

NLEP NEWSLETTER

Master Issue

October 2018 – September 2020

National Leprosy Eradication Programme

Publication Central Leprosy Division

MESSAGE



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I am extremely pleased to know that Central Leprosy Division of Directorate General of Health Services is coming up with the Master Issue of NLEP Newsletter. This is the special issue that combines the major initiatives taken for NLEP and events in the past two years, like setting up of programme priorities, success stories, community level best practices, and contribution of Mahatma Gandhi Ji in the anti-leprosy work done in India. This issue also includes glimpses of conduction of Sparsh Leprosy Awareness Campaigns -2019 & 2020 across India. I congratulate the Editorial team for their consistent effort in compiling important and current activities of NLEP through this newsletter.

Dear Readers,
It gives me immense pleasure to note that the National Leprosy Eradication Programme is bringing out the Master Issue of NLEP Newsletter. The Issue contains condensed information not only about various policy initiatives of MoHFW, but also enumerates significant achievements of various States under NLEP. I hope the State Leprosy Programme Officers shall be hugely benefitted by the enriching content of this Master Issue and shall endeavor to replicate some of the good models under NLEP in their respective states.

Dear Readers,
National Leprosy Eradication Programme is one of the key Disease Control Programmes under the aegis of National Health Mission. India, having the largest burden of leprosy globally, needs strategic interventions at ground level to eradicate the disease. This Master Issue inter alia captures the major new policy decisions taken by the Ministry of Health to make India Leprosy Free. My heartiest congratulations to the CLD team to have come up with this informative and comprehensive issue of NLEP Newsletter.



Ms Rekha Shukla

Joint Secretary (Leprosy)
Ministry of Health & Family Welfare

Dear Readers,
It gives me immense pleasure to present the Master Issue of the NLEP Newsletter. Due to various extraneous reasons, the publication of the Quarterly NLEP Newsletter has remained suspended

since Oct, 2018. Therefore, it was decided to bring out the Master Issue covering two years that were missed out, i.e. Oct 2018 to Oct 2020. An effort has been made to encapsulate the important events and policy decisions pertaining to these 8 quarters under NLEP. Our endeavor throughout has been to give sustained momentum to the programmatic activities in order to make convincing progress in the direction of leprosy-free India. The major focus of the programme is on early case detection through universal coverage of vulnerable population and to ensure timely & complete treatment of confirmed cases in order to prevent Grade II disabilities. NLEP also stands committed to the goal of zero case of child leprosy. With a view to achieve these goals, some major policy decisions have been taken by MoHFW. For example, screening of children (0-18) years for leprosy has been integrated with Rashtriya Bal Swasthya Karyakram (RBSK) at Anganwadi Centers, government schools, and also with Rashtriya Kishore Swasthya Karyakram (RKSK). The urban poor, vulnerable and migrant population and urban slums will be covered through convergence of leprosy screening under National Urban Health Mission (NUHM). Besides, Community Based Assessment Checklist (CBAC) has been suitably modified inter alia to ensure screening of leprosy in 30+ years population under Comprehensive Primary Health Care segment of Ayushman Bharat. New guidelines have been put in place to mainstream the case detection activities

IN THIS ISSUE

► Policy Initiatives

- Inclusion of Leprosy screening under RBSK, RKSK and CPHC.
- Goal to achieve zero discrimination against leprosy in India
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► COVID-19 Special Section

- Virtual Review Meetings with States /UTs during Lockdown
- Tracking of “on treatment” leprosy patients involved in migration amid COVID lockdown

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- Operationalization of NIKUSTH
- Independent Evaluation of the Indian: National Leprosy Eradication Programme by WHO
- Launch of three testimonial based short films
- Launch of ASHA flip book – field guide to identify early signs of leprosy

► Special Activities in commemoration of 150th Birth Anniversary of Shri Mahatma Gandhiji

- Gandhiji’s Commitment to the cause of leprosy
- Sparsh Leprosy Awareness Campaigns (SLACs) 2019 and 2020
- Poster Competition for School Children of Delhi on the occasion of Anti- Leprosy Day
- Sparsh Leprosy Eradication Campaign (Oct, 2018 to Oct, 2019)

► Other Events

- 5th and 6th National Summits on Good and Replicable practices in Public Healthcare System in India
- 20th International Leprosy Congress, Manila, Philippines

► Best Practices

► Success Stories from various parts of the country

► Meetings and Gatherings

- Important meetings and trainings conducted under NLEP

► Spotlight/Photo Gallery

- Glimpses of SLACs 2019 and 2020



on a regular basis, substituting the campaign based approach, in order to ensure qualitative screening and follow up of suspects for confirmation of diagnosis and treatment. Besides, trainings of district level data entry staff have been completed for online data entry on the NIKUSTH portal. The Monthly and Quarterly Reporting formats have also been revised with a view to capture information on certain additional important district level indicators under the programme. Regular national and sub-national level review meetings and trainings are being conducted involving multiple stakeholders in order to keep them updated about various technical and programmatic developments. Independent Evaluation of NLEP was conducted by WHO in Nov, 2019 with the participation of internal and external subject experts. The important

actionable points emerging out of the said Evaluation have been shared with the States/UTs and some key findings are also included in this issue. I am also happy to share that State of Gujarat, and UT of Dadra & Nagar Haveli received awards of best performing states/UTs under National Leprosy Eradication Programme at 5th National Summit on Good and Replicable Practices in Public Healthcare System in India held at Assam. It is also heartening to share that with the timely interventions, the programme has succeeded in keeping the leprosy services on track even during ongoing COVID-19 pandemic. The Issue contains some details regarding the management of leprosy cases during the ongoing pandemic. I hope the readers will find this Master Issue useful. We look forward to your constructive feedback.

