **4.4 SARI Workshop**

A “Debriefing workshop on Stigma Assessment and Reduction of Impact (SARI)” was organized from 9<sup>th</sup> -11<sup>th</sup> November 2009 at New Delhi. A total of 28 participants from all over the country, attended the workshop, including DDG (L). The main purpose of the workshop was to present the results of the SARI research project, which was conducted through KIT in the states of West Bengal & Tamil Nadu, from year 2007 to 2009. The project was supported by KIT & NLR, coordinated by Ms Carin Rensen from KIT and technical expertise was provided by Dr.Wim van Brakel. The chief investigator in India was Dr. P. K. Gopal of IDEA. The purpose of SARI research was to develop a toolkit of instruments that could be used to evaluate the effectiveness of strategies used to reduce the stigmatization of people affected by Leprosy.

## **4.5 Resource Mobilization:**

In order to build the capacity of NLR in Resource Mobilization, Resource Alliance UK was hired and a preliminary meeting was held with them at Amsterdam. In this meeting India was designated to start fundraising, the challenge was accepted by the Country Representative who attended the meeting at Amsterdam. As a follow up, a fundraising officer was appointed in the NLR trust in India in the month of July 2009. Following workshops were attended to build the capacities of NLR:

### **4.5.1 International Workshop on Resource Mobilization (IWRM) :**

This workshop was organized by Resource Alliance UK at Convection Centre, Infosys Technologies LTD Bangalore, from 25<sup>th</sup> to 28<sup>th</sup> June 09. Mr Jan Willem Dogger and Dr. M. A. Arif, participated in this workshop. Since the workshop was of International nature, many International experts from the field of fundraising & management delivered their lectures and shared their experience. Topics related to communication, branding, story telling, master case for support, proposal writing, corporate partnership etc. were discussed. It was a good exposure to NLR Country representative and now he is in a position to discuss strategies for fundraising.

### **4.5.2 Capacity Building Workshop on Resource Mobilization:**

This workshop was organized by Resource Alliance India branch at Indian Social Institute, New Delhi, from 1<sup>st</sup> – 4<sup>th</sup> Sept 09 with the objective to improve capacity of NLR staff for resource mobilization. All LPAs, NMSs & staff of branch office participated in this workshop. Ms. Rajshree Sen & Ms. Rati Mishra from Resource Alliance, Delhi office, Ms. Shweta Luthra, from UNICEF, Ms. Shubha Menon, Creative Director from Idea Works, participated as facilitators. Main topics covered were difference between ‘Fund raising & Resource Mobilization’, How to prepare ‘Case for support’, ‘How to write a fundraising proposal’ and ‘How to deal with corporate sector for fund raising’, ‘Fund raising from individuals and ‘Communication and Fund Raising’. The whole workshop was an eye opener for all the participants from NLR. NLR staff could understand the basics of resource mobilization. This knowledge will be useful when we’ll expand our donor base in the field operation areas.

With all these inputs and trainings expectations were that the fundraising officer will take it forward but her inclination was more for implementation of the social events than fundraising. Considering cost effectiveness on keeping her in position, it was considered to prepare ourselves first and then appoint an officer specifically for this purpose. Her appointment was terminated in Dec09. NLR India plans to develop fundraising material first and then appoint a person exclusively for this purpose.

### **4.5.3 Purchase of Cameras**

With initiatives for resource mobilization and development of website, in India, a need was felt to have variety of action photographs, which could be used in website and for fundraising. Considering the cost effectiveness and ease of the use, it was agreed by NLR HQ that all the projects should have at least one camera to click photographs on the spot during trainings and other activities in the field. A professional camera Canon D-60 was purchased for the branch office and all the LPAs were provided with digital cameras. This has resulted into availability of variety of photographs of different activities. A photo editing cataloguing software ‘Photoshop Elements’ was also purchased. With permission from the subjects, selected photo graphs will be used, for uploading on the website, in NLR

newsletter, in fundraising material and in our printed annual reports. These cameras are also used to compare improvement in ulcer healing or self care

## **4.6 Developments in Jharkhand**

**4.6.1 Reconstructive Surgeries:** RCS started at Rajendra Institute of Medical Sciences, Ranchi & Mahatma Gandhi Medical College and Hospital, Jamshedpur, with financial and technical support from NLR and DFIT in the year 2009. In current year also the activities are continuing and providing good support to DPMR component of NLEP

**4.6.2. Rehabilitation services:** in the form of supporting Self-care groups, have started in 11 Leprosy colonies of Jharkhand. With our efforts, other Institutions like Banks/Clubs have also provided Plastic tubs and MCR foot wears to needy persons. Dressing material is being provided by the state. We have also provided Aids and Appliances, to all needy persons in these 11 colonies of the state.

## **4.7 Developments in Uttarakhand**

**4.7.1. Stake holders' meeting:** – On request of CLD, in 2009, a meeting of 'Pradhans' (elected representatives) from all 29 Leprosy colonies of Uttarakhand, was organized at Dehradun, under the chairmanship of Dr P. L. Joshi, the then DDG (L). Other stake holders, like officers from SWMJ, NGOs working the field, also took part in this meeting. This was an initiative, 1<sup>st</sup> of its kind in the state.

**4.7.2. IPC meetings:** At block level inter personal communication meetings were held by district nuclei involving rural health committees.

**4.7.3. Deep ulcer treatment:** NLR in Uttarakhand facilitated and supported the deep ulcer management of persons affected by Leprosy, at Doon hospital, Dehradun.

