

# Facing reality...



.... a year of actualising leprosy control strategies

**ALERT- INDIA**

2006-2007

## ALERT - INDIA

will strive towards programmes  
focussing on community partnership strategies  
to achieve the goal of leprosy elimination  
during the integration phase,  
in alliance with all stakeholders,  
to make leprosy elimination  
a reality for people'

**Vision - 2010**



## **There is no room for complacency . . . . .**

The public propaganda that 'leprosy is eliminated', is misunderstood as 'leprosy is no more a public health problem'. People tend to believe that by achieving the goal of 'leprosy elimination' (prevalence of 1 case per 10,000 population) is an end of all leprosy related concerns. The reduction in prevalence of leprosy at the country and state level over the last 4 years is mainly attributed to the operational factors and fallacy of setting target date for 'elimination'. The ground reality counters this over-optimism and that is our concern.

We have several unfinished tasks. We have not contained the spread of infection in the community. It is evident that there is a significant number of new leprosy patients. Hence, there is no room for complacency among the leprosy workers and organizations. Now there is a clear consensus among programme managers and leprosy workers that it is essential to sustain leprosy control activities to further reduce the 'disease burden'. Disease burden includes new cases and the persons who need services and care due to consequences of the disease.

Towards sustaining the leprosy control work, ALERT-INDIA launched Leprosy Elimination Action Programme (LEAP), to take on the tasks to meet the needs of patients - both new and old. LEAP aims to fulfill the twin objectives of undertaking patient-oriented activities needed today and the long-term approach to strengthen the public health system to meet the needs of the leprosy sufferers of today and tomorrow.

This report is a brief presentation of our efforts in this direction.

23.9. 2007  
Sion, Mumbai

A Antony Samy  
Chief Executive



## LEAP - an initiative to sustain leprosy control

### Sustaining leprosy control within general health care system through Leprosy Elimination Action Programme (LEAP) ....

#### LEAP : Overall objective

- To strengthen the process of integration through community partnership approach involving all the stakeholders

#### LEAP : Specific objectives

1. To reach out to all new leprosy patients through intensive community level IEC campaigns and Selective Special Drives (SSD)- especially in the endemic areas.
2. To strengthen the capacity building efforts of GHC personnel by imparting Continuing Medical Education (CME) to all medical professionals and health care functionaries.
3. To offer timely and comprehensive care to all leprosy patients during Integration phase through a network of Leprosy Referral Centres (LRC) to improve the quality of life of leprosy afflicted.
4. To monitor and evaluate the outcome of all interventions proposed, supported and supplemented under LEAP.

LEAP interventions are aimed at community participation and to harness their support for leprosy control. Routine surveys are discontinued due to low yield of new cases and increased cost. This calls for a new strategy to detect hidden cases.



- Leprosy campaign in the lanes of a slum community

#### Selective Special Drives (SSDs) to detect new cases of leprosy:

- The SSDs by identifying and focussing on the community in a given geographic area for new case detection based on specific epidemiological indicators is a new strategy in place of general IEC campaign. Specifically, mobilizing the community potential and developing community spokespersons for sustained campaigns.
- Practically, it involves selecting / training / equipping community volunteers with primary knowledge of signs and symptoms to suspect leprosy in their own locality / population covered, along with their regular duty in epidemiologically significant areas identified, based on specific criteria.
- Engaging community volunteers to involve various sections of community groups (such as CBOs / health workers of Govt. & NGOs / anganwadi workers & teachers and other health & development workers etc. who are in regular contact with people) in practically organizing and participating in leprosy awareness campaigns. These volunteers are encouraged to multiply such efforts on their own even after the drive is over.



- A man volunteering for examination by a Leprosy worker following SSD in a slum.

## Early new case detection is the key to actualise leprosy elimination

### Selective Special Drives (SSDs)

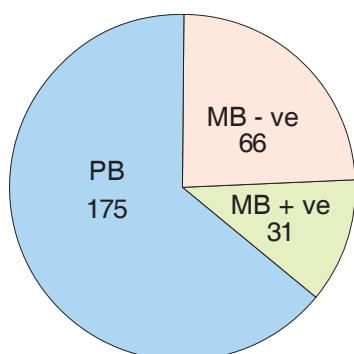
ALERT-INDIA teams have screened 1,59,671 population in project areas of Mumbai and Navi Mumbai during various campaigns. Detected 272 new leprosy cases and registered for MDT at the respective Urban Health Posts.

### New leprosy cases - Mode of detection

School SSDs	29%	71%	24
Slum SSDs	26%	74%	23
Sample survey	11%	89%	27
Family contacts	10%	90%	10
Voluntary / referral	43%	57%	188

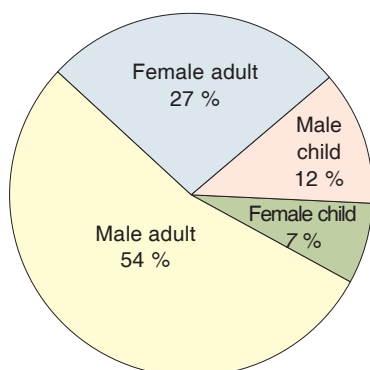
MB cases PB cases

### New leprosy cases - Type of leprosy



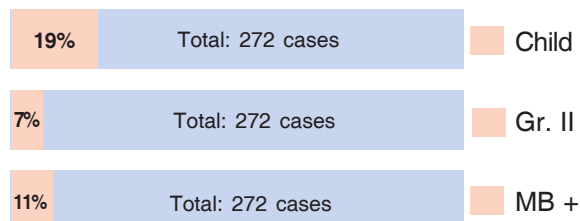
- 97 (36 %) out of 272 new cases were multibacillary leprosy.