NEW POLICY INITIATIVES

INCLUSION OF LEPROSY SCREENING UNDER VARIOUS PRIME PROGRAMMES OF NATIONAL HEALTH MISSION (NHM).

- **Comprehensive Primary Health Care, Community Based Assessment Checklist (CBAC) of Ayushman Bharat.**
- **Rashtriya Bal Swasthya Karyakaram (RBSK),**
- **Rashtriya Kishore Swasthya Karyakaram (RKSK)**

Government of India is committed to achieve Leprosy Free India. Early case detection through universal coverage of vulnerable population and timely & complete treatment of confirmed cases in order to prevent Grade II disabilities are critical initiatives in order to achieve this objective.

With a view to achieve this goal, major policy decisions have been taken by Central Leprosy Division and Ministry of Health & Family Welfare

(MoHFW). Leprosy screening has been integrated under RBSK, RKSK, and CPHC. Children (0-18) years would be screened for leprosy under Rashtriya Bal Swasthya Karyakaram (RBSK) at Anganwari Centers and in government schools through Mobile Health Teams. Children of teen age group (13-19) yrs will be counseled about leprosy at Adolescent Friendly Clinics under Rashtriya Kishore Swasthya Karyakaram (RKSK). Community Based Assessment Checklist (CBAC) has been suitably modified inter alia to ensure a comprehensive screening of leprosy of 30+ years population under Ayushman Bharat.

Revised Community Based Assessment Checklist (CBAC) Form for Early Detection of NCDs, Tuberculosis (TB) and Leprosy: Five questions related to leprosy are mentioned in Table here after.



Z-28015/05/2018-TB

Government of India

Ministry of Health and Family Welfare

Nirman Bhawan, New Delhi

Dated: 1 st October, 2020

Sub: National TB Elimination Programme (NTEP)- Rashtriya Bal Swasthya Karyakram (RBSK)- National Leprosy Eradication Programme (NLEP)- Rashtriya Kishor Swasthya Karyakram (RKSK) Collaboration to address burden of Tuberculosis and Leprosy among children.

Dear Madam/Sir,

India has 27 crore children and nearly 3.42 lakh Tuberculosis cases occur annually among this age group, amounting to the highest burden of TB among children. This age group is not only more vulnerable to TB, but TB amongst children is distinct from other age groups in terms of incidence, disease manifestations, difficulties in diagnosis and timeliness of response to treatment. Moreover, TB among children accounts for nearly 40% of the missing TB cases in the country. Government of India is committed to ending TB by 2025. Likewise, Indian reports the highest number of child leprosy cases in the world, with more than 55% of the world child cases being in India. If not detected and treated in time, leprosy causes severe grade 2 disabilities resulting in lifelong suffering. India is committed to achieve leprosy free status with a special focus on achieving the target of zero case of child grade 2 disabilities.

As per DO Z-28020-10-2019-RBSK-CH dated 09th August 2019, States/UTs had been advised to screen for TB and Leprosy among children 0-6 years at Anganwadis and children 6-18 years enrolled in Government and Government aided Schools under the RBSK. The aim of this activity is to reduce morbidity and mortality associated with TB and Leprosy in children through Prevention, Early detection and Prompt management and Treatment. An analysis of State –wise profile of TB cases notified among children under NTEP is at **Annexure 1**. The contact details of nodal officers and WHO NTEP consultants in each State/UT is at **Annexure 2**.

Adequate resources for training and awareness generation activities may be budgeted in the PIP for 2021-22. A national level virtual training of trainer's activity will be held in October 2020. Details of the training modules for sensitization of medical officers and other healthcare workers is enclosed. We request your support in effective implementation of this collaborative activity in order to end TB and achieve Leprosy free status among the children and adolescents.

Sd:-
Vikas Sheel
JS (NTEP)

Sd:-
Manoher Agnani
JS (RCH)

Sd:-
Rekha Shukla
JS (NLEP)

Screening and Referral tool for childhood leprosy at C7 in the RBSK Booklet for children 0- 6 years:

C7	Childhood Leprosy or HANSEN’S DISEASE: LOOK, ASK & PERFORM?					
C7.1	Look for Single Localized and discrete lesions or Multiple hypo pigmented patch predominantly on the exposed body parts and not present from Birth. Patch should not be painful, not changing/ disappearing, is not itchy, is not shedding scales, not preceded by any inflammation or any local Injection and is not dark red, or completely depigmented. If yes: tick and Refer	<input type="checkbox"/>	C7.1.1	If yes, Number of lesions present?		
				1 to 5 lesions <input type="checkbox"/>		
				>5 lesions <input type="checkbox"/>		
			C7.1.2	If yes, lesions type?		
			Linear	Non-linear	Raised	Flat
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7.2	Ask for any history of close contact with leprosy affected person in the family or immediate neighbourhood, tick if yes	<input type="checkbox"/>	C.7.3	Perform and check for any: Definite impairment of sensations at the hypo pigmented patch tick if yes <input type="checkbox"/>		
C7.4	Perform and check for any loss of sensation at hands and feet on both sides. Provided one has ruled out Neural tube defect and any other neurological problem like, Cerebral palsy.			<input type="checkbox"/>		
C7	If anyone is positive: refer for Hansen’s Disease			<input type="checkbox"/>		
Please Note: Differential diagnosis: atopic dermatitis Pityriasis Alba, Pityriasis versicolor, Vitiligo, post inflammatory hypo pigmentation, Morphoea, Nevus depigmentosus, Hypo pigmented mycosis fungicides. Hypomelanosis of Ito, halo nevus, Linear lesion (tuberous sclerosis & incontinentia pigment)						

