NLR INDIA

until
No Leprosy Remains

ANNUAL REPORT 2024-25

NLR INDIA

until
No Leprosy Remains

LEPROSY LIVES MATTER

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ABBREVIATIONS:

Abbreviation	Full form
ANCDR	Annual New Case Detection Rate
APAL	Association of Persons Affected by Leprosy
ASHA	Accredited Social Health Activist
CBR	Community Based Rehabilitation
CBRC	Community Based Rehabilitation Coordinator
CLD	Central Leprosy Division
CHC	Community Health Centre
CO	Country Office
DGHS	Directorate General of Health Services
DLO	District Leprosy Officer
DNH	Dadra & Nagar Haveli
DID	Disability Inclusive Development
DPMR	Disability Prevention & Medical Rehabilitation
GHC	General Health Care
GoI	Government of India
Govt.	Government
G2D	Grade 2 Disability
ICMR	Indian Council of Medical Research
IEC	Information, Education & Communication
ILEP	International Federation of Anti-Leprosy Associations
LCDC	Leprosy Case Detection Campaign
LPEP	Leprosy Post Exposure Prophylaxis
LF	Lymphatic Filariasis
MB	Multi Bacillary
MDT	Multi Drug Therapy
MO	Medical Officer
MOHFW	Ministry of Health & Family Welfare
NLEP	National Leprosy Eradication Program
NLR	Until No Leprosy Remains
NLRIF	NLR India Foundation
NHM	National Health Mission

NTDs	Neglected Tropical Diseases
NMS	Non-Medical Supervisor
NRHM	National Rural Health Mission
NUHM	National Urban Health Mission
OPD	Organizations Of Persons With Disability
PRI	Panchayat Raj Institution
PEP	Post Exposure Prophylaxis
PHC	Primary Health Centre
PWD	Person with Disability
RPWD	Rights of Persons with Disability
SDR	Single Dose Rifampicin
SPL	State Programs Lead
SHG	Self Help Group
ST	Sensory Testing
SOP	Standard Operating Procedures
SLO	State Leprosy Officer
VMT	Voluntary Muscle Testing
VVS	Village Vikas Samiti
WHO	World Health Organization

Message from the CEO

Dear Well-wishers,

It is with great pride that we present the Annual Report of NLR India Foundation for the year 2024–25.

This report reflects a year of dedication, innovation, and collaboration in our continued journey to eliminate leprosy and support those affected by the disease. From expanding our reach to new states to embracing technology and strengthening partnerships, our efforts have remained focused on ensuring dignity, inclusion, and access to care for every individual.

The activities within this report show not only the progress made but also the challenges ahead. We reaffirm our commitment to supporting the National Leprosy Eradication Programme and working closely with communities, governments, and partners.

We thank everyone such as our donors, volunteers, healthcare workers, and team members, who have made these achievements possible. Your belief in our mission continues to inspire us to do more and reach farther.

Together, we move forward with hope, compassion, and purpose.

Yours sincerely,
Dr. Ashok Agarwal
Chief Executive Officer

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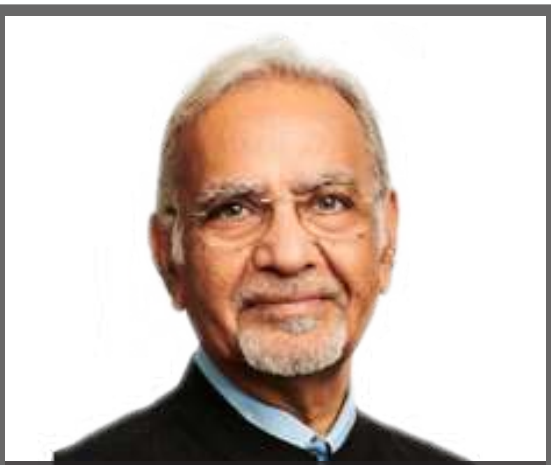
GOVERNING BOARD

The governing board of NLRIF is the highest decision-making body in the organization's hierarchy. During the year, the board consisted of the chairperson and five members. The board supervises the policy execution and important matters. The Chief Executive Officer provided oversight to the intricate operations and management, ensuring the decisions taken by the Board are executed.

Ms. Nirmala Gupta
(Chairperson)

Former Vice President, Bansidhar and Ila Panda Foundation
Former State Director, United Nation World Food Programme
Former State Director, CARE



Dr. Lalit Kant
(Vice Chairperson)

Former Chief Executive Officer, India Tuberculosis, Research Consortium
Former Director, India Programmes, Resolve to Save Lives , Vital Strategies
Former Senior Scientific Advisor, Bill and Melinda Gates Foundation
Former Head, Division of Epidemiology & Communicable diseases, Indian Council of Medical Research

Mr. Abhishek Thakur
(Trustee)

Senior Assistant Professor: Department of Social Work, University of Delhi
Member Governing Body: National Association for the Blind, Delhi
Member of the expert committee: Disability Employment, Government of Delhi
Expert member of the Labour Department: Govt of NCT of Delhi
Member of the Task Force Committee: National Skill Development Corporation, Government of India

Dr. K.K. Upadhyay
(Trustee)

Professor & Chairperson - Centre for Sustainability & CSR
Birla Institute of Management Technology (BIMTECH)

Dr. Archana Singal
(Trustee)

Director Professor & Head, Dermatology & STD University College of Medical Sciences & GTB Hospital, Delhi, India
Editor-in-Chief IJDVL
Associate Section Editor, British Journal of Dermatology
Founding President Nail Society of India (NSI) 2012-2020

Chander Mohan Kharbanda (Trustee)

Head, Finance, Asia Pacific region, PEPCO GROUP
Former Grant Controller, Wish Foundation & Public Health Foundation of India
Former Assistant Vice President (Finance and Accounts), Renew
Power Ventures Pvt Limited
Former General Manager (Finance), Lanco Infratech Limited

VISION

Creation of an inclusive society free from Leprosy, allied skin NTDs and related disabilities.