### New leprosy cases - Age and sex



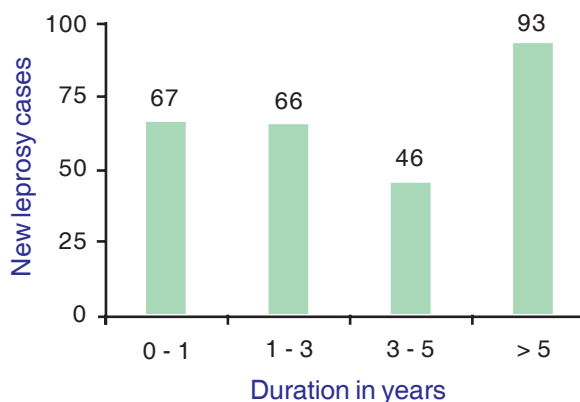
- 51 (19 %) out of 272 new cases were child leprosy cases of which 8 (16%) cases were MB type.

### New leprosy cases - Indicators



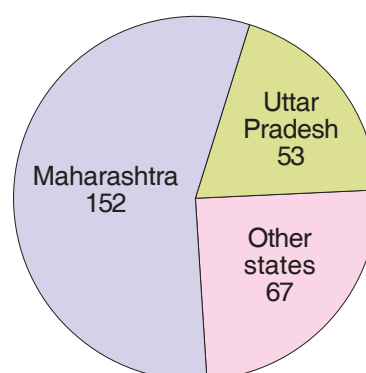
- 19 (7 %) out of 272 new cases were Grade II disabled cases.
- 31 (11 %) out of 272 new cases were skin smear +ve (infectious type).

### Duration of stay in Mumbai



- 93 (34 %) out of 272 new cases have been staying in Mumbai for more than 5 years is a significant factor.

### New leprosy cases - State of origin



- 120 (44 %) out of 272 new cases were from outside Maharashtra and among them 53 (19%) cases were from Uttar Pradesh state.



## Beyond general campaigns - Involving community groups

### Involving community groups to spread awareness and equipping volunteers to suspect leprosy . . . .

#### Leprosy education to students and teachers

- ALERT-INDIA teams organised several IEC campaigns and events during SSDs, in addition to the general campaign during Anti-Leprosy Week in the project areas of Mumbai (N, S & T wards) and Navi Mumbai (NBY).
- SSDs were also undertaken in schools in the project areas and reached out to students and teachers. Volunteers were encouraged to conduct programmes for their peers in schools.
- Special team of health educators have carried out 120 film shows for students from 232 schools giving scientific facts about leprosy and dispelling myths about the disease . This general campaign targetting the younger generation is to spread positive messages about leprosy in the community.
- 257 school children participated in the poster competition on leprosy.
- IEC Unit periodically developed relevant Information, Education & Communication (IEC) materials on leprosy such as posters, photo album, stickers, exhibition set (flex), short films, booklets and leaflets and shared with NGOs and Govt. units



- Leprosy campaign in a street corner

#### Training community health workers and volunteers

Our teams sensitized and trained community volunteers to recognise signs and symptoms of leprosy. These trained volunteers in turn trained several other groups such as anganwadi workers, NGO / CBO workers and school students.

#### Community workers and volunteers trained as spokespersons for leprosy (2006 - 07): 2397

Community volunteers	815
Anganwadi teachers	37
School teachers	477
School students	864
Health NGO workers	204



- Training of community volunteers



- Leprosy exhibition campaign in a primary school

## Leprosy Referral Centres - thrust on quality care

**LRCs in GHC facilities are a 'sign post' for patients and the public - to enhance easy accessibility of quality care, guidance and referrals . . .**

- Leprosy Referral Centres (LRC) provide comprehensive services to all leprosy patients during integration phase - diagnosis, treatment of complications, management of deformities and provision of appropriate aids and appliances, and referrals to Health Posts / PHCs for MDT.
- Special services such as physiotherapy, wax therapy, electrotherapy (electrical muscle stimulation) and wound care are provided regularly to all leprosy patients with disabilities and deformities.

### Details of leprosy cases registered : 2006 - 07

	MB	PB	Total
1. Balance cases : 31-3-2006	105	49	154
2. New cases : 2006-07	97	175	272
3. Cases completed MDT: 06-07	111	133	244
4. Deletions - Left area / Died	7	8	15
5. Balance cases : 31.3.2007	84	83	167
6. Cases under Surveillance	755	523	1278
7. Cases with Grade I deformities	262	31	293
8. Cases with Grade II deformities	460	64	524
9. Total deformed cases (Gr. I & II)	722	95	817



- Patients are examined and counselled at LRC



- Hands on training on POID to LRC team by LST

ALERT-INDIA's LEAP Support Team undertakes hands on training for NLEP staff focussing on:

- Routine assessment of nerve function to detect early nerve involvement among all new cases
- Demonstration of sensory and motor assessment of risk prone cases
- Management of cases developing reactions and neuritis.
- Teaching home self care and simple exercises for correction of deformities.
- Providing ulcer care and appropriate footwear and splints.

### ALERT-INDIA LEAP : Leprosy Referral Centres

(as on October 2007)

1. P.J.K. Municipal Dispensary, **Mulund** (W), Mumbai
2. Rajawadi Municipal Hosp., **Vidyavihar** (E), Mumbai
3. ALERT-INDIA Project office, **Vikhroli** (W), Mumbai
4. Municipal Hospital, **Vashi**, Navi Mumbai
5. Rajmata Municipal Maternity Hosp., **Airoli**, Navi Mumbai
6. D.Y. Patil Medical college & Hosp., **Nerul**, Navi Mumbai
7. Chatrapati Shivaji Municipal Hosp, **Kalwa**, Thane
8. Rural Hospital, **Badlapur** (E), Thane

## Rehabilitation of leprosy cured - improving the quality of life

**Restoration of physical function and social well-being is the key to integrate the leprosy affected persons into the Society . . . .**

### Provision of protective aids and appliances

- ALERT-INDIA prepares protective aids and appliances - Micro Cellular Rubber (MCR) footwear, hand splints and foot orthosis at its Footwear & Splint Unit located in Acworth Municipal Hospital for Leprosy, Wadala, Mumbai and distributes to leprosy affected persons from Mumbai as well as from all over Maharashtra.