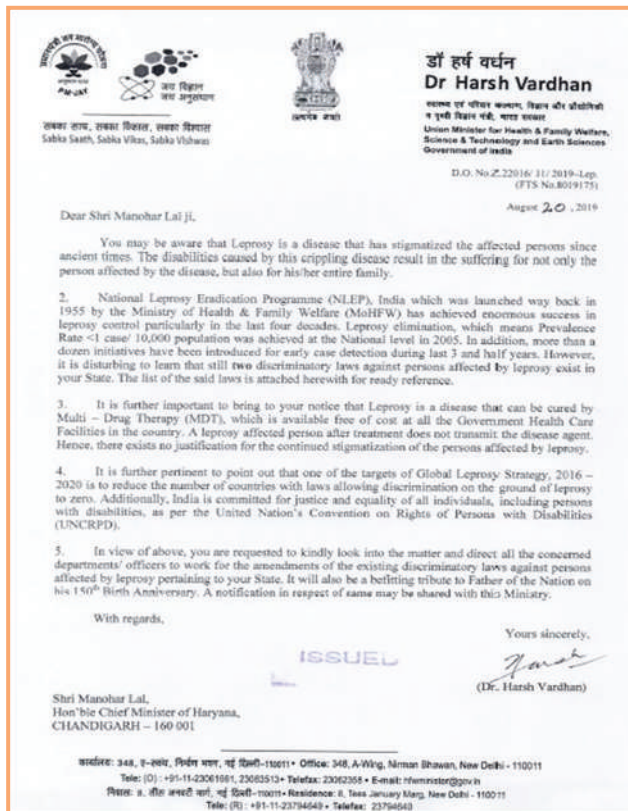


Screening and Referral tool for childhood leprosy at C7 in the RBSK Booklet for children 6-18 years is as follows

C7	CHILDHOOD LEPROSY DISEASE: LOOK, ASK & PERFORM for a) skin lesion: b) Peripheral Nerve involvement; or c) contractures & Deformity? if any of these below is positive, refer for Leprosy Disease					
C7.1	Look for Hypo-pigmented or reddish skin lesion with Definite Sensory Deficit. Skin Lesion should not be painful, not changing periodically with seasons i.e. appearing or disappearing, non itchy, not shedding scales, not preceded by any inflammation or by any local injection, and is not dark red, or completely depigmented. If yes, tick and refer					<input type="checkbox"/>
C7.1.1	If C7.1 is yes, Number of lesions present?		C7.1.2		If C.7.1 is yes, Type of skin lesion; tick accordingly	
	1 to 5 lesions	<input type="checkbox"/>	Patchy	Plaque	Nodular	Diffuse infiltration
	>5 lesions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C7.2	If Involvement of the peripheral nerve present than tick as per appropriate nerve					
	Behind the Ear (Greater Auricular Nerve)	<input type="checkbox"/>	Definite thickening with or without tenderness			<input type="checkbox"/>
	Around Elbow (Ulnar Nerve)	<input type="checkbox"/>	Loss of sensation			<input type="checkbox"/>
	Wrist (Radial Cutaneous nerve)	<input type="checkbox"/>	Weakness of the muscles of the hands			<input type="checkbox"/>
	Knee (Peroneal Nerve)	<input type="checkbox"/>	Weakness of the muscles of the feet			<input type="checkbox"/>
	Ankle Joints (Posterior tibial nerve)	<input type="checkbox"/>	Weakness of the muscles of the eyes			<input type="checkbox"/>
C7.3	Look for Contractures and deformity: only presented after infancy and with no history of Meningitis. Encephalitis or Trauma in the past, if yes, Note location, Mark as appropriate					<input type="checkbox"/>
	Right Hand	Left Hand	Right Feet	Left Feet	Eyes	Face
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	If any of the above is positive i.e. Skin lesion (C7.1)/Nerve involvement (C7.2)/Contracture (C7.3) refer for Leprosy					<input type="checkbox"/>

GOAL TO ACHIEVE ZERO DISCRIMINATION AGAINST PERSONS AFFECTED BY LEPROSY

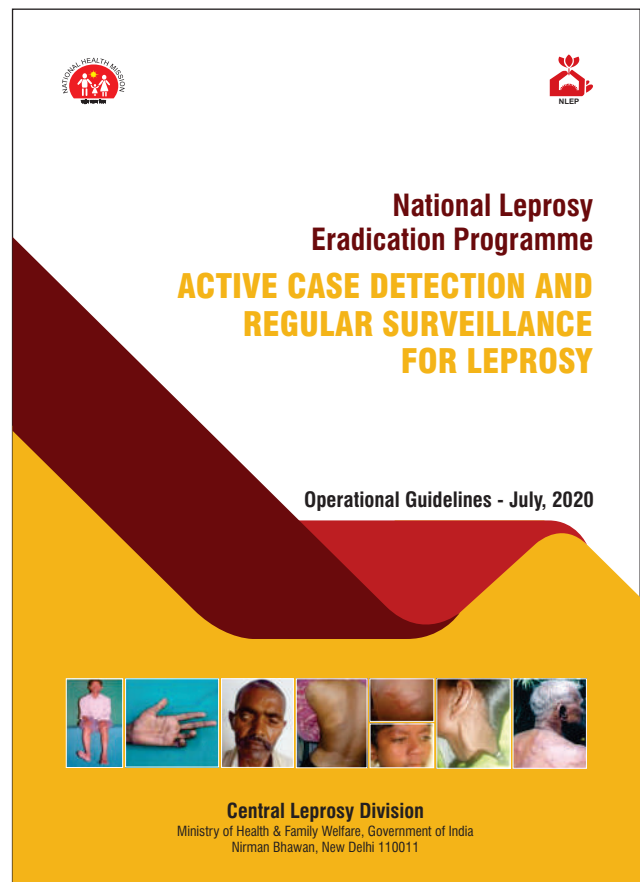
In order to achieve the goal of ZERO discrimination against persons affected by leprosy Dr. Harsh Vardhan, Hon'ble Union Minister of Health & Family Welfare sent communications to the Hon'ble Chief Ministers of various states, requesting them to expedite the process of repealing discriminatory laws against persons affected by leprosy.