VALUES

NLR India Foundation (NLRIF) has always been a values-based organization. We believe that our core values are critical to our success, as well as our ability to effectively serve the leprosy and NTD affected.

The following are the four core values that determine how we conduct ourselves and organisation:
OCCC - Openness, Collaborative, Commitment, Compassion

01 Openness: NLRIF believes that Openness fosters healthy relationship, efficiency and generation of knowledge by establishing a foundation of mutual trust and respect. We strive to be honest and communicate proactively. Openness and honesty are demonstrated in our communication with all stakeholders.

02 Collaborative: NLRIF strives and thrives by recognising every individual's and organization's strength, we listen & evolve together, we help & support each other for the sake of our collective goal.

03 Commitment: NLRIF strives for high level of commitment to both internal and external audience. At NLRIF, we place a high value on keeping our promises. We follow through on our commitments, and provide opportunity to each member to contribute consistently, fully and honestly to the desired/ planned outcomes for our beneficiaries.

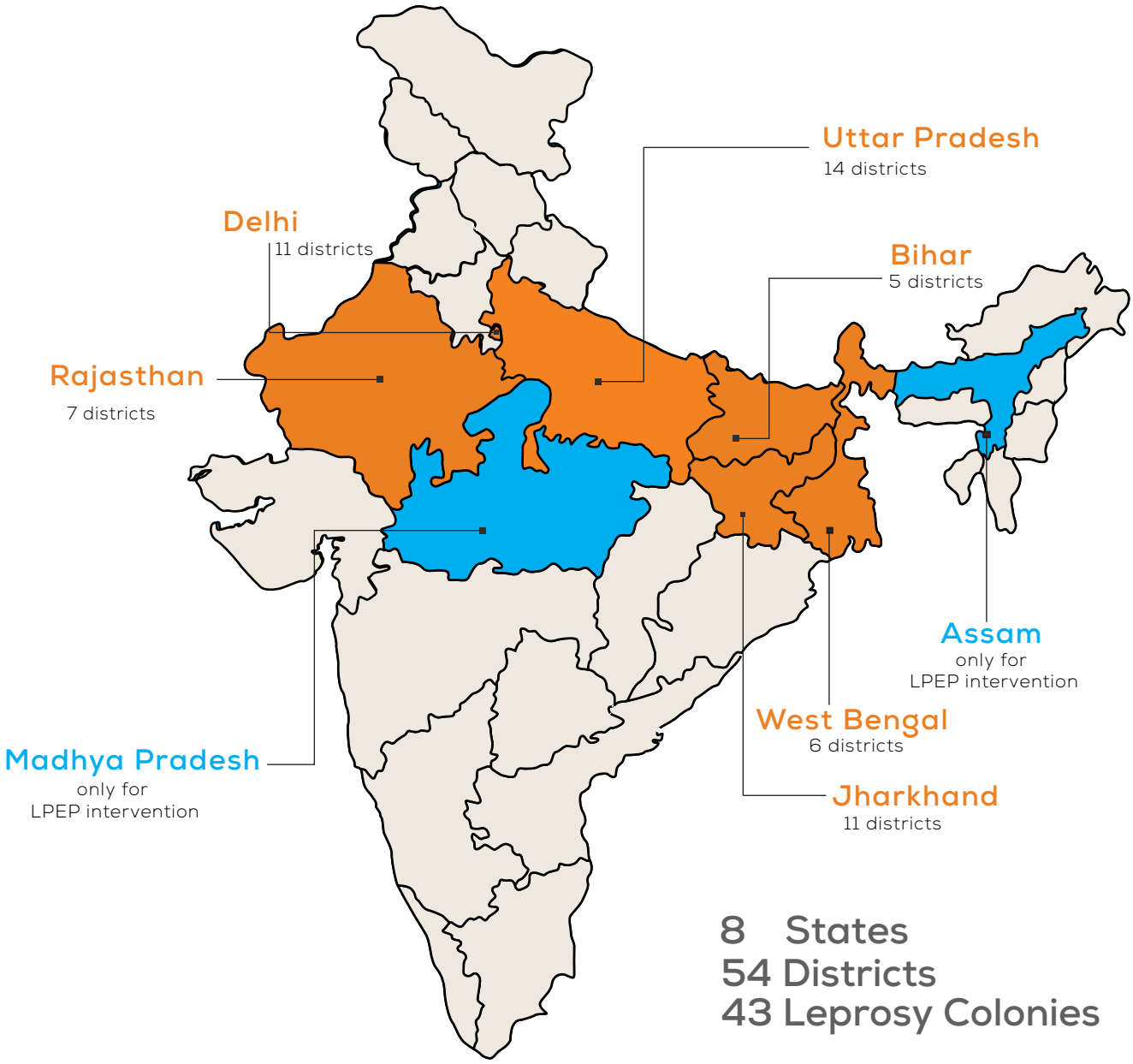
04 Compassion: NLRIF recognizes the unique challenges faced by our community and supports with kindness and empathy. At NLRIF, we work for mitigating the suffering of the persons with leprosy and other skin NTDs related disabilities. We work towards making them and their families (adults and children) to be empowered for moving on the journey of independence, confidence and joy.

