NLR INDIA

27 Years of Health, Inclusion Dignity

WORKSHOP REPORT

Define APAL Role in leprosy prevention

Date: *11th August 2026*
Venue: *Hotel Southgate, New Delhi*
Organised by: *NLR India Foundation*

Background

NLR India Foundation convened a workshop with representatives of the Association of Persons Affected by Leprosy (APAL) on 11th August 2026 at Hotel Southgate, New Delhi. The workshop aimed to strengthen APAL representatives' understanding of leprosy prevention, identify their role in early detection, treatment and prevention, strengthen their advocacy skills, and explore opportunities for collaboration with NLR India Foundation.

The agenda specifically positioned the workshop around the opportunities for APAL representatives to contribute to leprosy prevention, with sessions covering an overview of NLR India Foundation's work, leprosy prevention and the need for APAL's involvement, and advocacy skills. Below is the list of APAL members who actively participates in the workshop:

- *Mr. Jawahar Ram Paswan — President, APAL (Jharkhand)*
- *Mr. Prabhakar Sahoo — Joint Secretary, APAL (Odisha)*
- *Ms. Kerolin Bhengra — Treasurer, APAL (Chhattisgarh)*
- *Mr. Ramesh — State Coordinator, APAL (Bihar)*
- *Mr. Niranjan Sardar — State Coordinator, APAL (West Bengal)*
- *Mr. Dayalu Prasad — State Coordinator, APAL (Uttar Pradesh)*
- *Mr. Pradeep — State Coordinator, APAL (Rajasthan)*
- *Mr. Raju Rathod — State Coordinator, APAL (Madhya Pradesh)*
- *Mr. Jitendra Chouhan — State Coordinator, APAL (Maharashtra)*
- *Mr. Mohan Arikonda — Technical Support & Communications, APAL (Telangana)*

Opening and Introduction

The meeting commenced with Dr. Pravin Kumar, Head of Programmes, NLR India Foundation welcoming all participants and facilitating a formal round of introductions. The opening provided an opportunity for participants to familiarize themselves with one another and established the foundation for the discussions that followed.

Overview of NLR India Foundation's Work

Dr. Ashok Aggarwal, Chief Executive Officer, NLR India Foundation, delivered the introductory session, where he shared a detailed overview of NLR India Foundation, including its origin, vision, and areas of work. He informed the participants that the organization is currently working across 8 states, 54 districts, and 43 leprosy colonies. The key focus areas include leprosy, Skin NTDs, and more recently, tuberculosis. He explained how the organization collaborates with the government, particularly in training and supporting the implementation of programme. He also highlighted several research and programmatic initiatives undertaken by the organization, including SDR-PEP (Single Dose Rifampicin- Post Exposure Prophylaxis), the PEP++ project, PEP App, Disability Care Model, Disability Inclusion Development (DID) Model, Sarkari Yojana App, Vikalp Helpline, Basic Psychological Support-Neglected Tropical Diseases (BPS-N) Project, and work related to Life Skills Education (LSE) and Sexual and Reproductive Health (SRH). He further mentioned the Compassion Study and the development of LepClip videos aimed at improving understanding.

Dr. Ashok Aggarwal expressed his appreciation for the meeting and stated that collaboration between APAL and NLR India Foundation can significantly contribute towards the vision of inclusive society free from leprosy and building the dignity of persons affected by leprosy, supporting their families and children, and working towards the elimination of leprosy. He emphasized the need to break the chain of stigma associated with leprosy and promote inclusion.

Session on Leprosy Prevention

Dr. Pravin Kumar conducted a session on "Leprosy Prevention: Importance, Process and Need for APAL's Involvement," providing participants with a clear understanding of leprosy, including its transmission, types, signs, treatment and diagnosis. He emphasized the importance of early detection, complete treatment and prevention to reduce transmission and protect communities.