LAUNCH OF OPERATIONAL GUIDELINES FOR ACTIVE CASE DETECTION AND REGULAR SURVEILLANCE FOR LEPROSY

It was in the year 2005 that India achieved the elimination of leprosy as a public health problem, defined as less than 1 case per 10,000

populations at the National level. The agenda of eliminating leprosy at sub-national however, is still unfinished. There are more than 107 districts still reporting a higher prevalence rate of leprosy. India still reports the highest number of leprosy cases in the world. India contributed 56.6 % of the global cases of leprosy in the year 2019-20.



Cover page of Active Case Detection and Regular Surveillance for Leprosy Operational guidelines

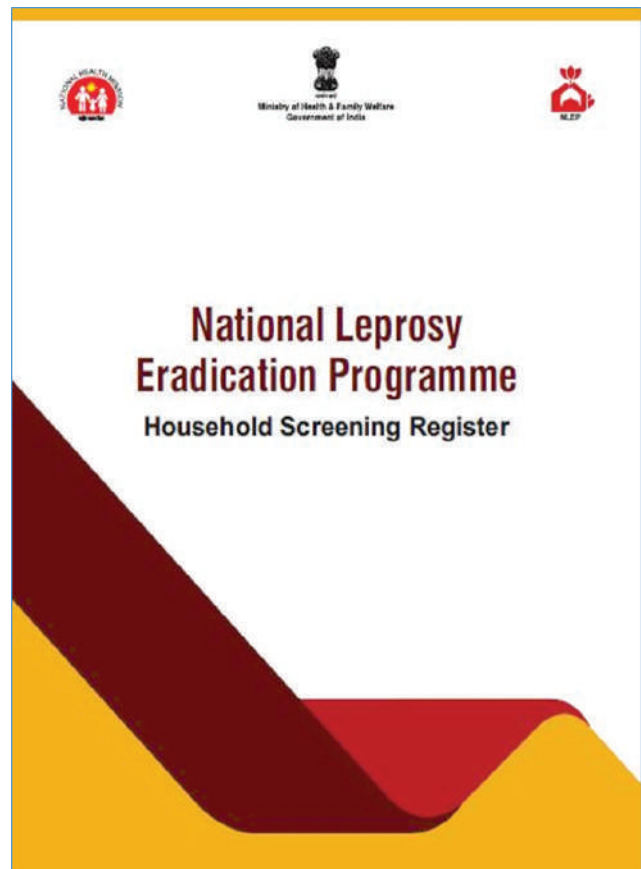
The country is still away from achieving the goal of Leprosy Free India. To accelerate the progress under National Leprosy Eradication Programme (NLEP), a comprehensive strategy has been developed named "Active Case Detection and Regular Surveillance for Leprosy" in order to ensure screening of the entire vulnerable population in the country upto the household level, as it is very important to focus on early case detection before any visible disability occurs.

Early case detection is also necessary to stop the disease transmission at the community level. Further, special focus is needed for children to achieve zero disability among new paediatric patients. Likewise it is important to make the Active Case Detection a sustainable and educative activity by regularly involving the front line workers, community volunteers and persons affected with leprosy

Active Case Detection and Regular Surveillance for Leprosy (ACDRS) operational guidelines 2020, focus on the quality of screening of the entire eligible population once or twice in a year, depending upon the endemicity and epidemiology of the disease in the given area.

The revised strategy aims at accelerating action towards leprosy free India, ACDRS, underlines the importance of active case detection for leprosy on a regular basis, rather than occasionally in a campaign mode. This strategy will strengthen the regular surveillance system, while ensuring 100% population coverage for screening in the eligible areas through time flexibility available to the front line workers for thorough screening. The strategy shall ensure follow-up of suspects for final diagnosis and treatment. The strategy also aims at making the recording and reporting of leprosy cases accurate, complete and comprehensive. It inter alia makes provision for expeditious information exchange between the leprosy programme officers of different Districts/States.

The new strategy will also ensure the coverage of underserved population including migrants and slum dwellers. The strategy also provides adequate flexibility for deciding the methodology and duration of screening rounds in areas with special needs.



Cover page of House Hold screening register to be maintained by Female and Male health workers for each village

The new strategy also provides discretion to the states to keep any number of villages/urban pockets out of screening depending upon the disease epidemiology. Thus the final decision to select the village/urban pockets for screening will rest with the States, thereby making the entire active case detection exercise well targeted, productive and result oriented.

Active case detection as a core activity under NLEP is absolutely essential to cover the last mile journey to Leprosy free India for which a clarion call has been given by the Hon'ble Prime Minister as well.