### Economic rehabilitation of leprosy affected

- Financial assistance were provided to several leprosy affected persons in the project areas to assist in their small self supporting ventures.
- Education sponsorship were provided to 253 children affected by leprosy and children of leprosy affected persons.
- In order to set a model, ALERT-INDIA has gainfully employed 15 leprosy affected persons or their family members in its various health projects.
- 25 young leprosy cured persons or their family members were trained in Aarvi & Jardoshi work and funds were provided for purchase of tools and accessories required to pursue the vocation.



- Learning Aarvi & Jardoshi skills for income generation

### Aids & appliances: Distributed

	ALERT	Others	Total
<b>To protect insensitive foot from further damage</b>			
MCR footwear	311	2409	2720
MCR insoles	49	138	187
Foot-drop spring	2	63	65
Malleoli pad	24	21	45
Moulded shoes	2	60	62
MCR slippers	2	79	81

### To prevent & correct hand deformities due to leprosy

Finger gutter	110	1171	1281
Finger loops	112	418	530
Opponens loop	19	280	299
Adductor band	12	349	361



- Taking measurement for protective footwear



## Continuing medical education to enhance knowledge and skills

### Equipping general health care personnel and medical practitioners to diagnose, treat leprosy and its consequences . . . .

- ALERT-INDIA teams offer training to various categories of health personnel from both public and private health sector.
- ALERT-INDIA and LEAP Partners organise training programmes for all medical fraternity including medical, para-medical professionals, indigenous and traditional medical practitioners. Capacity building of general health care personnel and other medical personnel, both public and private are attempted to strengthen the integration through partnership programmes.
- Continuous dissemination of information through updates on clinical and epidemiological aspects to medical fraternity is an important task undertaken under LEAP.
- “We can detect treat cure leprosy - a guide for public health doctors” in English and Hindi has been widely distributed throughout the country. Till date, 11,200 copies in English and 10,000 copies in Hindi of this guide have reached doctors in Maharashtra, West Bengal, Uttar Pradesh, Gujarat, and other states. This is in addition to POID care folders in Hindi and Marathi, diagnostic cards, albums, posters and handbills for training and education.
- Training of the health personnel (especially MOs) of the GHC system has improved their knowledge and skills to diagnose and treat leprosy.

#### Continuing Medical Education: Trained

##### 1. Medical professionals and students

a. General Medical Practitioners	582
b. Medical Officers - GHC / PHC	477
c. Medical students - Allopath	279
d. Medical students - Ayurved	579
e. Medical students - Homeopath	217

##### 2. Paramedical professionals

a. Nurses / Pharmacists	97
b. Laboratory Technicians	23
c. Occupational Therapy students	18

##### 3. NLEP & GHC workers

a. Leprosy Technicians	105
b. Non-Medical Supervisors	16
c. Health / Multipurpose workers	136
d. Community Health Workers	405
e. School Principals	52



• IEC Capacity Building for LEAP Partners of Vidarbha



• Workshop for school principals in Mumbai

## Enlisting partners for leprosy control

**LEAP supports various NGOs, NGLOs to undertake initiatives that can promote leprosy control and quality care in their areas of work . . . .**

- During integration phase, LEAP has identified public hospitals, institutions, municipal corporations, government units and NGOs in Maharashtra and Chhattisgarh state as 'partners' through its Nodal agency.
- Partners are inducted and equipped to implement LEAP interventions by LST among the population groups they work with. LST monitors specially in terms of training, guidance on POID and supply of materials.

### LEAP partners during the year 2006-07

### LEAP assisted interventions

#### NGLO partners:

1. Maharashtra Lokhita Seva Mandal (MLSM), Mumbai
2. The Society for the Eradication of Leprosy (SEL), Mumbai
3. Kushtarog Nivaran Samiti (KNS), Panvel, Raigad
4. Dayanand Kushtarog Dawakhana, Talasari, Thane
5. Muktajeevan, Shahapur, Thane
6. A. L. H. RRE Society, Mumbai

LRC, SSD & CME  
LRC, SSD & CME  
LRC, SSD & CME  
LRC  
LRC  
SSD & IEC

#### NGO partners:

7. Rajashree Shahu Bahuddesiya Gram Vikas Sanstha, Wardha
8. Rahul Bahudesiya Gramin Vikas Sanstha, Bhandara
9. Indian Social Welfare Society, Gondia
10. SANDESH, Gadchiroli
11. Ramkrishna Sarada Sevashram, Bastar, Chhattisgarh

SSD & IEC  
SSD & IEC  
SSD & IEC  
SSD & IEC  
LRC, SSD & IEC

#### Govt. & Municipal corporation partners:

12. Kalyan - Dombivali Municipal Corporation, Thane
13. Asst. Director of Health Services (Leprosy), Thane
14. Asst. Director of Health Services (Leprosy), Gadchiroli
15. Asst. Director of Health Services (Leprosy), Gondia
16. Asst. Director of Health Services (Leprosy), Nandurbar

LRC  
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• Training health workers of LEAP Patnr in Gondia



• Training health workers of LEAP Patnr in Gadchiroli

## Collaborations to sustain quality care

**LEAP involves, trains rural hospital staff and equip district and block level units to provide leprosy services and strengthen integration . . . .**

- ALERT-INDIA imparts skill development training on comprehensive and quality care to leprosy workers in collaboration with the Govt. of Maharashtra.
- LEAP extended technical and material support to the NLEP units of Govt. of Maharashtra for establishing 14 Leprosy Referral Centres at the Rural Hospitals in the districts of Thane, Nandurbar, Gondia and Gadchiroli. This collaboration will go a long way to pave way for real integration.
- ALERT-INDIA develops appropriate training materials and audio-visual aids aimed to increase the level of knowledge about leprosy and services among different health professionals.