About NLRIF

NLRIF is a non-profit, non-religious, non-governmental organization registered as public charitable trust as per the Indian Trust Act in 1999. NLRIF is certified for Foreign Contribution Regulation Act (FCRA) in 2004 and received tax exemption under section 80G of IT Act, 1961. In addition, NLRIF is a member of the International Federation of Anti-Leprosy Associations (ILEP).

Our Presence

NLRIF works in 54 districts and 43 leprosy colonies of eight states, namely, Assam, Bihar, Delhi, Jharkhand, Madhya Pradesh, Rajasthan, Uttar Pradesh, and West Bengal. The state units are headed by State Programme Lead (SPL) who also function as NLEP consultant. They support the implementation of the National Leprosy Eradication Program (NLEP) in their assigned intervention areas. Through our dedicated cadre of Community Based Rehabilitation Coordinators (CBRCs), we support the programmes for rehabilitation of persons affected by leprosy and other disabilities.



Highlights

Foundation Day Event 2024

- The one and a half day meeting (conducted on 23rd & 24th April 2024) was attended by 101 delegates 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 represented government officials of 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; WHO; Association of Persons Affected by Leprosy (APAL); and other development agencies on leprosy & allied fields; incubators, donors, and NLR India change agents.

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- The agenda of the meeting included sharing of NLR work, disseminate the findings of the evaluation of projects run by NLR India over the years and the need assessment of leprosy colonies; technical update on preventive therapy, NLR multi-annual strategy & alignment with government, getting feedback from the audience and discussion on collaboration and resource mobilization. The projects evaluated were

1. Disability care models
2. Disability inclusive development
3. Urban leprosy project
4. Call center (VIKALP) project

- 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”.

- Dr Anil Kumar, Principal Advisor, National Centre for Disease Control (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 and implementation of single-dose rifampicin (SDR) preventive therapy and development of guidelines which led WHO to release the global WHO guidelines on SDR.”

- Highlighting the work of NLR India, Ms. Nirmala Gupta, Chair, Board, NLR India Foundation said, “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 working closely with government has made several unique contributions to the cause of leprosy. The most notable being the preventive medicine and disability care".

- Dr. Sudarsan Mandal, Sr. Chief Medical Officer, NCVBDC, and former Deputy Director General- Leprosy, CLD, MoHFW, Government of India (GoI) and Dr. Jeya Kumar Daniel, Founder, NLR India were felicitated during the event for their remarkable contributions in the field of leprosy.

- Dr Ashok Agarwal, CEO, NLR India during his inaugural address mentioned 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, 2] developed different models of disability care, 3] developed the very first community-based disability inclusive development model, 4] urban leprosy programming, 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 in leprosy colonies, 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.

- 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. It was concluded, the findings are useful and should be published in peer reviewed journals.

- The collaboration and resource mobilization panel discussions motivated a number of new organizations towards the cause of leprosy namely ECHO India, Sambandh Health Foundation, GIMS, The Council of Energy Environment & Water, Tech Mahindra, Blind People Association of India, North Delhi Municipal Corporation Medical College,

Support for Zero Transmission and Zero Exclusion services of the National Leprosy Eradication Programme (NLEP)

This was the core project of NLR India Foundation in 2025. It was implemented in 54 districts and 43 leprosy colonies across states of Bihar, Delhi, Jharkhand, Rajasthan, Uttar Pradesh (UP) and West Bengal (WB). NLR India worked in close collaboration with government centrally, states and districts.
The key activities conducted under the project were:

- Supporting in planning, implementation, supervision and monitoring of National leprosy Eradication Programme (NLEP) in the states and districts. This remained as the topmost activity of NLR India. In discussion with the State Leprosy Officer (SLO), districts were selected for prioritized action. They were visited, the implementation of NLEP in different blocks was reviewed along with the District Leprosy Officer (DLO). The prioritized blocks were visited, and technical and programmatic support/ guidance was provided to the HCPs.

- Enhancing capacity of public health staff. NLR India contributed in development of government training modules, training plans and implement them and participate as trainers. During visits to the districts and sub-districts, it mentored the health care providers (HCP), validated new cases and contacts administered SDR, etc. NLR India training videos called Lep Clips developed in 2015 remained a popular leprosy training resource.

- Supporting the development of the State Specific Strategic Plans (SSP) and District Actions Plans (DAP); NLR India developed the template for SSP and DAP. Meetings were conducted with the state and district officials and staff to develop the plans. As central monitor, NLR India monitored implementation of Leprosy Case Detection Campaigns (LCDC) in different states.

- Advocating for implementation of WHO Leprosy Elimination Monitoring Tool (LEMT) by the states. The tool is an important resource for monitoring interruption of leprosy transmission in different states and districts. NLR International had contributed in development of LEMT. NLR India staff explained the tool to different state officials for adoption.

- Disability care and disability inclusive development (DID). Over the years, NLR India has developed four different models of disability care and which were evaluated in 2023 During the year, NLR India continued supporting the states in implementing the models. NLR India also continued this activity directly in the communities it works like Aurangabad in Bihar and different leprosy colonies.