COVID-19 SPECIAL SECTION

VIRTUAL REVIEW MEETINGS FOR STATES/UTs DURING LOCKDOWN

Extensive review of the implementation status of NLEP activities for all State/UTs was conducted through virtual meetings from 6th to 17th July, 2020 under the Chairpersonship of Ms. Rekha Shukla, Joint Secretary (Leprosy), MoHFW. The participants also included the Regional Directors of Health & Family Welfare, National Professional Officer (WHO), WHO State-Coordinators, and other stakeholders. The review meetings focused on the preparation of States/UTs to work efficiently during the COVID crisis. Special directions were issued to all the States and UTs to ensure uninterrupted supply of MDT drugs and complete treatment of all leprosy patients on treatment. Additionally, states were encouraged to immediately start supportive supervision and monitoring upto sub-district level with the help of available resources and by using virtual platforms and digital tools. States/UTs were also instructed to keep a close watch on the reaction cases (Type I and II) as these cases were critical and required specialized care along with MDT.



Screenshot of one of the Virtual review meetings

TRACKING OF “ON TREATMENT” (MDT) LEPROSY PATIENTS INVOLVED IN MIGRATION AMID COVID LOCKDOWN

During the COVID lockdown, Central Leprosy Division issued directions to all the States and UTs to ensure uninterrupted supply of MDT to all “on treatment” leprosy patients in India. Additionally CLD developed a mechanism to track the defaulters and migrants with the help of existing work force under NLEP. As a result, CLD succeeded in gathering information about 500 leprosy patients who were involved in migration or reverse migration during lockdown. Migration happened largely in states of Bihar, Uttar Pradesh followed by Delhi, Punjab, Haryana and Jharkhand. CLD received the information in this regard from 19 States and 2 UTs. Detailed information about the patients defaulting on treatment was shared with the states concerned so that they could be tracked in time and their treatment could be resumed. Prompt exchange of information in this regard was also facilitated through a WhatsApp group of NLEP officials, SLOs and DLOs, called the “Leprosy Action Group”. Many patients were promptly tracked and followed up for treatment completion in a seamless manner based on exchange of information between states.



House to House visit conducted to distribute MDT to “on treatment” leprosy cases at Chimbel, Goa during COVID pandemic



DPMR activities conducted at Ananthapur District of Andhra Pradesh maintaining appropriate social distancing and wearing face masks



IEC activities conducted at GPHC Perambalur, Goa maintaining appropriate social distance and wearing masks

IMPORTANT ACTIVITIES

COMPREHENSIVE TRAINING PLAN: NIKUSTH ONLINE WEB PORTAL

NIKUSTH: A real time reporting software has been developed by ICMR in collaboration with NLEP for monitoring of leprosy cases. It's a web-based reporting system with patient tracking mechanism with the following objectives:

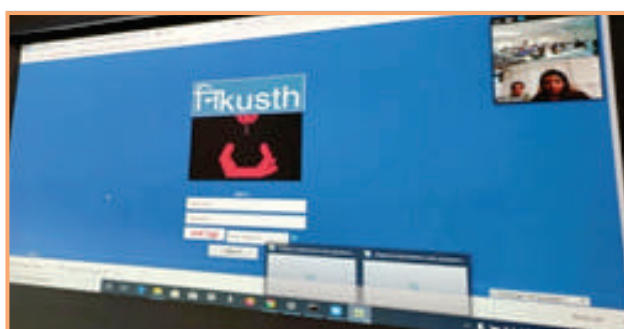
- To develop database of patient information with details like Demographics and unique identification.
- To facilitate analysis of data and prompt action.
- To strengthen the patient tracking mechanism in NLEP.
- To facilitate monitoring and evaluation of NLEP.

Nikusth was designed to track the real time data and utilize it as per the local needs even during the course of treatment, For example an on-treatment case can be referred to higher facility using NIKUSTH. Like all other National data entry portals related to Health programmes, NIKUSTH also seeks data from Block level. Block-DEOs have started entering the data using unique user IDs created by Central Leprosy Division on NIKUSTH

portal. Special Audio-Visual User Manual, along with a regular User Manual, have been developed for making this portal user friendly. Till October, 2020, total 33 States/UTs have completed their online training for NIKUSTH, in which 1422 participants have been trained.



Gujarat: Participants practicing the demonstration for NIKUSTH at computer lab



Uttar Pradesh: NIKUSTH online training for the State

INDEPENDENT EVALUATION NATIONAL LEPROSY ERADICATION PROGRAMME

The World Health Organization (WHO) facilitated an independent evaluation of the National Leprosy Eradication Programme (NLEP). The field visits of the evaluation team took place from 1st to 14th November 2019. A central team and six field teams were constituted that included national and international experts in the field of leprosy or public health, representatives of Partner organizations, and also persons affected by leprosy.



Briefing meeting held in Delhi for Independent Evaluation teams

Key findings of the Evaluation:

