Fighting disease, poverty and prejudice

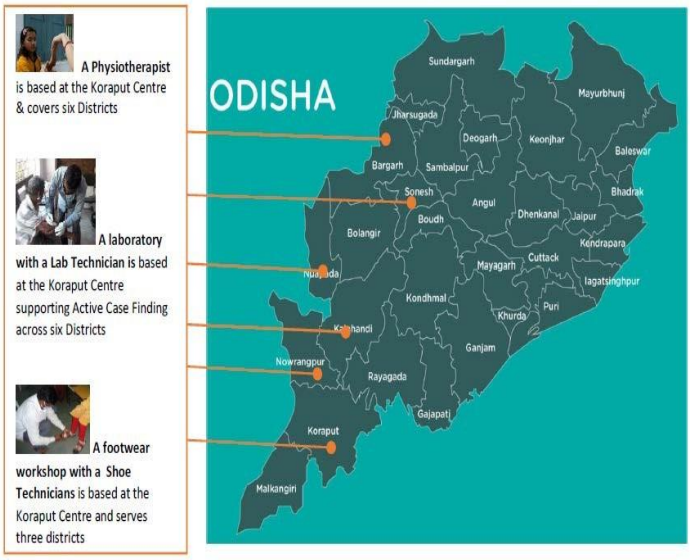
Name of the Project : The Koraput Care Centre, Odisha, India

Supported/Funded by : The Ann, Ciara and Niamh Copeland Trust Fund

Period Update : 1st April 2025 to 31st March 2026

1 Introduction:

Project	The Koraput Care Centre
Executing Organisation	LEPRA Society (India)
Project Location	Koraput It also serves affected people from: Nabarangpur, Kalahandi, Koraput, Malkangiri, Rayagada of Odisha & Jagdalpur (Chhattisgarh)
Project Beneficiaries	People affected by Leprosy and Lymphatic Filariasis
Funder	The Ann, Ciara and Niamh Copeland Trust Fund
Project cost	INR 1,483,442 for 2025-2026
Reporting Date	31st March 2026
Prepared by	Netrananda Sahoo/Naveen Satle/A.Anilkumar



2 Project Background:

- The Koraput Care Centre re-opened on 1st September 2021 with Support from the Ann, Ciara and Niamh Copeland Trust fund and LEPRA-UK.
- This Centre covers the 18 blocks of six districts in the State of Odisha, India, covering approximately 2.5 million people. With an average annual detection rate of 21.2 new leprosy cases per 100,000 of people in the six districts, it is expected to have at least approximately 702 new cases each year.
- The Koraput Care Centre is owned by the Government and leased out to LEPRA Society. Services provided here are integrated with the local administration, filling vital gaps that are lacking in the government setup.
- The project will contribute to the overall objective of the organization by NFI/Reaction Management, Ulcer Care, facilitation for Reconstructive Surgery, customized footwear and adaptive/protective devices supply. Thus, the project addressed the above-mentioned issues along with comprehensive disability services through establishing inpatient service units.
- The Koraput Care Centre provided Slit Skin Smear examination to difficult-to-diagnose cases and linked them for initiation
- The planned activities for 2025/26 were to reach over 3,000 people affected by leprosy, both existing and new cases.
- The project implementation is aimed at awareness generation on leprosy, sensitization of Government Health Staff (GHS) and frontline workers, early new case detection, initiation and adherence to treatment, Prevention of Disability services including disability care at the referral centre, DPMR clinics and home-based care, strengthening referral system and socio- economic rehabilitation of persons affected with leprosy.