- NLR India has been working on an innovation that promises inclusive development, self-help, self-reliance, sustainability. As a part of its social mobilization, institution building and community engagement strategy, NLR India has been forming local forums. The people affected by leprosy and disabilities, government officials, Panchayati Raj representatives, and other local leaders are forming their local forums for discussing the local issues and solutions, reviewing the affected persons' development and access to social welfare services, and doing joint plans. In 2024, NLR India facilitated the local development actors to form 38 local forums in six states. They are gradually changing the scenario by raising their awareness, planning actions, taking efforts, monitoring and review of the progress. A structured and new mechanism is evolving in the direction of inclusive development.

- Expansion of the NLR India unique Helpline (the Call Center/ Vikalp, recognized as a best practice by government) was expanded to follow-up of cases Released From Treatment (RFT) in addition to the cases on treatment. It continued to serve the three objectives: 1) adherence to medication, 2) promotion of self-care, and 3) preventive chemotherapy to household contacts. The helpline during its follow-up was able to detect signs of lepra reactions and inform the district leprosy office for appropriate action.

- Development of resource directory of services and mobile App for the persons affected by leprosy and disabilities. There are multiple central and state schemes which are beneficial for the leprosy affected and persons with disabilities. In order to make it easier to access the schemes, NLR India has initiated development of a resource directory in English, Hindi and Bengali (to serve its focus states) and a mobile App to house them and provide a tool for easy search and application by self, relative or friend.

- Expansion of the delivery of Basic Psychological Support (BPS) to the persons affected by leprosy and lymphatic filariasis (LF). This is an innovation of NLR India which emerged out of a milestone study concluded in 2022. NLR India continued to train health care providers on BPS, create peer supporters and mentor them in delivery of the support to the affected.

- Guidance on Life Skills Education (LSE) and Sexual and Reproductive Health (SRH). NLR India continued with this intervention in leprosy colonies based on modules developed. During the year, the select adolescents were trained as LSE and SRH facilitators for expanding the reach and sustain the activity.

- Change agents: These are the volunteers, either affected by leprosy or belonging to family of leprosy affected, or other volunteer or leaders working for the cause of leprosy. They support the implementation of NLR's work in community and leprosy colonies. They are trained on BPS-N, Life skill education, Sexual & reproductive health and selfcare interventions. Being local volunteer, they have a better acceptance in the community which helps in better implementation of programme activities. The total number of change agents supported and strengthened are 102 in 2024-25.

Development of Strategic Plans
- Supported 6 states to develop their State Specific Strategic Plans

Advocacy Meetings
- 194 advocacy meetings conducted at state and national levels

Government sensitization
- 50 senior officials of leprosy allied dept. sensitized for prioritized zero exclusion services to the leprosy affected

Capacity building
- 2,999 health care providers trained on leprosy

Case & Contact validation
- 372 new cases validated for diagnosis
- 1153 contacts validated for PEP services

Local forums and other groups
- 38 local forums formed
- 365 groups and organisations including persons affected strengthened

Follow up through helpline
- 1,111 index cases, released from treatment (RFT) and migrant cases followed up

Empowerment of the affected
- 95 persons affected by leprosy in a new decision making/leading position
- 335 persons affected by leprosy that report good participation in their communities
- 102 change agents capacitated to support themselves, their parents and community

Improved livelihood opportunities
- 25 persons affected by leprosy including the healthy youth from their families in leprosy colonies that report an increased or more stable income
- 48 districts in which communities are made aware of livelihood opportunities, health services, disability rights, and mental wellbeing, etc

Linkage to govt schemes
- 222 children & youth provided support through linkages/ govt schemes
- 327 persons affected by leprosy accessed selected government services

Health camps
- 96 health camps / events organized in the community / leprosy colonies

Basic Psychological Support (BPS)/ Mental Health
- 87 peer supporters identified and trained on BPS in select locations where it is working directly with community
- 423 affected persons provided BPS by peer supporters
- 154 leprosy affected families provided BPS

Life- Skills Education (LSE) & Sexual & Reproductive Health (SRH) Guidance
- 57 youth trained as LSE facilitator
- 47 youth trained as SRH facilitator

Miscellaneous
- 71 NLR events/ stories covered by media
- 266 persons sensitized on WASH (Water, Sanitation & Hygiene)

PEP ++ follow up started

The PEP++ study is a cluster-randomized controlled trial assessing an enhanced post-exposure prophylaxis (PEP) regimen to prevent leprosy among close contacts of confirmed cases. While the current single-dose rifampicin (SDR-PEP) offers ~60% protection overall, it is only 24% effective for household and blood-related contacts. To address this gap, PEP++ introduces a more robust regimen—three 4-weekly doses of rifampicin and clarithromycin—expected to provide up to 90% protection.

The study is being conducted in Bangladesh, Brazil, India and Nepal. In India the study is being implemented in Chandauli and Fatehpur districts of Uttar Pradesh. By May 2024, drug administration was completed in 60,570 close contacts of 3,748 index cases. It was followed by blanket administration of SDR. Clusters were identified using GIS mapping, focusing on areas with at least three leprosy cases within 100 meters. A total of 92,905 blanket contacts were administered SDR. Follow-up for detection of breakthrough cases amongst contacts i.e. contacts who have broken through the protection provided by the preventive therapy namely PEP++ (intervention arm) or SDR (control arm), has begun in January 2025. Diagnostic confirmation of breakthrough cases is being conducted through qPCR ensuring unbiased results, rifampicin resistance is also being tested amongst the breakthrough cases. Findings of the study are expected by the end of 2026.