- Leprosy services are well integrated into the general health care services under the umbrella of the National Health Mission (NHM).
- Budgetary allocations have been increased progressively over the years by central and state governments, which reflect the strong political commitment for achieving elimination of leprosy.
- Effective and coordinated partnership established at district, state and central level which includes NLEP, the International Federation of Anti-Leprosy Associations (ILEP), civil society organizations and the Association of People Affected by leprosy (APAL).
- Discrimination against persons affected by leprosy was not very obvious particularly in the younger generation; Sparsh leprosy campaigns contributed to spread of the right messages about leprosy.
- Accredited social health activists (ASHAs) were involved in leprosy case detection in various ways.
- Coverage of services was commendable in many parts of the country though challenges are more in urban areas.
- A decrease was observed in ANCDR: from 11.3 per 100 000 population in 2008-09 to 8.7 per 100 000 population in 2018-19. A similar decrease was observed in prevalence rate: from 0.7 per 10 000 population to 0.6 per 10 000 population over the same period. During 2018-19, 9227 child cases were detected; for the first time the number of child cases fell below the 10 000-mark. Trends of new cases with G2D also showed a reduction over the past ten years.
- The goals set by NLEP were achieved to a great extent: 83% of the districts reached the goal of elimination of leprosy as a public health problem; 51% of the districts reported a G2D rate below 1 per million population.
- Several laws that allowed discrimination on the basis of leprosy were repealed through the Repealing and Amendment Act (2016); marriage acts where leprosy was a ground for divorce were also abolished.
- NLEP continued campaigns to detect, treat and monitor the programme. The evaluators emphasized that NLEP requires a special plan to tackle leprosy control in urban and peri-urban populations.
- Large number of male population was left out of screening due to non-availability at

the time of home visits during the campaign period. There were huge gaps in the number of suspects identified and number of suspects examined by the Medical officer concerned for final diagnosis.



Interaction with patient in treatment during field visit by one of the Evaluation Teams

The key recommendations are:

- ▶ The currently strong political commitment observed at central level should be sustained; at sub-national level, commitment towards leprosy elimination will need to be further strengthened.
- ▶ Allocation of funds should be enhanced and timely released to allow quality implementation and monitoring of activities, especially at district and health facility levels.
- ▶ Districts should be prioritized based on the leprosy burden. District plans should be developed in a tailored way, by taking cognizance of the particular situation of the district.
- ▶ Urban leprosy control should be further strengthened by pursuing an optimal level of integration with the National Urban Health Mission (NUHM). Special focus should be given to slums and migrant populations.
- ▶ In order to accelerate towards elimination of leprosy, Active Case detection should be prioritized leaving campaign based approach to ensure case detection at an early stage.
- ▶ Expertise of staff in different health segments should be sustained and further enhanced to improve leprosy services. The application of electronic learning tools should be encouraged.
- ▶ Monitoring and supervision should be strengthened, in quantity and quality. The recording and reporting system should take advantage of new developments such as the Integrated Health Information Platform (IHIP).
- ▶ Coverage of contact tracing should be maximized in order to promote earlier case detection and to expand prevention of leprosy through providing post-exposure prophylaxis (PEP) with single-dose rifampicin (SDR) to eligible contacts.



Members of External Evaluation Teams

- ▶ Efforts should be continued to repeal remaining legislation that allows discrimination on the basis of leprosy at central, state municipality levels.

20TH INTERNATIONAL LEPROSY CONGRESS (ILC), MANILA PHILIPPINES FROM 10TH TO 13TH SEPTEMBER, 2019

International Leprosy Congress (ILC) is an event which is organised by International Leprosy Association (ILA) in every three years. 20th ILC was organised from 10th September 2019 –13th September 2019 at Manila, Philippines. Congress provided an opportunity for scientists, researchers, health staff, partners and individuals affected by leprosy to interact, discuss and share experiences on a variety of themes in the field of leprosy. More than 21 countries and 700 participants attended this congress. The focal topics of discussion included Clinical Science, Social Science, Basic Science, Epidemiology and Control, Disability and impairment etc. Objectives of ILC were:

- Review progress made in implementing the 2016-2020 WHO strategic plan since the 19th ILC in China
- Foster a global partnership to stop the transmission of leprosy.
- To pool all resources, all opportunities and to achieve the goal of stopping the transmission of leprosy from the world.

The Congress was attended by the Joint Secretary (Leprosy) MoHFW, Ms. Rekha Shukla, Deputy Director General (Leprosy), Dr. Anil Kumar and DADG (Leprosy), Dr. Rupali Roy. It was decided in the congress that the next (21st) ILC would be organized in India in 2022.

PAN INDIA LAUNCH OF THREE TESTIMONIAL BASED TVCs DEVELOPED BY CENTRAL LEPROSY DIVISION

In order to spread awareness about the symptoms of leprosy and the importance of early diagnosis and treatment, three short films have been developed by the Central Leprosy Division. These films involve the testimonials of four cured leprosy patients. These three TVCs have been telecast through different channels of Doordarshan across Hindi speaking states of India.

LAUNCH OF ASHA FLIP BOOK

A Flip Book, designed to help identification of early signs and symptoms of leprosy by ASHAs in the community was released by Sh. Yohei Sasakawa, World Health Organization Goodwill Ambassador for Leprosy, Dr. Rashmi Shukla, National Professional Officer, WHO, Dr. Megha Khobragade, ADG-Leprosy and Dr. G. Thakar, State Leprosy Officer at State Headquarter, Gandhinagar in Gujarat. The Flip Book was made for 6 high endemic states for Leprosy. The Flip Book has so far been made available to ASHAs in the states of Chhattisgarh, Gujarat and Odisha. Flip book is available in Hindi, Gujarati, Odia and English languages. The Flip Book is a booklet that explains leprosy with the help of stories along with a series of images.



Launch of ASHA Flip Book



Cover page of ASHA flip book: Hindi version



Photograph of one of the stories "Mohini ki Kahani" from the Flip Book.

