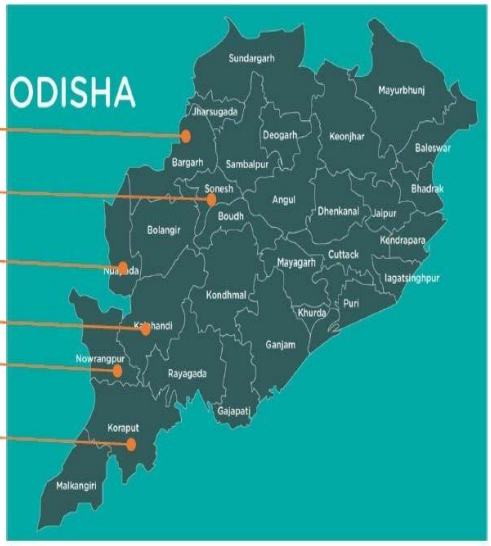
2023-24 ANNUAL Report (KCC) (April-24 to March 2025)

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 2024 to 31st March 2025

1 Introduction:

Project	The Koraput Care Centre
Executing Organisation	LEPRA Society (India)
Project Location	• Koraput It also serves affected persons from • Nabarangpur, Kalahandi, Nuapada, Sonepur, Bargarh of Odisha & Jagdalpur (Chhattisgarh)
Project Beneficiaries	People affected by Leprosy and Lymphatic Filariasis
Funder	The Ann, Ciara and Niamh Copeland Trust Fund
Project cost	Rs - for 2024-25
Reporting Date	31st March 2025
Prepared by	Netrananda Sahoo/ Amrita Singh/ Naveen Satle



2 Project Background:

The Koraput Centre is owned by the Government and leased out to LEPRA Society. Services provided here are in integration with the local administration, filling up vital gaps, which are lacking in the Government set up.

It supports activities in 18 blocks across six districts in the State of Odisha, India, covering approximately 2.5 million people (Figure1).With an average annual detection rate of 24.2 new leprosy cases per 100,000 of people in the six districts, it is expected to have at least approximately 605 new cases each year. After Integration of NLEP activities with the Government health set up .The new case detection and treatment is looking by ASHA/HWs. but we found that there is huge gaps of GHS Staff on case detection, holding and complication case management .

Koraput Care Centre re-opened on 1st September 2021, the project supported the NLEP in the district and provided disability management services like NFI/Reaction Management, Ulcer Care, Facilitation for Reconstructive Surgery Customize Footwear and adoptive/protective devices supply. Thus, the project addressed above mentioned issues along with comprehensive disability services through establishing inpatient service units.

The planned activities for 2024/25 were to reach over 3,000 people affected by leprosy, both existing and new cases.

1 – Overview

What major achievements have been made during the reporting period?	The Koraput Care Centre OPD attended to a total of 527 cases, comprising 327 males, 144 females, and 26 children. The project staff addressed their respective issues by providing counselling and POD services. Upon assessment, it was discovered that 65 cases required NFI & Reaction treatments and were subsequently placed on steroid therapy. Among these, 52 cases have recovered, while 13 cases are still undergoing treatment. Additionally, 104 cases presented with ulcers; they were educated on self-care practices and provided with self-care kits. Out of these cases, 69 individuals' ulcers healed, 22 cases become complicated to simple, and 13 cases remain under treatment. During the reporting period, a total of 50 Slit Skin smear tests were collected for difficult to diagnosis and classification cases. Among these tests, 21 cases found positive for skin smears. Clinically and bacteriologically confirming 21 new cases within this positive group, all were classified as MB cases. The Centre facilitated the initial doses of MDT in all cases and subsequently referred them to the appropriate PHC/CHC for further treatment. Apart from this, the project field staff collected 98 slit skin smears from field and examined them at KCC Laboratory and found 22 positive and facilitated for treatment. 191 cases were admitted for inpatient services at KCC and provided proper in patients care and treatment. Among them, 35 physio-care, 4 NFI, 35 Reaction and 83 Ulcer cases, MCR and others 34. 32 pre-operative cases mobilized for RCS among them, 11 cases to be operated during this year. Out of that, Koraput-5, Nabarangpur-5 & Rayagada district-1 case. (Hand-9, Foot-2) 12 Self-Care Camps were organized by the project at new operational district, where 145 beneficiaries attended. 132 adoptive/protective devices were supplied to 78 beneficiaries including 35 to women, these devices prevented further damage & maintain balance of muscle power. During the reporting period, the project facilitated social security support to 33 cured leprosy persons in getting pensions under social security scheme, in addition, project staff facilitated disability certificate for 26 persons. Other Laboratory investigations were carried out - OP and IP cases as per advice given by the Medical Officer i.e. Hemoglobin-126, Blood Suger-121, ESR-111, Widal-121, MP-123 and another general test 238. Among these 15 Malaria Parasite test found positive. 12 co-morbidity cases & LF - 11 footwear supplied, and one leprosy diabetic treated at Koraput RC. 24 cases of Lymphatic filariasis line listed and due to acquit attack 6 cases were admitted and treated at KCC Bed Occupancy of Koraput Care centre was 148.7% during this reporting period and average stay at KCC was 14 days each beneficiary.