PEP App RCT completion

To improve the Single Dose Rifampicin Post Exposure Prophylaxis (SDR-PEP) delivery system for leprosy contacts particularly its quality, NLR India Foundation developed a mobile application to streamline contact screening, data recording, reporting, and stock management. A cluster-randomized controlled trial (c-RCT) was conducted in West Bengal (16 Oct 2023 to 15 Oct 2024), followed by a post-intervention study (Nov 2024–Jan 2025) assessing the App's effectiveness in intervention clusters versus paper-based methods in control clusters. Data from 320 index cases and 11,138 contacts were analysed. The App ensured quality implementation of LPEP, proper consenting, screening, evidence-based supervised drug administration, easy referral and follow-up, error free data collection, faster reporting, and improved data security in App-using blocks. Although the App initially took more time per contact, but it is more cost-effective and reduced manual workload. Qualitative feedback highlighted benefits such as minimized errors, paperless reporting, Rifampicin dosage guidance, and easier follow-ups. Stakeholders recognized the App's potential to improve programme quality and trust in healthcare delivery. While differences in implementation remain, the App shows strong promise for enhancing LPEP efficiency and supporting leprosy elimination in India.

Launch of study to make the health care providers more compassionate towards the leprosy affected

Compassion is essential in healthcare, enhancing social connections and improving care quality and patient outcomes. Compassion-based programmes like Compassion-Based Cognitive Training (CBCT) promote empathy, mindfulness, and emotional wellbeing. Studies show such training increases self-compassion, happiness, and reduces stress. For health care providers, it strengthens job satisfaction, social bonds, and lowers burnout. We are conducting a study in Bokaro, Jharkhand to know the extent compassion training that specifically addresses stigma, improves compassion and quality of care offered by health care providers to persons affected by leprosy and other stigmatizing health conditions.

This before-after mixed-methods study follows three phases: Exploration, Intervention, and Implementation. In the Exploration phase, patients, families, and health care providers shared perspectives on compassion through focus groups, interviews, and surveys. Data collection included 68 quantitative and 61 qualitative interviews, along with one Focus Group Discussion (FGD).

Analysis was completed in August 2024, informing training module revisions. The Intervention phase developed three modules—Facilitator's Guide, Medical Officers' and Paramedical Workers' Self-Help Guides. They were piloted in December 2024 and currently being translated into Hindi. The Implementation phase involved training of 80 doctors and paramedical staff at PHCs, assessing effectiveness, and making the module available online. The first training of doctors ended in March 2025 for around 20 participants. The program fostered a compassionate healthcare environment, with follow-up and evaluation ensuring long-term effectiveness and sustainability.

Operations started in two new states

NLR India in its endeavour to support in improving the Single Dose of Rifampicin (SDR) coverage, has chosen two additional states- Madhya Pradesh (MP) & Assam. In these states, NLR is supporting the government in strengthening the activities related to SDR administration by building capacity of health staff, data analysis and other technical assistance. Multiple meetings with State & District Leprosy Officers of these two states have been conducted. A very encouraging result has been witnessed in MP, wherein the number of districts implementing SDR increased from 36 to 47 (out of 51) within six months.

Rifampicin Stock Management Tool

The Rifampicin Stock Management Tool is an Excel based application designed to manage and track the stock of rifampicin at block, district and state levels. It facilitates easy monitoring of stock movement, including new supply, SDR (Single Dose Rifampicin) administration, and provides online reporting and real-time stock updates. This tool ensures efficient tracking of rifampicin inventory to maintain an adequate stock supply for leprosy prevention.

RIFAMPICIN STOCK MANAGEMENT

GUIDELINES | DATA ENTRY | ONLINE REPORTING FORM | SAVE AS PDF | CLOSE

DASHBOARD

STATE	West Bengal
DISTRICT	Purulia
BLOCK	Purulia Sadar
FIRST UPDATED ON	15 October 2024
LASTEST UPDATED ON	25 November 2024
COUNT OF NEW SUPPLIES	2
CURRENT MODEL APPLIED	All- 150, 300, 450 & 600 mg

Alert messages

150 mg : Less stock alert (6 days)	300 mg : Enough stock available (13 days)
450 mg : Less stock alert (8 days)	600 mg : Less stock alert (1 days)

SUMMARY	2-6 years	6-9 years	10-14 years	>=15 years
	150 mg	300 mg	450 mg	600 mg
Opening Balance	20	30	40	15
Total new supplies	30	80	80	80
Total SDR administered	30	50	70	50
Total Expiry/ Discarded	10	15	8	10
BALANCE of Rifampicin	10	45	42	35
BALANCE of Rifampicin (in days)	6 days	13 days	8 days	1 days
Monthly requirement	51	101	152	708
Quarterly requirement	152	304	455	2125

Knowledge Management

Scientific publication

NLR India always puts efforts to disseminate its learning through scientific publications. In the last financial year, the following articles were published.

- Nayak PK, Mackenzie CD, Agarwal A, van Wijk R, Mol MM, et al. (2025) A new guide for basic psychological support for persons affected by neglected tropical diseases: A peer support tool suitable for persons with a diagnosis of leprosy and lymphatic filariasis. PLOS Neglected Tropical Diseases 19(1): e0011945. https://doi.org/10.1371/journal.pntd.0011945
- Agarwal A, Meena SN, Ritu KM et al (2025). The Unique Leprosy Helpline in India. Indian J Lepr. 97: 53-55
- Hinders, D.C., Taal, A.T., Lisam, S. et al. The PEP++ study protocol: a cluster-randomised controlled trial on the effectiveness of an enhanced regimen of post-exposure prophylaxis for close contacts of persons affected by leprosy to prevent disease transmission. BMC Infect Dis 24, 226 (2024). https://doi.org/10.1186/s12879-024-09125-2
- Jain A, Chakrabartty A, Nayak PK, Agarwal A (2025). Unmet needs of households and people living in leprosy. Leprosy Review. In Press
  Reports published
- NLR India Foundation. (2024). Evaluation of NLR India Projects (1st ed.). NLR India Foundation.
- NLR India Foundation. (2024). Needs Assessment in Leprosy Colonies in India (1st ed.). NLR India Foundation.

