



SILVER JUBILEE CELEBRATION

MEETING REPORT

NLR INDIA

Silver Jubilee Celebration

Improving leprosy prevention, care and combating stigma (Disseminate, Deliberate, and Collaborate)

Date: 23-24 April 2024

IMPROVING LEPROSY PREVENTION, CARE AND COMBATING STIGMA (DISSEMINATE, DELIBERATE AND COLLABORATE)
23rd and 24th April

Foundations



“NLR India’s work on leprosy and disabilities is meaningful. I am privileged to be here attending its silver jubilee event.”

**Shri Bharat Lal,
Secretary General, National Human Rights Commission,
Government of India**



“NLR India carries out innovative research that informs policy. NLR India is the most trustworthy partner of Central Leprosy Division (CLD), Govt of India.

**Dr. Anil Kumar,
Principal Advisor, National Centre for Disease Control,
Government of India**

CONTENT

50 years
NLR
INDIA
SILVER JUBILEE CELEBRATION

#LEPROSY
LIVES
MATTER

IMPROVING LEPROSY
PREVENTION, CARE AND
COMBATING STIGMA

(DISSEMINATE, DELIBERATE
AND COLLABORATE)



Gulmohar Hall,
1st Floor, India Habitat
Centre (IHC), New Delhi



23rd and 24th
April, 2024

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HIGHLIGHTS OF THE MEETING

- The meeting was attended by 101 delegates¹ representing 12 states namely Andhra Pradesh, Bihar, Delhi, Gujarat, Jharkhand, Maharashtra, Odisha, Rajasthan, Tamil Nadu, Telangana, Uttar Pradesh & West Bengal and one foreign delegate from The Netherlands.
- The delegates were representatives from the state and central governments [National Human Rights Commission (NHRC), Central Leprosy Division (CLD), National Center for Disease Control (NCDC), National Center for Vector Borne Diseases Control (NCVBDC), and State Leprosy Offices]; World Health Organization (WHO); Association of Persons Affected by Leprosy (APAL); International Federation of Anti-Leprosy Associations (ILEP) and other development agencies on leprosy & allied fields; incubators, donors, NLR India change agents, peer supporters and NLR India staff.
- Ms. Nirmala Gupta, Chair, Board, NLR India welcomed the delegates. She mentioned “It is not the 25 years which make it special but the opportunity which NLR India had in mitigating the suffering of the most stigmatized and ancient disease which makes it special. NLR India is working closely with government and has made several unique contributions to the cause of leprosy. The most notable being the preventive medicine and disability care”.
- Sri Bharat Lal, Secretary General, NHRC, Government of India (GoI) graced the meeting as the Chief Guest. In his keynote address, he said, “people sitting here are not for power but things which work for humanity, the leprosy affected are the most marginalized people and compromised on dignity, you people are doing very meaningful work, and people working on leprosy are unsung heroes”.

¹ The list of participants is attached as Annexure- 3





- The guest of honor, Dr. Anil Kumar, Principal Advisor, NCDC in his inaugural address mentioned, “NLR India is the most trusted partner of the CLD. NLR India should project the experiences of their feasibility study, implementation of single-dose rifampicin (SDR) preventive therapy and development of guidelines which led WHO to release the global WHO guidelines on SDR.”
- The guest of honor, Ms. Maya Ranavare, President, APAL expressed her gratitude and thanks for the efforts of NLR India towards leprosy- free community and social equity.
- Ms. Linda Hummel, Chief Executive Officer (CEO), NLR International, the Netherlands in her inaugural address said “The end of leprosy is an achievable goal. But a goal we cannot achieve by ourselves. Collaboration is needed, and so I am very happy to see so many of you here today. And over these two days, I hope we can increase our collaborations and partnerships.”
- Dr. Sudarsan Mandal, Sr. Chief Medical Officer, NCVBDC, and former Deputy Director General- Leprosy, CLD, MoHFW, Government of India (GoI) was felicitated as NLR India’s Champion by Sri Bharat Lal, Secretary General, NHRC, GoI.
- Dr. Jeya Kumar Daniel, Founder, NLR India was felicitated by Dr. Anil Kumar, Principal Advisor, NCDC, GoI.
- Dr. Ashok Agarwal, CEO, NLR India during his inaugural address mentioned that NLR works closely with government nationally and in multiple high priority states, leprosy colonies and communities with the vision “Creation of an inclusive society free from leprosy, allied skin NTDs and related disabilities”. Over the 25 years, NLR India has made eight important contributions towards the national leprosy eradication programme. They are: 1] prevention of leprosy through feasibility testing and assistance in roll-out nationally of Leprosy Post Exposure Prophylaxis using Single Dose Rifampicin (SDR), 2] developed

different models of disability care, 3] developed the very first community-based disability inclusive development model, 4] urban leprosy programme, 5] developed guideline for providing psychosocial support to the persons with disability due to leprosy and lymphatic filariasis, 6] development of children of leprosy affected as Change Agents, 7] guiding the adolescents living in leprosy colonies on Life Skills Education and Sexual Reproductive Health, and 8] the very first helpline on leprosy which calls the leprosy affected every 2 weeks. We are currently engaged in global research called PEP++ for enhancing the efficacy of preventive therapy.

- The agenda of the meeting included sharing of NLR work, technical update on preventive therapy, NLR multi-annual strategy & alignment with government, getting feedback from the audience and discussion on collaboration and resource mobilization².
- NLR India shared the evaluation findings of all its projects being implemented for many years namely the four disability care models, disability inclusive development, urban leprosy programme and helpline. The participants made critical observations on methodology, sample size, etc.; appreciated the work and provided their opinions for replication. All the projects were recommended for scale-up, however amongst the four disability care models maximum votes were for scaling-up the home-based care. Prof. K. Srinath Reddy, Distinguished Professor, Public Health Foundation of India (PHFI) & Founder (Past) President, PHFI, concluded “the evaluation is more about hypothesis generation rather than hypothesis testing, and this study merits publication”.
- NLR India shared findings of the needs assessment (NA) of the leprosy colonies which depicted the need for supporting them particularly on health, education and livelihood.
- The evaluation and the leprosy colony NA depicted, gender, stigma and discrimination are critical issues to be addressed.
- Dr. Badri Thapa, Team Lead, Communicable Diseases, WHO Country Office said “while talking about interruption of transmission, we need to work on psychosocial aspects of leprosy affected.
- During the session on Multi Annual Strategy (MAS), Prof C.P. Mishra, Former Head of Department, Community Medicine, Banaras Hindu University, commented “NLR India should be commended for working with a comprehensive plan”.
- The panel discussions on collaboration consisted of only female participants – the Chair, Ms. Nirmala Gupta commented “women are better at forging collaborations”.
- A collaboration agreement was signed between ECHO India and NLR India.
- The panel discussion on collaboration and resource mobilization motivated a number of new organizations towards the cause of leprosy namely ECHO India; Sambandh Health Foundation; Government Institute of Medical Sciences (GIMS), Uttar Pradesh; The Council of Energy Environment & Water; Tech Mahindra; Blind People Association of India; North Delhi Municipal Corporation Medical College, Hindu Rao Hospital; and Web-tech.
- Space was provided at the registration desk for sale of products made by two female entrepreneurs – a leprosy colony resident and a fashion designer.
- The meeting provided opportunity to all delegates to express themselves freely. NLR India respects all the critical feedback, opinions, recommendations and appreciations.

² Detailed agenda is included as Annexure- 1

PROCEEDINGS OF THE MEETING

Day 1- 23rd April 2024

Inaugural Session

- Chief Guest Sri Bharat Lal, Secretary General, National Human Rights Commission (NHRC), Government of India (GoI).
- The Guests of Honor Dr. Anil Kumar, Principal Advisor, National Centre for Disease Control (NCDC), Government of India and Ms. Maya Ranavare, President, Association of People Affected by Leprosy (APAL).
- Other guests on the dias- Ms. Linda Hummel, CEO NLR International and Ms. Nirmala Gupta, Chair, Board, NLR India.



- Dr. Ashok Agarwal, Chief Executive Officer (CEO), of NLR India presented the journey of 25 glorious years of the organization. He said that NLR India Foundation was established on 23rd April 1999 by Dr. Jeyakumar Daniel and Mr Vijay Kumar Govil. He described the vision, values, the geographical coverage and key contributions of NLR India in the field of leprosy.
- Next, Ms Nirmala Gupta, Chair, Board, NLR India and Ms. Linda Hummel, CEO, NLR International addressed the gathering.
- The guest of honor, Ms. Maya Ranavare addressed the audience. She explained about her journey as a leprosy survivor and her contribution to rehabilitating the leprosy affected people and the social security of leprosy colonies in India. She expressed her gratitude and thanks for the efforts of NLR India towards leprosy free community and social equity.
- Thereafter, the guest of honor, Dr. Anil Kumar, addressed the gathering. He mentioned that NLR India is the most trusted partner of the Central Leprosy Division (CLD) and their support during implementation of Leprosy Case Detection Campaign (LCDC), Focused Leprosy Campaign (FLC), ASHA based surveillance of leprosy suspects (ABSULS), SPARSH leprosy Awareness Campaign (SLAC), Disability Prevention and Medical Rehabilitation (DPMR) services, Single Dose of Rifampicin (SDR) administration has been remarkable and admirable. He also mentioned that the use of SDR for prophylaxis is a big achievement of NLR India. CLD could prevent around 30,000 disabilities due to SDR. He said, NLR India should project



the experiences of their feasibility study and implementation of SDR and development of guidelines which led WHO to release the global WHO guidelines on SDR. He mentioned that the NLR PEP++ study being conducted with two drugs would bring a drastic improvement in preventive chemotherapy of leprosy.

- NLR India felicitated Dr. Sudarsan Mandal, Sr. Chief Medical Officer, National Centre for Vector-borne

Disease Control (NCVBDC), and former Deputy Director General- Leprosy, CLD, Ministry of Health & Family Welfare, Government of India (GoI) as NLR India's Champion. He was felicitated by the chief guest Shri Bharat Lal. NLR India also felicitated its founder, Dr. J.K Daniel. He was felicitated by Dr Anil Kumar. Both were presented with a specially designed memento shield, a shawl and a scroll.

- After this, the dignitaries on the dias released the report "Evaluation of NLR INDIA projects".
- Following this, the Chief Guest, Shri. Bharat Lal delivered the keynote address. He began with "people sitting here are not for power but things which work for humanity, the leprosy affected are the most marginalized people and compromised on dignity, you people are doing very meaningful work". He praised the dedication of NLR India towards the leprosy affected persons and being the most trusted partner of government. He said that those working on leprosy are unsung heroes and shared that he is very proud to see organizations like NLR and its people working for the cause of leprosy. He emphasized working towards improving the quality of life and dignity of people affected by leprosy. He urged NLR India team to focus on early detection and eliminating discrimination. He expressed support from NHRC and encouraged collaboration with NLR India. He also congratulated the NLR India team for their work and the association with Govt of India. He said, the discriminatory laws against leprosy should be repealed and would want NLR to work with NHRC on this. He quoted Sri Radha Krishnan, former President of India "the moment you start thinking about others, you become a religious person".
- After the keynote address, Dr. Suchitra Lisam, Head, Research & Knowledge Management, NLR India, delivered the vote of thanks and the inaugural session concluded.