ALERT-INDIA organized a one-day National Workshop on **“Is Integration a leap forward? – Implication of integration on quality care in leprosy”** at Mumbai. The interaction has helped to consolidate the hard work done to sustain leprosy services and to strengthen the coordination of interventions within the country by sharing the experiences among various leprosy agencies and programme managers.



- Training on POID for PHC Doctors at Bastar



- Self-care demonstration at LRC in S. K. Patil Municipal Hospital by MLSM, Mumbai



- Treating a patient with facial palsy at LRC in Choksi Hospital by MLSM, Mumbai



- Hands on training on POID for NLEP staff at Nandurbar



## Selective Special Drives through NGOs and NGLOs

**Equipping NGO / NGLO staff to undertake campaigns by involving community groups to suspect and refer any persons in their locality with signs of leprosy . . . .**

- Under LEAP, the LST sensitizes the NGLO and NGO staff for SSDs. SSDs are aimed at to create spokespersons for leprosy in the community for early detection of new leprosy cases.
- The SSDs undertaken with proper involvement of community groups will have a long-term effect as the health workers regularly interact with the people. They undertake initiatives for various activities in the community as part of their routine.
- Community groups have better rapport with the people. Addition of leprosy knowledge gives them the confidence to function as spokespersons for leprosy in their community.
- Detecting early new cases need not be a monopoly of the leprosy relief agencies. Health NGO personnel can be trained to undertake leprosy education campaigns to promote early case detection during the course of their work in their respective areas.
- Besides NGO staff, anganwadi workers, self-help groups, mahila mandals, youth groups and community volunteers can also be enlisted for SSDs. This effort yields significant referrals of suspects than a general mass awareness campaign.



- Health NGO staff in Gondia involved in preparing material for focussed IEC campaign during SSD.



- Training Health NGO staff for SSD campaign at Bhandara district.



- Sensitization of Health NGO workers in Gondia district for SSD and focussed IEC campaign.



- NGO staff training community volunteers on signs and symptoms of leprosy.



## Targetted IEC campaigns through SSDs

LEAP Support Team trains NGLO and NGO staff in organizing, equipping community groups in selected areas for focussed IEC during SSD . . .

### SSDs by LEAP Partners

- LEAP partner agencies had undertaken SSDs in the slums of Mumbai and in the villages of Raigad, Gondia, Gadchiroli, Bhandara and Wardha districts including Ashramshalas in Nandurbar district of Maharashtra state and in Katekalyan block at Dantewada district of Chhattisgarh state. Till date, the results are encouraging.

#### SSDs in urban and rural areas : Results

Activities	Number
Slums / villages covered	310
Schools/Ashramshalas reached	46
Suspects identified / referred	980
New leprosy cases confirmed	57

IEC Activities	Number
Slide Shows	80
Poster Exhibitions	122
Album Talks	1,982
Individual Talks	573
Poster displayed	10,632
Stickers pasted	9,610
Wall painting	8,718
Leaflet distributed	66,964



- NGO staff organizing a story telling session in a tribal area of Dantewada district, Chhattisgarh



- Exhibition in a village street corner in Gadchiroli district.



- Health care NGO staff performing street play in front of a village school in Bhandara district.



- Health care NGO staff involving school students in a village campaign in Wardha district.

## Enhancing the skills of NLEP staff and PHC staff and doctors

**LEAP Support Team camp at rural LRC units in Maharashtra and Chhattisgarh providing hands-on training to the staff engaged in LRCs . . . .**

- LEAP Support Team (LST of ALERT-INDIA) undertake hands-on training for doctors, leprosy technicians, health workers and equip them to provide quality services in urban and rural LRCs of Govt., Municipal Corporation and NGLOs.
- Specifically, the training entails equipping them to diagnose and refer difficult cases, assess the nerve involvement, treat patients with reactions, provide disability services, ulcer care and protective aids and attend to the needs of patients - both new and cured – at LRCs.



- Hands on training in muscle stimulation to NLEP staff at Gadchiroli, Maharashtra



- Hands on training in the skin smear technique at Vivekananda Tribal Hospital, Bastar, Chhattisgarh



- Hands on training in the use of splints to NLEP - PHC staff at Rural Hospital, Thane, Maharashtra



- Hands on training in muscle assessment to NLEP staff at Rural Hospital, Jawar, Thane, Maharashtra



- Hands on training in POID for NGLO staff (SEL) at the LRC at St.George's Hospital, Mumbai



## Promoting Leprosy Referral Centres through Partners

LEAP assists the NLEP units of Govt., Municipal Corporations and NGLOs to establish LRCs, receive referrals and provide quality care & services . . . .

### LRCs established by LEAP Partners during 2006 - 07

District	Partner Organizations	Location of LRCs
Mumbai	Maharashtra Lokhita Seva Mandal (MLSM)	1. Chokshi Hospital, Malad
		2. Golibar, Santacruz
		3. S.K. Patil Hospital, Malad
		4. St. George's Hospital
Raigad	Kushtarog Nivaran Samiti (KNS)	5. Rural Hospital, Panvel
Thane	Kalyan - Dombivali Municipal Corporation, Thane Asst. Director of Health Services (Leprosy), Thane	6. Rukminibai Hospital, Kalyan
		7. Cottage Hospital, Jawar
		8. Central Hospital, Ulhasnagar
		9. Navghar PHC, Vasai
		10. Dayanand Hospital, Vadavali
Gadchiroli	Asst. Director of Health Services (Leprosy), Gadchiroli	11. Mukтажееvan, Shahapur
		12. Dhanora Rural Hospital
		13. Aheri Sub-District Hospital
		14. Armori Sub-District Hospital
Gondia	Asst. Director of Health Services (Leprosy), Gondia	15. Salekasa Rural Hospital
		16. A.Morgaon Rural Hospital
		17. Deori Rural Hospital
Nandurbar	Asst. Director of Health Services (Leprosy), Nandurbar	18. Rural Hospital, Dhadgoan
		19. Rural Hospital, Navapur
Bastar	Ramkrishna Sarada Sevashram, Bastar, Chhattisgarh	20. Vivekananda Tribal Hospital

