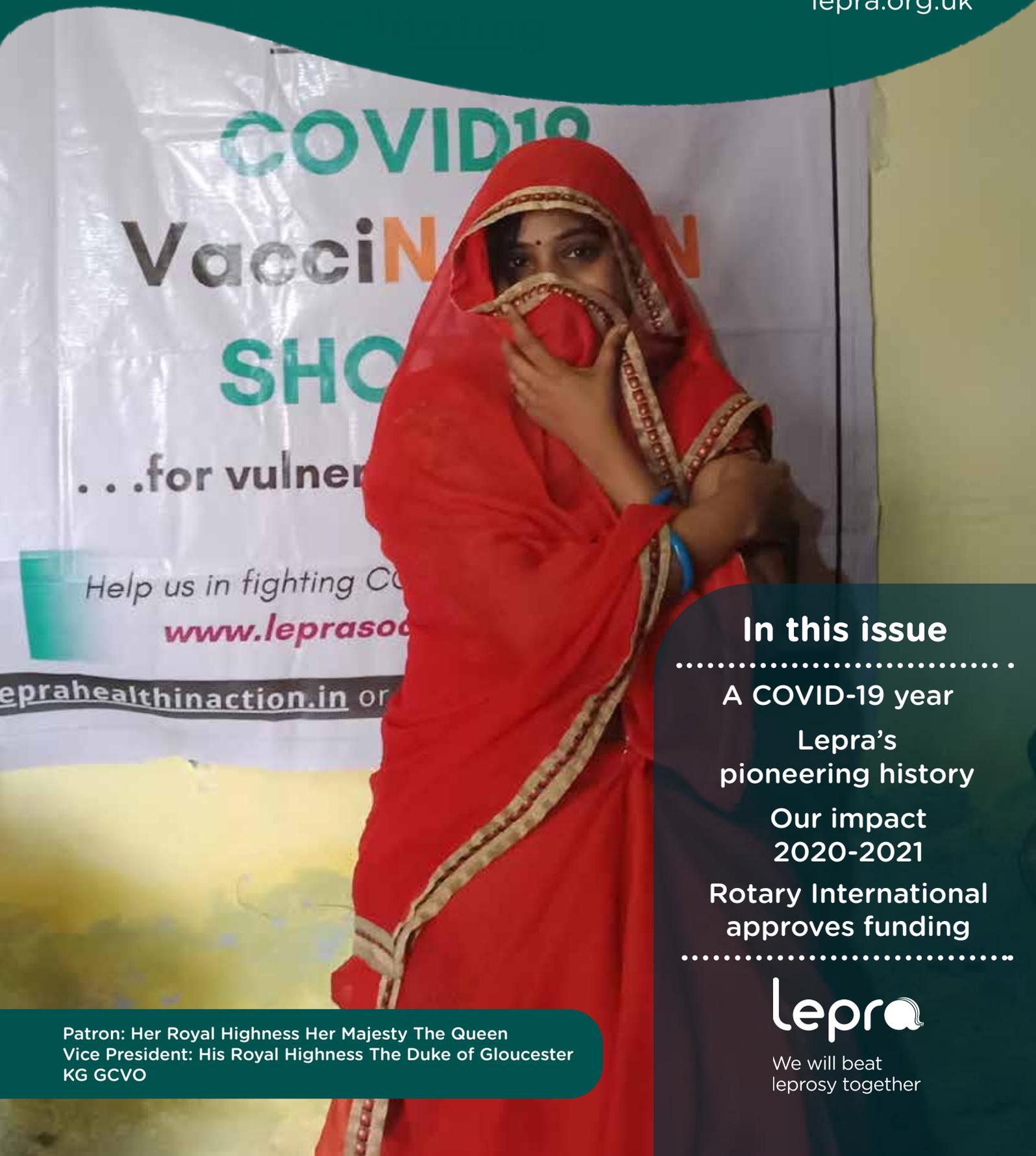


Autumn 2021

LepraNews

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lepra

We will beat
leprosy together

Patron: Her Royal Highness Her Majesty The Queen
Vice President: His Royal Highness The Duke of Gloucester
KG GCVO

A COVID-19 year

by Chair of Trustees, **Suzanne McCarthy** and CEO, **Geoff Prescott**

This autumn, Lepra News focuses on the achievements of the year 2020-2021. A year where the external operating environment was typified by disruption and the acceleration of a range of global trends including the emergence of infectious diseases, greater international collaboration, remote working, remote fundraising and even less use of cash.

As with most charities, Lepra's ability to deliver programmes and generate income from face to face activities was seriously challenged. Anticipating the potentially severe damage that the pandemic could cause in the short-term, Lepra therefore took early action and adopted a prudent approach to safeguarding our future work. This focused on three tracks:

- Keeping our services open
- Adding COVID-19 support for people affected by leprosy and lymphatic filariasis (LF)
- Making financial decisions to reduce risks in the economically unpredictable environment.