Engagement with Delhi University (DU)

Delhi School of Social Work (DSSW), University of Delhi, is a leading educational institution in India offering education and training in social work. NLR India started providing specialised training on leprosy to the final year Master of Social Work (MSW) students at DSSW. The training sessions started with a 3-hour in-person orientation of 12 students on leprosy. It was followed by five weekly virtual sessions. The students gained crucial knowledge and practical skills related to leprosy prevention, care, treatment and support, myths, stigma, discrimination, psychosocial support, and how the social workers can contribute to positive changes in the lives of persons affected by leprosy. The students were also connected through WhatsApp for on-going clarification. This has helped the students in important ways including empathy, sensitivity and compassion. Few of them may decide to take up leprosy as their career. They can definitely serve as mentors for other students. NLR India will work towards strengthening this collaboration over the years.

Organisation Development

SIRO recognition under DSIR

NLR India Foundation has been registered with the Department of Scientific and Industrial Research (DSIR) under the Ministry of Science and Technology, Government of India in March 2025. NLR India Foundation is now recognized as a Scientific and Industrial Research Organization (SIRO).

NLR India is committed to scientific excellence. As an evidence-based organization, we conduct groundbreaking research to enhance the quality of life for individuals affected by leprosy, Neglected Tropical Diseases (NTDs) and disabilities.

Achieving SIRO (Scientific and Industrial Research Organization) recognition will further strengthen our credibility. It will enable us to access funding from government bodies like the Indian Council of Medical Research (ICMR) and other key public and private donors who prioritize research and development. SIRO recognition is a significant milestone in our journey towards innovation and impact.

Constitution of Research Advisory Committee (RAC)

NLR India has established a Research Advisory Committee (RAC) to guide and strengthen its research initiatives, particularly in areas related to leprosy, other Neglected Tropical Diseases (NTDs), and disabilities. Comprising six members from government bodies, academia, and health-focused organizations, the RAC supports the development of a focused research strategy aligned with National Leprosy Eradication Programme, allied programmes and donor priorities. The RAC advises on annual research planning, promotes an integrated approach to NTDs, and identifies capacity-building opportunities for staff. It supports in development of research proposals, and facilitates partnerships for impactful research. The committee meets at least twice a year.

Members of the Research Advisory Committee

Chairperson:
Dr. Vishwa Mohan Katoch

Vice Chairperson:
Dr. Anil Kumar

Dr. Ranganathan Rao Pemmaraju

Dr. Atul Ambekar

Dr. Sanjay Wadhwa

Dr. Ashok Agarwal

Dr. V. Vivek Pai

Constitution of Information Technology Advisory Committee (ITAC)

NLR India has established an IT Advisory Committee (ITAC) to help NLRIF carve out a niche for itself on digital interventions for leprosy, allied skin NTDs and disabilities.
The ITAC will be supported in its role and functions by the NLR India's Team, under the guidance of the CEO, NLR India, and the Head of Programme, NLR India acting as the focal point/ coordinator of the Committee.

IT Advisory Committee

Vice Chairperson:
Dr Suresh Munnuswamy

Chairperson:
Dr Rajsekhar K

Vice Chairperson:
Dr Harpreet Singh

Great Place to Work

NLR India earned the prestigious "Great Place to Work" certification, a testimony to our positive workplace culture and employee satisfaction. This certification reflects our commitment to fostering an inclusive, supportive, and growth-oriented environment for our team. By prioritizing employee wellbeing and professional development, we continue to build a strong, motivated workforce dedicated to our mission. Being recognised as a Great Place to Work reinforces the values that drive our organization and helps us attract passionate individuals to further our prime cause of eliminating leprosy and mitigation of suffering in India.

Special Monitor on leprosy in India

Dr Pradeepta Kumar Nayak, National Community Based Rehabilitation (CBR) Coordinator has been appointed by the National Human Rights Commission (NHRC) of India as its Special Monitor for the thematic area of leprosy. Special Monitors of the NHRC function as the eyes and ears of the Commission. As the Special Monitor (Leprosy), Dr. Nayak has been making field visits to 'examine, monitor, evaluate, advise and report' on human rights-based approaches, activities, good practices, and human rights violations. He conducts visits and provides advice on the actual and emerging issues from the perspective of human rights. He collects information, conducts research, and makes recommendations to NHRC. NLR India is thankful to the NHRC for its sensitivity to leprosy and creating a new position so that the neglected leprosy is not neglected anymore.

UGC course

After its work with universities, especially Delhi University, and the Indira Gandhi National Open University (IGNOU), NLR India now plans to work with the University Grants Commission (UGC). NLR India-UGC collaboration is aimed at raising awareness, formalizing some courses on leprosy, disabilities, human rights, and disability-centric inclusive and sustainable development.

AI-enabled National Helpline on Leprosy

The unique leprosy helpline established by NLR India Foundation has been recognized by the CLD as a best practice and recently an article has been published in a peer-reviewed journal. NLR India Foundation will work towards making it AI-enabled to serve a wider population in a cost-effective manner. The proposal is ready, we are looking for a donor.