Project context *Have there been any changes in the context of the country (e.g. political, social, natural or economic factors) that have impacted the implementation of the project?* *Are there any potential contextual factors that may have an impact on the project implementation in the foreseeable future?*	The Koraput Care Centre is presently treated as an Annexure Project of the District NLEP wing and regularly the district Leprosy Consultant/District Leprosy Supervisor visits and provides technical supports. Once in a quarter, the District Coordination meeting is held at Koraput Care Centre, where all the BNLWs attended and planned out the ongoing NLEP situation at the district level and examined the admitted cases to gain knowledge of complication management. 11 pre-operative cases for RCS have been done at Koraput Medical College and all the RCS operation OT and other costs were borne by the government. The district health administration utilized the NLEP budget to procure 512 pairs of MCR footwear and sourced 85% of the required medicines from the Government Central store. Additionally, during this timeframe, the Koraput shoe wing manufactured and supplied 204 pairs of G-II footwear to beneficiaries through the GHS programme.
What are the two main challenges you encountered in this reporting period? How did you address these challenges?	Previously, this centre operated as a 20-bed in-patient care facility. However, due to current budgetary constraints, it has been reduced to a 5-bed capacity. Despite this limitation, the number of in-patients consistently exceeds 5. To manage this situation within existing budgets, the project prioritizes admitting cases based on need. In this year bed occlumency rate is 148.7 and average stayed is 14 days. During this period, more difficult to diagnosis cases referred by PHC/CHC and after skin smear examination, found highly positive and late detection cases. The centre admitted complicated cases involving Ulcer (maggot infestation), which required extended stays due to their complexities. Government - conducted 02 RCS sessions during this period, resulting in 11 RCS procedures being performed out of the planned 30 cases. The remaining 20 cases received pre-operative physio care and are scheduled for further procedures.
What are your two main learning points for this reporting period?	During this period, there were 24 new cases of LF, out of which 6 cases received acquit attacked treatment & 11 cases received specialised footwear and counselling at the Koraput Care Centre (KCC) OPD for acute attacks, leading to successful healing. There was an increase in OPD attendance, benefiting 515 individuals with various issues. We benefitted from good collaboration with Block NLEP staff, and they have been referring the complication cases those they could not manage at their level. 714 Slit Skin smear tests of difficult to diagnosis & difficult to classify cases examined at Koraput Centre (both Field & Centre) 6 districts and found 217 were skin smear positive. The cases are referred to the concerned CHCs for registration. Other Laboratory investigations were done - OP and IP cases as per advice given by the Medical Officer i.e. Hemoglobin-126, Blood Suger-121, ESR-111, Widal-121, MP-123 and another general test 238. Among these 15 Malaria Parasite test found positive. It seems that most are suffering with co morbidities.