Session 1: Disability Care Models



- The session was chaired by Prof K. Srinath Reddy, Distinguished Professor, Public Health Foundation of India (PHFI) & Founder (Past) President, PHFI and Co-Chaired by Dr. V. Santaram, Director, Regional Leprosy Training and Research Institute (RLTRI), Odisha; Dr. V. R. Pemmaraju, Former Team Leader WHO Global Leprosy Programme and Dr. Rahul Singh, District Leprosy Officer, Varanasi.

- At the start, the representative of Athena Infonomics (the agency who evaluated the projects of NLR India), Mr. Abison Paul presented the methodology used for evaluation. He said that four projects were evaluated – Disability Care Models (four models- selfcare at leprosy colonies, selfcare at primary health centers, combined selfcare and homebased selfcare), Disability Inclusive Development (DID) project, Urban Leprosy Programme and Call Center (Vikalp) project. He described the methodology, study design, sample size calculation and achievements of study population for different projects.
- Thereafter, Dr. Pravin Kumar, Head of Programme, NLR India presented on the topic: Evaluation of projects implemented by NLR India- Disability Care Models. In his presentation, he briefed about the main features of four disability care models, the findings of evaluation, recommendations and conclusions. He said that the findings of different models point that the persons attending the self-care camps at primary health centers (PHCs) have fared better on the four out of six key result areas. He also described the findings related to gender; which pointed out that females are behind males in all indicators.

Main recommendations were:

1. Use appropriate IEC materials for promoting self care
 2. Mobilize support for livelihood through inter-departmental linkage e.g. Krishi Vikas Kendra (KVK) and State Livelihood Mission (SLM) as applicable
 3. Introduce monitoring system
- During the question-answer session, the audience raised queries about methodology, sampling, why the indicators were better for persons attending self-care camps at PHCs, what could be done to improve the gender-related gaps, what was the feeling of persons with lymphatic filariasis attending selfcare camps with the persons affected by leprosy, etc. While answering the queries, the presenter said the projects evaluated did not have any baseline data and the analysis was based on perceptions of the beneficiaries and other stakeholders.
 - In conclusion, the chair & co chairs were of the opinion that self-care models are effective and can be scaled up by other states. More discussion on evaluation and assessment technique are needed. The evaluation is more about hypothesis generation rather than hypothesis testing, and this study merits publication.

Session 2: Disability Inclusive Development (DID)

- The session was chaired by Prof C.P. Mishra, Former HoD, Banaras Hindu University, Varanasi and co-chaired by Dr. Shivajee Kumar, Former Commissioner of Disabilities, Department of Social Welfare), Bihar Government, Ms. Meenu Arora, Founder, Pink Minimalist and Mr. Sanjeev Jain, Samvad Sustainable Solutions (SSS), Lucknow.



- Dr. Pradeepta Nayak, National Community-Based Rehabilitation Coordinator (NCBRC), NLR India presented the key findings and recommendations of the evaluation of the DID project.
- He described the model and implementation process which includes the training, advocacy and facilitation of services.
- Following the presentation, during the question-answer session, the audience raised questions about the baseline data, what was the comparison group, etc.
- Dr. Nayak in his answer said that there were no baseline data for this project and no comparison group. The study captured the perceptions of the beneficiaries and other stakeholders.
- Ms. Maya Ranavare said that there should be a camp organized in every leprosy colony so that the schemes can be explained to the affected persons.
- Mr. Shivaji Kumar, former Disability Commissioner, Bihar said, “the online process of making UDID cards is very easy, camps also may be organized for assisting the needy; there is a scheme for short stay at “Buniyaad homes” for persons with disabilities (PwDs)”.
- Ms. Meenu Arora said that the disability patients should be provided with the inclusive care by the government which includes education and employment. She said, “being able to attend school is a dream for PwDs”.
- In conclusion, Dr. C.P. Mishra, along with the Co-Chairs, provided their remarks on the presentation and discussions. They commended the thoroughness of the study and recommendations which can be referred for future initiatives on disability-inclusive development.

Session 3: Urban Leprosy Programme

- The session was chaired by Dr. Anil Kumar, Principal Advisor, Gol and co-chaired by Dr. Rajiv Tandon, Former Director- Health, Research Triangle International and Dr. J.K. Daniel, Founder of NLR India.
- Dr. Arup Kumar Chakrabarty, State Programme Lead (SPL), NLR India, West Bengal presented the evaluation findings of Urban Leprosy Programme.
- Describing the findings, Dr. Chakrabarty said 37.1% of cases were diagnosed by Medical Officers, with 26.8% received SDR administration, and 68.5% were practicing self-care. Additionally, 75.7% expressed positive or very positive impacts on quality of their lives. He said that there was no baseline available for comparison. In conclusion, the programme’s success suggests its potential for replication in other states, offering significant benefits to healthcare delivery and stigma reduction efforts.
- Following the presentation, during the question-answer session, the audience raised questions about



the sample size (41), major obstacles, referral of cases (by ASHAs or self), baseline data, what was the comparison group, etc.

- Dr. Arup in his answer said that the selection of 41 samples was based on the number of cases in West Bengal. A significant obstacle lies in the administrative control and funding mechanisms for Honorary Health Workers (HHWs) in West Bengal. Currently, about 30% of cases are referrals, indicating the program's effectiveness.
- In concluding remarks, the co-chair, Dr. Rajiv Tandon said that there are limitations, but what NLR is doing is commendable. It is recommended for implementation in other states. The other co-chair, Dr. J.K. Daniel said that we need to explore alternative avenues for improving awareness generation.
- The Chair of the session Dr. Anil Kumar said, "I appreciate the work of NGOs in strengthening National Health Mission (NHM) programs, it would be more insightful to study the impacts of these initiatives; NGOs conducting research should be appreciated, NLR India may form a research committee to strengthen its research portfolio".

Session 4: Call center (Vikalp) project

- The session was chaired by Dr. Sudarsan Mandal, Sr. Chief Medical Officer, National Centre for Vector-borne Disease Control (NCVBDC), and former Deputy Director General- Leprosy, CLD, Ministry of Health & Family Welfare, Government of India (GoI) and Co-chaired by Dr. Rashmi Shukla, National Professional Officer-Leprosy, WHO Country Office and Ms. Sumita Taneja, Country Representative & Project Director, EPIC India, FHI 360.
- Dr. Pravin Kumar presented the functioning as well as findings of evaluation of the Call center (Vikalp) project. He explained that upon receiving the patient's line list from the district, counsellors from the call center reached out to each individual telephonically, the patient was followed up fortnightly till completion of his /her treatment. They offered essential information about the disease, prescribed for medications, potential side effects, steps to manage them, guidance on self-care and the need for SDR to the family members. Dr. Pravin thanked Dr Vijay Laxmi Godara, the State Leprosy Officer, Rajasthan for her continuous support for the project.
- Post the presentation, former Disability Commissioner Mr. Shivaji Kumar, noted that establishing a counseling center requires registration under the Rights for Persons with Disabilities (RPWD) Act, sections 51 & 21.
- Responding to Ms. Linda's query, Dr. Pravin mentioned that counselors attempt to contact patients a maximum of three times. If unsuccessful, the patient's details are forwarded to the district for home visits which they usually do.



- Dr. Rashmi Shukla highlighted the Call Centre project as NLR India’s standout initiative, advocating for its nationwide replication.
- Ms. Sumita Taneja underscored the importance of accurate phone numbers and proposed measuring call center effectiveness through call load, some days there may be few callers.
- Dr. Sudarsan Mandal, the Chair of the session, suggested integrating mental health and other health components to enhance the service’s comprehensiveness and acceptance.

Each of the sessions (1-4) were based on the NLR India’s evaluated projects. At the end of each, opinion of the audience was collected on the presented findings and recommendations through a QR code-based opinion poll.

Session 5: Mental Well-being & Compassion Training Study

- The session was chaired by Dr. Atul Ambekar, Professor, National Drug Dependence Treatment Centre (NDDTC), Psychiatry, AIIMS, New Delhi and co-chaired by Dr. Archana Singal, Board, NLR India, Mr. Shibu George, Interim CEO, GLRA and Dr. Rita Seth, Head, Mental Health, Sambandh Foundation.
- Dr. Pradeepta Kumar Nayak (NCBRC, NLR India) & Mr. Rohit Kumar Tiwari (Mental Health Officer, NLR India) presented on the Mental Health Initiative taken up by NLR India. It covered the following points:
 - Basic psychological support and its components
 - Role played by the psychologist and peer supporters
- Each peer supporter takes responsibility of five to six clients, provides him the need-based psychological support, and links with various services and schemes of the government.
- Dr. Suchitra Lisam Head of Research & Knowledge Management, NLR India presented the brief including key progress updates of the Study titled “ Compassion Training for reducing stigma and improving quality of care of persons affected by leprosy”. She shared the following points:
 - What compassion is, as different from Empathy and the justification to pilot the compassion training for healthcare workers to reduce stigma and improve quality care, in context of leprosy related stigma.
 - About research question, objectives, and study design
 - Data collection tools – qualitative and quantitative instruments for three target groups i.e. healthcare workers, persons affected and family members. She stated that key milestones achieved were obtaining ethical approval, signing of Memorandum of Understanding with international study partners, training programme, and she shared the timelines of the study etc..



- Post the presentations, the Q&A and discussion session began. Dr. Shivaji Kumar said that to reduce stigma, the leprosy colonies need to be removed and members shifted to community. Dr. V. R. Pemmaraju said that peer supporters are a great resource, and it would be great if they were leprosy survivors. With regard to the Compassion Training Study, Dr. C. P. Mishra pointed out the need to include family member for the quantitative data collection and we may like to review the sample size of the study. Dr. Atul said that “It’s not easy to measure the compassionate care being provided to persons affected by healthcare workers, however its expected that the standard study tools would take care of this aspect”. He also mentioned that “At the same time, we should also involve the government in the study”. Mr. Shibu George said, often it is self-stigma rather than from family and friends, we need to educate the affected. Dr. Archana Singal said that we should paint happy pictures for patients. Patients should always be told that leprosy can be cured. It helps reduce stigma.

Session 6: Needs Assessment of Leprosy Colonies

- The session was chaired by Dr. Badri Thapa, Team Lead, Communicable Diseases, WHO country office; and co-chaired by Dr. H.K. Kar, HoD, Dept. of DVL, KIMS, Odisha, Dr. JK Danial, Founder NLR India, Ms. Maya Ranavare, President APAL, and Mr. Gaurab Sen, CEO, S-ILF.
- At the start Dr. Arup, SPL, West Bengal presented the findings of the Needs Assessment (NA) of leprosy colonies. The NA was conducted with an objective to identify the needs of the persons affected by leprosy living in leprosy colonies.
- He described the methodology and told that out of the targeted 150 colonies and 3813 households, the survey could cover 129 colonies and 2192 households. He also described the variety of needs of the persons living in leprosy colonies.
- After his presentation, during the Q&A session, queries were raised about whether the persons living in the colony want to be in communities and whether the colonies propagate stigma. Dr. Archana said that the leprosy colony people wanted that they should have additional benefits in the shadow of stigma. Dr. C. P. Mishra suggested that study data can be taken as baseline data. Mr. Gaurab Sen emphasized working together in support with the government so that it can make some changes. Dr. Kar said that let us remove the word “leprosy” from leprosy colonies. Ms. Maya said that still lots of stigma and discrimination are there, where we the organizations and government can play a vital role to mitigate. In his concluding remarks, the Chair of the session, Dr. Badri Thapa said that it is very encouraging that three-month intervention with peer supporters resulted in reducing the discrimination, decreasing the depression, as well as increasing the sense of inclusion of the leprosy patients. So, there is a hope for people to work on leprosy to reduce the stigma. And another thing is now we are talking about interruption of the transmission of leprosy but along with the instruments for prevention and



treatment, we also need to think about working on the social and psychological issues of the leprosy affected persons.