Therefore, we are pleased to report that in spite of the challenges of the pandemic, our project activities have continued in India and Bangladesh and Lepra has added COVID-19 activities as a temporary but vital part of our work.

Whilst COVID-19 has challenged the Lepra team in ways we never expected, it has given us a chance to be bold and seize new opportunities, whilst building upon the changes made since April 2020 to future proof the organisation.

Most importantly the impact on the people affected by leprosy this last year has been hard. Many of them lost their jobs and the serial lockdowns mean that about 50% struggled to get diagnosed, treated and supported. Unlike many health services, we kept the vast majority of Lepra open's open.



We simultaneously rose to the challenge of COVID-19, rightly predicting that those with leprosy would be the most discriminated against and subjected to prejudice during the pandemic. So it has proved. Lepra met the COVID-19 challenge by:

- Providing PCR testing for the vulnerable for COVID-19
- Providing COVID-19 immunisation to the most vulnerable people affected by leprosy and LF
- Providing emergency food to those people affected by leprosy left destitute
- Distributing oxygen generators to hospitals

Financially, our position is healthy, but we are not complacent. A situation that reflects the fantastic help we received from Lepra's supporters. This sadly contrasts to a recent financial survey conducted by Bond, the international development network that represents overseas aid NGOs. Perhaps unsurprisingly, they found that:

- For 2020/21, approximately 65% expected income to have fallen, with only 13% expecting income to rise
- 24% of NGOs expected to close within the next 12 months

Further information about Lepra's financial performance and our full Annual Report and Accounts can be found at lepra.org.uk/about-us/open-information.

In conclusion, your unwavering support has meant that Lepra has successfully adapted and evolved during this tumultuous and challenging year leaving us well positioned to continue to meet the needs of people affected by leprosy for the future.

Thank you!

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Leprosy & Lepra

Lepra has been at the forefront of leprosy research and treatment since 1924.

Leprosy is a communicable disease, caused by bacterium, which affects the skin and peripheral nerves of people. It can cause severe disability, prejudice and even blindness. Leprosy and lymphatic filariasis (LF) remain two of the least understood and most widely ignored diseases in the world. Millions of people are affected, with numbers continuing to rise. If left undiagnosed or untreated, leprosy and LF can cause life changing disabilities.

Since Lepra's inauguration back in 1924, we have had two defining characteristics. Firstly, we are secular. A positive decision to favour no one and everyone. Updating this secular concept means that we now support those who are subject to the most neglect from existing services, as well as continuing to work with those who are not specifically marginalised or ignored.

Secondly, we prioritise being evidence-led. Lepra encouraged people affected by leprosy to remain within their communities rather than be ostracised and segregated for which there was no justifiable evidence. Being evidence-led culminated in the adoption of Dapsone after it was observed being used by veterinarians. Thus Lepra, working with the Indian Government, became the first to find and use a cure for leprosy back in 1945. The search for a cure, was the driving motivation for the foundation of Lepra and what distinguished the organisation from other leprosy charities at the time of inception.

Now in the first year of our three-year joint strategic plan (2021-2024), our vision, mission and objectives are as follows:

Our vision

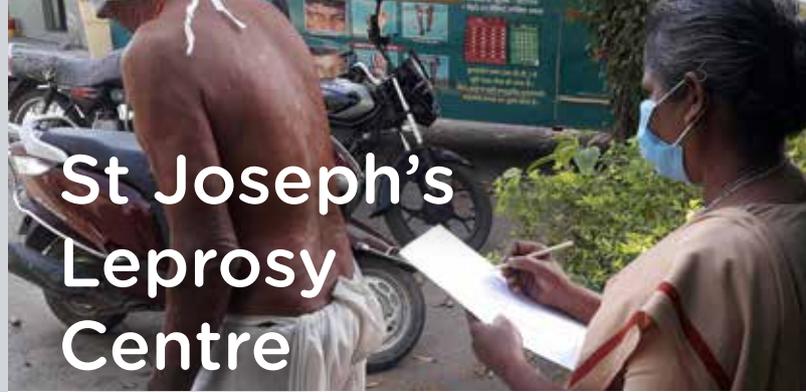
A world free from prejudice and disability due to leprosy.

Our mission

Led by evidence, we work with people affected by leprosy, particularly the neglected, reducing transmission and promoting wellbeing.

Our overall objective

Informed by evidence and expertise, we will shape our work to reduce transmission and the physical, psychological, social and economic impact of leprosy.



St Joseph's Leprosy Centre

St Joseph Leprosy Centre (SJLC) was established in 1993 in the Indian State of Madhya Pradesh and is run by the Sisters of St Joseph's. The Sisters provide holistic services, awareness raising and Multi-Drug Therapy treatment to people affected by leprosy. The centre features a modern and well equipped surgical unit, specialising in reconstructive surgery and rehabilitation. With a physiotherapy unit, 24 bed in-patient ward, counselling and self-care services, as well as ulcer care and a shoe unit, the centre is a vital hub for those with the highest level of need and the sisters care and support patients through their kindness and dedication.