2.1 – Overview

What major achievements have been made during the reporting period?	The Koraput Care Center OPD attended a total of 481 cases, comprising 317 males, 157 females, and 7 children. The project staff addressed their respective issues by providing counselling and POD services. Upon assessment, it was found that 97 cases required NFI and reaction treatment and were subsequently placed on steroid therapy. Among these, 84 cases have recovered, while 13 cases are still undergoing treatment. 137 cases presented with ulcers; they were educated on self-care practices and provided with self-care kits. There were also 12 pre-operative cases, 34 post-operative cases, 158 cases who visited for follow-up and MCR footwear, and 43 cases with other complications, all of whom were successfully treated. During the reporting period, a total of 108 slit-skin smear tests were collected for difficult-to-diagnose and classification cases. Among these, 33 cases were found to be positive. Based on clinical and bacteriological confirmation, all 33 positive cases were identified as new cases and classified as MB. The center facilitated the initial doses of MDT for all cases and subsequently referred them to the appropriate PHC/CHC for further treatment. In addition, the project field staff collected 60 slit-skin smear samples from the field, which were examined at the KCC laboratory. Of these, 11 cases were found to be positive and were facilitated for treatment. 154 cases were admitted for inpatient services at KCC, and appropriate inpatient care and treatment were provided. These included, 28 physio-care, 9 NFI, 37 Reaction and 66 Ulcer cases, MCR and others 19. 32 pre-operative cases were mobilized for Reconstructive Surgery with 7 cases operated on during this year. (Hand-5, Foot-2) 12 Self-Care camps were organized by the project team in new operational districts, where 136 beneficiaries attended. 134 adoptive/protective devices were supplied to 79 beneficiaries including 38 women. These devices help prevent further damage & maintain balance of muscle power. During the reporting period, the project team facilitated social security support to 25 cured leprosy persons to help them obtain pensions under the social security scheme. Additionally, the project staff facilitated disability certificates for 43 persons. Laboratory investigations were carried out for OP and IP cases as instructed by the Medical Officer i.e. Hemoglobin-119, Blood Suger-124, ESR-98, Widal-123, MP-123 and another general test 187. Among these, 16 malaria parasite tests were found to be positive. Protective footwear was provided to 15 co-morbidity cases and 11 LF-cases. One leprosy diabetic case was treated at KCC. 27 cases of LF were registered and due to acute attacks, 6 cases were admitted and treated at KCC Bed Occupancy of Koraput Care centre was 140.5% during this reporting period and average stay at KCC was 15 days per beneficiary.

2 .2- Logical framework[1]						
Expected Results[1]	**Indicators[2]**	**Data Source[2]**	**Baseline[3]**	**Proposed target**	**Achievements[4]**	**Reasons for Variance**
Impact						
Strengthened Comprehensive Care Centre function well	-	District DPMR Clinic report	-	-	-	-
Outcome						
Comprehensive care for persons affected by leprosy and prevention of impairments; halt the worsening of existing impairments among persons affected by leprosy.	Number of persons accessed at least any one leprosy service provided Number of persons prevented from disabilities due to leprosy	Project monitoring reports Impact analysis Case studies	Project documents of Swabhiman	OPD - 500	481 cases attended the OPD clinic. 97 NFI/Reaction and 137 ulcer cases were assessed and provided proper treatment.	Fewer cases referred from the Community Health Centre (CHC) level
Diagnosis of difficult cases	No. of slit skin smears collected and sent for testing	OPD register and Lab register	Project documents of Swabhiman	80 Slit skin smear tests	108 difficult to diagnose tests carried out at KCC with 33 positive.	More skin smear collected at field level
Restoring Physical Social and Economic Rehabilitation	No. of cases surgically corrected No. of cases linked to pensions	CCC records & RCS register	Project documents of Swabhiman	15 cases screened & referred for RCS; 31 people to be linked for Securities scheme.	7 RCS completed (hand 5, foot-2) 33 pension referrals complete – 25 successful, remaining are under process.	As per the availability of cases
Output						

[1] For externally funded project, please use the format from the funder not Lepra's and share a copy to Lepra
[2] Note that a small KoBo Survey at the end of the year can be used as a way to collect data and measure progress.
[3] Use data you have from previous years (from kobo and project)
[4] Data does not need to be disaggregated by gender and age in this report. It will be in the Programmes Report Framework (PRF)

Output 1.1 Regained functional ability of leprosy-affected disabled persons through reconstructive surgery	% of successful RCS conducted % of cases having satisfactory progress during post-operative care	RCS Register Post-operative assessment reports Case studies	RCS Follow up sheet Post-operative assessment sheet	10 RCS 36 post-operative cases	33 cases found suitable for RCS during screening – 10 cases underwent surgery. 23 scheduled for operations are subject to availability of government surgeons. 37 post-operatives followed & found 90% success	Successfully followed up of cases
Output 1. 2 Prevent disability and address the issues of residual morbidity after MDT	Number of persons captured with EHF scores Number and percentage of persons accessing self-care services Number of persons treated for reactions and prevented disabilities Number of persons provided with footwear Number of persons treated for ulcer care and status	Project reports and records	Patients Record and register	400 for EHF Score 30 provided self-care services 20 treated for NFI/Reaction. 200 pairs of protective footwear provided.	557 people captured with EHF Score. (304 at KCC and 237 at field. 395 people provided self-care services. 46 NFI/reaction cases treated and 41cases recovered. 204 pairs of protective footwear provided. 66 ulcer cases treated, 63 cases healed.	Increased demand for self-care services. Timely interventions resulted in the successful treatment and recovery of more NFI/reaction cases.