Day 2- 24th April 2024

Recap of day 1 & Results of opinion polls

Day 2 of the meeting started with a recap of sessions held on Day 1. Dr. Pradeepta Kumar Nayak presented the recap. Post that, the message from former Country Director, NLR India, Dr. M.A. Arif was read out. In his message he had expressed happiness on completion of 25 years by NLR India. He wished that the organization grows further, people affected by leprosy are benefitted more.

Following this, the results of opinion poll conducted for sessions on disability care model (session 1), disability-inclusive development (session 2), urban leprosy programme (session 3) and call center (session 4) were presented by Mr Amit Jain, Monitoring, Evaluation and Learning Manager, NLR India. The standout findings of opinion poll were:

1. For disability care models
 - 78% felt that Homebased self-care model was better for replication
 - 72% were of the opinion that service delivery at the doorstep of beneficiaries was the most important factor for replicating Homebased self-care.
2. For disability inclusive development (DID)
 - 84% felt that the model is replicable
 - 69% were of the opinion that the most important factor for the replicability of DID is that it provides comprehensive empowerment to the persons with disability



- Also 73% felt that DID model should be replicated for all types of disabilities
3. For urban leprosy programme
 - 87% felt that the model is replicable
 - 90% felt that this model will help in early treatment
 - Also 85% felt it will help in early detection of cases
 4. For call center project
 - 83% felt that the model is replicable
 - 85% were of the view that a leprosy patient requires counselling to continue medication regularly and a similar percentage of people felt that regular follow up helps in understanding and practicing selfcare

Detailed findings of the opinion poll as Annexure-2. Following the presentation on opinion poll, the proceedings of the day started with a session on Research on Leprosy Chemoprophylaxis.

Session 7: Research on Leprosy Chemoprophylaxis

- The session was chaired by Dr. Anil Kumar, co-chaired by Dr. H. K. Kar and Dr A.M Khan, Director-in-Charge, ICMR - JALMA Institute, Agra.
- The first presentation was made by Dr. Ashok Agarwal, CEO, NLR India on “Developments in Leprosy Preventive Chemotherapy”. He shared the rationale for a more powerful preventive regimen including small briefs about several ongoing studies being undertaken in other parts of the world such as PEOPLE Trial- by using double dose rifampicin in Comoros & Madagascar; Be- PEOPLE Randomized Control Trial



in Comoros, Combine Study in Kiribati, PEP++, and PEP4Lep study. He concluded stating that preventive chemotherapy is playing an important role in interruption of leprosy transmission, newer regimens will enhance the interruption, and that LPEP should be well implemented across the country.

- Dr. Suchitra Lisam, Head, Research & Knowledge Management, NLR India presented the topic on “Improving Leprosy Prevention Studies: Brief, Key Updates, Lessons Learnt and Way forward”. She shared the research studies of NLR India which fall under three zeroes- zero transmission, zero disability and zero exclusion. Under zero transmission, she presented the key findings on studies i.e. feasibility study on LPEP and progress updates on existing studies i.e. “Testing the effectiveness of PEP App for strengthening Leprosy Post Exposure Prophylaxis (LPEP) service delivery” and PEP++. She shared the key findings of the exploratory study conducted under PEP App to find out challenges and perceptions of healthcare workers on use of mobile application supported LPEP services. She stated that under PEP++, total 59,039 (98.4%) close contacts of 3692 leprosy index cases, were screened and medicated with

either Single Dose Rifampicin (SDR) in control blocks or PEP++ regimen comprising of Rifampicin and Clarithromycin in intervention blocks of two study districts.

- Dr. Shanta Ram had some suggestions related to the implementation of the PEP by focusing on the availability, accessibility of the drugs, coverage of the area & contact tracing.
- Dr. Pemmaraju appreciated the work of NLR on all the research studies. Further, he asked about the blanket approach and Mass Drug Administration (MDA) and rifampicin being given to the non-eligible contacts.
- Ms. Linda appreciated the development in research work by NLR India.
- Dr. Kar added that by giving two bactericidal drugs, the chances of Anti-microbial resistance (AMR) is less.
- Dr. Khan discussed about the planning and execution of the research projects with relevant research partner in states such as Assam and outcome of studies is dependent on scientific solidness of the design of research and adequate scientific evidence, which are all addressed in the studies presented.

Session 8: NLR India Multi- Annual Strategy (MAS) and plans for supporting National Strategic Plan (NSP)- RoadMap to zero leprosy

- The session was chaired by Dr. Anil Kumar and co-chaired by Dr. Vijay Laxmi Godara, State Leprosy Officer, Rajasthan, Dr. Sujai Suneetha, President, Indian Association of Leprologists (IAL), and Mr. C.M. Kharbanda, member, Board, NLR India.
- First, Ms. Linda gave an overview of MAS of NLR alliance and the global strategy. She discussed NLR's strengths, objectives and developments.
- Thereafter, Dr. Ashok Agarwal presented MAS for India in which its purpose and the importance of NSP was discussed. NLR India's strategic goals and activities were discussed and also the indicators to be focused in the future.
- The goal for the reduction of cases was said to be ambitious. Ms. Linda and Dr. Ashok explained the same by explaining the importance of aggressive targets.



- Dr. Vijay Laxmi thanked the NLR team and hoped for support from the organization for the state of Rajasthan.
- Prof. Mishra said, NLR India should be commended for working with a comprehensive strategic plan.
- Dr. Anil said that the world needs a global voice and NLR can be that and also the strategic partners should be convinced. “Targets should be achievable”, he said.

Session 9: Panel Discussion on “Collaboration/ Consortium Building”

- **Chair:** Ms. Nirmala Gupta, Chair Board, NLR India; Facilitator: Dr. Pradeepta Nayak, NCBRC, NLR India
- **Panelists:** Dr. Rashmi Shukla, NPO, WHO, Ms. Nikita Sarah, Head, Advocacy & Communication, TMLTI, Ms. Anila Goswami, DGM, ECHO India, Ms. Maya Ranavare, President, Association of People Affected by Leprosy (APAL), and Ms. Smiti Gahrotra, Director of Programme, Sambandh Health Foundation.
- Introducing the session, Dr Pradeepta highlighted the need for collaboration and consortium building which will result in improving leprosy prevention, care, and combating stigma.
- In her welcome address, Ms Nirmala Gupta welcomed the panelists and requested them to share what role their agency can play in the interruption of leprosy transmission and in mitigating the suffering of the persons affected by disabilities due to leprosy, lymphatic filariasis and other related skin neglected tropical diseases (NTDs).
- Ms. Nikita Sarah informed the audience about the work done by TMLTI. She said that TMLTI works on multiple issues of the leprosy affected like health care, early detection, reconstructive surgery (RCS), physiotherapy, vocational training, mental well-being, social protection, disaster preparedness and building champions. All these activities/ projects offer a scope of collaboration.
- Ms. Anila Goswami in her comments described about ECHO India and the work they are doing in 180 countries. She highlighted the need for strategic partnerships and discussed the current contract signing between ECHO India and NLR India in the event which will ultimately highlight the importance of collaboration.
- Ms. Maya informed that APAL is working at National, State, District and Block levels, and she called for unity in the fight against leprosy.



- Ms Smiti Gahrotra acknowledged NLR India's contributions and partnership with CLD.
- She talked about the need to work on the mental health of the people affected by leprosy and Lymphatic Filariasis (LF). She also highlighted their work with different institutions on mental health issues.
- Dr. Rashmi Shukla shared that the topic given "interruption of transmission" means finding and treating the cases and it can only be done by a group of people. Finding cases requires self-reporting or the use of technology such as an App etc. Hence there is a need to create more partnerships in the technology domain and find ways of self-reporting.
- In her concluding remarks, Dr. Nirmala Gupta thanked all the panelist for their valuable insight and their support for the need for collaboration to end leprosy.
- She thanked ECHO India to extend their hands for collaboration. She concluded with a pledge to continue working until leprosy is eradicated.
- Dr. Pradeepta thanked all dignitaries and participants for their contributions.

At the end of the session, a Memorandum of Understanding was signed between NLR India and ECHO India.

Session 10: Panel discussion on "Resource Mobilization"

- Chair: Mr. K. K. Upadhyay, Board, NLR India
- Facilitator: Brijendra Narain Choudhary, Manager Business Development, NLR India
- Panelists: Dr. Rahul Singh, Head of Incubation, Government Institute of Medical Sciences (GIMS); Mr. Om Prakash Singh, Chief of Party, The Council of Energy Environment and Water; Mr. S.A. Sayeed, Regional Head, Tech Mahindra; Mr. Bharat Joshi, Deputy Director, Fund Raising Blind People Association of India (BPA); Mr. Lokesh Manikonda, Novartis Foundation; Dr. Sumit Jethani, Professor, North Delhi Municipal Corporation Medical College, Hindu Rao Hospital; Mr. Rajesh Ranjan, CSR Leader, Web-tech.
- Brijendra Narain Choudhary introduced the topic and emphasized the need to discuss and collaborate as resource mobilization. He said, "let's reaffirm our commitment to collaboration and resource mobilization in the fight against leprosy and other neglected tropical diseases. Together, we can create a world where every individual has access to quality healthcare and lives free from stigma and discrimination."
- The Chair, Mr. K. K. Upadhyay, Board, NLR India, in his introductory address, said that money generally comes from individuals. So, organizations must be visible, create stories, and scale and decide what scale you should work on.
- Dr. Rahul Amritraj Singh emphasized the role of incubation centers in fostering entrepreneurial ecosystems. He said that all social organizations need to come forward with interventions for developing devices. NLR can use CSR funds, and use its own incubators, and make devices that are affordable and accessible. NLR should create a fund and invite global start-ups to create devices on leprosy.
- Mr. S. A. Sayeed, highlighted the importance of technology in resource optimization. Tech Mahindra is working on employability and education. Disability is across sectors; so, a cross cutting theme. Skilling of persons with disabilities is extremely important, and NLR and Tech Mahindra should further discuss this.