During the COVID-19 pandemic, SJLC took on a new and important role in combatting the impact on vulnerable communities. In partnership with St Francis Leprosy Guild, Lepra and SJLC delivered a coordinated response to provide emergency kits containing dry food supplies and self-care/hygiene kits to 1,000 families in Madhya Pradesh. SJLC played a crucial role in the success of this operation, helping to identify those most in need of support during this difficult time.

During the crisis, SJLC conducted a survey with over 100 people affected by leprosy, to assess the challenges they have faced. 53% of people report problems in accessing their MDT treatment during lockdown, with many reporting access to transportation as the main issue. To help combat this, SJLC worked in partnership with government frontline health workers to deliver vital medicine on behalf of the centre, to those who were unable to access transport to travel.

Counselling support and advice on the prevention and treatment of disabilities were also provided using technology and telecommunication. For many, the psychological support they receive from the centre is as important as the physical treatment, and so this has played a particularly important role for those affected during the strict lockdown.

On behalf of everyone at Lepra, we say a huge thank you to our friends and colleagues at SJLC. Their dedication and passion during the pandemic has been incredible, a true example of what can be achieved through partnership working. **We would also like to thank our many supporters and donors who have contributed to our emergency appeal, never has your kindness and support been needed or valued more.**

From isolation to mobile clinics

How Dapsone paved the way

With the arrival of 1945, Lepra identified a drug that might cure leprosy, Dapsone. It was cheap and effective. The experimental treatments such as Chaulmoogra oil used as a means of treating leprosy could be retired. Lepra had identified the world's first cure for leprosy!

Lepra's mission statement at that time was for the eradication of leprosy. But in the medical reports for the 1950s through to the 1970s, Lepra's Medical Secretary said the cure did not automatically mean that leprosy could be eradicated because of the long delay between onset and detection. Even if everyone was treated, unknown to all there could be others incubating leprosy for up to another twenty years. Only one infectious disease has ever been eradicated, smallpox, leprosy was a much greater challenge.

Both before and after that seminal Dapsone moment in 1945, Lepra's policy was to try to integrate those with leprosy into the community using outpatient clinics and other local services. Unfortunately, due to others' prejudice we also had to continue working in leprosy settlements. These settlements are an approach we have until this day strongly opposed. We are prepared to work there when there is no choice. Lepra was founded on the knowledge that leprosy should be treated within the community.

Through the 1940s and 1950s, much of the key research took place in Africa. In Ghana, where Lepra undertook active case finding, the numbers of those contracting leprosy rose from 5,886 in 1950 to 27,606 in 1957, which was disappointing. It showed leprosy was still spreading even after the introduction of Dapsone. Sadly, prejudice was also still evident, even permeating into the language. 'Sisi wakoma' meaning "we have ceased to exist" was used to describe being affected by leprosy, suggesting those affected, expected to be to be ostracised and discriminated against.

In 1958, Lepra's Medical Secretary visited Ghana when "the hugeness of the task" was presented to him, he pinpointed three key issues for our services which still exist today:

- The need for evidence based knowledge
- The need for finance
- The need for personnel

The need for a change in the world's prejudice can be added as a fourth and remains the largest challenge to this day.

Although some settlements reluctantly remained open, in 1957 in Nigeria and India there was a shift towards mobile clinics because of the success of



Dr Molesworth shaking hands with the President of Malawi, Dr H. Kamuzu Banda.

Dapsone. We have an upbeat report from Lepra's Medical Secretary concerning its impact:

"The medical picture of the world leprosy campaign is, therefore, stimulating and full of life."

In 1965, The Malawi Project commenced with a trial aimed at controlling and eradicating leprosy in a specific area and over a specific time. Personnel were drafted in to ensure that all possible cases were found and treated with Dapsone. This ended in 1975 and was considered highly successful in the numbers of cases found, people receiving treatment and the numbers cured. A key innovation was that Land Rovers and bicycles were used as mobile clinics, with staff visiting each village on the same day each month.

At the same time, with excellent results in the identification and support of those affected by leprosy, the local population welcomed the idea and numbers attending these clinics remained high. New cases arrived often brought in by children who fully embraced the programme; prejudice was absent and the name of Lepra was clearly displayed on the sides of the Land Rovers making them instantly recognisable. No longer did people hide the fact they had leprosy but stepped out to receive medication and support as required. Dapsone had made people realise leprosy was curable.