Dr. Ashok Agarwal highlighted that family members and neighbors of persons affected by leprosy face greater risk due to greater transmission of leprosy bacteria through breathing due to close living. While multi-drug therapy (MDT) reduces transmission, preventive measures are important for eligible contacts. He explained that SDR-PEP can significantly reduce the risk of

developing leprosy among eligible contacts. Dr. Pravin explained the SDR-PEP process, including contact screening, eligibility and administration, supported by a video.

The session also highlighted APAL's important role in prevention and advocacy. Dr. Ashok encouraged APAL representatives to actively promote awareness of preventive medication among persons affected by leprosy and their communities, contributing to efforts to interrupt transmission.

Session on Advocacy Skills

Ms. Sanjeeta Gawri, Global Lead, Policy Engagement, NLR, facilitated the session on Advocacy Skills. The session focused on developing a structured and effective approach to advocacy and highlighted that advocacy can be undertaken effectively without being aggressive.

Ms. Gawri initiated an interactive discussion by asking participants to identify issues that they would like to advocate for. Using the administration of SDR as an example, she demonstrated how an advocacy issue can be approached in a systematic manner.

The participants were guided through a structured advocacy process. The approach included:

1. Clearly defining the issue.
2. Understanding the underlying causes.
3. Identifying possible solutions.
4. Identifying the appropriate authority or stakeholder.
5. Presenting the issue in a clear, concise and structured manner.
6. Determining the appropriate level of advocacy, depending on whether the issue requires legal, healthcare or political engagement.

Dr. Ashok Agarwal reinforced the importance of undertaking advocacy in a planned, structured and focused manner, while ensuring that the central issue remains the focus of engagement.

Group Work: APAL's Role in Prevention of Leprosy

Following the advocacy session, participants were divided into three groups to discuss APAL's potential role in:

1. **Early Detection**
2. **Early and Complete Treatment**
3. **Early Administration of Preventive Medicine**

Each group was required to identify:

- The role APAL would play
- How APAL would undertake the identified role?
- What support would be required and from whom?

The group discussions generated a range of practical suggestions covering community awareness, screening, treatment adherence, referral, preventive medicine, stakeholder engagement, advocacy, capacity building and the use of communication platforms.

Group 1

Led by Dr. Pravin Kumar

Group Members Name:
1. Mr. Jawahar Paswan
2. Mr. Niranjan Sardar
3. Mr. Raju Rathod

The group identified APAL's role in strengthening community awareness, mobilization, early identification, screening and referral of suspected leprosy cases. Key suggestions included supporting screening in communities and appropriate settings such as schools, encouraging family members and contacts of persons affected by leprosy to undergo screening, and strengthening referral to health facilities.

To support these efforts, participants proposed using community-based communication and locally appropriate IEC approaches**,** including nukkad nataks (street plays), wall paintings, posters and presentations. They also highlighted the importance of engaging **Panchayats**[1], community and religious leaders, frontline workers such as ASHAs, NGOs, and education and health authorities. The role of **leprosy** champions was also emphasized in strengthening community awareness and outreach.

The group identified training, IEC materials, technical guidance, support for engagement with government authorities and resources for travel as key areas of support required to strengthen APAL's role.

Group 2

Led by Ms. Sanjeeta Gawri

Group Members Name:
1. Mr. Ramesh Prasad
2. Mr. Dayalu Prasad
3. Mr. Pradeep

The group identified APAL's potential role in promoting treatment adherence, patient follow-up, referral and access to appropriate care**.** Participants emphasized the importance of ensuring access to MDT, encouraging patients to complete their treatment, and supporting follow-up until treatment completion. The group proposed working closely with Non-Medical Assistant (NMA), District Leprosy Office (DLOs), ASHAs,

[1] **Panchayat** are local village councils that help manage community needs, development, public services and local decision-making in rural areas.

Anganwadi workers[2] and other frontline functionaries, while also engaging patient families, local leaders, volunteers, elected representatives, religious leaders and leprosy champions. Real-life experiences were suggested as a means of helping communities understand the importance of completing treatment.

The overall approach focused on creating a supportive environment around persons affected by leprosy, enabling them to access treatment, remain engaged throughout the treatment process and access complementary services such as physiotherapy and reconstructive surgery, where required.