## 5. VISITS OF FOREIGN DELEGATES

NLR India received following foreign delegates-

- Mr. Jan Willem Dogger visited India as under:
  - from 16<sup>th</sup> to 24<sup>th</sup> March, to attend Training workshop for SLOs in Strategic Planning at Jaipur
  - from 22<sup>nd</sup> June to 2<sup>nd</sup> July, to visit field projects and to attend International Workshop on Resource Mobilisation at Bangalore
  - on 26<sup>th</sup> & 27<sup>th</sup> October & on 3<sup>rd</sup> November on his way to & fro from Nepal
- Mr. Jos Brand visited India from 17<sup>th</sup> to 20<sup>th</sup> March to facilitate training of SLOs in Strategic planning, at Jaipur. He also visited India from 23<sup>rd</sup> to 30<sup>th</sup> August to facilitate strategic planning workshop for the state of West Bengal at Kalimpong, West Bengal.
- Dr. Wim V Brakel visited India to act as “Facilitator” in SARI workshop, which was held on 9<sup>th</sup>, 10<sup>th</sup> & 11<sup>th</sup> November 2009
- Dr. Anrik CF Engelhard visited India to provide “Technical assistance” for development of NLR Website from 16<sup>th</sup> May to 2<sup>nd</sup> June & 5<sup>th</sup> to 10<sup>th</sup> October 2009.
- Mr Rens Verstappen visited India from 18<sup>th</sup> to 23<sup>rd</sup> April 2009, to attend WHO meeting of programme managers to finalize Global strategy

## 6. PARTICIPATION OF NLR INDIA STAFF

1. Dr. M. A. Arif participated in ILEP India meetings on 5<sup>th</sup> & 6<sup>th</sup> January 09 at Delhi, and at Ooty on 18<sup>th</sup> August 09.
2. Dr. M. A. Arif and Mr. Ghan Shyam Dikshit participated in CBR conference at Bangkok from 17<sup>th</sup> to 21<sup>st</sup> February 09
3. Dr. M. A. Arif participated in Delegation workshop at Amsterdam from 29<sup>th</sup> March to 2<sup>nd</sup> April 09.
4. Dr M A Arif participated in review meeting of DLOs’ of Bihar at Patna, on 11<sup>th</sup> August 2009.
5. Dr. M. A. Arif participated in regional review meetings of SLOs at Port Blair on 11<sup>th</sup> & 12<sup>th</sup> May 09 and at Ooty on 19<sup>th</sup> & 20<sup>th</sup> August 09.
6. Dr. M. A. Arif visited Amsterdam & London, participated in ILEP international meeting at London on 6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> October 09 & visited NLR office in Amsterdam on 5<sup>th</sup> October 09
7. Dr. M. A. Arif, C.R. and Dr. S. C. Pandey (Coordinator Projects) participated in all India SLOs conference at Varanasi on 6<sup>th</sup> & 7<sup>th</sup> November 09
8. .Dr S.C.Pandey participated in ILEP India meeting on 28<sup>th</sup> November 09 at Chennai
9. Dr. M. A. Arif, C.R. and Dr. S. C. Pandey (Coordinator Projects) participated in UP DLOs’ review meeting at Lucknow on 11<sup>th</sup> & 12<sup>th</sup> December 09
10. Dr. M. A. Arif, C.R. and Dr. S. C. Pandey (Coordinator Projects) participated in RBM workshop from 19<sup>th</sup> to 21<sup>st</sup> December 09 at Surabaya, Indonesia.

## 7. FINANCE

### 7.1 Overview of expenditure:

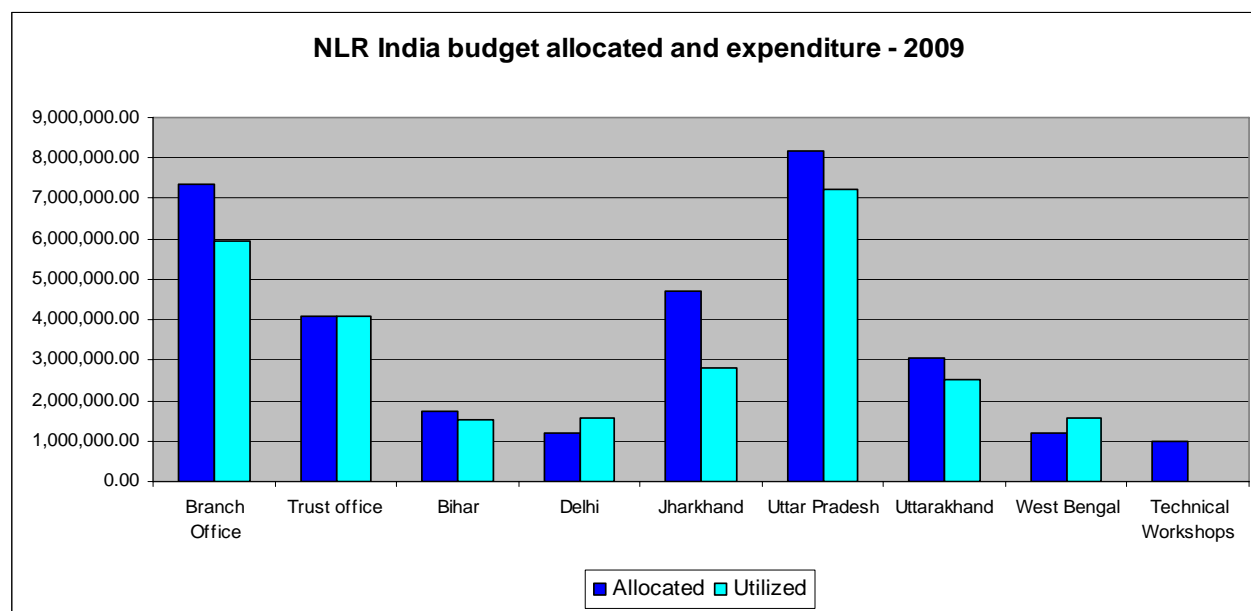
In following table, an overall view of expenditures in India is shown, after that detail expenditures, made through Branch & the Trust office, is provided. Detail of expenditure in the states and their explanation could be seen in individual annual reports.