3.Gantt Chart

Description	Target for the year	2025-26 12 Months achievement	Brief narrative assessment or summary of progress or remarks
Please mention the Outcome/Results and below write the activities			
Complication case management			
1-1 Registering reported cases for counselling and POD assessment (OPD)	500	OPD-481 M-317 F-187, C-7	481cases attended the KCC OPD during this period among them 323 existing disability cases: 158 new/under treatment and difficult to diagnose with complications.
1-2 Smear facilitation for difficult-to-diagnose	80	108 M-59 F-40, C-9	A total of 108 difficult-to-diagnose cases underwent slit-skin smear examination. Among them, 33 new cases were found to be smear-positive. In addition, 60 slit-skin smear samples were collected by field staff and sent to the KCC Laboratory, where 14 cases were found to be positive.
Found Positive	-	33	All new 33 smear positive case registered and put on MDT.
1-3 Assessment for EHF Score	300	304	304 persons underwent EHF scoring. (Sensory and Voluntary muscle testing done)
1-3 Admissions for needy cases for complication management (IP)	180	159 M-114, F-45	159 different complication cases were admitted at the KCC and provided appropriate inpatient care and treatment. (Male-112, Female-43 and Child-4). Among them 28 physio care, 9 NFI, 37 Reaction and 66 ulcer cases, MCR and others 19.
1-4 Reaction & NFI case management	20	46 M-35, F-11& 97 Cases at OPD	46 NFI & Reaction cases were admitted to the Inpatient ward, including 11 women and put under steroid therapy; among them, 41 persons recovered. In OPD 97 cases were treated.
1-5 Ulcer case management	80	66 -IPD & 137 OPD	66 cases admitted with ulcers, including 25 women. Educated on self-care and provided self-care kits. 63 cases ulcer healed.
1-6 Cases mobilization for RCS	15	7	32 pre-operative cases mobilized from the Koraput district. Among them 7 persons RCS completed (hand - 5 and foot - 2).
1-7 Post-operative case follow up	20	21	21 post-operative cases followed up including 1 female. 20 cases found: 19 appearance & function well. Remaining 1 case with poor appearance but functioning good.
1-8 Supply of Protective foot wears	200	204 M-128 , F-76	204 pairs of Grade 2 MCR footwear distributed; among these 89 pairs made with podiatric appliances.

3.Gantt Chart			
Description	**Target for the year**	**2025-26 12 Months achievement**	**Brief narrative assessment or summary of progress or remarks**
1-9 Supply of adoptive devices	50	134	134 assistive devices supplied to 79 persons including 35 females. These devices help prevent further damage and maintain balance of muscle power.
1-10 Linkages with Social welfare schemes	20	25	During the reporting period, 25 individuals were linked through the social security scheme, with 19 benefiting from the pension scheme, including 11 females. The remaining cases are still in process. 43 beneficiaries were helped to obtain Disability Certificates from the government.

4 – Financial report

Please complete the financial report summary table below (INR Sterling). Full details should be included in a separate Excel spreadsheet, which must be attached to this Summary.

Annex 1 – Expenditure Report for the Koraput Centre, April 2025 – March 2026

(Based on GBP £1 = INR 110) - Exchange rate revised by UK in re-forecasting.