Group 3

Led by Dr. Neha Singh, State Programme Lead, Delhi and Rajasthan, NLR India Foundation

Group Members Name:
1. Ms. Kerolin Bhengra
2. Mr. Mohan Arikonda
3. Mr. Prabhakar Sahoo
4. Mr. Prakas Done

The group identified APAL's potential role in promoting awareness, encouraging eligible contacts to take preventive medicine, and advocating for the availability and timely administration of SDR-PEP. Participants also highlighted the importance of engaging family members and neighbors of persons affected by leprosy and working with relevant authorities and institutions to strengthen prevention efforts. To support these efforts, the group proposed community-based awareness and advocacy through Panchayats and other local platforms, using approaches such as rallies, wall paintings, schools and videos. Engagement with DLOs, community and religious leaders, volunteers, NGOs and other relevant stakeholders was also suggested to strengthen outreach and access to preventive medicine.

[2] **Anganwadi workers** are frontline community workers who support young children and mothers by providing nutrition, health awareness, preschool education and other essential services in their communities.

The group also identified the importance of using existing networks and relationships to facilitate engagement with relevant authorities and institutions. In addition, the discussion proposed exploring awareness among occupational groups such as beauticians, spa workers and wrestlers, who may have regular contact with community members.

Key Observations and Directions from the CEO

Dr. Ashok Agarwal highlighted the importance of translating the workshop discussions into practical engagement between APAL and NLR India Foundation.

A key proposal was to explore the possibility of selecting one district in or near the areas where APAL representatives are based as a pilot location for undertaking advocacy and prevention related activities. NLR India Foundation could provide guidance and technical support for such an initiative. The possibility of initiating work in districts where NLR India Foundation is already active was also discussed to facilitate closer guidance and support.

Dr. Ashok also highlighted the possibility of using virtual engagement mechanisms where financial resources are limited. NLR India Foundation could support APAL with IEC materials and other communication resources as appropriate.

The discussion also mentioned the importance of strengthening the role of leprosy champions, including encouraging APAL members to become champions and share awareness messages through audio, video and social media platforms.

Action Points

The following action points emerged from the group discussions and subsequent deliberations:

1. Pilot: Each APAL member to identify one district to pilot prevention and advocacy activities.
2. Capacity Building: Strengthen APAL's capacity in awareness, screening, referral, treatment follow-up and advocacy.
3. Community Prevention: Engage APAL in community mobilization, screening, referral and awareness.
4. SDR-PEP: Strengthen APAL's role in awareness and advocacy for timely access to preventive medicine.

5. Communication & Champions: Develop low-cost IEC/digital communication and strengthen the network of leprosy champions.
6. Continued Collaboration: Establish mechanisms for regular engagement between government, APAL and NLR India Foundation, including community platforms and virtual meetings.

Conclusion and Way Forward

The group discussions provided APAL representatives with an opportunity to identify practical ways to contribute to leprosy prevention through early detection, early and complete treatment, and timely administration of preventive medicine**.**

The discussions highlighted APAL's potential to go beyond awareness creation by supporting community mobilization, screening and referral, treatment follow-up, advocacy, stakeholder engagement and the development of leprosy champions**.** Participants also recognized the need for technical guidance, IEC resources, capacity building and stronger stakeholder linkages, while exploring cost-effective communication approaches.

The proposed pilot district, with technical support from NLR India Foundation, offers an opportunity to translate these ideas into focused action. Overall, the discussions strengthened the shared commitment of APAL and NLR India Foundation to move from awareness to action and from advocacy to meaningful community-level prevention**.**