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	527 cases attended OPD: 39 were NFI/Reaction & 83 ulcer cases were assessed and provided proper treatment.	Increasing trend in OPD attendance. 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 Skin smear	50 of Difficult to diagnosis. 198 skin smears done at KCC Lab. And found 43 positives.	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.	11 RCS cases done (hand 9, Foot 2) 33-person linkages done and 26 person got pension remaining are under process.	As per the availability of cases

[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						
Output 1.1 Regained functional ability of leprosy affected disabled persons through re-constructive 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	38 post-operatives followed & found 90% success	Successfully did follow 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 people to be provided self-care services 20 people to be treated for NFI/Reaction. 200 pairs for during this period.	355 people captured with EHF Score. 395 person provided self-care services. 39 NFI/reaction treated & 23 cases recovered. 204 pairs of footwear provided. 83 ulcer cases treated among 69 cases ulcer healed.	Increased demand for self-care services: timely interventions resulted in the successful treatment and recovery of more NFI/reaction cases

Gantt Chart

Description	Target for the year	2024-25 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-527 M-327 F-144, C-26	527 cases attended to Koraput Care Centre, OPD during this period among them 329 old disability cases: 198 New/under treatment and difficult to diagnosis with complications
1-2 Smear facilitation for difficult to diagnosis	80	50 M-26 F-23, C-1	50 cases difficult to diagnosis cases skin smear examination done. Among them 21 new cases found smear positive. Apart from these 98 cases slit skin smear collated by field staff and sent it to KCC Laboratory and found 22 cases positive.
Found Positive	-	21	All new 21 smear positive case registered and put on MDT.
1-3 Assessment for EHF Score	300	335	355 persons underwent EHF scoring.
1-3 Admissions for needy cases for complication management (IP)	180	191	191 different complication cases were admitted at Koraput care centre and provided proper in-patient care treatment. (Male-125, Female-62 & Child-4). Among them 35 physio care, 4 NFI, 35 Reaction and 83 ulcer cases, MCR and others 34.
1-4 Reaction & NFI case management	20	39 M-14, F-11& 65 Cases at OPD	39 NFI & Reaction cases admitted at In-patient ward, including 11 women and put under steroid therapy; among them 23 persons recovered, in OPD 65 cases treated.
1-5 Ulcer case management	80	83 -IPD & 104 OPD	83 cases admitted with ulcers including 34 women. Educated them about self-care & provided self-care kits and finally found 69 cases ulcer healed.
1-6 Cases mobilization for RCS	15	32	32 pre-operative cases mobilized from Koraput district. Among them 11 persons RCS done (hand-9 &Foot-2).
1-7 Post-operative case follow up	20	38	38 post-operative cases followed up including 6 women. Among them 36 cases found: 34 appearance & function well. Remaining 4 cases have poor appearance, but functioning is good.
1-8 Supply of Protective foot wears	200	204 M-128, F-76	204 pairs of G-II MCR footwear distributed; among these 111 pairs made with podiatric appliances.
1-9 Supply of adoptive devices	50	132	132 assistive devices supplied to 78 persons including 35 women. These device helps them preventing further damage & maintain balance of muscle power.

Gantt Chart			
Description	**Target for the year**	**2024-25 12 Months achievement**	**Brief narrative assessment or summary of progress or remarks**
1-10 Linkages with Social welfare schemes	20	33	During the reporting period, 33 individuals were linked through the social security scheme, with 26 of them benefiting from the pension scheme, including 11 females, while the remaining cases are still in process.