Expenditure Heads	Budget (£)	Actual Spend (£)	Copeland Trust Contribution (£)
(A) HR COSTS			
Nurse-1 no.	2,042.51	9,564.67	7,500.00
Medical Officer-1 no.	2,181.82		
Admin Support-1 no.	2,317.96		
Cook-1 no.	1,491.49		
Ward Attendant-1 no.	1,353.82		
Sanitisation Support Staff-1 no.	654.55		
Staff Welfare	965.13	1,333.15	
(A) Sub-Total	**11,007.28**	**10,897.82**	**7,500.00**
(B) PATIENT SUPPLIES			
Assistive Devices	27.27	2,134.01	
Self-care Kit	204.55		
Other Medical supplies	27.27		
Patient transportation	27.27		
Diet for IP ward Patients	1,327.27		
Maintenance of ward	109.09		
(B) Sub-Total	**1,722.72**	**2,134.01**	
(C) PATIENT RECORDS			
Printing of IP ward & OPD Forms, etc.	27.27	10.51	
(C) Sub-Total	**27.27**	**10.51**	
(D) IEC ACTIVITIES			
Awareness Camps / Coordination Meetings with Govt. & Stakeholders	81.82	35.91	
(D) Sub-Total	**81.82**	**35.91**	
(E) MONITORING & EVALUATION			
Monitoring & Coordination Meetings	54.55	58.64	
(E) Sub-Total	**54.55**	**58.64**	

Expenditure Heads	Budget (£)	Actual Spend (£)	Copeland Trust Contribution (£)
(F) OFFICE UTILITIES & EXPENSES			
Upkeep & Maintenance of Ward	54.54	302.61	
Electricity Expenses	218.18		
Telephone Expenses	32.73	46.34	
Printing, Courier & Photocopy	32.73		
Office Utility & Misc.	22.73		
(F) Sub-Total	**360.91**	**348.95**	
TOTAL (A + B + C + D + E + F)	**13,254.55**	**13,485.84**	**7,500.00**
Human Resource Costs (A)	**11,007.28**	**10,897.82**	
Non-HR costs (B + C + D + E + F)	**2,247.27**	**2,588.02**	

Annex 2 – Budget for 2025/26

Confirmed Budget for the Koraput Centre, April 2026 – March 2027

(Based on GBP £1 = INR 112)

Budget Heads	Total (£)	Particulars
(A) HR COSTS		
Nurse- 1 no.	2,006.04	One Nurse @ Rs.18,723 / pm
Medical Officer -1 no.	2,142.86	Consultancy service (part-time) @ Rs.20,000 pm
Admin Support – 1 no.	2,276.57	One Admin Support @ Rs.21,248 / pm
Cook - 1 no.	1,464.86	One Cook @ Rs.13,672 / pm
Ward Attendant - 1 no.	1,329.64	One Ward Attendant @ Rs.12,410 / pm
Sanitisation Support Staff - 1 no.	642.86	One Sanitisation Support Staff @ Rs.6,000 / pm
Staff Welfare	947.98	
(A) Sub-Total	**10,810.81**	
(B) PATIENT SUPPLIES		
Assistive Devices	26.79	Patients provided with adaptive devices, material cost @ Rs.50/each (i.e. 60 units x Rs.50)
Self-care Kit	200.89	150 people will be provided with self-care kits @ Rs.150 /per kit (i.e. 150 unit x Rs.150)
Other Medical supplies	26.79	Purchase of laboratory materials: surgical blades, ulcer dressings slit skin smear slides, etc.
Patient transportation	26.79	Local transportation costs given to needy cases
Diet for IP ward Patients	1,303.57	Diet for IP ward patients of 5 bed occupancy @ 80% X 365 days Rs.100/patient (i.e. 5 bed X 80% occupancy X 365 days X Rs.100)
Maintenance of ward, washing linen & other supplies etc. (other than food)	107.14	Maintenance cost of ward, washing linen etc. @ Rs.1,000/montl
(B) Sub-Total	**1,691.97**	
(C) PATIENT RECORDS		
Printing of IP ward & OPD Forms, etc.	26.79	Printing of IP ward and OPD forms, Assessment Forms, IP Patients' files, etc.
(C) Sub-Total	**26.79**	
(D) IEC ACTIVITIES		
Awareness Camps	80.36	6 x Awareness Camps organized @ Rs.1,500/per camp (i.e. Rs.1,500 X 6 camps)
(D) Sub-Total	**80.36**	