**Table 13 An overview of NLR India Budget Allocation & Expenditure – 2009**

S.NO	STATE	ALLOCATED AMOUNT INR	EXPENDITURE (INR)	EXP IN %
1.	Branch Office	7,333,097.00	5,949,558.66	81%
2.	Trust office	4,083,060.00	4,085,267.52	100%
3.	Bihar	1,722,180.00	1,507,264.00	88%
4.	Delhi	1,215,075.00	1,589,310.00	131%
5.	Jharkhand	4,699,800.00	2,799,153.00	60%
6.	Uttar Pradesh	8,184,967.00	7,242,321.00	88%
7.	Uttarakhand	3,066,090.00	2,503,558.50	82%
8.	West Bengal	1,202,100.00	1,552,077.50	129%
9.	Technical Workshops	972,763.00	0.00	0%

<b>TOTAL (INDIA) in INR</b>	<b>32,479,132.00</b>	<b>27,228,510.18</b>	<b>84 %</b>
<b>In Euro</b>	<b>€483,220.00</b>	<b>€405,102.00</b>	

Conversion in Euro as on 31.12.2009, [www.oanda.com](http://www.oanda.com)



## 7.2 Expenditure Statement of Branch Office - 2009

Table 14 Expenditure statement, of Branch office, for the year 2009

		<b>Total Expenditure in the Year (INR)</b>	<b>Total Budget for the Year (INR)</b>	<b>Savings / (Over) Expenditure (INR)</b>	<b>Expenditure in %</b>
<b>I. INVESTMENTS</b>					
1.1	Buildings / Land				
1.2	Medical Equipment				
1.3	General Equipment	146,409.00	200,000.00	53,591.00	
1.4	Vehicles	581,200.00	900,000.00	318,800.00	
1.5	Rehabilitation of equipment				
1.6	Miscellaneous				
	<b>TOTAL INVESTMENTS</b>	<b>727,609.00</b>	<b>1,100,000.00</b>	<b>372,391.00</b>	<b>66%</b>
<b>II. SALARY, STAFF AND TRAINING</b>					
2.1	Medical Doctors	1,170,000.00	1,170,000.00	0.0	
2.2	Other Medical Staff				
2.3	Administrative Staff	986,266.00	1,128,000.00	141,734.00	
2.4	Staff Benefits	226,422.00	256,247.00	29,825.00	
2.5	Training	564,206.00	1,150,000.00	585,794.00	
2.6	Miscellaneous staff exp.	-	-	-	
	<b>TOTAL SALARIES &amp; TRAINING:</b>	<b>2,946,894.00</b>	<b>3,704,247.00</b>	<b>757,353.01</b>	<b>80%</b>
<b>III. MAINTENANCE</b>					
3.1	Repairs and Utilities	751,300.00	622,250.00	(129,050.00)	
3.2	Anti-Leprosy drugs				
3.3	Other Drugs				
3.4	Vehicle Maintenance/ travel & Transport	664,867.00	1,060,000.00	395,133.00	
3.5	General supplies				
3.6	Miscellaneous				
	<b>TOTAL MAINTENANCE</b>	<b>1,416,167.00</b>	<b>1,682,250.00</b>	<b>266,083.00</b>	<b>84%</b>
<b>IV. ADMINISTRATION</b>					
4.1	Office Expenses	496,839.66	741,600.00	244,760.34	
4.2	Public relations	61,256.00	70,000.00	8,744.00	
4.3	Special budget		10,000.00	10,000.00	
4.4	Health education activities				
4.5	Teaching materials	24,500.00	25,000.00	500	
4.6	Miscellaneous	276,293.00	No Budget	(276,293.00)	
	<b>TOTAL ADMINISTRATION:</b>	<b>858,888.66</b>	<b>846,600.00</b>	<b>(12,288.66)</b>	<b>101%</b>
	<b>TOTAL EXPENDITURE</b>	<b>5,949,558.66</b>	<b>7,333,097.00,</b>	<b>1,383,538.34</b>	<b>81%</b>
	<b>In Euro</b>	<b>€88,517.00</b>	<b>€109,101.00</b>	<b>€20,584.00</b>	

(Conversion in Euro as on 31.12.09, www.oanda.com)