The longer term success of Lepra's activities was tempered by the looming issue of Dapsone resistance. The drug successfully treated those



The Lepra Land Rover. Inaccessible places would be reached by the use of bicycles.

with the disease, sometimes taking a long period of time, but failed to prevent new cases arising. Lepra therefore began work on other compounds that could be combined to prevent resistance. We were instrumental in successfully developing Clofazimine for this purpose in the 1960s.

The Lepra Medical Report for 1973 pinpointed a further enormous difficulty, that of public perception: *“The public have misunderstood and taken the availability of cure for cure itself.”* In other words, everyone had misinterpreted Dapsone as a means to end leprosy for ever. This was a treatment not a magic bullet and since Lepra’s funding was mostly from the public’s charitable donations, we had to redouble our efforts to explain that leprosy was still with us and we continued to need money for disability support, doctors, nurses, physios, health workers and lab staff.

By 1975 settlements were finally and happily being phased out in many places, with Lepra only working in them in exceptional cases where there was no other choice. Similarly, the Child Adoption Scheme whereby children were funded was brought to an end.

Finally, by the early eighties, Dapsone together with Clofazimine and Rifampicin became the Multi-Drug Therapy (MDT) for the successful treatment of leprosy. It remains so until this day. Two of the components were down to Lepra’s pioneering work. Since 1995, the World Health Organisation has made MDT available free of charge in all endemic countries.

Today, Lepra continues to prioritise being evidence-led, so we maintain a strong research centre in Hyderabad and publish the only academic medical journal dedicated to leprosy. We are pushing forward with a programme of active case finding and encouraging people affected by leprosy to remain within their communities rather than being segregated for which there is no justifiable evidence. **Lepra’s past informs our present and our future.**

Rotary International grants funding for the Leprosy Control Project in India

Rotary International has granted funding for the first phase of the Leprosy Control Project in India; Active Case Finding in Delhi. The Leprosy Control Project is an initiative put together by Lepra, Rotary Stratford UK, and Rotary Delhi South to alleviate the burden of leprosy across India, which currently accounts for approximately 60% of the global cases of leprosy.

With a budget of £73,000 for phase 1 (one year), the programme will be implemented in the National Capital Region of Delhi. Lepra will provide training programmes on diagnosis, treatment and management of leprosy to medical practitioners, Rotarians, health care staff and volunteers.

The aims of the project include **raising awareness of leprosy** among the general public, health professionals and decision makers, and delivering **active case finding activities** through door-to-door surveys by trained health workers to identify people with undiagnosed cases of leprosy and refer them for diagnosis and treatment.

Through enhanced health staff training, we aim to collect vital data which will help increase referrals and therefore rates of treatment, medication and access to support resources. We also strive to create supportive spaces, where people affected by leprosy feel confident to come forward and seek treatment and help.

.....

“Leprosy is curable, but if it is not detected early, it can cause a number of complications including permanent disability. Over 200,000 cases of leprosy are diagnosed every year, but there are many people that are either not diagnosed at the right time or not reported. There is treatment available that could cure millions from this disease and the prejudice and discrimination attached to it. India accounts for approximately 60% of all leprosy cases. This is why the Leprosy Control Programme that we are initiating in India is very important. Once it gets going in Delhi, we hope to scale it up to all other endemic areas.” - Himanshu Jain, Charter President and Foundation Chair of Rotary Club Stratford UK

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The full scale Leprosy Control Programme, if funding is granted, will span across 10 years in total, consisting of 3 regional phases; 1. Delhi 2. Other leprosy endemic regions 3. The whole of India. Keep up to date on our Rotary partnerships here lepra.org.uk/get-involved/fundraise/rotary-clubs



1,745 We screened, diagnosed and provided triage for **1,745** people with leprosy.

1,613

We diagnosed and provided services for **1,613** new cases of LF this year.

16,265



We trained **16,265** front line community health workers, teachers and volunteers.



Photo by Tom Bradley

35,721

We helped **35,721** people with leprosy and LF access government grants and support.

15,149

We trained **15,149** people to self-care for their condition at home this year.

455

We facilitated **455** hydrocele operations this year.



Photo by Tom Bradley

226,730

We reached a total of **226,730** people in the community through health education, and events to raise awareness of leprosy and other neglected diseases.

291,890

We reached **291,890** people through diagnosis, treatment and holistic care.



43

43 people affected by leprosy received reconstructive surgery to restore the movement and appearance of their hands and feet, reducing prejudice and rebuilding their self-esteem.



25,308

We issued **25,308** pairs of protective sandals this year.

3,598

We provided **3,598** mental health counselling sessions to support those suffering from anxiety and depression as a result of their condition.

792

We supported **792** existing and new self-support groups.

9,965

9,965 people took part in meetings to advocate for their rights.

COVID-19

COVID-19 initiatives for people affected by leprosy and LF.

5,500

We provided PCR testing for **5,500** people at our testing centre and our mobile testing vans.

12,364

12,364 people received food support and personal protective equipment.