Budget Heads	Total (£)	Particulars
(E) MONITORING & EVALUATION		
Monitoring & Coordination Meetings	53.57	Co-ordination meeting with Govt & stakeholders every quarter @Rs.1,500/meeting (i.e. Rs.1500 X 4 meetings)
(E) Sub-Total	**53.57**	
(F) OFFICE UTILITIES & EXPENSES		
Upkeep & Maintenance of ward	53.57	Upkeep & Maintenance of ward @ Rs.500/pm for 12 months (i.e. Rs.500 X 12 months)
Electricity Expenses	214.29	Electricity expenses @ Rs.2,000/pm for 12 months (i.e. Rs.1,500 X 12 months)
Telephone Expenses	32.14	Telephone expenses @ Rs.300/pm for 12 months (i.e. Rs.300 X 12 months)
Printing, Courier & Photocopy	53.57	Printing, Courier & Photocopy expenses @ Rs.500/pm for 12 months (i.e. Rs.500 X 12 months)
Office Utility & Misc.	32.14	Office Utility & Misc. expenses @ Rs.300/pm for 12 months (i.e. Rs.300 X 12 months)
(F) Sub-Total	**385.71**	
TOTAL BUDGET	**13,049.21**	**(A + B + C + D + E + F)**
Human Resource costs (A)	**10,810.81**	
All other costs (B + C + D + E + F)	**2,238.40**	

Summary of Budget v Expenditure in INR – 2025 -2026

Item	Amount in INR Approved Budgets	Expenditure 2025-26	%
Capital costs	0		
Operational salaries	Rs. 537,660.00	Rs. 473,150.00	88.00
Operational others	Rs. 600,176.00	Rs. 672,889.00	112.11
Admin salaries	Rs. 254,976.00	Rs. 254,964.00	100.00
Admin others	Rs. 65,188.00	Rs. 82,439.00	126.46
Total	**Rs. 1,458,000.00**	**Rs. 1,483,442.00**	**101.74**

Comments: Expenditure 101.74 % because of more bed occupancy.

5 – Case studies[5]

Case study 1 - "A Journey from Foot Drop to Recovery: Subandhu's Story"

Patient Profile:

Sambandhu Gouda, is a 33-year-old male from Mechia village which is in the Kosagumuda block of Nabarangpur district. He lives with his family, which consists of 5 members. He has completed his education up to the 5th grade. His family does not have a defined source of income, and he works as both a farmer and as a daily labourer, earning 200 rupees per day. He does not possess any land and lives in a two-room asbestos house. He receives 70 kg of rice each month under the BPL scheme.

Disease Profile:

In 2023, he first noticed difficulties in walking. He experienced a drop in his right foot and a lack of strength in his right leg, which hindered his ability to walk properly. He managed to walk in this manner for approximately 9 months. In January 2024, he consulted the village Accredited Social Health Activist (ASHA) regarding his leg condition. The village ASHA was unable to determine the issue and subsequently referred him to the Auxiliary Nurse Midwife (ANM). Two days later, he visited an ANM in Karchamal to discuss his condition. The ANM Karchamal then referred him to CHC Asanga hospital. At CHC Asanga, a doctor and BNLW examined him and diagnosed him with leprosy. The Block Nodal Leprosy Worker (BNLW) registered him as a MB Leprosy case and initiated his MB MDT treatment on the same day. During the MDT treatment, he experienced tingling in his foot. He visited CHC Asanga monthly to collect his MB MDT. Sometimes the village ASHA would collect the medicine for him and deliver it to him. He successfully completed his 1 year of MB MDT and was declared Released from Treatment (RFT).

Lepra Intervention:

Following that, he developed an ulcer on his left foot, prompting him to visit DHH Nabarangpur. At District HQ Hospital (DHH) Nabarangpur, Lepra FC referred him to KCC Koraput. He arrived at KCC on 13.10.2025 and was admitted. At that time, he exhibited hypo-pigmented erythematous patches with defined loss of sensation on the anterior side of his left shoulder, the outside of his wrist, his thigh, and the posterior side of his right forearm ankle. Both patches were present on both palms with partial anaesthesia, indicating involvement of the ulnar nerve, along with atrophy of the hypothenar and thenar muscles. The sole of his left foot showed loss of sensation, with an ulcer formed from the 1st MTH big toe to the 2nd MTH.

Conclusion:

At KCC, the ST and VMT tests were found to be normal. A skin smear was taken and returned negative results. At KCC, ulcer dressings were performed every other day, and physiotherapy demonstrations were provided. He was taught self-care practices and advised on how to manage his condition independently. Medication was given to promote ulcer healing. Lepra PT counselled him to perform daily SSO, maintain bed rest, and conduct his own ulcer dressings. He was provided with "X" model footwear featuring springs. He was advised to perform towel exercises for foot drop (tendon stretch), and after 20 days, his ulcer began to heal. Subsequently, at Lepra Society Koraput, a disability certificate was applied for him. He was informed that after receiving the disability certificate, he should return to KCC to apply for a pension. He expressed his gratitude for the assistance he received from Lepra and thanked both the Lepra Society and its staff.