Annexures

1. Agenda
2. List of participants
3. Pictures of group work flip charts

Agenda

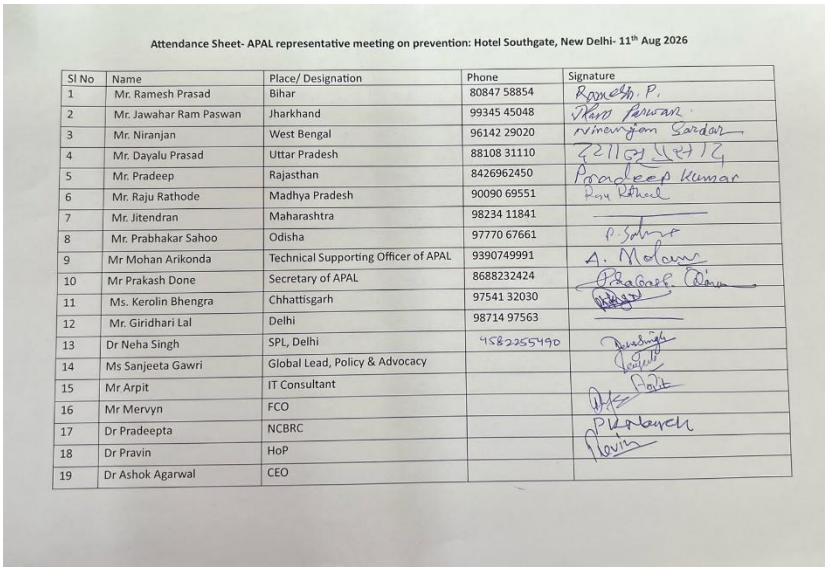
Agenda
APAL Representatives' Workshop on Prevention of Leprosy
Date: 11th August 2026; Venue: Hotel Southgate, New Delhi

Objective: Understand opportunities and contribute in prevention of leprosy

Agenda

Time	Session	Facilitator
8.00 - 8.30 AM	**Registration**	
8.30 - 8.45 AM	Introduction	Dr Pravin Kumar, Head of Programme, NLR India Foundation
8.45 - 9.00 AM	About NLR India Foundation's work	Dr Ashok Agarwal, Chief Executive Officer, NLR India Foundation (NLRIF)
9.00 - 10:00 AM	Leprosy prevention: Importance, process, need for APAL's involvement	Dr Pravin Kumar, Head of Programme, NLRIF
10:00- 10.30 AM	Advocacy skills	Ms Sanjeeta Gawri, Global Lead, Policy Engagement, NLR
10.30- 10.45 AM	Tea break	
10.45 - 11.45 AM	**Groups work:** Topic: APAL's role in prevention of leprosy Sub topics: 1. Early detection 2. Early & complete treatment 3. Early administration of preventive medicine Aspects to be discussed: 1. Role APAL will play on each of the sub-topics 2. How they will do 3. What support may be required and from whom	Facilitators: Group 1: Dr Pravin Kumar Group 2: Ms Sanjeeta Group 3: Dr Neha (Each group will be given three flip charts, one for each sub-topic. Answers may be presented as a table)
11.45 –12.45 PM	Presentation by each group (15 mins each), Q&A, discussion and conclusion	Moderators: Dr Ashok Agarwal & Dr Pradeepta Kumar Nayak
12.45 - 1:00 PM	Wrapping up, Next Steps & Vote of Thanks	Dr Ashok Agarwal, CEO, NLRIF
1:00 – 2:00 PM	**Lunch and dispersal**	