14,632

We trained **14,632** government health staff.



Photo by Tom Bradley

Programme Achievements

In April 2020 all Lepra's overseas activities were faced with the unprecedented challenge of a global pandemic, impacting our beneficiaries, staff and the population at large. Faced with the prospect of dwindling financial resources support services were cut back to the minimum in order to channel funds to overseas leprosy and LF activities. Consequently, while overseas programme budgets were halved core leprosy and LF activities were financed at a similar, if slightly lower level, compared with 2019-2020.

At the same time Lepra reached and secured new funding to initiate emergency interventions focussed upon people affected by these two diseases, specifically COVID-19 testing, personal protective equipment and

nutritional support. Over the course of the year, new restricted and unrestricted fundraising helped return overseas programme budgets to or near the levels originally planned for the year, including a sizeable grant that actually doubled the original, planned budget in Bangladesh.

While new grant funding is always welcome, the value of the unrestricted funds donated by trusts and the general public cannot be understated. Over the course of the year these funds allowed Lepra to respond quickly to the emergency, pandemic needs of people affected by leprosy and LF, to complement or match the project funds provided by institutional donors and to cover core overseas programme operational costs.

Bangladesh

In 2020, year two of the third phase of the 'Proyash' leprosy health system strengthening project saw further, ongoing training of district level government staff, alongside community level staff and volunteers, directly engaging people affected by leprosy wherever possible. The project aims to encourage people affected to come forward for early diagnosis and treatment while at the same time strengthening the capacity of the government health system to meet the need.

Lepra's close collaboration with government in the provision of leprosy and LF services in Bangladesh were no doubt a factor in the award of a major grant by Crown Agents, under the UK Government ASCEND Programme, for the delivery of LF Morbidity Management and Disability Prevention training to government health staff across the 19 districts and 130 sub-districts where the disease remains endemic. The training was provided alongside general awareness raising of LF amongst the population as a whole.

The project was successfully implemented over an 8 month period from mid-August 2020 to mid-April 2021, despite all the logistical and health challenges of the COVID-19 pandemic. In financial terms, the funding provided by Crown Agents for this intervention (£653K) more than doubled the Bangladesh Programme Budget for the year.

At the start of 2020, a new round of funding from investment firm, Baillie Gifford and the Evan Cornish Foundation saw an extension of the 'Mental Motivator' Project to a further three districts, Dinajpur, Kurigram and Lalmonohir, in addition to the original four, Bogura, Sirajgonj, Pabna and Natore. The goal of the newly entitled 'Khola Mon' (Open Mind) Project is that people affected by leprosy and LF will have improved access to mental health services and feel supported to improve and manage their mental well-being.

The phase one pilot project took selected individuals from 30 self-help groups and provided them with basic counselling skills, to address issues amongst group members wherever possible and, where necessary, to refer acute cases to professional services within the government health system. The aim is ultimately to extend this initiative to all 448 self-help and self-care groups in Bangladesh and then beyond to India and other countries where Lepra works.

In the midst of a pandemic, the Khola Mon Project has proved important on a number of levels, by understanding the particular concerns of people affected by leprosy and LF and relaying these on to decision makers and as a mechanism for informing people about the virus and the measures they are able to take to protect themselves.

The value of bringing people affected by Neglected Tropical Diseases (NTDs) together in groups is increasingly recognised, in both normal times and times of crisis. In response to the pandemic, the Sasakawa Health Foundation (SHF) piloted an approach with Lepra Bangladesh to channel emergency food and cash support to people affected by leprosy and other disabling diseases through District Federations of Self-Support Groups in Bogura, Sirajganj, Pabna and Natore.

This pilot intervention was followed by a twelve month COVID-19 support project for persons affected by leprosy implemented through the Bogura Federation, now a reputable association recognised by government and other development stakeholders. It is understood that SHF implemented a similar approach, channelling resources through groups and federations of people affected by leprosy, in other countries where they work.

Following on from the National Leprosy Congress in Dhaka on the 11 December 2019 and the first national meeting of people affected by leprosy the day after, in which Lepra Bangladesh played an instrumental role, the organisation continues to help shape government policies and practice with respect to services for people affected by leprosy and LF through advisory committees, capacity building and direct programme implementation.

At the same time, Lepra continues to promote federations of Self-Support Groups, so that the voices of people affected by these two diseases may be heard directly by government and other development actors, thereby supporting the demand from this group and people affected by other NTDs that *'there should be nothing about us without us'*.

Group counselling session



India The challenges of operating in a pandemic are multi-dimensional. Periodic government lockdowns prevented people accessing health services and interrupted medical supply chains. They further impacted the livelihoods of people affected by leprosy and LF, many of whom are daily wage labourers.