- Mr. Lokesh Manikonda underscored the significance of public-private partnerships in healthcare. He said Novartis is very much into leprosy. NLR is connected with Novartis, they should continue the connections and go deeper. Collaborations can happen on financial, physical, technical and intellectual aspects. For raising funds, it is not always necessary to ask for money. You can start and build a relationship. Just say what you have done. Do not miss saying this.
- Dr. Sumit Jethani said that engaging in discussions with esteemed panelists from diverse backgrounds, including healthcare, technology, environmental sustainability, and corporate social responsibility will help in exploring innovative strategies for mobilizing resources to drive positive societal impact. Dr. Sumit Jethani emphasized innovative financing mechanisms for healthcare infrastructure. He said, “funding is made available to NGOs for working on public health activities and outcomes”.
- Mr. Om Prakash Singh advocated for sustainable practices in energy and environment. CEEW works with USAID. He said that the focus should be on climate change. A lot of high level advocacy is needed for interlinkages of climate change and health. Climate change makes the conditions bad; if conditions are bad, leprosy may surge. Donors who now focus on climate change, may like to fund leprosy.
- Mr. Bharat Joshi shared insights on fundraising for marginalized communities. BPA started with blindness and has now diversified. They are now working on all 21 types of disabilities. It is important for NLR to raise awareness. NLR has already highlighted that it is working on 5 themes. There are more than 20000 companies doing CSR and working on these themes. Fundraising should be everyone’s job.
- Mr. Rajesh Ranjan elaborated on corporate social responsibility initiatives at Web-tech. He stated that they are working on health and education empowerment in seven states. Donor engagement is key, let them know what you do.



At the end of each session, a memento was presented to all chairs, co-chairs and panelists by NLR India team.

Finally, Dr Suchitra Lisam delivered the vote of thanks and the meeting concluded.

Annexure 1

Detailed Agenda

Objectives:

- Disseminate learnings of NLR India
- Share NLR India's plan for supporting National Strategic Plan (NSP) & Roadmap to Zero Leprosy 2023-2027
- Mobilize collaborations

DAY 1: Tuesday, 23rd April 2024

TIME	DURATION	SESSION & SUB-SESSION	REMARKS
9:00-10:00 AM	60 min	Registration	
10:00- 11:00 AM	60 min	Welcome & Inauguration <ul style="list-style-type: none"> • Floral welcome • Lighting the lamp • NLR India: Journey of 25 years by Dr. Ashok Agarwal, Chief Executive Officer (CEO), NLR India • Address by Ms. Nirmala Gupta, Chair, Board, NLR India • Address by Ms. Linda Hummel, CEO, NLR International, The Netherlands • Address by Guest of Honour, Ms. Maya Ranavare, President, Association of People Affected by Leprosy (APAL) • Address by Guest of Honour, Dr. Anil Kumar, Principal Advisor, National Centre for Disease Control (NCDC), Government of India (GoI) • Felicitation of NLR India's Champion • Felicitation of NLR India's Founder • Release of Evaluation Report of NLR India's Projects by Dignitaries • Keynote Address by Chief Guest, Shri Bharat Lal, Secretary General, National Human Rights Commission (NHRC), GoI • Vote of Thanks by Dr. Suchitra Lisam, Head, Research & Knowledge Management, NLR India 	Anchors: Dr. Pravin Kumar, Head of Programme, NLR India; Ms. Sandipa Mudi, Graphic Designer, NLR India; Ms. Jyotika Ranta, Admin Officer, NLR India; Ms. K.M. Ritu, Community Based Rehabilitation Coordinator, NLR India
11:00-11:30 AM	30 min	High Tea & Break	

TIME	DURATION	SESSION & SUB-SESSION	REMARKS
11:30-12:30 PM	60 min	Session 1: Disability Care Models <ul style="list-style-type: none"> Key findings and recommendations of evaluation study on Disability Care Models, by Dr. Pravin Kumar, Head of Programme (HoP), NLR India (20 min) Q &A (20 min) Remarks by Chair & Co-Chairs (10 min) Opinion Poll (10 min) 	Chair: Prof K. Srinath Reddy, Distinguished Professor, Public Health Foundation of India (PHFI) & Founder (Past) President, PHFI Co-Chair: Dr. V. Santaram, Director, Regional Leprosy Training and Research Institute (RLTRI), Odisha Co-Chair: Dr. V. R. Pemmaraaju, Former Ag Team Leader WHO Global Leprosy Programme Co-Chair: Dr. Rahul Singh, District Leprosy Officer, Varanasi
12:30-1:15 PM	45 min	Session 2: Disability Inclusive Development (DID) <ul style="list-style-type: none"> Key findings and recommendations of evaluation study on DID by Dr. Pradeepta Nayak, National Community Based Rehabilitation Coordinator (NC-BRC), NLR India (15 min) Q & A (10 min) Remarks by Chair & Co-Chairs (10 min) Opinion Poll (10 min) 	Chair: Dr. C.P. Mishra, Former HoD, Banaras Hindu University, Varanasi Co-Chair: Dr. Shivajee Kumar, Former Commissioner Disabilities (Social Welfare Department), Bihar Government Co-Chair: Dr. Jaya Dehalvi, State Leprosy Officer, UP. Co-Chair: Ms. Meenu Arora, Founder, Pink Minimalist Co-Chair: Mr. Sanjeev Jain, Samvad Sustainable Solutions (SSS), Lucknow
1:15- 2:15 PM	60 min	Lunch Break	
2:15- 3: 00 PM	45 min	Session 3: Urban Leprosy Programme <ul style="list-style-type: none"> Key findings and recommendations of evaluation study on Urban Leprosy Programme by Dr. Arup Kumar Chakrabartty, State Programme Lead (SPL), West Bengal & Dr. P.K. Mitra, Former SPL, NLR India (15 min) Q&A (10 min) Remarks by Chair & Co-Chairs (10 min) Opinion Poll (10 min) 	Chair: Dr. Anil Kumar, Principal Advisor, NCDC Co-Chair: Dr. Rajiv Tandon, Former Director-Health, RTI Co-Chair: Dr. J.K Daniel, Founder of NLR India

TIME	DURATION	SESSION & SUB-SESSION	REMARKS
3: 00-3:45 PM	45 min	Session 4: Call Centre/Vikalp project <ul style="list-style-type: none"> Key findings and recommendations of evaluation study on Call Centre Project by Dr. Pravin Kumar, HoP, NLR India (15min) Q&A (10 min) Remarks by Chair & Co-Chairs (10 min) Opinion Poll (10 min) 	Chair: Dr. Sudarsan Mandal, Sr. Chief Medical Officer, National Centre for Vector-borne Disease Control (NCVBDC), Gol Co-Chair: Dr. Rashmi Shukla, National Professional Officer-Leprosy, WHO Country Office Co-Chair: Ms. Sumita Taneja, Country Representative & Project Director, EPIC India, FHI 360
3:45- 4:00 PM	15 min	Tea /Coffee & Snacks Break	
4:00- 4:40 PM	40 min	Session 5: Mental Well-Being & Compassion Training Study <ul style="list-style-type: none"> Sharing of Mental Health Initiatives by Dr. Pradeepta Nayak, NCBRC & Mr. Rohit Kumar, Mental Health Officer, NLR India (10 min) Brief & Updates on Compassion Training Study by Dr. Suchitra Lisam, Head, Research & Knowledge Management, NLR India (10 min) Q&A (10 min) Remarks by Chair & Co-Chairs (10 min) 	Chair: Dr. Atul Ambekar, Professor, NDDTC, Psychiatry, AIIMS, New Delhi Co-Chair: Dr. Archana Singal, Board, NLR India Co-Chair: Mr. Shibu George, Interim CEO, GLRA Co-Chair: Dr. Rita Seth, Head, Mental Health, Sambandh Foundation
TIME	DURATION	SESSION & SUB-SESSION	REMARKS
4:40- 5:20 PM	40 min	Session 6: Needs Assessment of Leprosy Colonies <ul style="list-style-type: none"> Sharing of findings and lessons learnt from Needs Assessment of Leprosy Colonies by Dr. Arup Kumar Chakrabartty, SPL, NLR India (20 min) Q&A (10 min) Remarks by Chair & Co-Chairs (10 min) 	Chair: Dr. Badri Thapa, Team Lead, Communicable Diseases, WHO Country Office Co-Chair: Dr. H. K. Kar, Emeritus Professor, Dermatology, Venereology and Leprosy Kalinga Institute of Medical Sciences(KIMS), Bhubaneswar, Odisha Co-Chair: Mr. Gaurab Sen, CEO, S-ILF Co-Chair: Ms. Maya Ranavare, President, APAL

DAY 2: Wednesday, 24th April 2024

TIME	DURATION	SESSION & SUB-SESSION	REMARKS
9:30-9:45 AM	15 min	Recap of Day 1 & Results of Opinion Polls	Mr. Amit Jain, Monitoring Learning & Evaluation Manager (MLEM) & Dr. Pradeepta Nayak, NCBRC, NLR India Message from Dr. M.A Arif, Former Country Director, NLR India
9:45- 10:45 AM	60 min	Session 7: Research on Leprosy Chemoprophylaxis <ul style="list-style-type: none"> • Developments in Implementing and Improving Preventive Chemotherapy against Leprosy by Dr. Ashok Agarwal, CEO, NLR India (15 min) • NLR India’s Prevention studies – Brief, Key updates, Lessons learnt & way forward by Dr. Suchitra Lisam, Head, Research & Knowledge Management (15min) • Q&A (20 min) • Remarks by Chair & Co-Chairs (10 min) 	Chair: Dr. Anil Kumar, Principal Advisor, NCDC, GoI Co-Chair: Dr. H. K. Kar, Emeritus Professor, Dermatology, Venereology and Leprosy Kalinga Institute of Medical Sciences(KIMS), Bhubaneswar, Odisha Co-Chair: Dr. A.M. Khan, Director-in-Charge, ICMR- National JALMA Institute for Leprosy & Other Mycobacterial Diseases, Agra
10:45-11:00 AM	15 min	Tea /Coffee & Snacks Break	
TIME	DURATION	SESSION & SUB-SESSION	REMARKS
11:00-12:00 PM	60 min	Session 8: NLR India’s Multi Annual Strategy (MAS) and Plans for supporting National Strategic Plan (NSP) & Road-Map to Zero Leprosy <ul style="list-style-type: none"> • Multi-Annual Strategy (MAS) of NLR Alliance by Ms. Linda Hummel, CEO, NLR International, The Netherlands (20 min) • MAS of NLR India 2024-2028 by Dr. Ashok Agarwal, CEO, NLR India (20 min) • Q&A (10 min) • Remarks by Chair & Co-Chairs (10 min) 	Chair: Dr. Anil Kumar, Principal Advisor, NCDC, GoI Co-Chair: Dr. Vijay Laxmi Godara, SLO, Rajasthan Co-Chair: Dr. Sujai Suneetha, President, IAL Co-Chair: Mr. C.M. Kharbanda, Board, NLR India