3 – Focused questions	
What advocacy activities did you conduct during the reporting period? And what is the output/outcome of that *These might include influencing/lobbying/negotiating with the government, key stakeholders, networks, media, etc.*	The project staff consistently participated in District/Block NLEP meetings and maintained liaison with the District/Block-level Leprosy Nodal person for Early MDT during this period. Through advocacy efforts in Block and District level forums with the government's District Social Security department, 24 needy individuals were successfully linked to the Social Security Scheme (Pension) with support from the District Social Security Officer (DSSO) in Koraput.
What active case finding activities did you conduct in the reporting period? *Case finding activities – Directly implemented by the project – Contact survey, focal, School survey, special focussed surveys* *Case finding activities – Support to NLEP at district level and State level*	In this project, there were no active case-finding activities conducted. However, the Project PT/FC actively participated in the Special Case Detection Drive held from December 23rd to January 24th.
How the project did address the needs of different groups in the target population (based on age, sex, disability, etc.)?	The Swabhiman 2.0 KCC project primarily targeted a population affected by leprosy across three nearby districts, considering factors such as age, sex, and disability. The project addressed their clinical needs through DPMR and IP services while also focusing on their economic needs by linking them to available government schemes. Additionally, stigma and discrimination were addressed by generating awareness among the community through IPC sessions and community meetings facilitated by Lepra field staff.
How did the project link/align with national programmes (NLEP, ELF, NVBDCP, NHM etc.)?	OPD and IP services data gets reflected in NLEP report. Re constrictive Surgery, Post-operative cases follow up, supply of customized footwear & adoptive devices also reported in the project as well as in NLEP reports. Monthly KCC progress report (Leprosy/LF) submitted to district NLEP/NVBDCP wing every month. The project is closely aligned with national programs such as the National Leprosy Eradication Program (NLEP), Elimination of Lymphatic Filariasis (ELF), National Vector Borne Disease Control Program (NVBDCP), and National Health Mission (NHM).

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.

Item	Amount in INR Approved Budgets	Expenditure2024-25	%
Capital costs	0		
Operational salaries	Rs. 5,07,228.00	5,07,228.00	100%
Operational others	Rs. 6,26,156.00	7,03,578.00	112.36
Admin salaries	Rs.2,40,540.00	2,40,540.00	100%
Admin others	Rs.84,076.00	72,110.00	85.76
Total	**Rs.14,58,000.00**	**15,23,456.00**	**104.49**

Comments: Expenditure 104.49 % because of more bed occupancy.

6 – Risk

Has the assessment of the project risks and your confidence in the successful delivery of the project changed in the reporting period?

During the reporting period everything went smoothly with the Koraput Care Centre project as progress and milestones were met without significant delays or setbacks. Resource allocation remained stable throughout the reporting period, ensuring necessary financial, human, and equipment resources for project delivery. Stakeholder engagement maintained a positive trajectory, with consistent support and involvement internally and externally, contributing to project success.

7 – Exit strategy

Under what circumstances and within what estimated timeframe would this project no longer be required?

Currently, no exit strategy has been planned.

8 –Next period (Only for half-year reports)

In light of the first six months of project implementation, what changes do you plan to make for the remaining of the project's year?

The project will continue its regular activities, with the Field Coordinator and PT actively participating in Block Level DPMR Clinics. They will communicate with the Block Nodal Leprosy Worker to refer more needy cases from Koraput, Nabarangpur, Malkangiri, and Rayagada Districts to KCC for integrated services. Additionally, the project will focus on linking persons affected by leprosy to the Social Security Scheme and providing customized footwear at the centre and doorstep.

9 – Case studies[5]

Please provide the story of a beneficiary or another stakeholder (e.g. government health worker, community-based organisation representative) who has been impacted by the project.

Case study 1 **"Jogendra Pari of Nabarangpur district happy after proper Reaction treatment"**

Patient Profile:

Jogendra Pari, a 25-year-old male belongs to Jharigaon village, Jharigaon block, Nabarangpur district. He stays with his family. There are 4 members in his family. He belongs to OBC category. His education qualification is 10th class. He is unemployed. His wife separated with him after knowing his disease. He comes under BPL category. He does agricultural work & a beetle shop

Disease Profile:

In 2020 he first noticed erythematous patches on his skin. But he ignored them. During that time, he was consulted by a traditional healer. The traditional healer gave him ayurvedic medicine (Cheramuli) to apply all over the skin. But there was no improvement of the patches. Instead, the patches increased & the skin becomes scaly. After that he went to another traditional healer. He gave him some oral medicine but again there was no improvement of his disease. By now 4 months had passed, and the patches had spread all over the body and nodules had started to form. This time he went to the Koraput government hospital to show his patches. At the Koraput hospital he was diagnosed with leprosy. The same day, he was registered as a Leprosy patient and started his MDT dose in March 2024. After learning about his disease, his wife divorced him and took his daughter with her. Now she is staying with her parents. He continued to take his medication and was at number 8 MDT packet when he faced a reaction to his body.