While fewer people presented at government health facilities for leprosy and LF diagnosis, community based active case finding activities were also impacted, with many such initiatives postponed or cancelled. Lepra highlighted concerns about the impact of COVID-19 on new leprosy case detection in a 'Letter to the Editor' of *Leprosy Review* in early 2021 ('COVID-19 and leprosy new case detection in India'). Visit leprosyreview.org to read the article.



Active Case Finding is key to detecting leprosy cases early

Despite these challenges, LEPRO Society kept the majority of its 20 referral centres staffed and operational throughout the year and ensured the supply of MDT leprosy treatment to all known beneficiaries providing logistical support to State and District Authorities as and where this was required.



A Sister at St Joseph's Leprosy Centre diagnoses a case of leprosy

In circumstances where people affected by leprosy and LF were unable to access a referral centre or government facility, in many instances LEPRO Society staff took their disability prevention and medical rehabilitation (DPMR) services into the community, caring for people in their homes or through individual 'tele-counselling'.

While National and State level lockdowns did not stop all activities they did interrupt and delay a number of planned project interventions. Consequently, donors were contacted to request contract extensions or extended timelines for final evaluations and reports.

The final Year 3 phase of the 'Mobilising Men's Health' hydrocelectomy project in Bihar, funded by the Vodafone Foundation was therefore extended to June 2021 (then later to September 2021), while the

final evaluation and report of the 'Restoring Lives of Forgotten People' leprosy and LF project, funded by the National Lottery Community Fund was submitted only in September 2020, having finished at the end of March. Similarly, the evaluation of the 'Sankalp' integrated leprosy and LF project in Madhya Pradesh, funded by Effect Hope was also delayed, to February 2021.



A young boy is checked for signs of leprosy at a Lepra resource unit in Madhya Pradesh, India

While certain ongoing projects were interrupted, this did not prevent the start-up of new interventions. The UMMEED research project in Bihar, set up to develop an appropriate model of care for LF and leprosy patients who need Morbidity Management and Disability Preventions (MMDP) services, got underway early in the year, funded by COR-NTD. As many of the initial activities were desk based, these could be pursued until circumstances allowed for field activities. However, training of health staff was delayed by three months due to the pandemic and, when it could go ahead, conducted with smaller groups of medical personnel, notably Accredited Social Health Activities (ASHAs).

In another study in early 2021, funding from the Robert Luff Foundation facilitated research into the risk of disability after MDT treatment of leprosy; the findings suggest that disability can occur many years after treatment and therefore long-term, 20 year+ patient follow-up may be required.



Awareness raising in West Delhi

At the same time, new project ideas were discussed and elaborated with donors, such as a five year £500,000 proposal entitled 'Integrating skin NTDs into the diagnosis and management of prevalent skin diseases' (ASPIRE), to be jointly financed by Lepra and Effect Hope.

An important element of Lepra's work with people affected by leprosy and LF revolves around the 600 plus self-support groups. In normal times these groups act as important forums for people affected by these two diseases to voice their needs and to express their hopes and aspirations and for government authorities and

assorted development organisations to respond to these, wherever possible.

In times of emergency, such as a pandemic, these groups can serve as a mechanism through which the needs of the most vulnerable sections of society are raised and addressed, helping to ensure 'that no one is left behind'.

These groups have served as a means through which PPE and nutritional support has been distributed, as well as serving as a mechanism to identify and list people affected by leprosy and LF to be prioritised and supported for COVID-19 vaccination.

Similar types of humanitarian COVID-19 support have been provided to people affected by leprosy and their families in the many leprosy settlements with which LEPRO Society works in India.

Early on in the pandemic, Lepira's own specialist resources were mustered to assist the government's response. Laboratory facilities and technicians at BPHRC in Hyderabad were mobilised and new PCR equipment purchased, to facilitate the COVID-19 testing of vulnerable individuals and the wider population.



COVID-19 testing at Blue Peter Public Health and Research Centre

Later in the year, testing activities were taken outside of Hyderabad, with the addition of a vehicle and portable PCR testing equipment.

A variety of donors, including Effect Hope, the Saint Francis Leprosy Guild and Rotary International have supported these unplanned humanitarian interventions, together with generous donations from the British public in response to emergency appeals.

Lepira is a development rather than a humanitarian international non-governmental organisation (INGO). Our role in natural and man-made emergencies is to ensure that the voices of the people with whom we work are heard and that their humanitarian needs are met. As people affected by leprosy, LF and with severe disability are often overlooked in normal times, this risk is multiplied many times in an acute emergency.

Lepira has helped groups of people affected by leprosy and LF to claim various financial benefits to which they are entitled and to demand support where no such provision exists. Importantly, through self-support groups, Lepira has created the group foundations upon which people affected by these conditions can take their issues and concerns directly to decision makers.

One instance in Bihar saw people affected by leprosy and LF lodge a legal challenge to government authorities, because they judged that they have been overlooked or ignored in the states provision of resources and services, especially during the pandemic.