Case Study -2 "From Disability to Dignity: The Transformational Impact of Lepra Intervention"

Patient Profile:

Gunja Disari, a 51-year-old female, lives in Pindapadar village, located in the Dasamantpur block of Koraput district. She is without family and has lived alone since the passing of her husband. Gunja belongs to the Scheduled Tribe (ST) category, and her family does not have a defined source of income. She has not engaged in any activities for earning. Additionally, she does not possess any land. The government provided her with a house consisting of two rooms. She does not have a ration card.

Disease Profile:

In 2021, Gunja began experiencing pain throughout her body, particularly in her arms and legs. She sought help from a traditional healer and used some local remedies (Cheramuli), spending approximately 5,000 rupees on the treatment. However, she did not see any improvement. During a village survey, the village ASHA (Accredited Social Health Activist) noticed her condition and referred her to the Dasamantpur Community Health Centre (CHC). At the CHC, the BNLW (Block Nodal Leprosy Worker) examined her and diagnosed her with leprosy. On the same day, the BNLW initiated her treatment with the first pack of MB MDT (Multi-Bacillary Multi-Drug Therapy) for adults, instructing her to continue the medication for one year. After starting the treatment, her reactions slightly diminished, but by that time, her right hand had become deformed, rendering her unable to perform any tasks.

Problems Faced:

In 2023, following her husband's death, Gunja encountered numerous challenges in sustaining her livelihood. After his passing, her ration card was also revoked by the panchayat officer. Occasionally, her neighbours would provide her with some money, which she used to procure food. On one occasion, she attempted to take her own life, prompting the villagers to donate 35 kg of rice, along with a monthly support of 10 kg of rice from the community.

Lepra Intervention:

When the Lepra field team visited her village, they recommended that she go to the Lepra office in Koraput. On July 28, 2025, she arrived at the Lepra Society in Koraput and was admitted. At the Koraput Care Centre she applied for her Aadhar card and a disability certificate and received physiotherapy treatment. She presented with hypo-pigmented erythematous patches on the anterior side, along with a significant loss of sensation on her face, cheek, arm, forearm, and knee. Her left-hand palm exhibited partial anaesthesia, with clawing of the ring and index fingers, while her right-hand palm showed loss of sensation and thinning, with atrophy of the hypothenar muscles, web space involvement, and clawing of the fingers. Both soles of her feet had also experienced loss of sensation.

After a few days, she received her disability certificate. At the Lepra office in Koraput, she was advised and counselled on self-care practices, including foot elevation, and was issued MCR footwear with instructions for regular use. She was also shown physiotherapy exercises for her hands and feet, which she was advised to perform regularly. She is now prepared for a RCS operation on her right hand. As the time for the RCS operation approached, the Lepra staff contacted her, and the operation was scheduled. She expressed her happiness and gratitude for the support and assistance provided by the Lepra staff, thanking both the Lepra Society and its personnel.

6 – Photo report

Photos	Captions *Including a brief description of the photo, the place and the date of where and when the photo was taken*
	At KCC we support leprosy affected females by providing basic educational qualifications in a 6-month Physiotherapy Care Assistant (PCA) training programme which includes both theoretical and practical components. In this photograph a PCA is seen conducting the pre-operative cylindrical splinting of a patient under the guidance of a physiotherapist (PT).
	PCA Trainee being provided with guidance on how to perform physiotherapy exercises at KCC.
	A new case of nerve function related to foot drop is being discussed, detailing the underwater physiotherapy exercises by PO and PT.
	Ulcer dressings are being administered by PCAs at KCC for a complicated ulcer case.

	A posterior slab has been prepared for a new early foot drop case at KCC by PT and PCAs.
	A limb care demonstration is being conducted for one LF case, along with the provision of a kit containing a plastic tub, mug, coconut oil, soap, and small tarkis towel at KCC.
	NMS and DLC of NLEP from Koraput are screening a difficult to diagnose case at KCC.
	. International Yoga Day being celebrated at KCC.
	Dr. Michael and Alekhaya Madam visiting the In-patient ward.