Lepra intervention:

When the reaction started, he went to Nabarangpur DHH & they referred him to KCC on 14-11-2024. He came to KCC on 15-11-2024 and a slit skin smear check-up was done and found that skin smear - 4+. They admitted him in KCC IPD for treatment. He is continuing his treatment at KCC. He stayed at KCC for 15 days and after his reaction symptoms had subsided, he went back to his home.

Life after Lepra intervention:

He is now becoming RFT and there is no reaction on his face, and he is doing his regular work as before. Now he has got all the facilities which are provided by Lepra. He was very happy after getting all the facilities by Lepra.

[5] *Please use the Lepra Guidelines for Collecting Case Studies found in Appendix 6 of the Impact Manual.*

Case Study-2 ***"Important of IEC activities to detect hidden case "***

Patient Profile:

Bhagaban Pujari, a 46-year-old male, belongs to Guali village, Kotpad block of Koraput district. His family comes under the BPL category. He is a small-scale farmer. His wife is a housewife. He has two daughters and one son. One of his daughters is married. His son Jayanath, an 18-year-old male, helps his father on the farm. His younger daughter, 15 years old, studies in class 10th.

Disease Profile:

Before six months of registration, a small patch appeared on his left arm, upper side. Then the patch gradually increased. The patch became numb. He ignored this and didn't mention it to anyone. During the time of the Leprosy Society's Research Activity on 09.10.2024, the IEC van went to his village. During the activity, they provided MCR footwear to 42 old Leprosy cases. In the village there were more than 30 Leprosy RFT cases. Mr Bhagaban Pujari saw the van. He saw images of Leprosy conditions and went to the Lepra staff and asked. FC also gave him a demo by showing him the flash card. After that, he understood the disease and told FC about his patches. Then PT and FC screened him and referred him to the Koraput Care Centre for registration.

Lepra intervention:

Mr Bhagaban Pujari went to Koraput Care Centre along with village ASHA at DPMR clinic day on 16-10-2024. At Koraput he was diagnosed as a Leprosy PB case and registered. After that, BNLW counselled him to take the medicine regularly for six months, pre/post-counselling treatment.

Now he is continuing the three-month MDT dose. On 16-01-2025, BNLW went to his village and followed up to Bhagaban on a programme of Leprosy research activities. A contact survey was done on his family and no patches were found on his family members. VMT/ST, Nerves care test done on him and found normal. His patches start to fade.

Life after Lepra intervention:

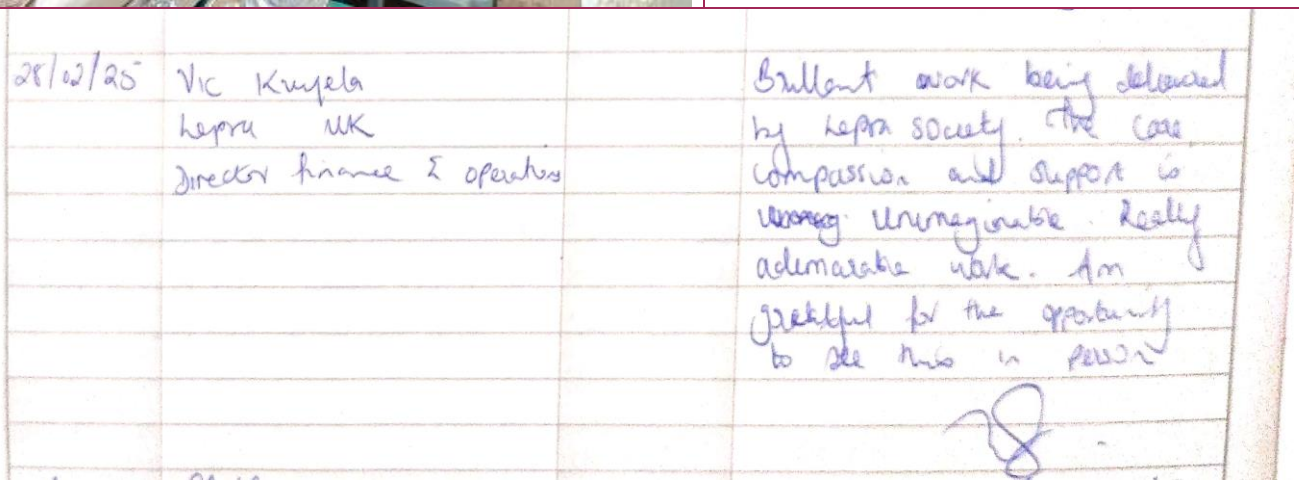
After receiving the treatment and help of Lepra staff, his leprosy is condition is improving and will be resolved, otherwise it may have become a critical condition. Before treatment, his mind was very negative, and he was depressed. Now he is very happy and gave thanks to Lepta staff (Fc and PT) and Lepra Society.