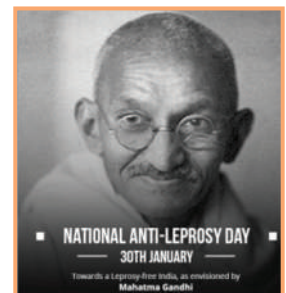
SPECIAL ACTIVITIES IN COMMEMORATION OF 150TH BIRTH ANNIVERSARY OF MAHATMA GANHIJI



GANDHIJI'S COMMITMENT TO THE CAUSE OF LEPROSY

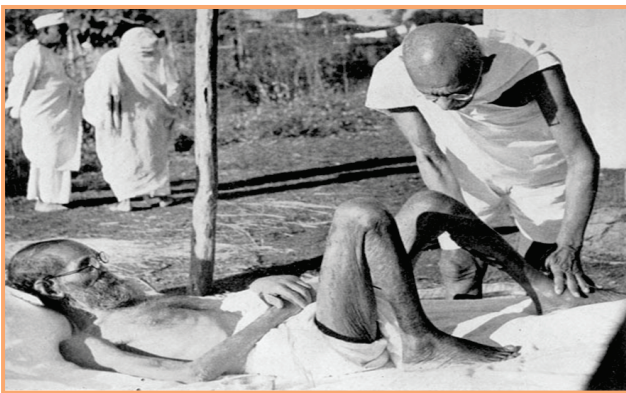
During Satyagraha campaign in South Africa, Gandhi-ji was addressing a gathering at Natal on the occasion of the founding of the Indian Congress. He noticed a few people standing at a distance under a tree listening to him intently. In spite of his beckoning the people to come forward and join the crowd, they did not come. So Gandhi decided to go to them. As he started walking towards them, one of them cried out, "Gandhi bhai, do not come near us, we are leprosy affected." Even after hearing this, Gandhi went to meet them. Gandhiji asked them about the treatment they were receiving for their ailments. Their answer shocked Gandhi. They said, "No doctor was willing to treat us, we treat ourselves with the juice of bitter neem." When asked if that was helping, they replied in the negative and said they were dying a slow death.

At that very moment, Gandhi Ji decided that he



had to do something for people affected with leprosy. Gandhiji called leprosy affected people at their homes, cleaned their wounds, gave them food to eat, heard their life stories and how they survived in the open, living in the ruins some distance from the village. Gandhiji also advised them to keep themselves clean and gave them medicines.

Gandhiji returned to India in 1932 and started his Satyagraha campaign. He and other leaders were arrested and locked up in Yerwada Jail in Pune. While in jail, Gandhi inquired from the jail Superintendent Bhandari about Parchure Shastri who was also arrested along with the others. He requested Bhandari and said, "If Parchure Shastri can stay with me then we can have discussions and keep each other company." Bhandari replied, "Parchure has leprosy and has been kept in another section of the jail." Gandhiji was utterly shocked! Parchure Shastri was a well-read, learned man and very knowledgeable about the Vedas. Gandhiji wrote a letter to Parchure telling him not to lose heart and requested him to keep in touch with him through letters and to let him know if he needed anything in jail. Shastriji replied, "If possible could you please arrange for cotton wool so that I can clean my wounds and some books to read."



When Gandhiji received this letter, he instructed Mahadev Desai to arrange for the things Shastriji had requested for, along with a message that "our bodies fall ill, but you are not a body but a

spirit, a consciousness (chaitanya), so awaken your consciousness!" This letter acted like life-restoring medicine (sanjeevani) for Parchureji and he was greatly inspired by Gandhiji's encouragement.

Gandhiji at that time had gone on a fast in jail and when this became life threatening, the government came forward for a compromise. A question arose as to who would give Gandhiji the first sip of juice to break his fast. Gandhiji wanted Parchureji to do this as he was in jail at that time. The government agreed and it was arranged to bring Parchureji to Gandhiji so that he could break his fast.

After being released from prison, Shastriji went to Haridwar. Shastriji's wife made him promise that when she left for her heavenly abode, he would go to Gandhiji's ashram. Parchure Shastri went to Gandhiji's Sevagram Ashram. Gandhiji welcomed him and was happy with the progress Shastriji was making with the medicine DDS, prescribed by Dr. Jivraj Mehta. He then went to his prayer meeting. There he announced to his volunteers and ashram inmates, "A learned man in Vedas and a great Pandit, Parchure Shastri, is among us. He is suffering from leprosy. Will you all support him and allow him to live in this ashram?" There was pin drop silence. Gandhiji understood the reluctance of the residents of the ashram. He added, "Give your consent only if your conscience agrees to this. But you can take my word, that this disease is not contagious."

Gandhiji's word was sacrosanct. Once he said something, people believed him. So everyone agreed to support Shastriji. He was called and presented to the inmates of the ashram. With folded hands he thanked everyone and said a Vedic prayer asking God to bless everyone. Velyadhun was given the responsibility of looking after Shastri and the latter would narrate Vedas and tell the ashram inmates stories from ancient

texts. Shashtriji lived in the ashram until 1942 when Gandhiji called on the nation to start satyagraha on Quit India. At that time many were arrested and Shastriji went away to a leprosy home at Duttapur. After staying there for three years, he realized that his end was near and so he wrote to Gandhi Ji, “Dear Bapu, my end is near, and you recollect, at a time when I was in Yerwada jail, depressed and prepared to end my life, you saved me and gave me a new life. But now I think my life is coming to an end, and I have only one last wish, to see you before I die.” Gandhiji along with Mahadev Desai spoke to the officials of the leprosy home and went to visit Shashtriji whose happiness knew no end on seeing Gandhi personally come to see him. Gandhi realizing that Shastri’s end was near, told him, “Death visits all of us one day, sooner or later. You are a learned man, so I do not have to advise you on anything but I would like to say that where you are going is your permanent abode, where there is no light as we know it, no darkness, nor fire, nor moonshine, there is only divine light there.” Just a few days after Gandhiji’s visit, the soul of Shastriji flew away to his permanent resting place.