► As of September 2007, 9 more LRCs are established in Raigad, Nashik and Thane districts



- Demonstration of MCR footwear & footdrop spring to PHC staff at Rural Hospital, Thane, Maharashtra

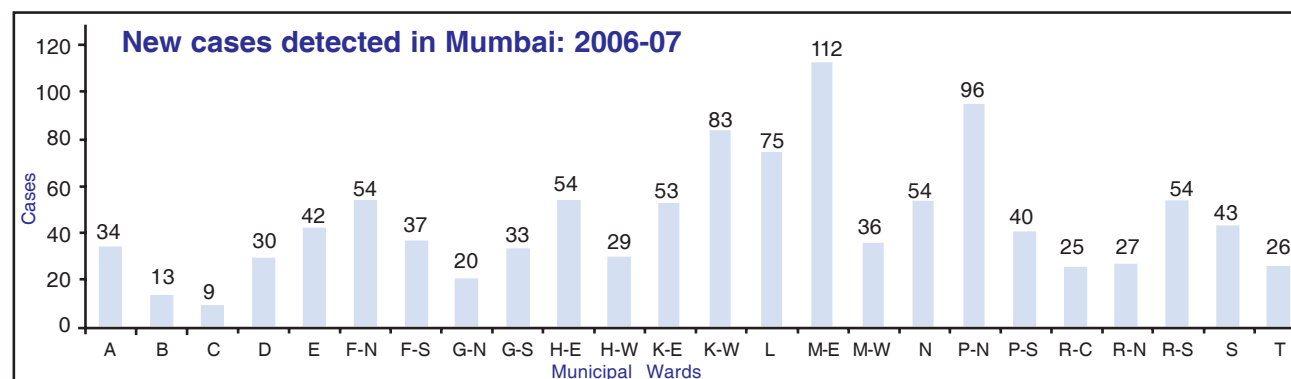
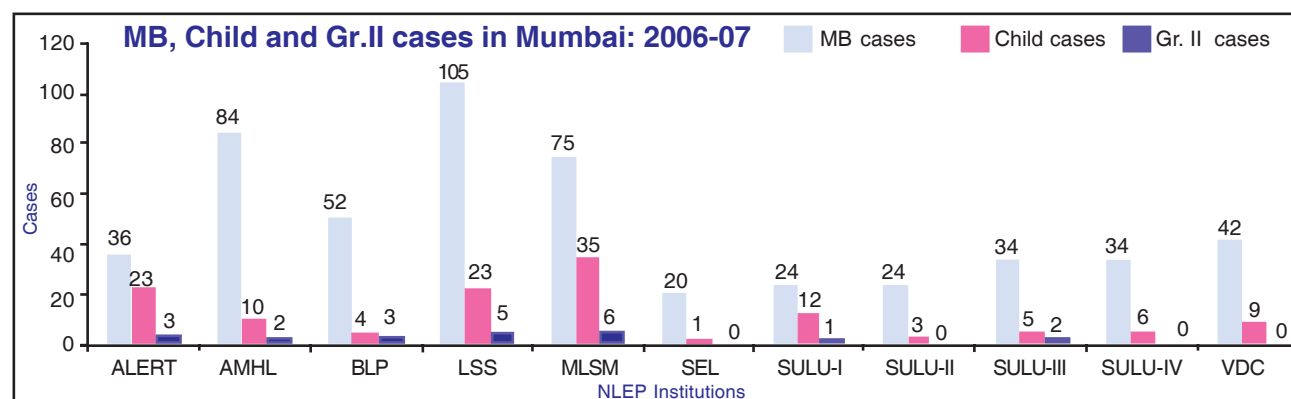
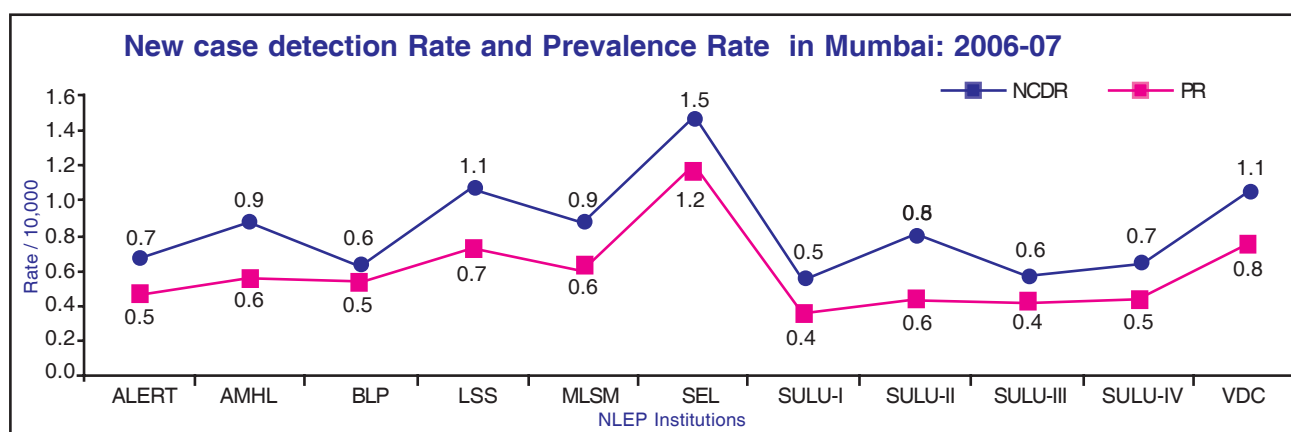


- Hands on training on nerve and muscle assessment to NLEP staff at Municipal Hospital, Kalyan, Thane

## Epidemiological monitoring through Central registry

**Central registry managed by LEAP records the official data on leprosy for the Mumbai city to provide feedback to the programme managers . . . .**

- ALERT-INDIA monitors the epidemiological indicators of the leprosy control programme of Mumbai city through a central registry in collaboration with the Govt. of Maharashtra and Municipal Corporation of Greater Mumbai.
- During 2006-07, 1078 new leprosy cases were registered in Mumbai. 530 (49 %) were multibacillary (MB) cases; 131 (12 %) were child cases and 22 (2 %) were Gr.II disabled cases among all the new leprosy cases.