Zimbabwe After the leprosy fact finding travel of Lepira UK staff to countries in southern Africa in 2018-19, specifically to Zambia, Malawi and Zimbabwe, unfortunately the spread of the COVID-19 pandemic in 2020 meant that there was little opportunity for follow up.

Early in the new financial year it was intended that Lepira would work with Ministry of Health personnel in all three countries to develop a health system strengthening programme along the lines of Lepira's multi-phase project in Bangladesh; due to travel restrictions and resource constraints this initiative has been suspended.

Similarly, plans to train and equip a footwear technician for the Leprosy Centre at Mutemwa, Zimbabwe, have also been postponed until such time as international travel resumes. In the meantime the LEPRO Society staff who visited the centre continue to be available, to provide remote technical support.

On a more positive note, Lepira's engagement with government health staff over the past three years does appear to have rekindled an interest in leprosy across the three countries, with designated officials once again reporting new leprosy cases to the World Health Organisation (WHO).

Alongside this initiative, the regional health staff capacity building that was begun at a workshop in Bulawayo, Zimbabwe in August 2019 is now being delivered remotely by LEPRO Society staff through online webinars. Provincial health workers in Zambia have been the first to benefit from this 'South-South' knowledge sharing.



A shoe technician fits a pair of custom made shoes

COVID-19 Emergency Vaccination Appeal

May saw a significant second wave of COVID-19 infections across India. The peak came at the start of May with over 400,000 daily confirmed cases, putting extraordinary pressure on the country's healthcare system. Although cases have gradually begun to subside, the situation remains serious across the country. The combination of an uneven virus response, a reflection of huge inequality in resources, the vagaries of local attitudes and a struggling vaccination campaign leaves the door wide open for a third wave of infections. With just 5% of India's 1.4 billion people fully vaccinated and only 20% having had a first dose, Lepra is a valuable strategic partner working tirelessly to support the COVID-19 vaccination effort, offering PCR testing, whilst continuing to ensure that people affected by leprosy get access to the health and welfare support they need.

This has presented a challenge for front line staff who are working hard to keep vital referral and testing services running, including the Lepra Blue Peter Public Health and Research Centre (BPHRC) in Hyderabad.

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"I became aware of the vaccine programme by the Lepra representative in our area and have now received both doses. In total it took around 2-3 hours. I feel completely fine after both doses, and I no longer feel worried or scared about COVID-19. I have not been able to meet the daily needs of my family during the pandemic as we have not been able to go to work and earn our minimum expenses." - Sukhdev
.....

Your support is helping to change the lives of people like Sukhdev, who suffers from physical disabilities caused by leprosy.

Our self-help/self-care groups, already embedded within local communities, are playing a vital part in raising public awareness about the importance



of testing and vaccination. With knowledge levels extraordinarily low in rural communities, coupled with visibly high levels of vaccination fear, careful and considered awareness raising is a critical component in the uptake of the vaccine in remote communities in the weeks and months to come. Since early May, our emergency appeal has raised over £82,000, supporting our work in the following ways:

India

- **PCR testing** for COVID-19 and leprosy at Lepra's Blue Peter Public Health and Research Centre in Hyderabad
- **Mobile testing**, providing a range of outreach services to some of the most remote and rural communities in India
- **Continuation of our COVID-19 vaccination work.** So far, Lepra has vaccinated 15,000 people; our initial target was to reach 10,500 people!
- **Mission Oxygen.** 5-10% of all people who are testing positive for COVID-19 are requiring hospitalisation. At the peak in May, the need for medical oxygen was approximately 5,000 - 10,000 people per day. This unprecedented crisis caused the near collapse of the health care system, with supplies of oxygen and other vital resources reaching critical levels. In collaboration with Mission Oxygen, a group of concerned individuals aiming to alleviate the current COVID-19 oxygen crisis, Lepra has now delivered 80 oxygen concentrators to 3 local hospitals in Andhra Pradesh and Telangana, India.

Bangladesh

COVID-19 vaccinations have been delayed but the Lepra team has prepared a priority list of 2,000 people affected by leprosy to receive it through government support. Assistance will also be provided with vaccination registration and travel costs to and from the vaccination clinics.

Community awareness is being promoted by our established network of Community Champions. To date, 8,435 self-help group members, and their families and neighbours have been educated about COVID-19 and how to protect against it.

Please donate or become a regular giver today!

- 🌐 donate.lepra.org.uk
- ✉ Return the donation form enclosed
- 📞 Call 01206 216 700
- 📱 Text LEpra followed by donation amount to 70500



SCAN ME

One *more* August Night!



Following on from the success of our event in March 2021, we have invited best-selling international author and Lepra ambassador Victoria Hislop back to join us for another virtual reading of her best-selling novel 'One August Night'.