Communications

At NLR India Foundation (NRIF), we follow a rights-based approach to ensure that the voices and needs of persons affected by leprosy are heard and addressed. We strongly believe that effective communication is central to shaping our identity and strengthening engagement both within the organisation and with the outside world.

During the period April 2024 to March 2025, NRIF made notable progress in its communication efforts. Our quarterly newsletter continued to draw appreciation from partners, donors, and other stakeholders for its engaging content and clear storytelling.

The organisation's social media footprint grew remarkably during the year, reflecting increased public interest and support. Regular updates and stories highlighting our work across five core themes, Health, Education, Livelihood, Empowerment and Research, helped spread awareness about leprosy and our ongoing initiatives to a broader audience.

Media Coverage

- NLR India's impactful work was featured across various media platforms, highlighting its commitment to empowerment of the persons with leprosy and disabilities, raising awareness and sensitivity about leprosy.
- On World Disability Day, Down To Earth published an article highlighting NLR India's Community-Based Disability Inclusive Development (DID) project in Bihar. The project has improved mobility, with 72% of beneficiaries reporting improved income.
- NLR India was featured in Manav Adhikar: Nayi Dishain, a publication by the National Human Rights Commission of India. The article "Divyangta aur Kusht Rog" raised awareness about the rights of persons affected by disabilities and leprosy.
- Further, NLR India was covered in the 76th episode of the Health Wealth podcast of India Today, where experts discussed leprosy's ongoing impact in India. The episode highlighted NLR India's efforts and impact.

Indian Express published an NLR India article, "Mahatma Gandhi's vision of a leprosy-free India is attainable", written by its CEO Dr. Ashok Agarwal. The article called for action from the government, affected individuals, healthcare professionals, NGOs, donors, the media, and society at large.

Grassroot Tales

A New Path — Riya Kumari's Story

My name is Riya Kumari, and I live in Pipra Baghahi village in the Aurangabad district of Bihar. My father's name is Arvind Kumar. My family is classified as a family with disabilities. I am currently pursuing a Bachelor of Arts (B.A.) degree, but our financial condition has always been poor, which often affected my education. We also did not have a stable source of income.

One day, I learned that NLR India Foundation was starting a sewing training program in our Panchayat. I immediately decided to enroll in the program through the DID coordinator.

With full dedication and commitment, I completed the three-month sewing training course. After finishing the training, I started sewing clothes at home. Gradually, I began receiving sewing orders, which became a small source of income for me.

Now, I am able to pay for my own education and also support my family financially. I feel very happy and proud to have become self-reliant.

I sincerely thank NLR India Foundation, which has become a ray of hope not only for persons with disabilities but also for those in need. This organization is truly bringing happiness and self-reliance into people's lives.

until
No Leprosy Remains

Plan 2025-26

Skin App

AI-Enabled Skin NTDs Diagnosis Project: NLR India Foundation is working towards the Indianization and validation of the WHO AI-enabled Skin NTDs App to enhance early detection of skin-related Neglected Tropical Diseases (sNTDs) in India.

In response to the open call for proposals from ICMR, our team submitted a comprehensive project proposal titled “AI-enabled digital health tool for improving detection of skin NTDs” in March 2025. The proposal integrates insights from the Kenya WHO Skin App validation study.
Our proposal outlines a broad-scale, multi-phase validation of the WHO Skin App—customized for Indian skin tones and disease presentation—across 12 districts in six high-burden states. The study will employ mixed methods, incorporate AI model refinement, and conduct economic evaluations through intervention-control comparisons.

We have formalized and planned for partnerships with WHO Global, WHO India, Central Leprosy Division, Presidency University, Health Technology Assessment (HTA) India, and the Indian Association of Leprologists. This strategic collaboration will ensure methodological robustness, contextual adaptation, and potential national scalability of intervention.

This initiative marks a pivotal step towards transforming skin NTDs (sNTD) diagnosis in India, aligning with national goals for leprosy transmission interruption and establishing India as a global leader in AI-assisted digital health for NTDs.

Roll out of PEP App

The App will be finalized based on the study findings and recommendations of the stakeholders. A detailed roll-out plan will be developed. It will be implemented in close collaboration with the Central Leprosy Division (CLD) and different state leprosy officers in West Bengal and beyond. The roll-out activities may involve conducting state and regional workshops.

Resource directory and App

A Mobile App is being developed by NLR India for facilitating delivery of social, educational and livelihood services to the vulnerable populations, especially persons with disabilities including leprosy. This App will be developed as per a directory of government schemes which NLR India will finalise soon. The affected people will be able to get all relevant information about the schemes and services and find a link for an online application to access their rights and entitlements.

Get Involved

Volunteers and interns who spend time with us often leave with valuable experience and deep insights into our work on leprosy, lymphatic filariasis, and related disabilities. They also gain exposure to the communities we serve.
We offer internship opportunities to students from both India and abroad, allowing them to contribute to various departments such as Programmes, Research, Strategic Information, Grants, Finance, Administration, Communications, and Fundraising—based on their interests and skills.
If you are interested in volunteering or interning with us, please reach out at info@nlrindia.org.

Donate

NLR India Foundation (NLRIF) is committed to eliminating leprosy and alleviating the suffering it causes. Achieving this goal requires significant resources for early detection, treatment, prevention, and long-term support.
As international funding for leprosy continues to decline, NLRIF is increasingly reliant on domestic support to sustain and scale up its work across seven intervention states in India. We invite individuals and corporations to join us in this crucial mission.