Source: Central Registry, EMU, AMHL, Wadala



## Sample survey - a simple tool to review leprosy situation

**ALERT-INDIA joined hands with the Municipal Corporation of Greater Mumbai in its effort to review the leprosy situation in the city . . . .**

- The Govt. of India has integrated leprosy services with the general health care (GHC) system as a policy in 2002. Since then all the new case detection was only through self-reporting of new leprosy cases.
- The 'intermediate' goal of leprosy elimination - less than 1 case per 10,000 population - has been achieved in Mumbai, by the end of March 2005. The rate of decline in prevalence rate was quite steep during 2005 (64 %) compared to 2004 (28.6 %). This raised questions.
- Hence, the Municipal Corporation of Greater Mumbai (MCCM) proposed to review the leprosy situation in Mumbai city.
- As part of the above effort, ALERT-INDIA undertook a sample survey in Rajawadi Health Post in the project area of 'N' Ward in Mumbai to review the true leprosy situation.
- Selection of area (Health Post) and the population (Slums) were done using random method.
- ALERT-INDIA teams trained community volunteers and engaged them to enumerate the slum population.



- LST member examining a child suspect in a tribal village during leprosy screening camp.

### Results of Sample Survey (March 2007)

Name of Health Post	Rajawadi
Population enumerated	25,090
Population examined	18,322 (76%)
Suspects identified	32
New cases detected	26 (MB-2; PB-24)
NCDR / 10,000 (Sample survey)	14.2
NCDR / 10,000 (NLEP report)	2.6

*NCDR - New Case Detection Rate*

- Trained leprosy workers screened the population and identified suspects for leprosy. All the suspects identified were confirmed by the Leprologists before registering and starting treatment.
- The survey indicated that the current NCDR and PR were 5 times more than reported earlier. Similar results were found in other areas by other units. This is just an indication of the fact that there are hidden leprosy cases in the community and the transmission of disease continues.
- This finding confirms the need for SSDs undertaken under LEAP by ALERT-INDIA



- Leprologist confirming the diagnosis of the suspects identified during sample survey.

## Reaching out the TB sufferers in the community

### Treatment follow-up & retrieval of defaulters is crucial for TB control ...

- ALERT-INDIA has been involved in TB control work in collaboration with Navi Mumbai Municipal Corporation since 1996 and since 2005 in Mumbai and Thane of the Revised National Tuberculosis Control Programme (RNTCP).
- ALERT-INDIA teams undertake follow-up of initial sputum defaulters, DOTS providers and follow-up of patients referred by private medical practitioners and patients registered with Urban Health Posts / Health centres.
- Our social workers undertake individual and family level follow-up, counselling of all TB patients under DOTS.
- During the year, our teams had reached 1, 116 TB patients and their families in Navi Mumbai, Thane and Mumbai. Also reached 1,373 private medical practitioners.
- Our teams organize TB awareness campaigns among community groups promoting DOTS (freely available at health centres) through a special film on TB / exhibition etc.

#### Family Development Programme

- Family Development Programme is aimed to assist economically and socially vulnerable families to find solutions with appropriate guidance and counseling by specially trained community workers in some of the above areas of TB control work.



- A education session on TB for inmates of Thane jail.

## Urban TB - DOTS in Mumbai to strengthen RNTCP

### Supporting RNTCP - DOTS for better results ....

The Urban DOTS Project aims to bring maximum number of TB patients under DOTS treatment in the slums of N and S wards of MCGM and areas of Thane Municipal Corporation (TMC). The objectives are:

- Involvement of private medical practitioners, local mandals and CBOs for referrals.
- Increasing awareness about TB and the services available for its diagnosis and cure through IEC
- Improving access to TB care by opening new Microscopy centres or Sputum Collection Centres for diagnosis and DOTS Centres for treatment.
- Support for case holding and defaulter retrieval through counselling and home visits to patients

Thus the UDP aims to increase the reach of the existing TB programme and getting closer to the community through innovative methods.

#### Community Education Programme

- ALERT-INDIA has been focussing on community health among the women and adolescent youths through a band of trained Community Health Volunteers working with the general health care system using interactive communication media and encourage to form self-help groups in the communities.



- An interactive training session on TB for women.

## AIDS - Astha project in Navi Mumbai

### Breaking the barrier to prevent spread of AIDS ....

- Aastha project works among the bar girls of Navi Mumbai for prevention of STIs & HIV/AIDS. 8 new facilities (Astha Kendra's) for the girls near their place of stay have been expanded to include medical services, vocational training services, pre-primary classes, also family counselling and crisis centres, meeting place for sharing, a platform for celebration of festivals and cultural events. The process of community ownership has begun and resulted in the formation and registration of a CBO by bar girls.
- Tejaswini Mahila Mandal, with its aim at empowering the deprived and stigmatized bar girls boasts of a membership of 61 members within a short span of 2 months. Interest and curiosity about the CBO is increasing rapidly, and so is the membership.
- Services that the Aastha is unable to provide, are made available to the community by networking with other NGOs and institutions. This need based response has been the criteria for starting any new activity in the community. The clinical services has 551 beneficiaries for general health related problems and 6,468 for STI treatment during the year. The 2 pre-primary classes for children of the key population have 26 children registered. Vocational training classes have 20 women learning new skills.
- Capacity development and evaluation has been a continuous process in the Aastha project consisting of rapid assessment and response, addressing the short and long term skill development of implementers, developing systems for enhancing performance and ensuring quality. Both FHI and SOSVA have been active as trainers in this process.