12:00- 12:45 PM	45 min	<p>Session 9: Panel Discussion on “Collaboration /Consortium Building”</p> <p>Panellists: Dr. Rashmi Shukla, NPO, WHO; Ms. Nikita Sarah, Head, Advocacy & Communication, TMLTI; Mr. Sandeep Bhalla, Associate Vice President, ECHO India; Mr. Gaurab Sen, CEO, S-ILF; Ms. Maya Ranaware, President, APAL; Dr. D.N Rana/ Dr. Ritu Singh, Sr. Scientist, Krishi Vigyan Kendra; Ms. Smiti Garhotra, Director of Programme, Sambandh Health Foundation</p>	<p>Chair: Ms. Nirmala Gupta, Chair, Board, NLR India</p> <p>Facilitator: Dr. Pradeepta Nayak, NCBRC, NLR India</p>
12:45-13:30 PM	45 min	<p>Session 10: Panel discussion on “Resource Mobilization”</p> <p>Panellists: Dr. Rahul Singh, Head of Incubation, GIMS; Mr. Om Prakash Singh, Chief of Party, The Council of Energy Environment & Water; Mr. S.A. Sayeed, Regional Head, Tech Mahindra; Mr. Bharat Joshi, Fund Raising Manager, Blind People Association of India; Mr. Jaishivam Pathak, Regional Head, Aditya Birla Group; Mr. Lokesh Manikonda, Novartis Foundation; Dr. Sumit Jethani, Professor, North DMC Medical College, Hindu Rao Hospital; Mr. Rajesh Ranjan, Head CSR, Web-tech.</p>	<p>Chair: Mr. K. K. Upadhyay, Board, NLR India</p> <p>Facilitator: Brijendra Narain Choudhary, Manager Business Development, NLR India</p>
1:30- 1:45PM	15 min	Vote of Thanks	Dr Suchitra Lisam, Head, Research & Knowledge Management, NLR India
1:45 PM		Lunch & Disbursal	

Annexure 2

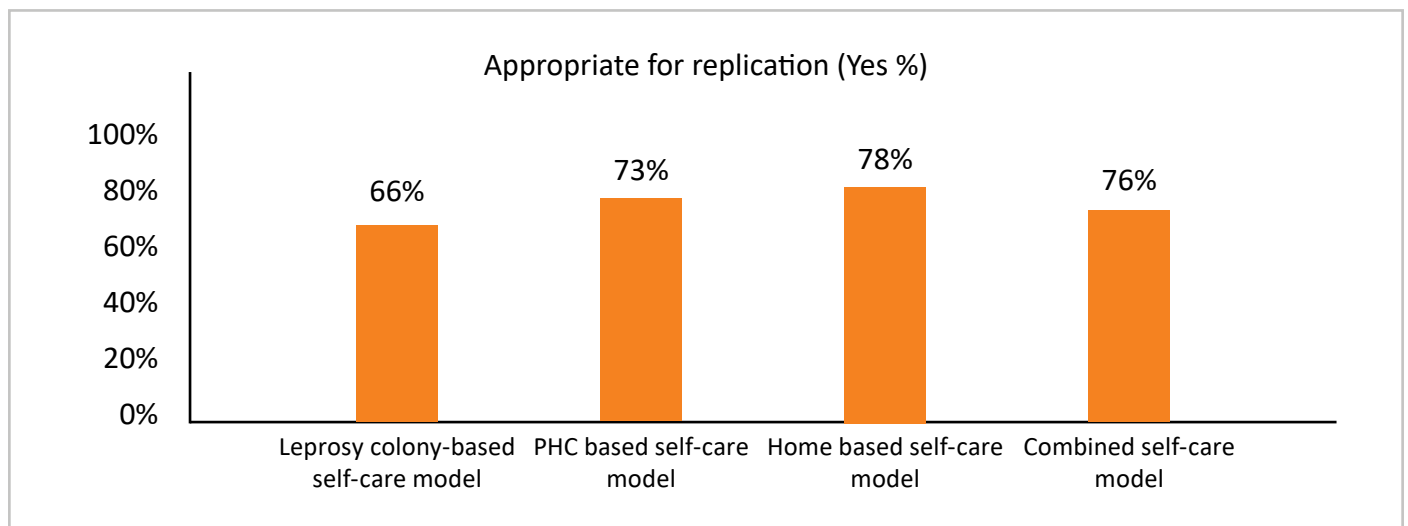
Results of Opinion Polls

During the 25th foundation day event of NLR India, the opinion polls were conducted to get the views of the participants on replication/ scaling-up, suggestions for improvement and need for multi-stakeholder collaboration for effective implementation of disability care models, disability inclusive development (DID), urban leprosy programme (ULP) and call centre/ vikalp project.

Findings of the opinion polls

1. Disability Care Models

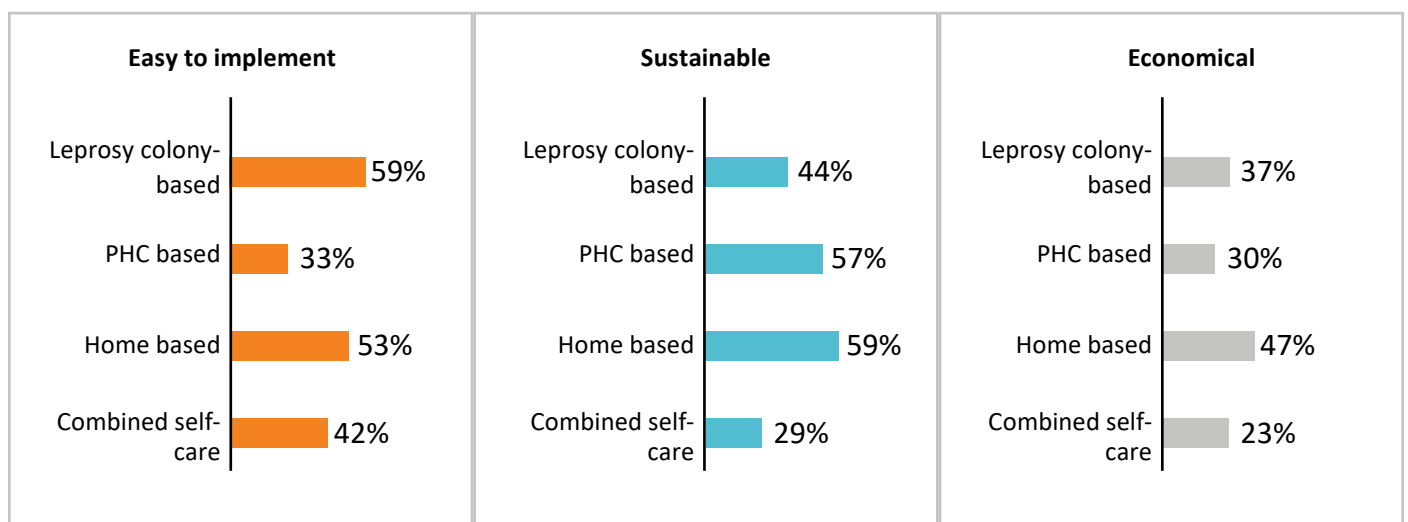
A total of 41 responses were received for opinion poll on four disability care models - Leprosy colony-based self-care, Primary Health Center (PHC) based self-care, Home based self-care and Combined self-care. 78% of the respondents believe that Home based self-care model is the most appropriate for replication followed by Combined self-care (76%), PHC based self-care (73%). However, according to 66% of them, Leprosy colony-based self-care should also be replicated.



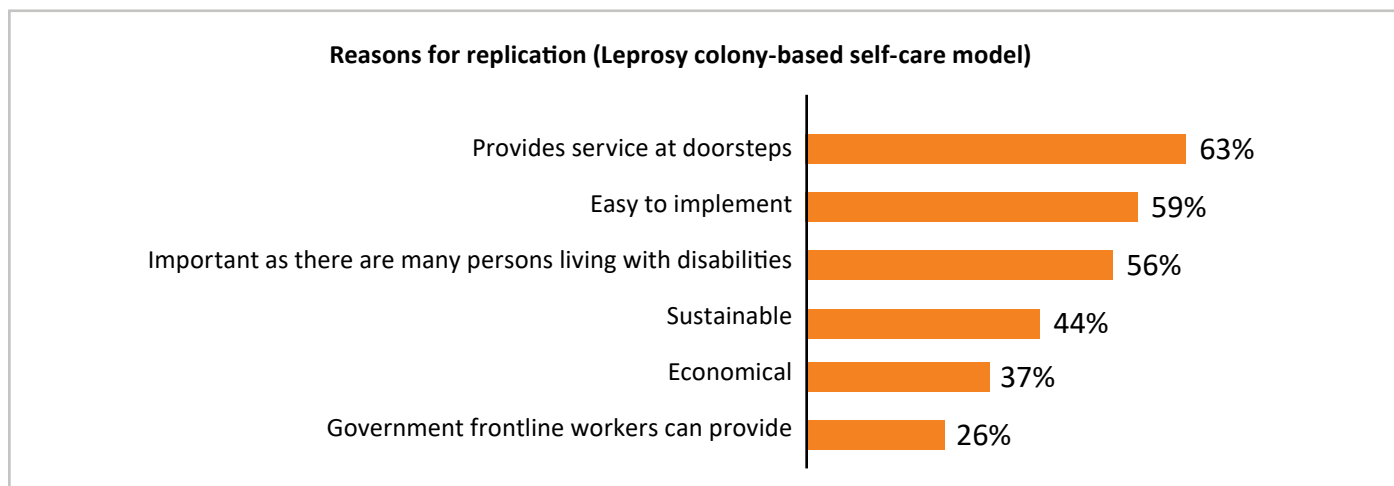
According to the respondents, there are multiple reasons for replication including easy for implementation, sustainability and economical.

- According to them Leprosy colony-based self-care is easier to implement in comparison to other self-care models.

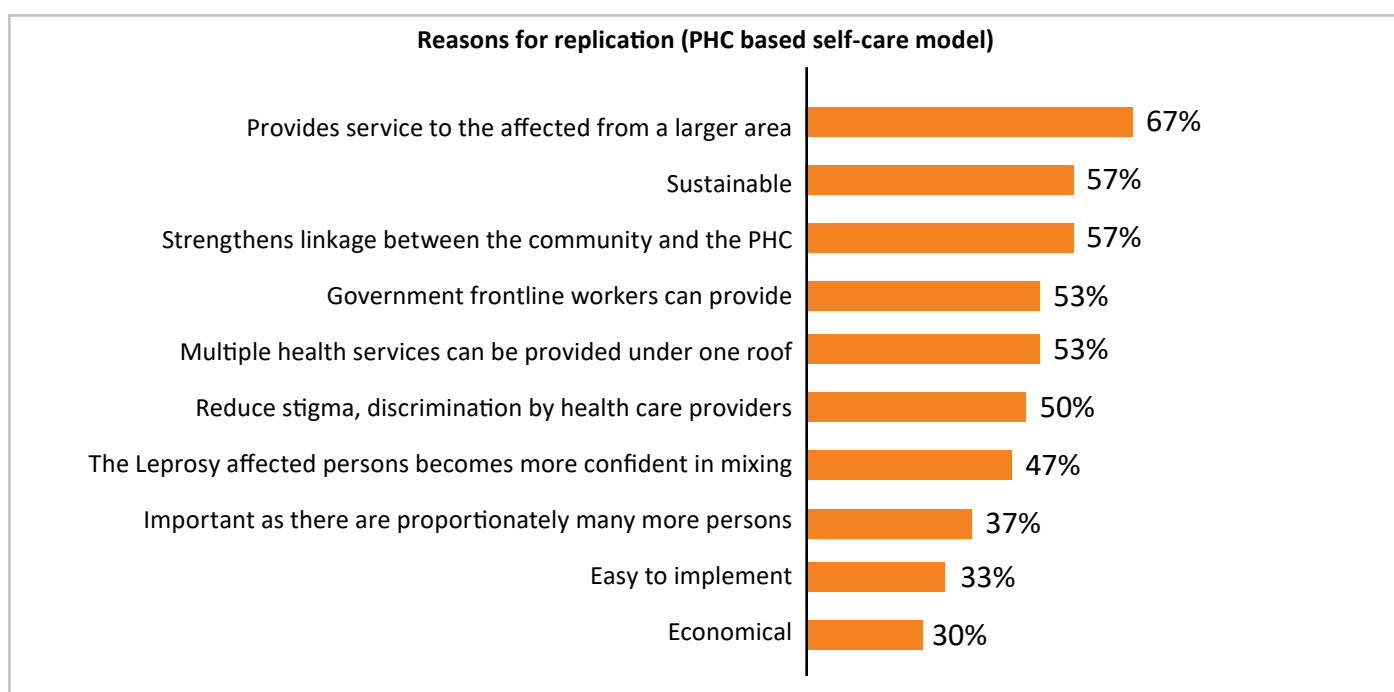
Home base self-care is more sustainable and economical than other models.