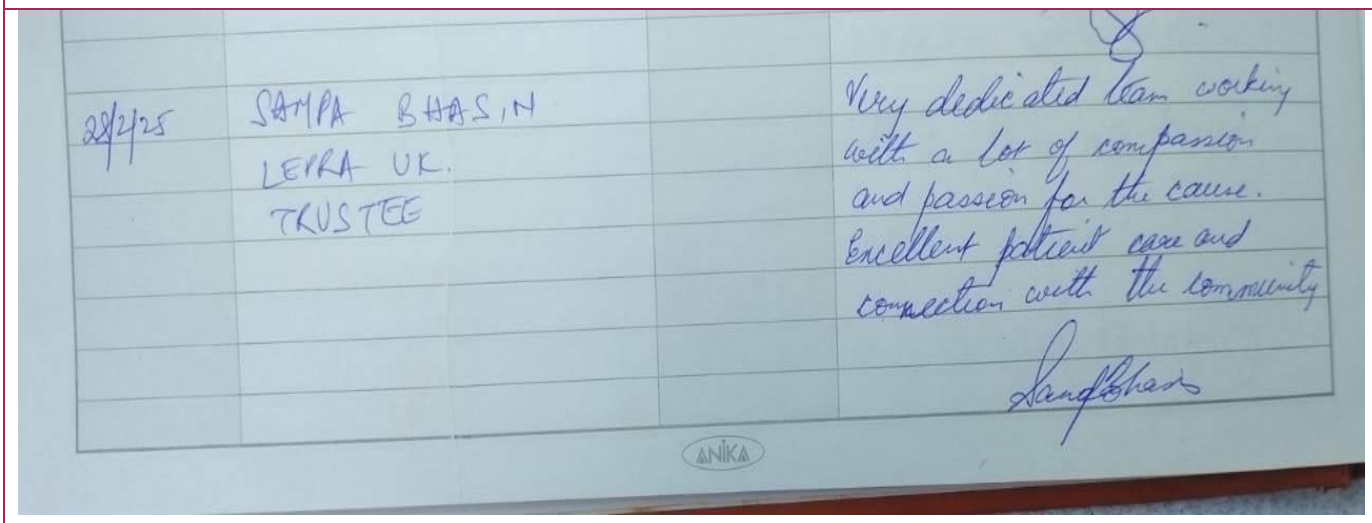
10 – Photo report	
Photos	**Captions** ***Including a brief description of the photo, the place and the date of where and when the photo was taken***
	Monthly Review Meeting done at KCC, Where all staff are present, and Sri Naveen Sir, State Coordinator and Sri Dilip Sir, M&EO also attended.
	Pre and Post Slab and Dorsal Slab to the Post-Operative Cases at KCC. PCA and PCA trainees are assisting with the work alongside the PT.
	A Skill Development Training session on Making of HONEY at KCC.

	Difficult-to-diagnosis case being examined at KCC
	Staff orientation training on Safeguarding / Prevention of sexual exploration and abuse to staff, where Dr. Rutuparnna Hota attended as RP.
	A Sensitization Training Programme to BLNW/VBDTS'S on LEP/LF (MMDP).
	Post-operative cases physiotherapy exercises and preparation of dorsal slabs to post-operative cases at KCC by PT along with PCA'S.