## AIDS - Care & Support Project in Thane district

### Advocacy and improved health for the people living with HIV-AIDS ....

#### 'UMEED' - A ray of hope !

- The support group of people living with HIV/AIDS (PLHAs) has grown, since its inception in 2004, when a group of 22 persons thought it was necessary to come together. Several strategies for advocacy against the injustice meted out to them were worked and carried out with support from other NGOs & CBOs. This group now has 89 PLHAs and meet regularly once a month.
- Initiatives at the local level have helped sort out problems related to children's schooling, nutrition supplements, home based care subsistence, hospitalization and referrals for specialized care. So far 34 PLHAs have started Anti-Retroviral Therapy (ART) out of 60 PLHAs assisted for CD4 tests, 9 school drop-outs from families whose prime earner died due to AIDS were provided education assistance, 4 families were provided ration for 3 months due to reduced ability of the family members to bear food expenditure as a result of illness of parents.
- Umeed is working towards providing holistic care across a continuum, from home and community to institutional services and back, to meet the needs of clients and their families.

#### HIV-TB co-ordination programme

The GFATM RD III HIV-TB NGO involvement programme of MSACS appointed ALERT-INDIA as the Nodal Agency in November' 06 for Thane and Raigad districts to initiate and strengthen referrals between ICTCs and Microscopy centres in the rural areas. The overall goal of this programme is reduction in TB related morbidity in PLHAs, while preventing further spread of HIV & TB in urban and rural population of high HIV burden states. 9 field NGOs in the 2 districts implement this programme.

## Mobilizing resources for a cause

*Dear Friends,*

*Identifying the cause, like combating leprosy and tuberculosis etc, and working systematically with commitment to combat it is one side of the coin. Identifying the necessary financial resources and mobilizing them is the other. While we at ALERT - INDIA have forged a team that we feel has what it takes to achieve the former, we are reliant on the support and encouragement of many diverse people when it comes to the latter. We mention them here with sincere gratitude.*

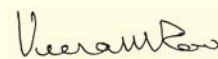
- *Our resource mobilization efforts at various schools are successful only due to the motivation provided by the principal and teachers who run these fine institutions, and the untiring efforts of the children who prove to us every single year that little drops make an ocean.*
- *When it comes to fund-raising events, we are beholden to our sponsors who unhesitatingly loosen their purse strings when we tug at their heart strings.*
- *We are truly grateful to those individuals who seek nothing else but to help a good cause when they come forward to participate in these events.*

*And while monetary support is essential to drive a good cause, we are conscious that every fund-raising effort also contributes to raise awareness about the need to wage an unceasing war on any social or physiological inequity in this world.*

*At ALERT - INDIA we feel we just have to make a difference to lives that are needy of care. And we will never stop trying.*

***Thank you for never letting us feel, we are alone !***

*With best wishes and warm regards,*



*Veera M. Rao*

*Director - Resource Mobilization*

The Resource Mobilization Unit of ALERT-INDIA has twin responsibilities. It raises awareness about leprosy by targeting different segments of society and also raises monetary resources from individuals, trusts, corporates, and local and global foundations to help achieve the objectives of ALERT-INDIA.

The last year saw significant fund-raising activities being carried out under the guidance of **V.Ranganathan, Yash Chopra, Jagjit Singh, Jackie Shroff, Keki Mistry, Noshir Talati, Dolly Thakore, Ketki Patel, Ramesh Narayan and Veera Rao.**

Special thanks to **Volkart Foundation and HDFC Ltd.**, for their generous donation to our projects.

### ■ A marathon effort

On 21<sup>st</sup> January, for the third successive year, ALERT-INDIA participated in the Standard Chartered Mumbai Marathon with the objective of focusing public opinion on the problems of leprosy. **Dilip Jivrajka, Managing Director, Alok Industries Ltd.** signed up for the Dream Team to support ALERT-INDIA. **Gopal Ramouti, Managing Director, Twilight Litaka Pharma Ltd.** participated with a full complement of his team members.



- ALERT-INDIA's Marathon team.



## Mobilizing resources for a cause - Community support for leprosy control

### ■ Igniting young minds

ALERT INDIA's school and college project branded "Igniting young minds" (inspired by our past President Dr. Kalam) reaches out to over 400 schools and engages more than 1,00,000 students. In the process a film on leprosy was screened in 122 schools and more than 70,000 informative leaflets were distributed. The project exposes these young minds to lectures, exhibitions and films and seeks to provide them with a scientific perspective of leprosy in an interesting way. This helps in dispelling the myths and misconceptions that society labors under and lets these youngsters grow up knowing the true facts about leprosy, devoid of the sociological baggage that weighs down most people. We hope that these future citizens of India would become fair ambassadors of the truth, spreading the good word that leprosy is curable, and viewing those afflicted by it with sensitivity and compassion.

### ■ ALERT- INDIA's annual awards day

Recognizing the tremendous effort put in by educational institutions, a special felicitation ceremony was held for schools and colleges who had raised significant donations, on 24<sup>th</sup> February 2007 at the Birla Matushri Sabhaghar, Marine Line, Mumbai. Hundreds of prizes and trophies were presented to Principals and students by our Chief Guest and staunch supporter matinee idol **Jackie Shroff**. **Chatrabhuj Narsee Memorial School** with collections of Rs.4,08,000/- walked away with the trophy for the highest collection while **Jamnabai Narsee School**, Juhu ranked second collecting Rs.2,20,000. **Billabong High International School**, Juhu with Rs.1,51,000 was ranked third. The large auditorium was packed with principals, students and their parents. The warmth and goodwill generated for the cause was truly great.