List of participants

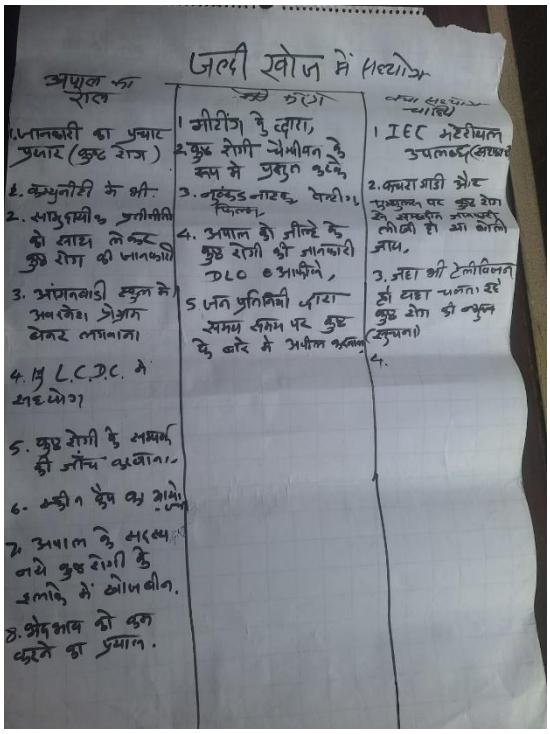


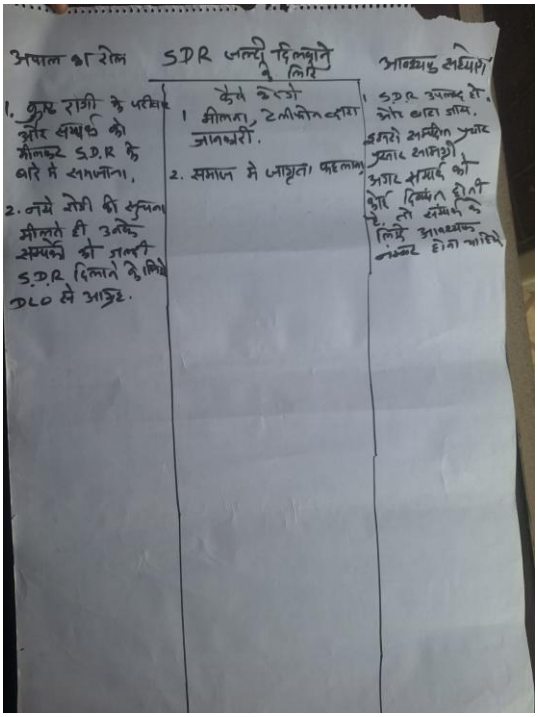
Attendance Sheet- APAL representative meeting on prevention: Hotel Southgate, New Delhi- 11th Aug 2026

Sl No	Name	Place/ Designation	Phone	Signature
1	Mr. Ramesh Prasad	Bihar	80847 58854	
2	Mr. Jawahar Ram Paswan	Jharkhand	99345 45048	
3	Mr. Niranjan	West Bengal	96142 29020	
4	Mr. Dayalu Prasad	Uttar Pradesh	88108 31110	
5	Mr. Pradeep	Rajasthan	8426962450	
6	Mr. Raju Rathode	Madhya Pradesh	90090 69551	
7	Mr. Jitendran	Maharashtra	98234 11841	
8	Mr. Prabhakar Sahoo	Odisha	97770 67661	
9	Mr Mohan Arikonda	Technical Supporting Officer of APAL	9390749991	
10	Mr Prakash Done	Secretary of APAL	8688232424	
11	Ms. Kerolin Bhengra	Chhattisgarh	97541 32030	
12	Mr. Giridhari Lal	Delhi	98714 97563	
13	Dr Neha Singh	SPL, Delhi	9582255490	
14	Ms Sanjeeta Gawri	Global Lead, Policy & Advocacy		
15	Mr Arpit	IT Consultant		
16	Mr Mervyn	FCO		
17	Dr Pradeepta	NCBRC		
18	Dr Pravin	HoP		
19	Dr Ashok Agarwal	CEO		