## 7.3 Expenditure Statement of Trust Office - 2009

Table 15 Expenditure statement, of Trust Office, for the year 2009

		<b>Total Expenditure in the Year (INR)</b>	<b>Total Budget for the Year (INR)</b>	<b>Savings / (Over) Expenditure (INR)</b>	<b>Expenditure in %</b>
<b>I. INVESTMENTS</b>					
1.1	Buildings / Land				
1.2	Medical Equipment				
1.3	General Equipment	56,484.00	No budget	(56,484.00)	
1.4	Vehicles	511,758.00	625,000.00	113,242.00	
1.5	Rehabilitation of equipment				
1.6	Miscellaneous				
	<b>TOTAL INVESTMENTS</b>	<b>568,242.00</b>	<b>625,000.00</b>	<b>56,758.00</b>	<b>91%</b>
<b>II. SALARY, STAFF AND TRAINING</b>					
2.1	Medical Doctors	420,000.00	432,000.00	12,000.00	
2.2	Other Medical Staff	168,000.00	180,000.00	12,000.00	
2.3	Administrative Staff	633,026.00	438,000.00	(195,026.00)	
2.4	Staff Benefits	162,760.00	163,060.00	300.00	
2.5	Training	1,170,751.78	1,202,000.00	31,248.22	
2.6	Miscellaneous staff exp.				
	<b>TOTAL SALARIES &amp; TRAINING:</b>	<b>2,554,537.78</b>	<b>2,415,060.00</b>	<b>(139,477.78)</b>	<b>106%</b>
<b>III. MAINTENANCE</b>					
3.1	Repairs and Utilities	361,697.74	291,800.00	(69,897.74)	
3.2	Anti-Leprosy drugs				
3.3	Other Drugs				
3.4	Vehicle Maintenance/ travel & Transport	418,828.00	508,000.00	89,172.00	
3.5	General supplies				
3.6	Miscellaneous				
	<b>TOTAL MAINTENANCE</b>	<b>780,525.74</b>	<b>799,800.00</b>	<b>19,274.26</b>	<b>98%</b>
<b>IV. ADMINISTRATION</b>					
4.1	Office Expenses	100,107.00	63,200.00	(36,907.00)	
4.2	Public relations	6,895.00	5,000.00	(1,895.00)	
4.3	Special budget		100,000.00	100,000.00	
4.4	Health education activities				
4.5	Teaching materials	74,960.00	75,000.00	40.00	
4.6	Miscellaneous				
	<b>TOTAL ADMINISTRATION:</b>	<b>181,962.00</b>	<b>243,200.00</b>	<b>61,238.00</b>	<b>75%</b>
	<b>TOTAL EXPENDITURE</b>	<b>4,085,267.52</b>	<b>4,083,060.00</b>	<b>(2,207.52)</b>	<b>100%</b>
	<b>In Euro</b>	<b>€60,780.00</b>	<b>€60,747.00</b>	<b>€(33.00)</b>	

Conversion in Euro as on December 31, 2009, [www.oanda.com](http://www.oanda.com)

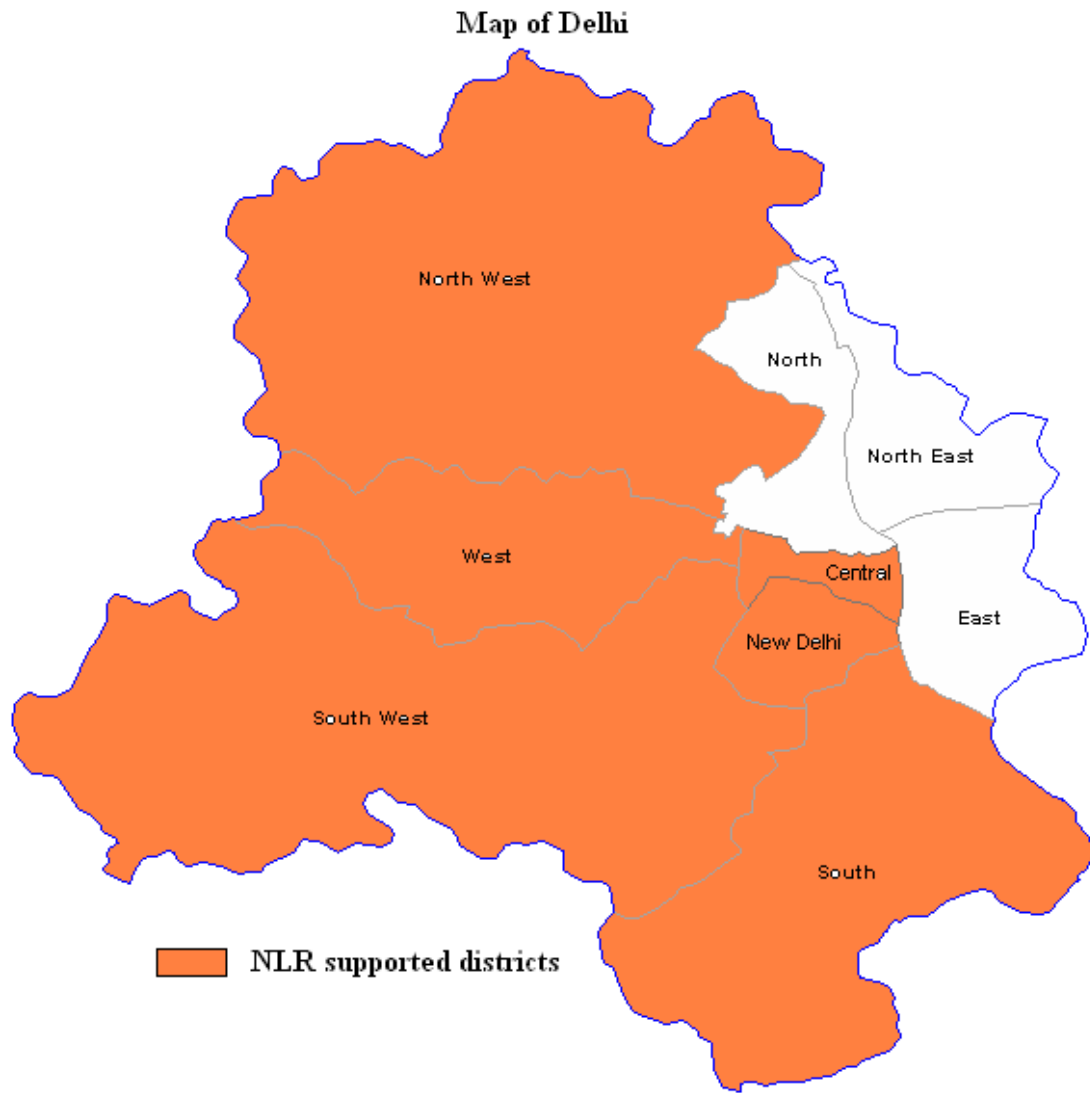
## 7.4 Expenditure Statement of Technical Workshops - 2009