Here's how you can support us:

- Make an online donation: www.nlrindia.co.in
- Contribute your CSR funds through meaningful partnerships and initiatives
- Contact us at info@nlrindia.org to explore collaboration opportunities

Thank You for Your Support

Dear Supporters of NLR India Foundation,

We extend our heartfelt thanks to each one of you for your unwavering support, generosity, and trust in our mission. Your contributions have been pivotal in helping us advance towards a leprosy-free and inclusive India. With your support, NLR India has been able to create meaningful change on the ground and reach thousands of individuals affected by leprosy and related disabilities.
In the past year, we trained 12,200 health staff on leprosy and the National Leprosy Eradication Programme (NLEP), and provided handholding support to 6,650 of them to ensure quality service delivery. An additional 4,025 health staff were trained on self-care practices, while 5,760 ASHAs were trained to strengthen community-level awareness and care. We also trained 6,383 persons affected by leprosy in self-care to empower them in managing their health independently.

Through health camps, 11,731 affected individuals accessed essential services such as assistive devices and reconstructive surgeries. A total of 4,766 people benefitted from entitlements like disability pensions. We formed 38 local forums where affected persons, service providers, and community leaders could come together, review progress, and plan future actions. Education support was provided to 5,181 children from families affected by leprosy, and 1,111 individuals, including women, were trained in vocational skills to improve their livelihoods. Additionally, 450 adolescents received guidance on life skills and sexual and reproductive health (SRH), while 992 index cases were tracked and counselled through our dedicated call centre. We also provided basic psychological support to 387 individuals.

In our continued effort to prevent the spread of leprosy, we screened and medicated 60,540 close and community contacts using the Single Dose Rifampicin (SDR) and PEP++ regimen. Furthermore, 92,973 blanket contacts received SDR as part of the PEP++ strategy. Altogether, 11,731 affected individuals benefited from health camps, assistive devices, and reconstructive surgeries. We also formed and strengthened 440 community-based organisations (CBOs), including Organisations of Persons with Disabilities (OPDs), to promote community leadership and sustainability.

These outcomes have only been possible because of your belief in our work. Your support has not only enabled us to reach more people but has also restored hope, dignity, and opportunity in the lives of those affected. We are truly grateful for your partnership and look forward to continuing this journey together, creating a stronger, healthier, and more inclusive future.
Warm regards,

Team NLR India Foundation

Finances

NLR INDIA FOUNDATION

Balance Sheet as at 31.03.2025

(Amount in Rs.)

	Particulars	Note	31 March 2025	31 March 2024
I	**EQUITY AND LIABILITIES**			
1	**Owners' Funds**			
(a)	Capital Fund	2	27,603,780	16,150,461
			27,603,780	**16,150,461**
2	**Non-current liabilities**			
(a)	Long-term provisions	3	1,451,210	3,254,473
			1,451,210	**3,254,473**
3	**Current liabilities**			
(a)	Other current liabilities	4	933,669	484
(b)	Short-term provisions	3	44,776	61,471
			978,445	61,955
	Total		**30,033,435**	**19,466,889**
II	**ASSETS**			
1	**Investments**	5	300,000	-
2	**Current assets**			
(a)	Receivables against CSR Projects		-	-
(b)	Cash and bank balances	6	27,190,534	17,730,905
(c)	Short Term Loans and Advances	7	1,219,433	661,250
(d)	Other current assets	8	1,323,468	1,074,734
			30,033,435	19,466,888
	Total		**30,033,435**	**19,466,888**
	Summary of significant accounting policies	1		
	Notes to Accounts	2-15		

As per our Report of even date attached.

FOR JAGDISH CHAND & CO.
CHARTERED ACCOUNTANTS
Firm Registration Number: 000129N

Preeti Basniwal
(Partner)
Mno 531468
Place: New Delhi
Date: 17th Sep, 2025

FOR NLR INDIA FOUNDATION

Dr. Ashok Agarwal
(CEO)
Place: New Delhi
Date: 17 Sep 2025

Ms. Nirmala Gupta
(Trustee)
Place: New Delhi
Date: 17th Sep 2025

NLR INDIA FOUNDATION

Statement of Income and Expenditure for the year ended 31.03.2025

(Amount in Rs.)

	Particulars	Note	31 March 2025	31 March 2024
I	Income from Grants	9	88,318,585	68,529,402
II	Other Income	10	1,374,240	916,458
III	**Total Income (I+II)**		**89,692,825**	**69,445,859**
IV	**Expenses:**			
(a)	Project/ Programme Supports Expenses	11	66,739,222	70,692,777
(b)	Human Resource Expenses	12	2,786,755	4,834,283
(c)	Office And General Administration Expenses	13	10,742,119	8,204,668
	Total expenses		**80,268,096**	**83,731,727**
V	**Excess of income over expenditure for the year transferred to Capital fund**		9,424,729	(14,285,868)
	Summary of significant accounting policies	1		
	Notes to Accounts	2-15		

As per our Report of even date attached.

FOR JAGDISH CHAND & CO.
CHARTERED ACCOUNTANTS
Firm Registration Number: 000129N

Preeti Basniwal
(Partner)
Mno 531468
Place: New Delhi
Date: 17th sept, 2025

FOR NLR INDIA FOUNDATION

Dr. Ashok Agarwal
(CEO)

Place: New Delhi
Date: 17 Sep 2025

Ms. Nirmala Gupta
(Trustee)

Place: New Delhi
Date: 17th Sep 2025

NLR INDIA

until
No Leprosy Remains

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