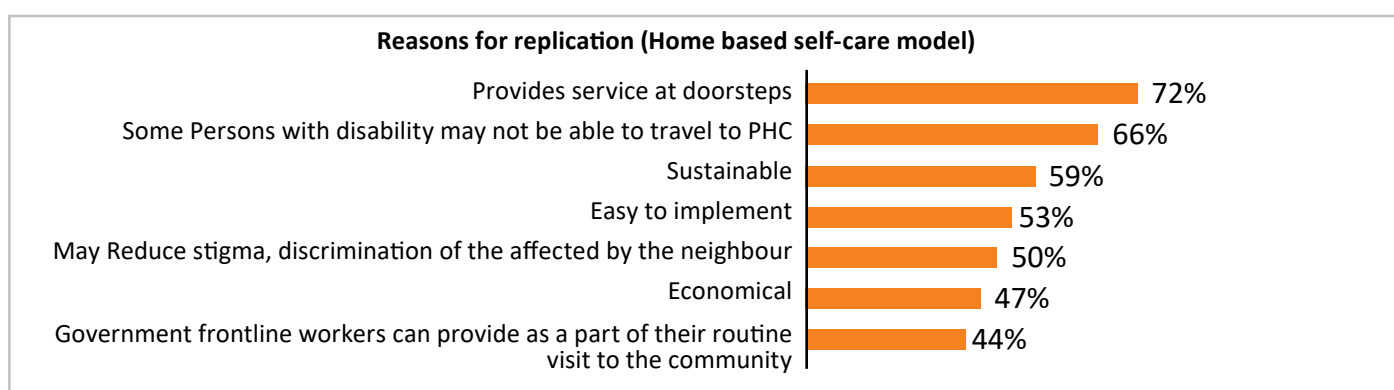
The leprosy colony-based self-care model is possible for replication because it provides service at doorsteps (63%) and easy to implement (59%). 44% of them believe that it is sustainable and only 37% consider it economical.



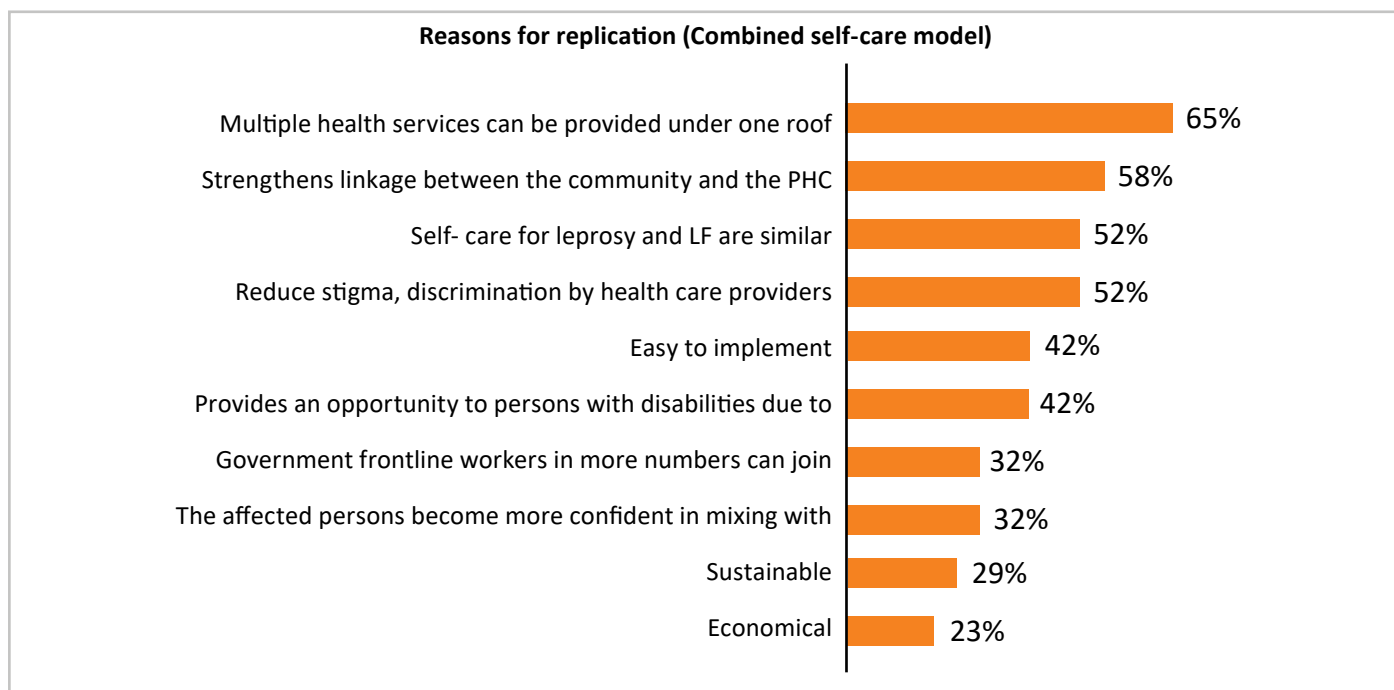
The PHC based self-care model can be replicated because it provides service to the affected from a larger area (67%), sustainable (57%) and strengthens linkage between the community and the PHC (57%). Only 33% are of the opinion that it is easy to implement and for 30% of them it is economical.



The home based self-care model can be replicated because it provides service at doorsteps (72%), persons with disability may not be able to travel to PHC (66%), sustainable (59%) and easy to implement (53%).

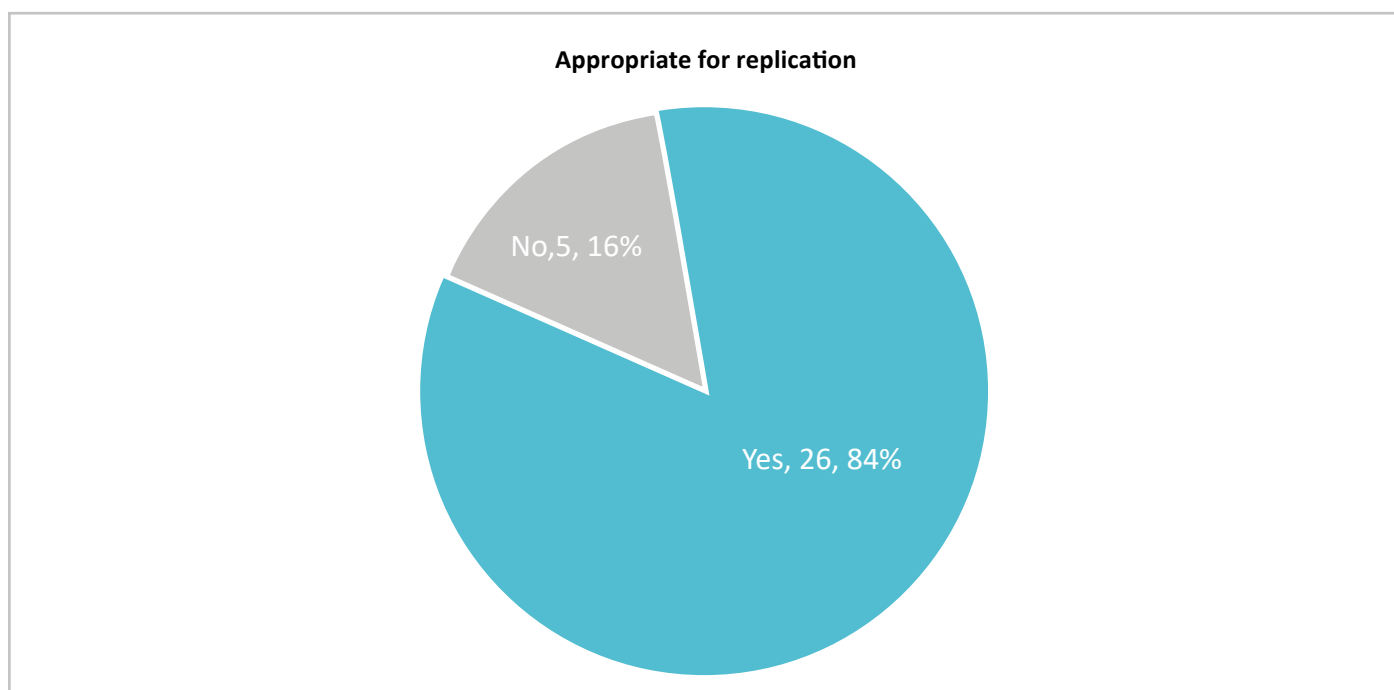


The combined self-care model can be replicated because multiple health services can be provided under one roof (65%), it strengthens linkage between the community and the PHC (58%), self-care for leprosy and Lymphatic Filariasis (LF) are similar (52%) and it reduces stigma, discrimination by health care providers (52%). Only 29% are of the opinion that it is sustainable and for 23% of them it is economical.