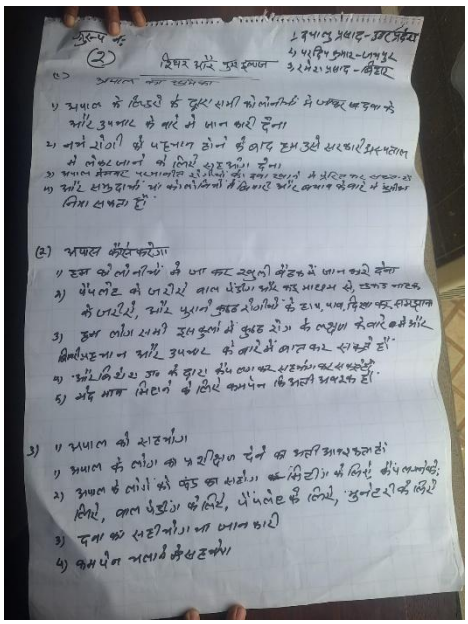
Pictures of group work flip charts

Group 1

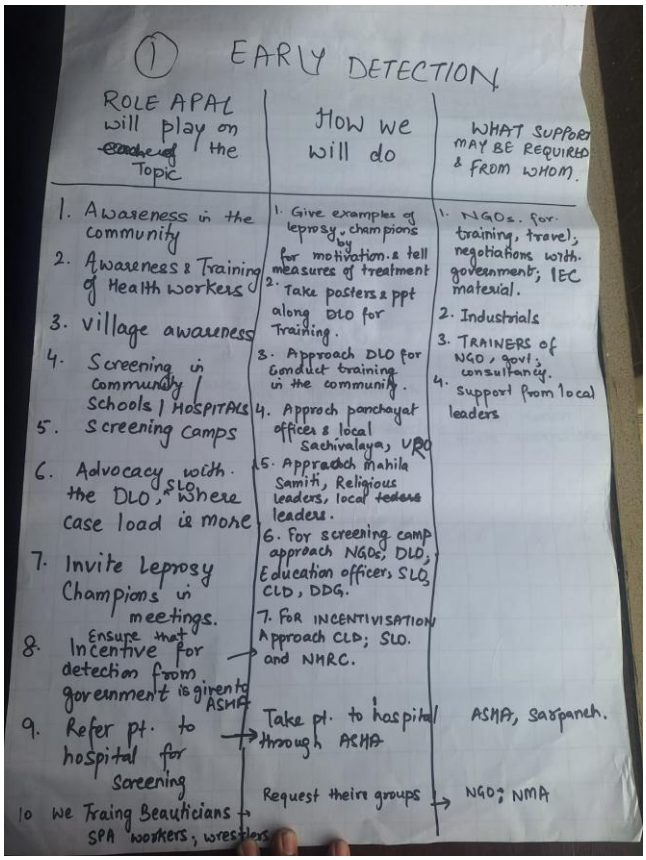




Group 2

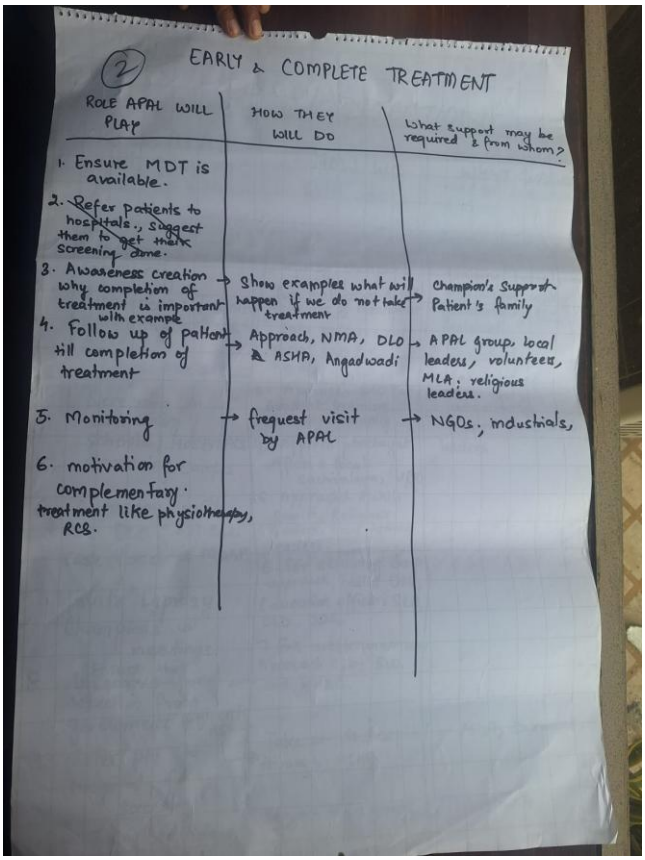


Group 3



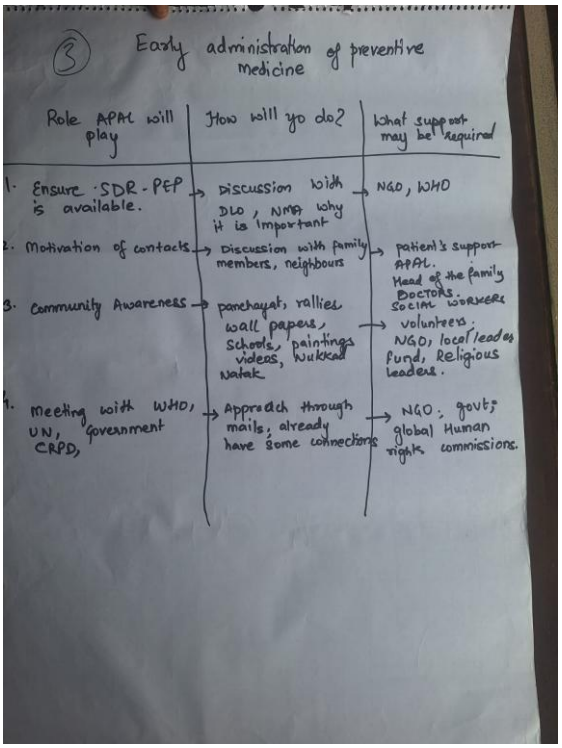
① EARLY DETECTION

ROLE APAL will play on the Topic	How we will do	WHAT SUPPORT MAY BE REQUIRED & FROM WHOM.
1. Awareness in the community	1. Give examples of leprosy champions for motivation & tell measures of treatment	1. NGOs. for training, travel, negotiations with government; IEC material.
2. Awareness & Training of Health workers	2. Take posters & ppt along DLO for Training.	2. Industrials
3. Village awareness	3. Approach DLO for Conduct training in the community.	3. TRAINERS of NGO, govt, consultancy.
4. Screening in community / Schools / HOSPITALS	4. Approch panchayat officers & local Sachivalaya, VRO	4. support from local leaders
5. Screening Camps	5. Approach Mahila Samith, Religious leaders, local leaders leaders.	
6. Advocacy with the DLO, SLO where case load is more	6. For screening camp approach NGOs, DLO, Education officers, SLO, CLD, DDG.	
7. Invite Leprosy Champions in meetings.	7. FOR INCENTIVISATION Approach CLD; SLO. and NHRC.	
8. Ensure that Incentive for detection from government is given to ASHA		
9. Refer pt. to hospital for screening	Take pt. to hospital through ASHA	ASHA, Sarpanch.
