

No.C.18018/61/2014-HFW/Vol-II
GOVERNMENT OF MIZORAM
HEALTH & FAMILY WELFARE DEPARTMENT

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Dated Aizawl, the 8th March, 2022.

To

Shri Sanjay Katiyar,
Deputy Director (Lep.)
Directorate General of Health Services (Leprosy Section)
Ministry of Health & Family Welfare
Govt. of India
Nirman Bhawan, New Delhi - 110001
Ph: 01123061429.

Subject: Action Taken Report on compliance of Hon'ble Supreme Court's Order dated 05.07.2018, 10.09.2018 and 14.09.2018 in WP(C) No 1151 of 2017 and WP(C) No 767 of 2014.

Ref.: Office Memorandum No.C.18018/01/2018-Lep.(Pt.I) dt 04.10.2021

Sir,

With reference to your O.M dated 04.10.2021, I am directed to submit herewith Action Taken Report in compliance of the above mentioned Hon'ble Supreme Court's Order for favour of your information and necessary action.

Yours faithfully,

Lianmingthangi Hmar

(LIANHMINGTHANGI HMAR)

Under Secretary to the Government of Mizoram
 Health & Family Welfare Department.

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Copy to :-

1. Under Secretary to the Govt. of Mizoram, Law & Judicial Department for information.
2. Principal Director, Health & Family Welfare Department for information.
3. Mission Director, National Health Mission, Mizoram for information.

DA/ZA/
SOC Leprosy
22/3/2022

Under Secretary to the Government of Mizoram
 Health & Family Welfare Department.



Compliance of Supreme Court order dated 5.7.2018, 10.9.2018 and 14-09-2018 passed in WP (C) No.1151/2017 and WP (C) 767/2014 - Mizoram

S.No.	Directions	Compliance	Remark
1	The Union and the States are to undertake periodical national surveys for determining the prevalence rate and new cases detection rate of leprosy and, at the same time, publish and bring the reports of the National Sample Survey of Leprosy conducted in 2010-11 and subsequent thereto into the public domain. That apart, the activities of the National Leprosy Eradication Programme (NLEP) must be given wide publicity.	NSS of Leprosy was conducted during 2010-11 in three Districts viz. Lunglei, Lawngtlai, Champhai. Publicity is done extensively; materials are translated in local language.	
2	On leprosy day which is internationally observed every year on the last Sunday of January, the Union of India along with all State Governments should organize massive awareness campaigns to increase public awareness about the signs and symptoms of leprosy and the fact that it is perfectly curable by the Multi Drug Therapy (MDT). Awareness should also be spread about the free availability of MDT at all government health care facilities in the country, the prescribed course for MDT treatment and all other relevant information related to MDT. The content and information contained in the awareness programmes should discontinue using frightening images of people disabled with leprosy and instead using positive images of cured persons sharing their experiences of being cured of leprosy.	On this day, World Anti-Leprosy Day is observed at the State and all District Headquarters where awareness to general public is carried out intensively by distributing pamphlets for reducing stigma, creating awareness for leprosy. Radio talk shows were conducted to create mass awareness. Hoardings are displayed at key locations.	
3	The Union and the States are to ensure that drugs for management of leprosy and its complications including the MDT drugs are available free of cost and do not go out of stock at all Primary Health Centres (PHCs) or, as the case may be, public health facilities in the country.	In Mizoram, all the MDT stock is kept at the state headquarters sufficiently at all times and issued to the Districts as per their requirement.	
4	All year awareness campaigns should also be run, by the Union as well as the states, to inform the citizenry that under the National Leprosy Eradication Programme (NLEP), treatment is provided free of cost to all leprosy cases diagnosed through general health care system including NGOs.	In the state of Mizoram, video spots containing all important information regarding the treatment of Leprosy and other information are prepared and broadcasted in Doordarshan Kendra, Local channels covering almost all the population of the	

		state. The best practice of the state is displaying leprosy slogans and messages in City buses and Taxis which seems to be very effective.	
5	The Union and the States must organize seminars at all levels which serve as platforms to hear the views and experiences directly from the former patients and their families as well as doctors, social workers, experts, NGOs and Government officials.	Interaction with NGOs is organized while observing World Anti-Leprosy Day every year, cured patients are always invited to share their story to the assembly.	
6	The awareness campaigns must include information that a person affected by leprosy is not required to be sent to any special clinic or hospital or sanatorium and should not be isolated from the family members or the community. The awareness campaigns should also inform that a person affected with leprosy can lead a normal married life, can have children, can take part in social events and go to work or school as normal. Acceptability of leprosy patients in the society would go a long way in reducing the stigma attached to the disease.	The awareness campaigns are in conformity with the central guidelines.	
7	Health care to leprosy patients, at both Government as well as private run medical institutions, must be such that medical officials and representatives desist from any discriminatory behavior while examining and treating leprosy patients. Treatment of leprosy should be integrated into general health care which will usher in a no-isolation method in general wards and OPD services. In particular, it must be ensured that there is no discrimination against women suffering from leprosy and they are given equal and adequate opportunities for treatment in any hospital of their choice. To this effect, proactive measures must be taken for sensitization of hospital personnel.	There are no separate OPD or IPD ward for person affected by Leprosy, while all patients are getting free treatment in general OPD's as per their choice. The state is lucky to claim that stigma or discrimination is almost non-existent.	
8	Patients affected with leprosy, for whom partial deformity can be corrected by surgery, should be advised and provided adequate facility and opportunity to undergo such surgeries.	Leprosy Patients with partial deformities are corrected by surgeries from four RCS (Re-constrictive Surgery) centers. (Jabalpur, Bhopal, Gwalior & SJLC Sanawad Khargone) and each patient are	

		eligible to get Rs.8000 per surgery for wages loss.	
9	The possibility of including leprosy education in school curricula so as to give correct information about leprosy and leprosy patients and prevent discrimination against them should be explored.	No action were taken in this regard.	
10	The Union and the State Governments must ensure that both private and public schools do not discriminate against children hailing from leprosy affected families. Such children should not be turned away and attempt should be made to provide them free education.	There is no such case .	
11	Due attention must be paid to ensure that the persons affected with leprosy are issued BPL cards so that they can avail the benefits under AAY scheme and other similar schemes which would enable them to secure their right to food	No such case arise yet.	
12	The Union and the States should endeavor to provide MCR footwear free of cost to all leprosy affected persons in the country.	Fund for procurement of MCR footwear is included in the RoP every year but there is no need to procure these as the need did not arise yet. There are no Grade 2 deformity case in the state so far.	
13	The States together with the Union of India should consider formulating and implementing a scheme for providing at least a minimum assistance, preferably on a monthly basis, to all leprosy affected persons for rehabilitation.	All Leprosy Patients who finished treatment and discharged were all engaged as Muster Roll under their respective districts and some of them are even given regular employment. However, this rehabilitation process cannot be continued due to shortage of fund with the state government.	
14	The Union and the State Governments must pro-actively plan and formulated a comprehensive community based rehabilitation scheme which shall cater to all basic facilities and needs of the leprosy affected persons and their families. The scheme shall be aimed at eliminating the stigma	All medication regarding leprosy is provided by the state free of cost till date. A more comprehensive rehabilitation scheme	

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	that is associated with person afflicted with leprosy.	will be formulated in due course.	
15	The Union Government may consider framing separate rules for assessing the disability quotient of the leprosy affected persons for the purpose of issuing disability certificate in exercise of the power granted under the Rights of Persons with Disabilities Act 2016 (No. 49 of 2016).	Based on the disability percentage all eligible leprosy patients will provided disability certificate from district medical board but there are no such case so far.	