	The Mankind Pharma team visited KCC, where Arun Sir, HOP, Swamy Reddy Sir, Ashish Sir, Dr. Ritu Parna Madam, and Amrita Madam were also present. They visited the In-patient ward and interacted with patients. They also visited the protective footwear wing, the kitchen, the physiotherapy wing, and the laboratory departments.
	A monthly review and planning meeting was held at KCC which was attended by Arun Sir, HOP, Swamy Reddy Sir, Dr. Ritu Parna Madam, Amrita Madam, and Ashish Sir. They discussed footwear supply, FR activities, and referrals for cataract cases.
	A reconstructive surgery camp was conducted at SLNMCH, Koraput, where five hand cases were operated on. Dr. L.K. Karmi and SLO Cum RCS Surgeon from Odisha performed the surgeries. ADPHO (Leprosy), Dr. Rakesh, DLC, college orthopedic surgeons, state PT, NMS, BLNW's, and PT facilitated the camp.
	The 37th LEPRA Society Foundation Day was celebrated at the Koraput Care Centre, attended by CDM & PHO, ADPHO (Leprosy), ADPHO (FW), MO (Disease Surveillance), Dr. Sai Swarup, Dr. Sandeep, Ms. Orthopedic, Dr. Chinmaye Sahu, Dr. Rakesh, DLC, NMS, and our donor SMT & Sri Sanuja Nayak. All LEPRA Swabhiman project staff were present to facilitate the activities. Ms. Amrita Singh Madam from the state office in Bhubaneswar also attended the event.
	We carried out the removal of plaster in 2 post-operative cases of foot drop and 8 post-operative cases involving hands, totaling 10 cases at our KCC. Present on this occasion were PT (NLEP Nowrangapur) and DLC, NMS of Koraput.

Submission Checklist

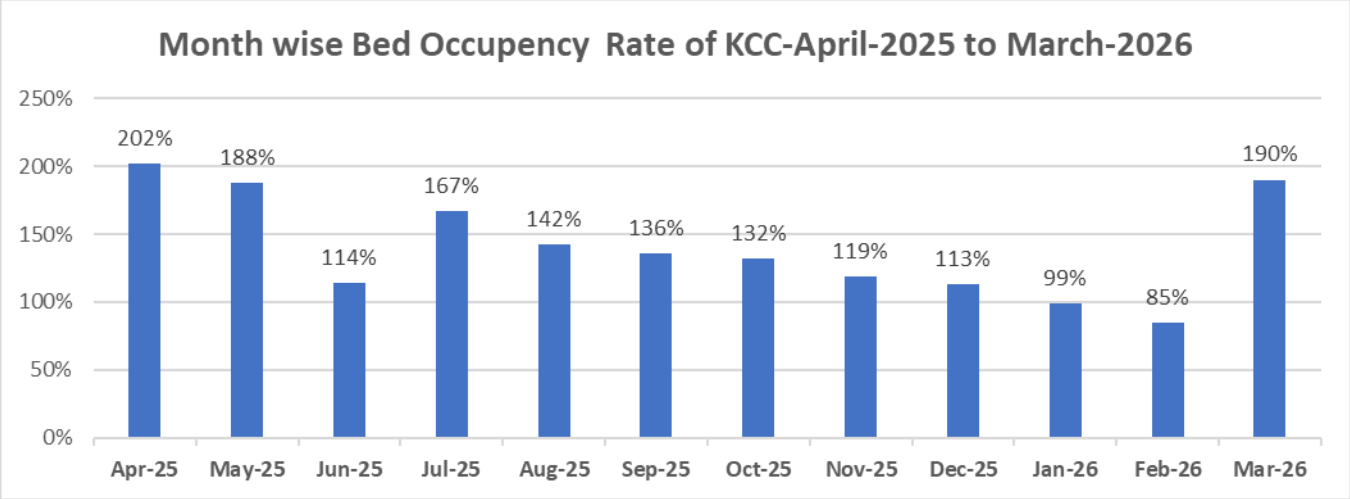
Please attach to this form:

1. *The full financial report*
2. *A summary of the epidemiological data in the project area*