This budget was allocated in Amsterdam however, in the year 2009, no special training or workshop was conducted under this budget line

## 8. CONCLUSIONS & RECOMMENDATIONS

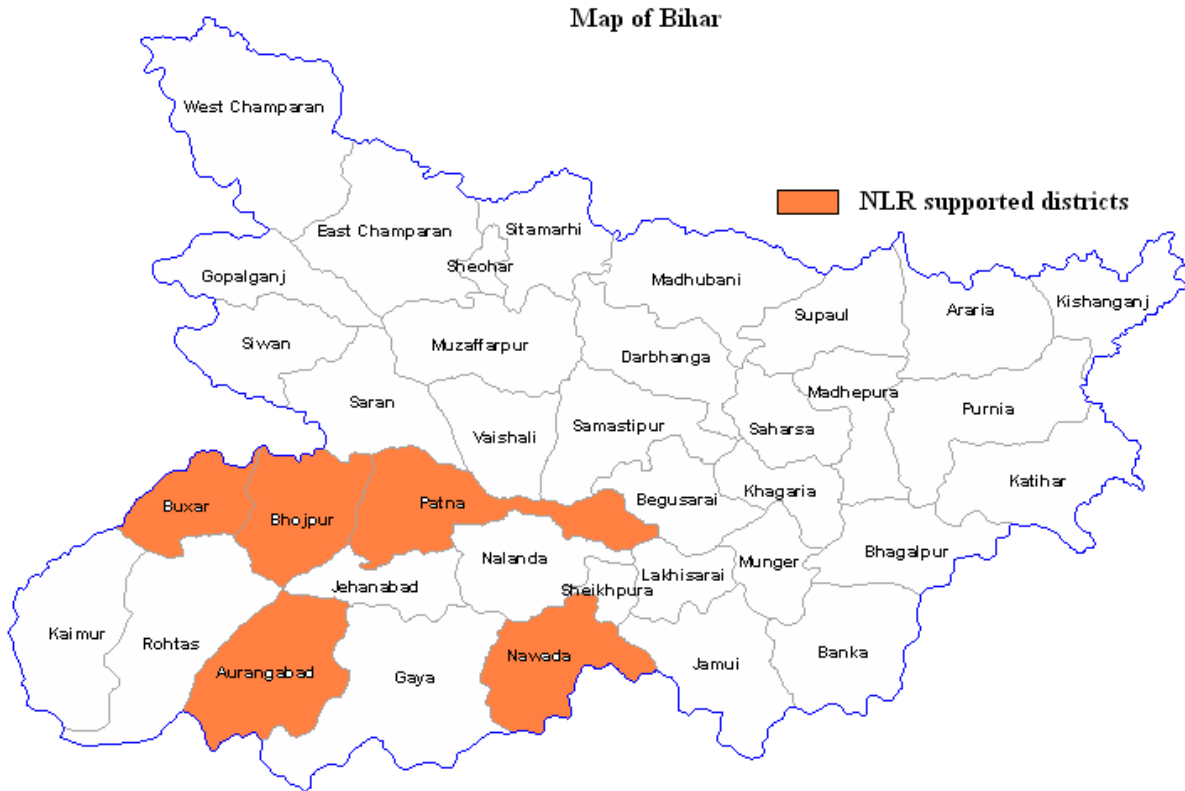
1. A large number of new cases are still detected in the country. In the period between April 08 and March 09, 134184 new cases were detected in the country, of which, more than 50% cases i.e. 67033 were detected from NLR supported states.
2. Average proportion of Disability Gr. II among new cases is 2.5%. It is highest in Delhi (8.71%). This could be attributed to neglect of these patients in the periphery and migration from all parts of the country, leading to late detection.
3. Support to District nucleus continued through our LPAs. 2 more LPAs were sent to Pokhra, Nepal for training for strengthening skills in training and communication.
4. Our LPAs participated in formal classroom training sessions as facilitators and also assisted the "District Nucleus" in carrying out on the job training during visits to health centers, along with staff of DN. Our LPAs were also identified as core trainers in the state.
5. From the above conclusions, it is recommended that NLR support to Leprosy programme of India should continue for some more years.
6. The Self Care Group project, initiated by NLR was well received and appreciated by the persons affected by Leprosy as well as by the State and the Central Govt. This led to extension of our projects from 4 states to all the 6 states and the number of colonies supported rose from 34 in 2008 to 127 in the year 2009. It is recommended that the projects be extended to more colonies, needs may be fulfilled after proper need assessment
7. With influence from NLR supported Result based management workshops, Central leprosy division issued instructions to all states to train all DLOs in decentralised result based planning. These trainings were conducted in all the states from government funds, NLR provided facilitators. It is recommended that RBM be carried forward to the district level. NLR in India has already planned and budgeted for that.
8. With NLR's contribution, two chapters, 'Decentralized planning' & 'Monitoring & Supervision' were included in 'National training manual on Leprosy' for Medical officers of GHC system.
9. With NLR support, in the year 2009, states have organized many workshops on Supervision & Monitoring, which have been very useful in improving capacity of field staff. These workshops were well received and appreciated.
10. Fundraising activities or preparations for FR started and NLR is motivated to move forward
11. Workshops on development of NLR India website led to the ownership of the website by branch office staff and they are motivated to take it further.
12. Cameras were provided to all field staff. This led to clicking of variety of action photographs, which we could use for our website and in development of fundraising material.
13. Shift to a new and bigger office led to more space, seating together of all the staff in one building. On the other hand, it has also led to a lot of disturbance and turbulence in Branch and trust office functioning
14. The year of 2009 has been a year of full of activities and achievements and we could utilize 84% of the allocated budget.
15. A SWOT analysis of NLR India reveals that we are equipped with experienced & dedicated staff with full support from Head Office at Amsterdam. We are unable to find new talent on the other hand the major threat is that we are dependent on the Govt. functioning, lack of support and enthusiasm from ILEP partners. Detail of SWOT analysis can be seen on Annexes 7.