	Teaching Self-Care practices to the beneficiaries at KCC.
	PCA'S are putting cylindrical splints on post-operative cases at KCC.
	34th Foundation Day and Gandhi ji & Sastri Ji Birthday Celebration at Koraput Care Centre with Sri V. Keerthi Vasan, IAS District Collector and Magistrate, Dr. S. Das, CDM&PHO, Dr. Sourav, DPHO, DLC attending as guests.
	Skill Development Training on Making of Toys at KCC.

Conducted 11 (9 Hand, 2 Foot Drop) Re-Constructive Surgery cases of plaster removal at KCC.
The PT, NLEP, Nabarangpur attended and DLC, NMS of NLEP, Koraput also attended.





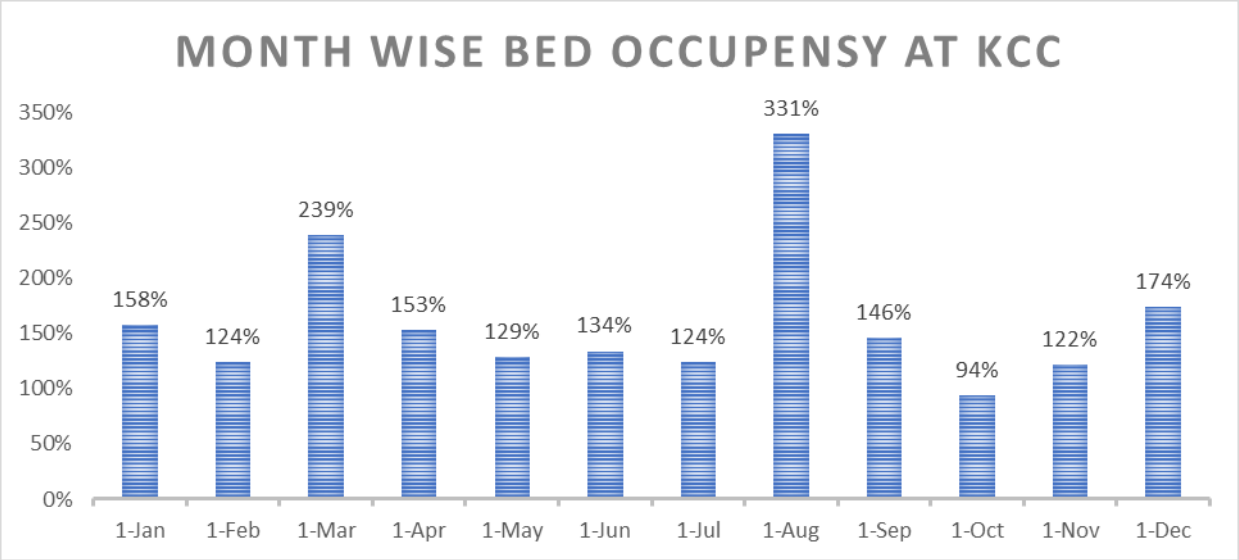
Submission Checklist

Please attach to this form:

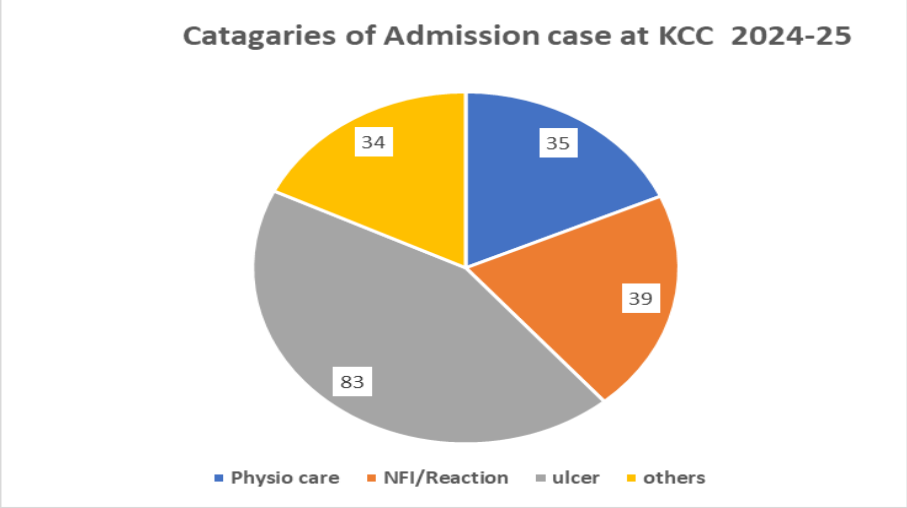
1. *The full financial report*
2. *A summary of the epidemiological data in the project area*