2. Disability Inclusive Development (DID)

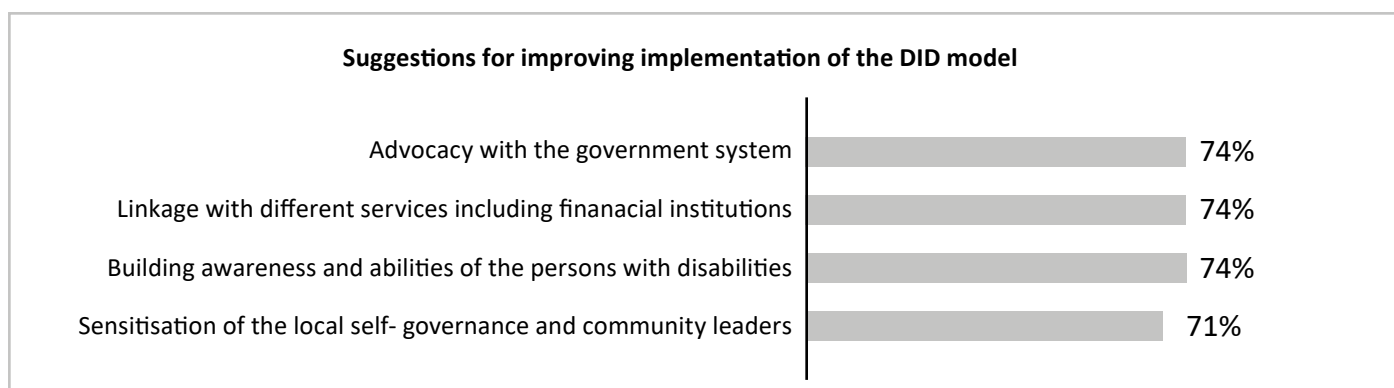
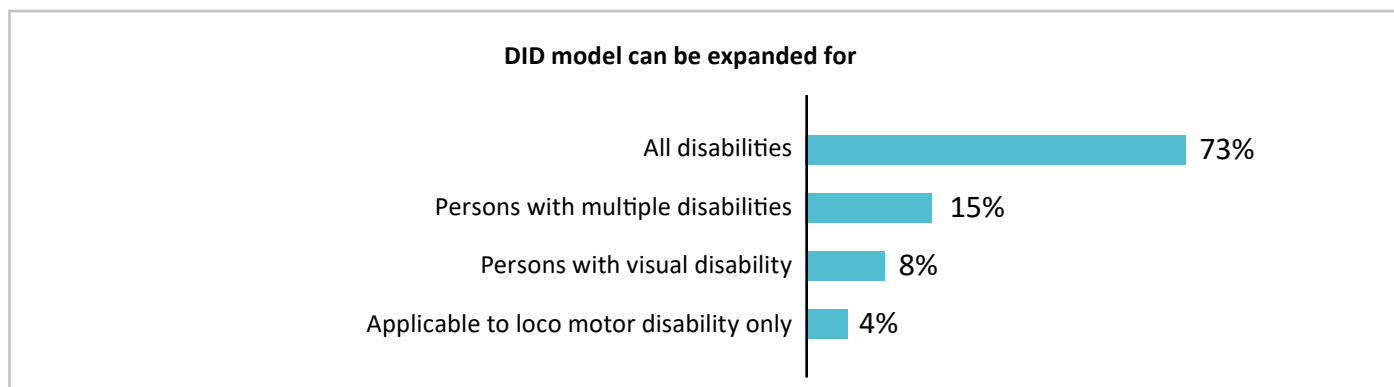
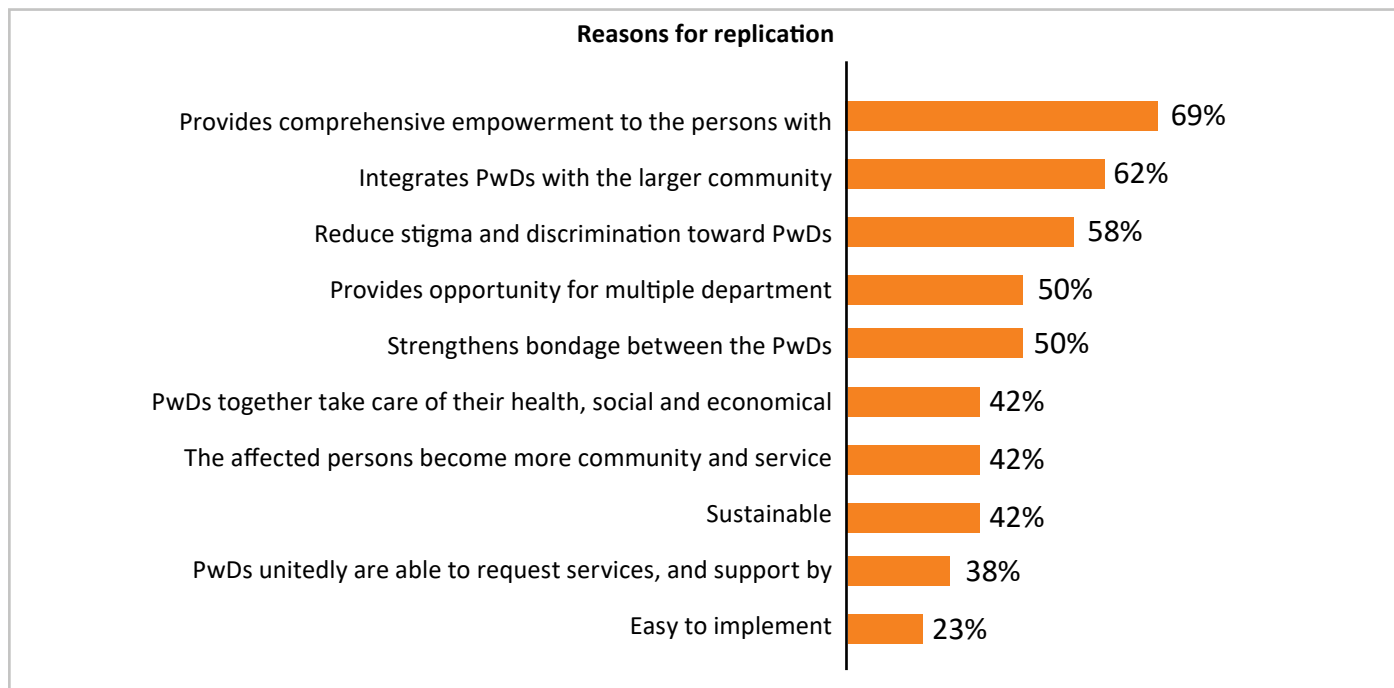
Out of the total 31 respondents, 84% (26) of them consider DID appropriate for scaling-up because it provides comprehensive empowerment to the persons with disabilities (PwDs), integrates PwDs with the larger community and reduces stigma and discrimination towards PwDs. Half of them are of the opinion that it strengthens linkage between the PwDs and they together take care of their health, social and economic challenges. Only 23% of the respondents agree that it is easy to implement.



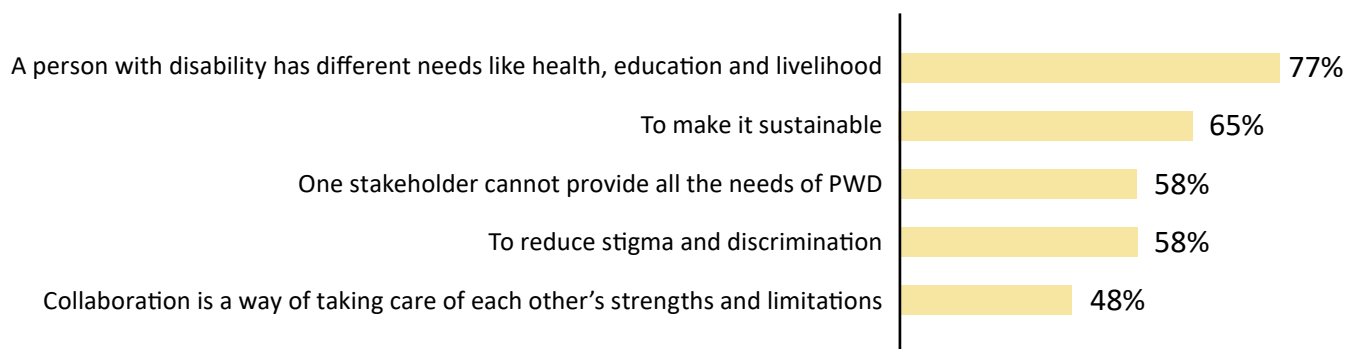
73% of the respondents who consider that DID can be scaled-up, are of the opinion that DID model can be expanded for all disabilities.

More than 70% of the respondents provided their suggestions for improving implementation of the DID model such as advocacy with the government system, linkage with different services including financial institutions, building awareness and abilities of the persons with disabilities and sensitization of the local self-governance and community leaders.

More than 75% of them feel that there is a need for multi-stakeholder collaboration for effective implementation as persons with disabilities have different needs like health, education, and livelihood.



Need for multi-stakeholder collaboration for effective implementation

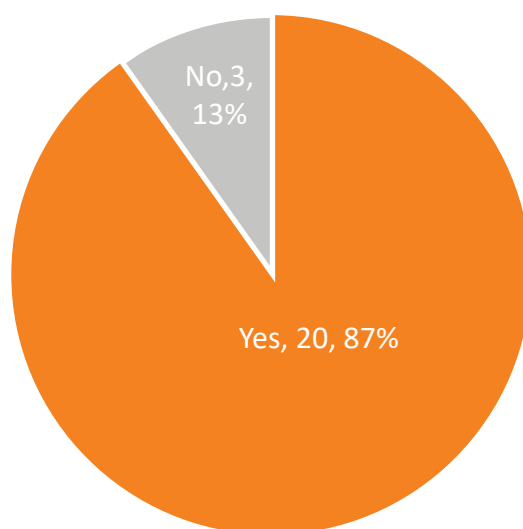


3. Urban Leprosy Programme (ULP)

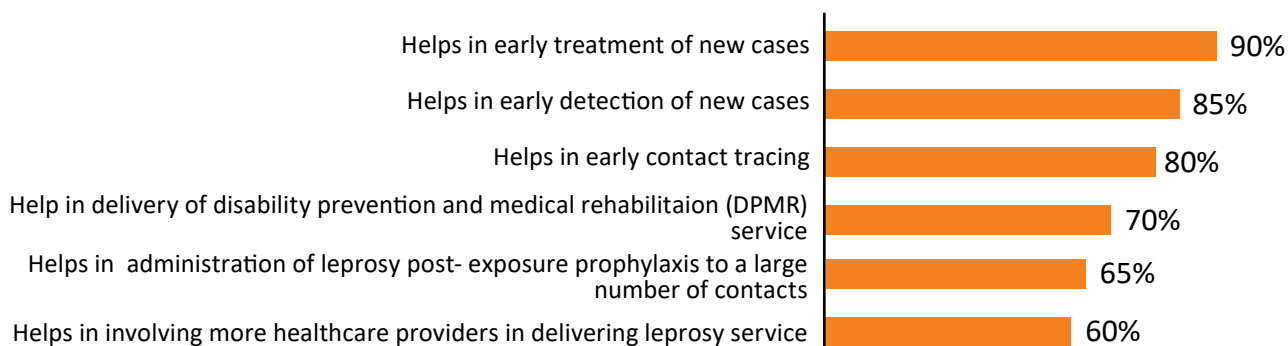
Out of the total 23 respondents, 87% (20) of them consider ULP appropriate for scaling-up because it helps in early treatment & detection of new cases and contact tracing. 65% of them believe that it helps in administration of leprosy post- exposure prophylaxis to a larger number of contacts and 60% feel that it helps in involving more healthcare providers in delivering leprosy services.

Nearly 75% of the respondents who consider that ULP can be scaled-up, are of the opinion that there is an opportunity for scaling it up beyond West Bengal because National urban health mission (NUHM) infrastructure is established in other states.