The Sequel to the award-winning novel 'The Island', One August Night returns to the Greek island of Spinalonga, and we are reunited with Anna, Maria, Manolis and Andreas in the weeks leading up to the evacuation of the leprosy settlement.

Through a dramatic story of love, tragedy and prejudice, Victoria explores the complex nature of leprosy and the extraordinary emotional impact the disease has on individuals, families and relationships.

To register your interest, please visit our website lepra.org.uk/events or email events@lepra.org.uk

A Marathon a Month

Lepra's challenge ambassador, Tom Barton, has been running 'a marathon a month' for Lepra since January 2021. Over the course of this year, Tom is aiming to run a staggering 1,800 miles in total, that's the width of India!

Since becoming a supporter, Tom has raised over £25,000 and has completed a total of 18 marathons.

So far, Tom has run 928 miles, raised £1,300, ran 6 marathons and 1 50km ultra race! He is well on his way to hitting his target before the end of the year! Support Tom and find out more here lepra.org.uk/news/article/a-marathon-a-month.



Zumba at Worth School

Students from Austin House at Worth School (Crawley, West Sussex) took part in an outdoor Zumba event in June to raise money for Lepra and achieved an amazing £1,632.

Students had a brilliant afternoon of dancing dressed in some amazing fancy dress outfits!



Entrepreneurial fundraising at Brighton College

In May 2021, following a virtual assembly, the Lower 3rds and Upper 3rds at Brighton College raised an incredible £3934.28 for Lepra by taking on a range of entrepreneurial fundraising projects.

Activities included a sponsored 12 mile Pier to Pier walk by U3S, a Paddle round the

Pier, sponsored silences and bake sales. Students also organised a Chess

Tournament, sold paintings, knitted animals and completed a 20km walk.

A huge congratulations to all those involved and thank you to Brighton College for their continued support.

Coming up in autumn!



£1 from you, we get two! launches this autumn. All donations raised will be matched, meaning that

your generous donations will be worth twice as much! Keep an eye on our website and social media for further details!

*Match donation limit applies



Diwali takes place on November 4th, and symbolises the victory of light over darkness,

good over evil and knowledge over ignorance. To celebrate this festival we will be running a joint campaign with our colleagues in India and Bangladesh. Keep an eye on our social media for updates!



Giving Tuesday 2021 takes place on November 30th, where everyone, everywhere can do

something to support the good causes that mean so much to them. This year, Lepra is turning Giving Tuesday into *Giving Shoesday*, and our main event will be an online celebrity shoe auction! If you have a pair of shoes with a story and can bear to part with them, let us know by emailing lepra@lepra.org.uk

Get involved in our fundraising by visiting lepra.org.uk/get-involved/fundraise



COVID-19: ARJA'S STORY

Arja Mariyamma is a 76 year old great-grandmother who lives at the leprosy settlement at Kesarapalle, in the Indian state of Andhra Pradesh with her

grandson and his child. Arja was diagnosed with leprosy in 2000 which affects her mobility due to the loss of sensation in her feet.

In April 2021, the COVID-19 pandemic became a significant problem for India's health care system. With cases sky rocketing, the country once again entered a strict lockdown, meaning her grandson was unable to work, significantly affecting the family's income. With only a small government disability pension of around £30 a month, Arja struggled to meet the basic needs of her family. LEPRO Society, in partnership with several other NGOs, coordinated the distribution of urgent food rations for the 4 months of lockdown to the settlement, a vital lifeline for those affected.

The nearest COVID-19 vaccination centre to the settlement is over 10km, an impossible distance for the most vulnerable, disabled people. As a result, LEPRO Society, in conjunction with the State Leprosy Officer and the Community Health Facility Medical Officer, arranged for a targeted vaccination drive at the settlement at Kesarapalle.

It took just 20 minutes after registering for Arja to receive her first vaccination dose. The initiative also provided other vital supplies such as hand sanitizer, masks and oral rehydration solution. Arja was very thankful to those who were able to bring the life-saving vaccination to her settlement, without the need to make a long and difficult journey.



V for vaccination: Arja after her second jab

ARE YOU GIFT AID ELIGIBLE?

If you are eligible for Gift Aid, donate more, without spending more. Visit lepra.org.uk/get-involved/online-gift-aid-form

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A gift in your will is a legacy that lasts a lifetime

Legacy giving makes the world a better place, for generations to come. Our vision is a world free from prejudice and discrimination due to leprosy, and a gift in your will can bring us one step closer to this.

We understand that your loved ones will always come first, but after you have taken care of them, would you consider remembering those most vulnerable, most marginalised, often forgotten, by leaving a gift in your will? Every **third person** we help is because of a gift left in a will.

Leaving a gift in your will is a very personal decision. If you have any questions or would like to receive our legacy guide, please make contact with Olivia Egan who would be delighted to help. Olivia can be reached by email at OliviaE@lepra.org.uk.



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Registered charity number: 00213251



We will beat leprosy together