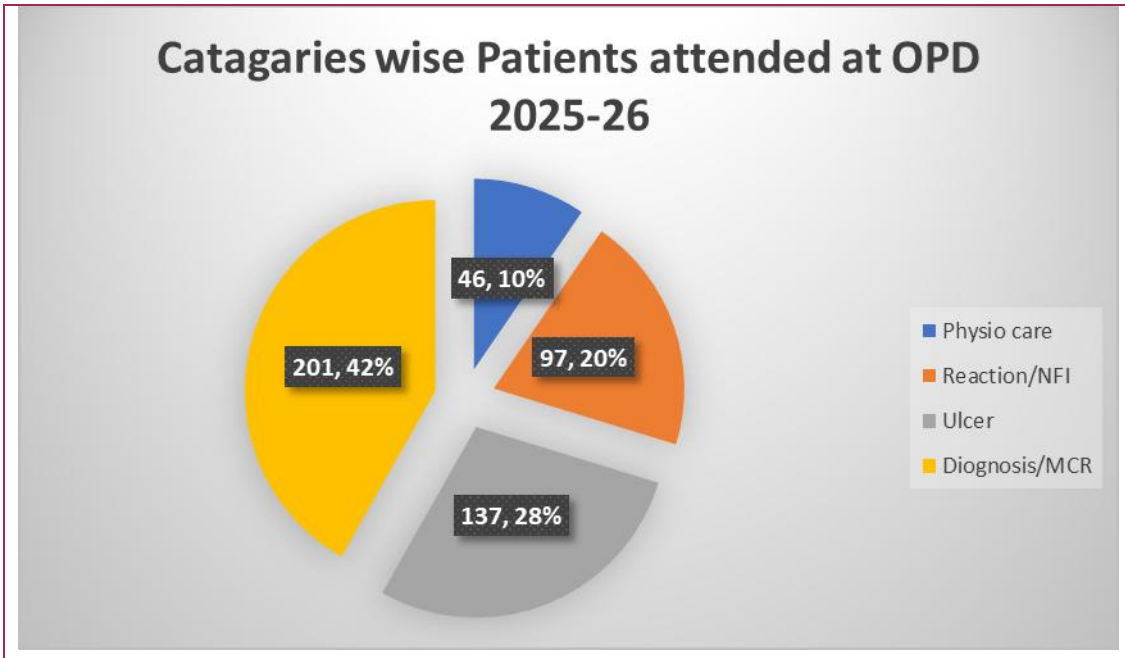
Epidemiological data
For all Districts covered by the project

For Leprosy	*District Koraput*
- *Prevalence (as on 30th March-2026)*	*0.86/10,000*
- *New Cases* - *ANCDR (March 25)* - *MB/PB distribution,* - *G2D,* - *Number of children cases,* - *Number of women cases*	*155* *12* *79/76* *2* *9* *65*

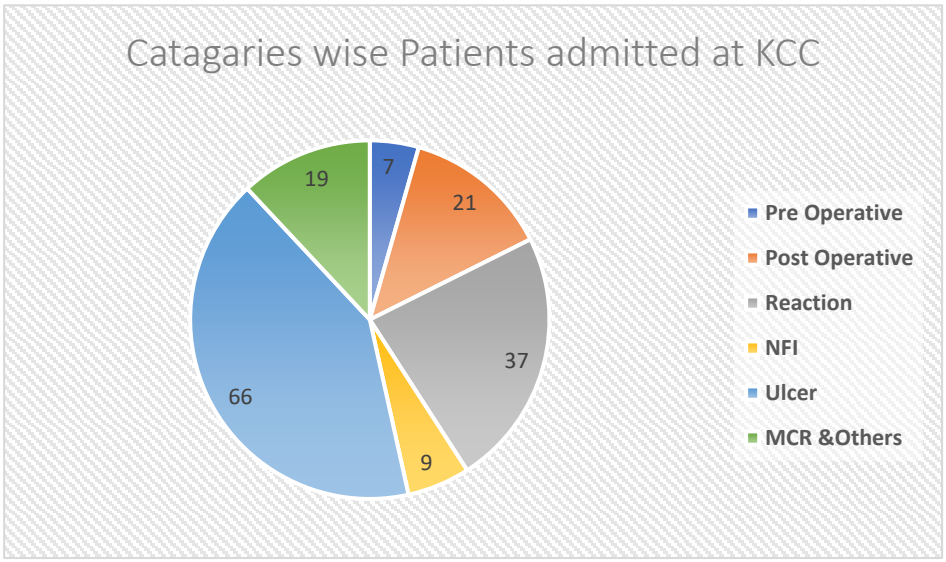
GRAPH-1



Graph-2



Graph-3



Submission Checklist
Please attach to this form: 3. *The full financial report* 4. *A summary of the epidemiological data in the project area*

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