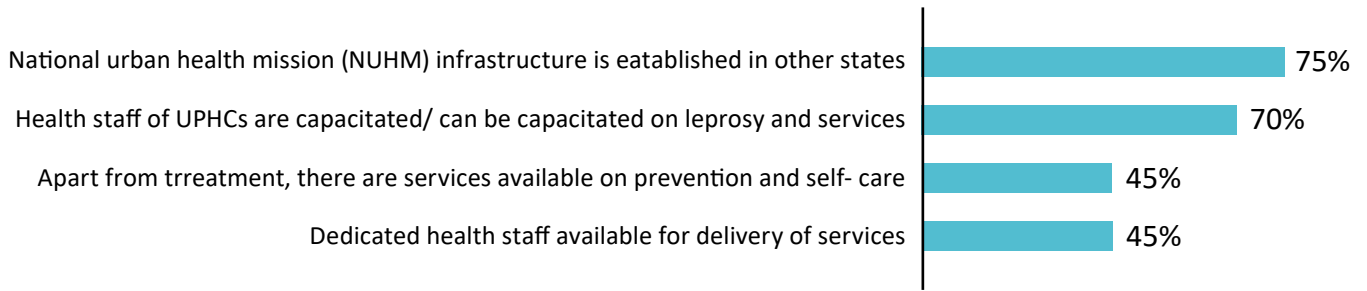
Appropriate for scaling up



Reasons for scaling up



Opportunities for scaling up beyond West Bengal

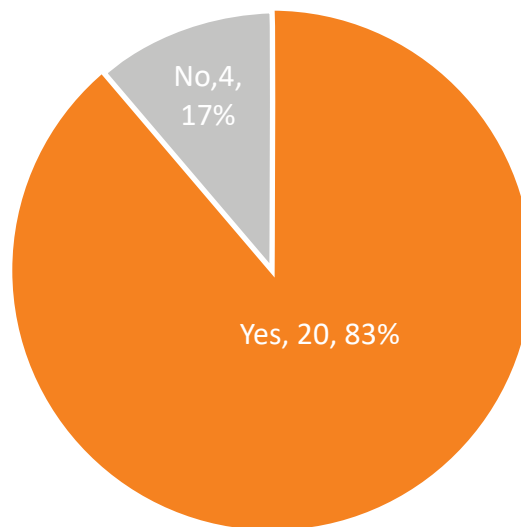


4. Call Centre/Vikalp project

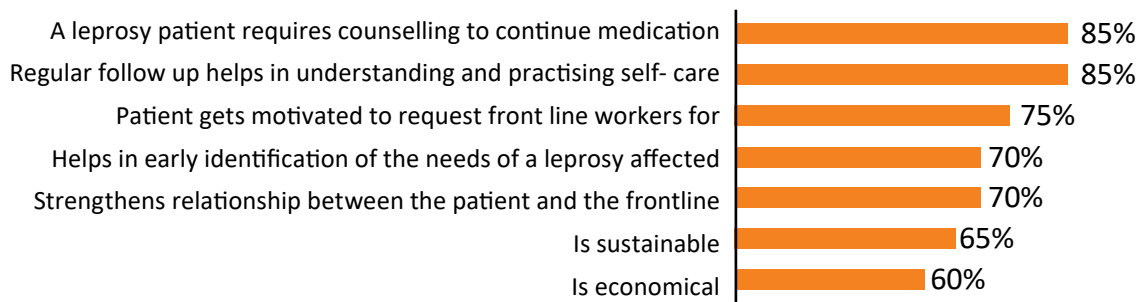
Out of the total 24 respondents, 83% (20) of them believe that the call centre/ vikalp project is appropriate for scaling-up because leprosy patients require counselling to continue medication regularly, regular follow up helps in understanding and practicing self-care and the patients get motivated to request frontline health workers for preventive therapy to their families. 65% of them agree that it is sustainable and 60% feel that it is economical.

According to more than half of the respondents who consider that call centre/ vikalp project can be scaled-up, the acceptance of feedback by the district health staff from the call centre and getting the line list of leprosy cases every month from district leprosy office are the main challenges in scaling-up.

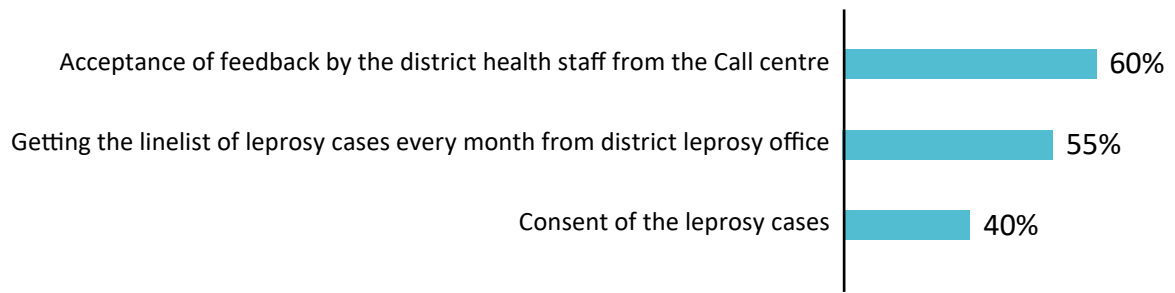
Appropriate for scaling up



Reasons for scaling up



Perceived challenges in scaling up the Call Centre/Vikalp project



Annexure 3

Lists of participants registered for the Event

S.No.	NAME	ORGANIZATION	DESIGNATION	STATE
1	Mr. Abison Paul	Athena Infonomics	Representative	Delhi
2	Dr. A. M. Khan	JALMA	Director	Uttar Pradesh
3	Dr. Anil Kumar	Govt of India	Principal Advisor	Delhi
4	Dr. Archana Singal	NLR India	Board Member	Delhi
5	Mr. Arun Kumar	Udayan Care	Director	Delhi
6	Ms. Arushi Kaur	People To People Health Foundation	Lead-Partnership	Delhi
7	Dr. Atul Ambekar	AIIMS	Head of department (HOD), Psychiatry	Delhi
8	Dr. Badri Thapa	WHO Country Office	Team Lead, Communicable Diseases	Delhi
9	Mr. Bharat Joshi	Blind People Association of India	Deputy Director Fund Raising	Gujrat
10	Mr. Bharat Lal	NHRC	Secretary General	Delhi
11	Dr. Birendra Kumar	State Leporsy Office, Jharkhand	State Leporsy Officer (SLO)	Jharkhand
12	Dr. Bireswar Prasad	State Leporsy Office, Bihar	Addl. Director & SLO	Bihar
13	Mr. C. M. Kharbanda	NLR India	Board Member	Delhi
14	Prof. C. P. Mishra	BHU	Former HOD	Uttar Pradesh
15	Ms. Deepsheekha Pal	Sambandh Health Foundation	Associate Director of program	Delhi
16	Mr. Faisal Karim	Sambandh Health Foundation	Programme Manager	Delhi
17	Mr. Gaurab Sen	S-ILF	Chief Excutive Officer (CEO)	Delhi
18	Dr. H.K. Kar	KIMS	Head, Dept of Dermatology	Odissa
19	Dr. Jeyakumar Danial	NLR India	Founder	Tamilnadu
20	Dr. Jaya Dehalvi	State Leporsy Office, Uttar Pradesh	State Leporsy Officer (SLO)	Uttar Pradesh
21	Ms. Jaya Naidu	Leprosy Colony	Change Agent	Delhi
22	Dr. John Babu	State Leporsy Office, Telangana	SLO	Telangana
23	Dr. Jugal Kishor	Vardhman Mahavir Medical College	Director & HOD, Community Medicine	Delhi
24	Dr. K.K. Upadhyay	NLR India	Board Member	Delhi
25	Ms. Kajal Sharma	Leprosy colony , Rajasthan	Change Agent	Rajasthan
26	Dr. Lalit Kant	NLR India	Vice Chairperson, Board	Delhi
27	Ms. Linda Hummel	NLR International	CEO	Netherlands

S.No.	NAME	ORGANIZATION	DESIGNATION	STATE
28	Mr. Lokesh Manikonda	Novartis Foundation	Representative	Andhra Pradesh
29	Mr. Manav Sharma	Athena Infonomics	Representative	Delhi
30	Ms. Maya Ranavare	APAL	President APAL	Andhra Pradesh
31	Ms. Meenu Arora	Pink Minimalist	President/ founder	Delhi
32	Mr. Md Iftkhar Khan	Leporsy Colony, Uttar Pradesh	Peer Supporter	Uttar Pradesh
33	Ms. Nikita Sarah	TLMTI	Head, Communication and Advocacy	Delhi
34	Ms. Nirmala Gupta	NLR India	Chair, Board	Delhi
35	Mr. Omprakash Singh	CEEW	Chief of Party- Cleaner Air & Better health	Delhi
36	Dr. P. K. Mitra	Ex- NLR	Former State Programme Lead	West Bengal
37	Dr. Payal Sharma	Novartis Foundation	Representative	Andhra Pradesh
38	Dr. Pralay Acharya	State Leporsy Office , West Bengal	SLO	West Bengal
39	Dr. Rahul Singh	District Leporsy Office Varanasi	District Leporsy Officer Varanasi	Uttar Pradesh
40	Dr. Rahul Singh	GIMS	Incubator	Uttar Pradesh
41	Dr. Rajeev Tandon	Former RTI	Former Country Head	Delhi
42	Dr. Rajesh Khanna	Athena Infonomics	Representative	Delhi
43	Dr. Rajesh Ranjan	Webtech Corporation	Head CSR	Delhi
44	Dr. K Rajshekhar	NIC, Hyderabad	Former Representative	Telangana
45	Dr. Ramji Adekar	State Leporsy Office, Maharashtra	SLO	Maharashtra
46	Dr. Rashmi Shukla	WHO Country Office	National Professional Officer (Leprosy)	Delhi
47	Dr. Rita Seth	Sambandh Health Foundation	Head of Mental Health	Delhi
48	Ms. Sai Purnima Kumari	Leporsy Colony, Jharkhand	Change Agent	Jharkhand
49	Mr. Sanjeev Jain	Samwad Sustainable Solutions	Chief	Uttar Pradesh
50	Ms. Sheetal Puri	Samwad Sustainable Solutions	Partner	Delhi
51	Dr. Shivajee Kumar	Govt. of Bihar	Former Commissioner Disability	Bihar
52	Ms. Smiti Garhotra	Sambandh Health Foundation	Director, Programme	Delhi
53	Dr. Srikant Reddy	PHFI	Distinguished Professor	Delhi
54	Dr. Srilekha Penna	ILEP	ILEP Coordinator	Delhi
55	Dr. Sudarsan Mandal	NCVBDC	Chief Medical Officer	Delhi

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59	Ms. Sumita Taneja	FHI 360	Country Representative	Delhi
60	Dr. V. Santaram	Director, RLTRI	Director	Odissa
61	Dr. Vijaylaxmi Godara	State Leporsy Office, Rajasthan	SLO	Rajasthan
62	Sudha	Yes we can	Representative	Delhi
63	Pratham	Yes we can	Representative	Delhi
64	Maju Mathew	FHI 360	Representative	Delhi
65	Dr Anila Goswami	ECHO	Deputy Director	Delhi
66	Ashish Dangar	ILEP	Deputy Coordinator	Delhi
67	Dr Permal Das	TLMTI	Director	Delhi

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