### ■ Beauty and the Feast

On Friday, 9th March 2007, Hotel Taj Lands End, Bandra witnessed a galaxy of the city's glitterati gathered on the occasion of ALERT-INDIA's charity celebrity dinner "Beauty and the Feast". Celebrities and friends of ALERT-INDIA - **Usha Utup, Shaan, Tanaaz and Bakhtyar, Penaz Masani, Suneeta Rao** - gave brilliant performances to the delight of all patrons. Film star **Nauheed Cyrushi** released a special souvenir on the occasion. The event was generously supported by **Alok Industries Ltd, Automotive Manufacturers Pvt. Ltd, Indian Oil Corporation Ltd, and Mangal Keshav Securities Ltd.**



- Jackie Shroff hugs a child after handing over the gift.



- Mr.V. Ranganathan, Former Chief Secretary, Govt. of Maharashtra giving away prizes.



- Usha Uthup, Shaan & Penaz Masani singing for a cause (R - L).



- Tanaaz and Bakhtyaar Irani's troupe dance in support of the cause.

## ALERT - INDIA: Abridged Financial Statements 2006-07

Balance Sheet as of March 31, 2007	2006-07 Rs. In lakhs		2005-06 Rs. In lakhs	
<b>Source of Funds</b>				
Trust Fund		14.43		14.43
General Fund		73.79		73.15
Earmarked Funds		421.18		336.80
<b>Total</b>		<b>509.40</b>		<b>424.38</b>
<b>Application of Funds</b>				
Fixed Assets		117.93		86.56
<b>Investments</b>				
Corpus Fund	14.43		14.43	
Gratuity Fund	46.52		28.46	
Reserve Fund	104.29		118.15	
Other Earmarked Fund	80.45		30.62	
Temporary Reserves	105.76	351.45	115.00	306.66
Refund due (IT)		1.95		0.15
Cash & Bank Balances		38.07		31.01
<b>Total</b>		<b>509.40</b>		<b>424.38</b>
<b>Income &amp; Expenditure as of March 31, 2007</b>				
<b>Income</b>				
Grants		223.23		210.04
Donations		95.52		96.92
Self Generated (Interest on Investments/Banks)		24.05		10.89
Depreciation on immovable properties written back		36.04		-
Earmarked Funds Utilised		-		27.35
<b>Total</b>		<b>378.84</b>		<b>345.20</b>
<b>Expenses</b>				
<b>Programme Expenses</b>				
Leprosy Elimination Action Programme (LEAP)	155.63		152.10	
Community Education Unit (CEU)	5.53		6.92	
Economic Assistance & Rehabilitation Activities	8.26		6.61	
Aastha Project (HIV/AIDS)	48.10		20.98	
TB Control & Family Development Project	30.56		18.31	
Flood relief activities	-		22.11	
Leprosy Campaign & Resource Mobilisation	37.93	286.01	26.38	253.41
Depreciation		7.81		14.87
Transfer to Earmarked Funds for committed programmes		84.37		70.97
Transfer to General Fund		0.65		5.95
<b>Total</b>		<b>378.84</b>		<b>345.20</b>

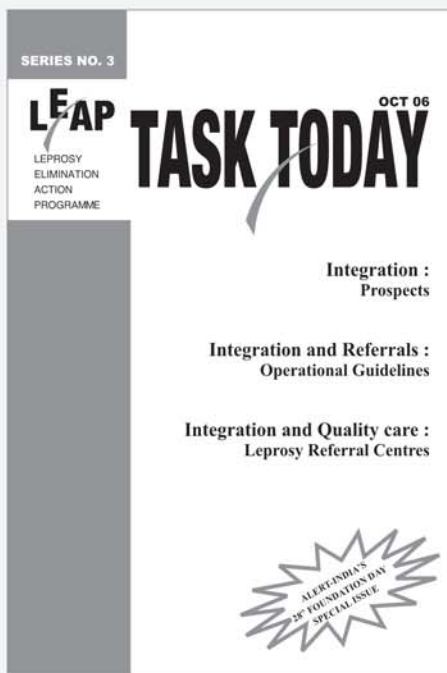
We have examined the above abridged financial statements for the year 2006-07 and certify that the statements have been summarised from the Audited Balance Sheet and Income & Expenditure Account referred to in our report dated 20th August 2007.

**Auditors:** R.K. Karanth & Co., 62, Bombay Mutual Building, Fort, Mumbai - 400 001.

**Banks :** Central Bank of India, Sion / Vashi; SBI Chembur; BOB Sion; PNB Vashi; P&S Vikhroli; Abhyudaya Co-op Bank, Vashi; IDBI, Sion & HDFC, Vashi.

- Note:**
1. Accounts are prepared on cash basis
  2. Fixed Assets other than immovable properties are stated at actual cost less accumulated depreciation.
  3. Depreciation is charged on Movable Assets on the written down value basis with effect from 1.4.06 depreciation on immovable properties is calculated on written down value basis and set aside to a Depreciation Fund.
  4. Estimated gratuity liability is set aside to Gratuity Reserve.
  5. Complete audited statement of accounts is available on request.
  6. Credibility Alliance norms compliance report available on request.

  
Proprietor  
R. K. Karanth & Co  
Chartered Accountants  
Membership No. 39945



'Task Today' is an effort to share information and gather informed support for Leprosy Elimination Action Programme (LEAP) during the integration phase.

In the first two parts of Task Today Series 3, Key elements of NLEP and WHO strategies with the essential details for sustaining leprosy control efforts and quality care are discussed.

The third part outlines the crucial role of the field-based leprosy NGOs today through Leprosy Referral Centres by reorienting and redeploying the available manpower involving all stakeholders.







**ALERT-INDIA**

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**LEAP** LEPROSY  
ELIMINATION  
ACTION  
PROGRAMME

Supported by :  
**Anesvad**  
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