**Annex 1 Map of NLR supported districts in Delhi state**





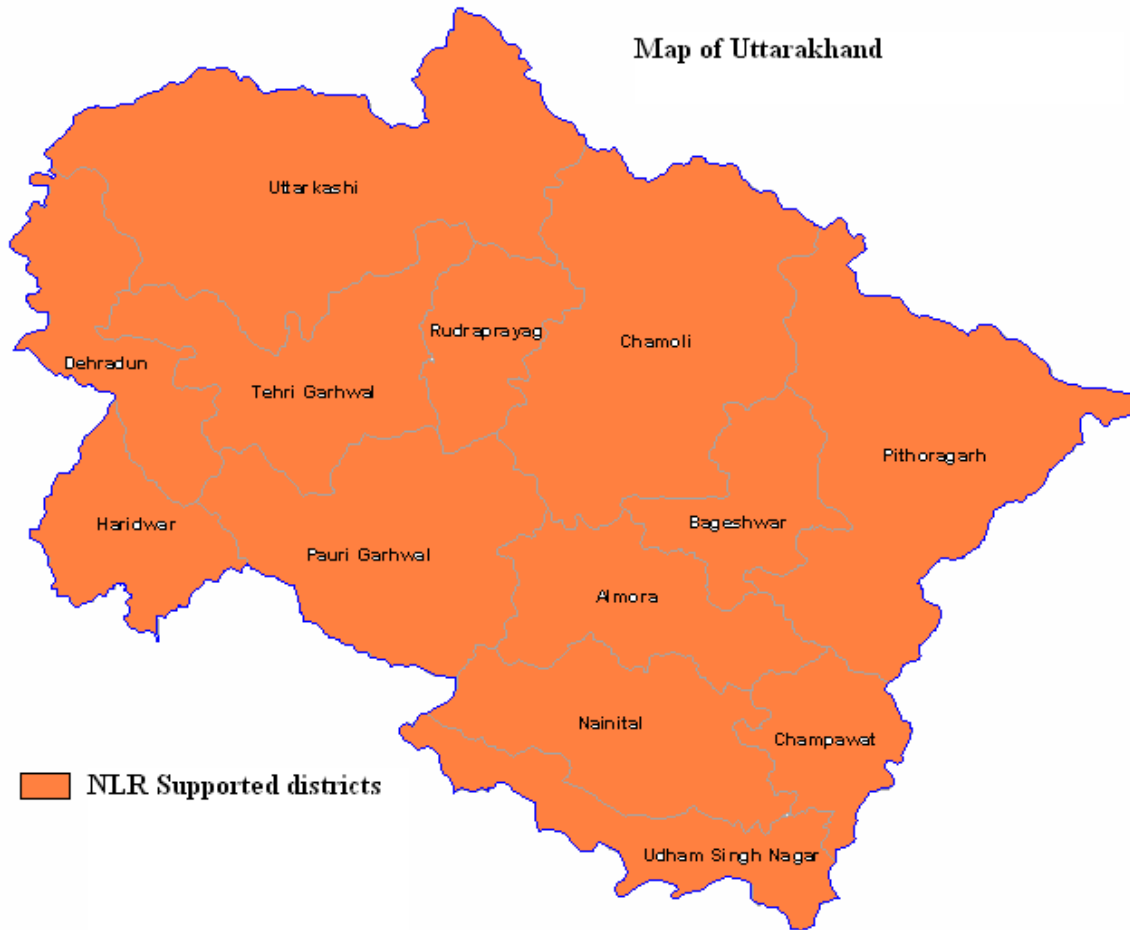
**Annex 2 Map of NLR supported districts in Bihar state**