Epidemiological data For all Districts covered by the project	
For Leprosy	*District* *Koraput*
- *Prevalence* ***(as on 30th March-2025)***	*1.00/10,000*
- *New Cases* - *ANCDR (March 25)* - *MB/PB distribution,* - *G2D,* - *Number of children cases,* - *Number of women cases*	*186* *21.1* *107/79* *2* *9* *109*

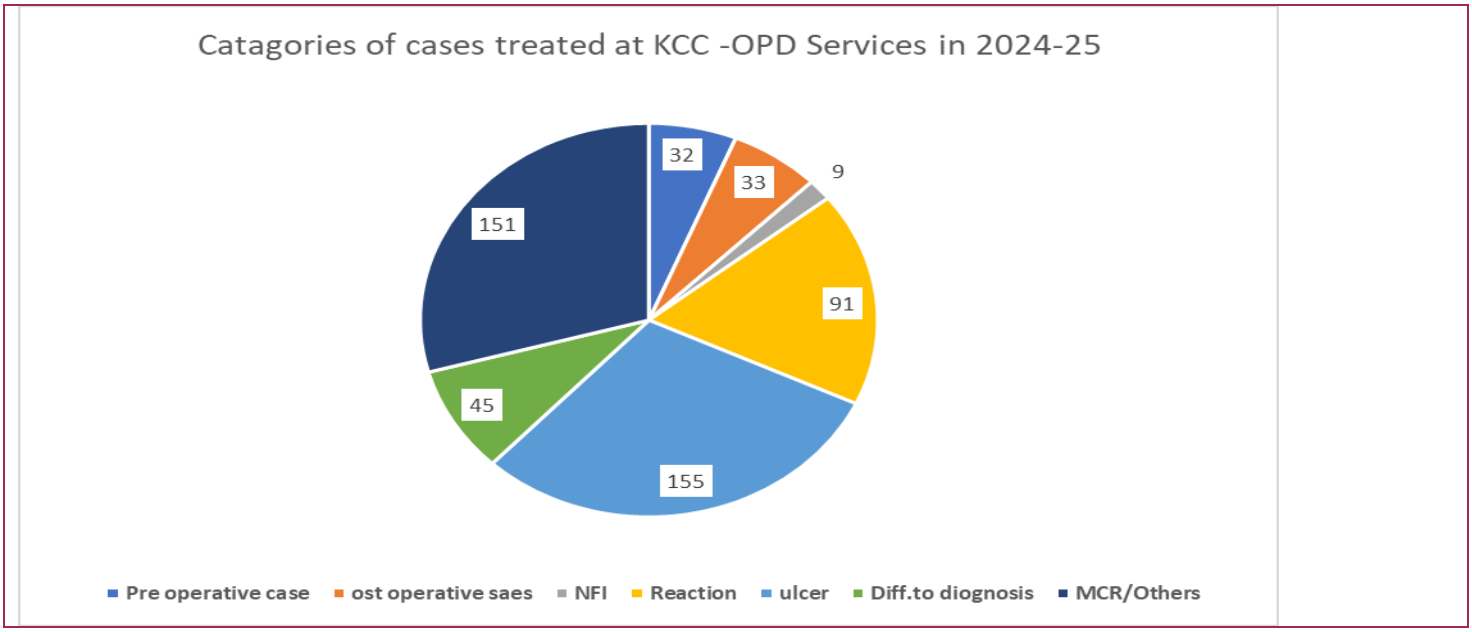
GRAPH-1



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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