10 We Traing Beauticians SPA workers, wrestlers	Request their groups	NGO; NMA



② EARLY & COMPLETE TREATMENT

ROLE APAL WILL PLAY	HOW THEY WILL DO	What support may be required & from whom?
1. Ensure MDT is available.		
2. Refer patients to hospitals., Suggest them to get their screening done.		
3. Awareness creation why completion of treatment is important with example	Show examples what will happen if we do not take treatment	Champion's Support Patient's family
4. Follow up of patient till completion of treatment	Approach, NMA, DLO & ASHA, Angadwadi	APAL group, local leaders, volunteers, MLA; religious leaders.
5. Monitoring	frequest visit by APAL	NGOs, industials,
6. motivation for complementary treatment like physiotherapy, RCS.		



③ Early administration of preventive medicine

Role APAL will play	How will yo do?	What support may be required
1. Ensure SDR-PEP is available.	Discussion with DLO, NMA why it is important	NGO, WHO
2. Motivation of contacts	Discussion with family members, neighbours	patient's support APAL. Head of the family DOCTORS. SOCIAL WORKERS
3. Community Awareness	panchayat, rallies wall papers, Schools, paintings videos, Nukkad Natak	volunteers. NGO; local leaders fund, Religious leaders.
4. Meeting with WHO, UN, Government CRPD,	Approach through mails; already have some connections	NGO; govt; global Human rights commissions.

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