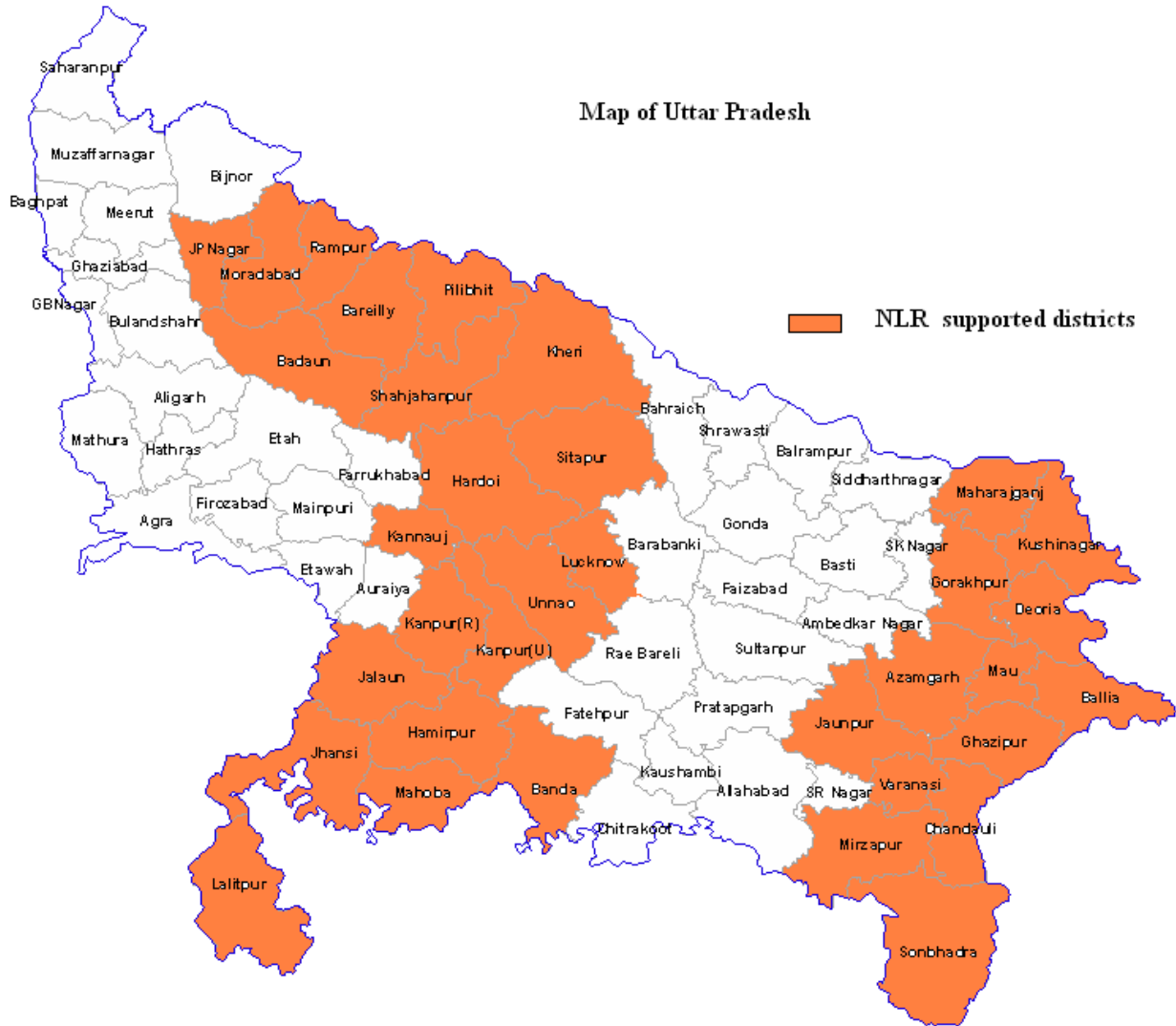
**Annex 3 Map of NLR supported districts in Jharkhand state**



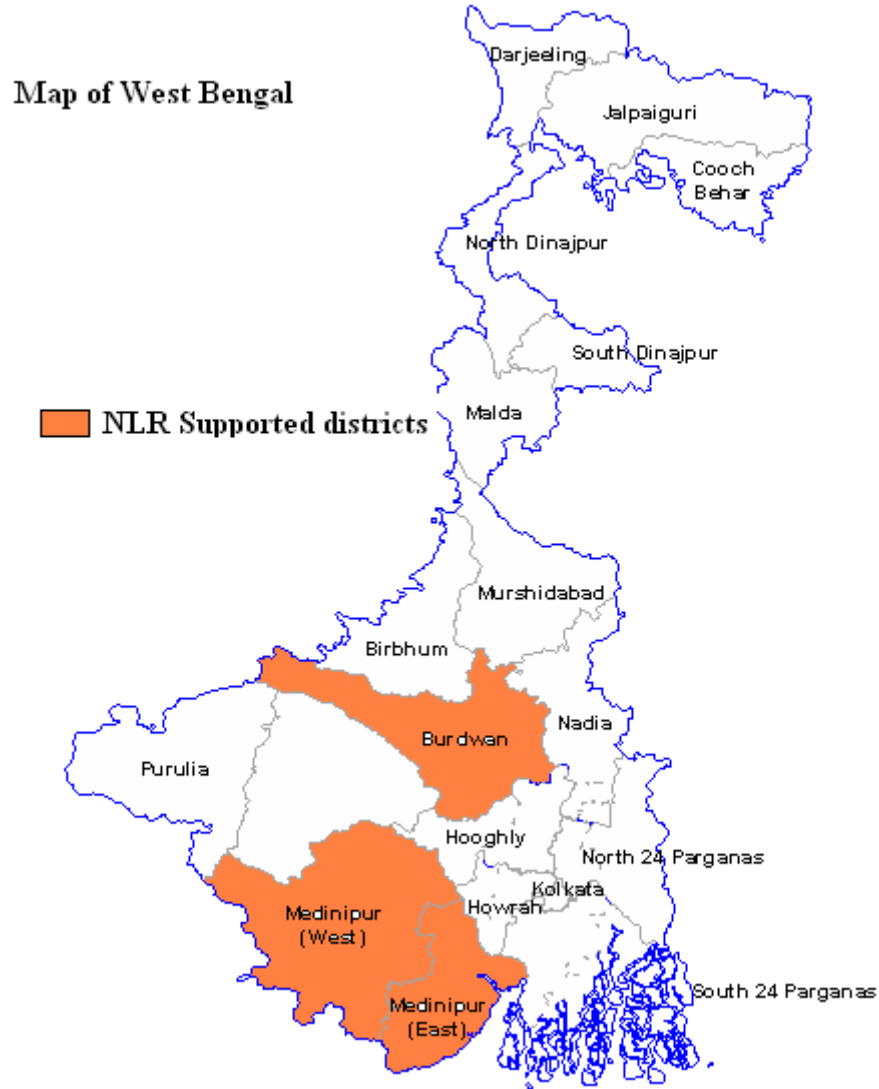
**Annex 4 Map of NLR supported districts in Uttarakhand state**



**Annex 5 Map of NLR supported districts in Uttar Pradesh state**



**Annex 6 Map of NLR supported districts in West Bengal state**



### Annex 7 NLR India SWOT Analysis

<p><b>Strengths:</b></p> <ul style="list-style-type: none"> <li>• Experienced staff available</li> <li>• Enthusiastic team</li> <li>• Quality of work is appreciated by all</li> <li>• Presence in national capital</li> <li>• Legal compliance</li> <li>• Good rapport with Governments (state &amp; CLD)</li> <li>• Transparency</li> <li>• Ready to learn / change</li> <li>• Required resources available</li> <li>• Part of an International organization</li> <li>• Planning &amp; management expertise available</li> <li>• Good leadership</li> </ul>	<p><b>Weaknesses:</b></p> <ul style="list-style-type: none"> <li>• Inability to attract younger doctors/staff because of low salaries</li> <li>• Less computer competency</li> <li>• Occasional vacancies in branch &amp; states</li> <li>• No regular staff</li> <li>• Short term contracts</li> </ul>
<p><b>Opportunities:</b></p> <ul style="list-style-type: none"> <li>• Can explore increased mandate e.g. disability/rehabilitation</li> <li>• Good policies</li> <li>• Good relations with the state &amp; central Government</li> <li>• Guidance and expertise available from Amsterdam</li> </ul>	<p><b>Threats:</b></p> <ul style="list-style-type: none"> <li>• Lack of support from ILEP partners in the states and center</li> <li>• Low priority to Leprosy by central &amp; state govt.</li> <li>• Frequent change of state &amp; central programme managers</li> <li>• Procedural delays due to audit objections</li> <li>• Lack of general health staff in Delhi for follow up, record maintenance (whom to train)</li> </ul>

**Annex 8 Details of NLR Branch Office Staff (year 2009)**

<b>S.No.</b>	<b>Name</b>	<b>Designation</b>	<b>Residential Address</b>
1	Dr. M. A. Arif	Country Representative	A-31-D, DDA Flats, Munirka, New Delhi
2.	Mr. Ashok Kumar	Manager (Accounts & Administration)	C-1/190, Janakpuri, New Delhi
3	Ms. Pooja Grover	Office Executive	H.No. 40, Madangir, New Delhi – 110062
4	Mr. Rustam Mansoor	Driver	F-177, Shaheen Bagh, Abul Fazal Enclave, Part – II, New Delhi – 110 025
5	Mr. Joginder Prasad	Peon	C – 59, Satya Vihar, Kamal Pur, Burari, Delhi – 110084

**Annex 9 Details of NLR Trust Office Staff (year 2009)**

<b>S.No.</b>	<b>Name</b>	<b>Designation</b>	<b>Residential Address</b>
1	Dr. M. A. Arif	Hon'ry Chief Executive	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. Vishal M. Singh	Accounts Officer	28, Church Road, Masjid Lane, Bhogal, New Delhi
5	Mohd. Ali Ahmed	Driver	F-147/3, Shaheen Bagh, Abul Fazal Enclave - II, Okhla, New Delhi – 110025

**References:**

1. <https://www.cia.gov/library/publications/the-world-factbook/geos/in.html#Econ> accessed on 27<sup>th</sup> April 2008.
2. <https://www.cia.gov/library/publications/the-world-factbook/geos/in.html#Econ>, accessed on 27<sup>th</sup> April 2008.
3. Website of National Leprosy Eradication Programme (NLEP): [www.nlep.nic.in](http://www.nlep.nic.in)
4. Website of International Federation of Anti-leprosy associations in India: [www.ilepindia.org](http://www.ilepindia.org)
5. Netherlands Leprosy Relief (Leprastichting) - 2002 '*Project officers handbook*' *Guidelines and information for NLR sponsored projects*
6. Netherlands Leprosy Relief (Leprastichting) - 2006 '*Guidelines for logical framework planning workshop, a manual for facilitators and project managers*'