- ▶ **Translated and reprinted from:** Mumbai Samachar, 1988, by Shantilal Gadhia.
- ▶ **Courtesy:** Shashwat Gandhi, November 2015

SPARSH LEPROSY AWARENESS CAMPAIGNS 2019 AND 2020

30th January, the Martyrdom Day Mahatma Gandhi Ji is celebrated every year as Anti Leprosy Day all over the country in order to remember his selfless efforts and care for the people affected by leprosy. In this regard, Sparsh Leprosy Awareness campaigns (SLACs) were introduced and launched on 30th January, 2017 to reduce stigma and discrimination against persons suffering from leprosy. The campaigns thus aim to pay homage to Bapu by giving place

to the leprosy affected people in family and society. During SLACs every year, nationwide Gram Sabhas in villages across the country are being organised in cooperation and coordination with allied sectors of health department. Appropriate messages from District Magistrates and appeals from Gram Sabha Pramukh (Heads of Village councils) to reduce discrimination against persons affected with leprosy are read out; pledge is taken by all Gram Sabha members to reduce the burden of disease in the community, and felicitation of persons affected with leprosy is done. Village community is encouraged to participate in these meetings, and school children are encouraged to spread awareness about the disease through plays, posters etc. SLACs 2019 were organized in 67% of total villages in the country, and SLACs 2020 were organized in 74% of total villages.



Sapna mascot of NLEP, used during SLAC 2020 in the SLAC.



Lakshdwee: Mass awareness on leprosy, on the occasion of SLAC 2019



Jammu Division: Pledge not to discriminate against persons affected with leprosy at Govt. Primary School



Kashmir: Distribution of Blankets to the persons affected with leprosy, on the occasion of SLAC 2020

POSTER COMPETITION FOR SCHOOL CHILDREN OF DELHI ON THE OCCASION OF ANTI-LEPROSY DAY

Leprosy Division of Delhi, in collaboration with Hind Kusth Nivaran Sangh, organized a poster making competition for awareness on leprosy as a part of Sparsh Leprosy Awareness campaign 2019, in addition to various other activities to generate awareness in the community. The focus was on generating awareness and bringing about positive change in the attitudes of School Children and ASHA workers towards leprosy, as children are considered to be key influencers in households and families as a unit and the ASHA workers play an important role as community guides and advisors in health and welfare related issues.

The competition received more than 200 entries and the submissions were judged through a double tier system. The top prize winners were awarded cash prizes.

SPARSH LEPROSY ERADICATION CAMPAIGN (Oct 2018- Oct 2019)

Year Long activities from Oct, 2018 to Oct, 2019 were conducted in the form of two rounds of leprosy case detection campaigns (LCDCs) in high endemic selected districts, Focused Leprosy Campaigns (FLCs) in low endemic districts, and Sparsh Leprosy Awareness Campaign 2019 across the country in commemoration of 150th Birth Anniversary of Mahatma Gandhiji. Table in next page below shows the number of cases detected during SLEC.

LCDC	States	Districts	1 Round of LCDC	2 Rounds of LCDC	New cases detected
Oct, 2018	25	251	20 States/ 81 Districts	3 States/ 38 Districts	23,356
Oct, 2019	23	251	23 States/ 300 Districts	7 States / 108 Districts	23,077
Total					46,433 new cases



Dadra & Nagar Haveli: A Child from the community enacted the role of Mahatma Gandhi and distributed MCR footwear at on 2nd Oct, 2019



Madhya Pradesh: Health care workers wearing Human Posters stating leprosy is completely treatable with MDT at Gwalior, on 2nd Oct, 2019



Madhya Pradesh: Distribution of blankets and ration to the persons affected with leprosy at Indore, on 2nd Oct, 2019

Chhattisgarh: To celebrate 150th Birth Anniversary of Sh. Mahatma Gandhi, NLEP team led by The Leprosy Mission Trust India (TLMTI), Damien Foundation India Trust (DFIT), WHO and Association of Persons Affected by Leprosy (APAL) in the presence of public representative felicitated people of the Ganga colony in Raipur. The session started with welcome address by the Local Member of Legislative Assembly, Shri Kuldeep Juneja, who remembered Mahatma Gandhi and his work for Leprosy patients. The Team then facilitated distribution of Customized

Computerized MCR footwear to 42 patients. The foot deformity in the people affected with Leprosy requires customization of footwear according to the measurements and pressure points of foot. This was recorded by a computer device and customized footwear were produced. This footwear provides better protection to the affected foot and also prevents further ulceration and infection; this relieves the patient of further deformity and improves his quality of life.

The occasion was also utilized to educate the leprosy patients for practicing self-care and other DPMR activities. The Nursing Staff and Medical Officers were given on-the-job training on ulcer care and medical management. The occasion led to better understanding of problems faced by patients and motivated the Health Staff to provide patient care on routine basis.



Chhattisgarh: Signature campaign for zero discrimination against persons affected by Leprosy was launched along with 'Awareness Rally' at Raipur, on 2nd Oct, 2019



Distribution of MCR footwear

Special activities were conducted by 17 States and UTs i.e. Gujarat, Dadra & Nagar Haveli, Jharkhand, Jammu, Haryana, Chandigarh, Delhi, Punjab, Uttar Pradesh, Madhya Pradesh, Tamil Nadu, Andhra Pradesh, Kerala, Karnataka, Lakshdweep, Puducherry and Assam on 2nd October, 2020, despite a raging pandemic (COVID-19).

A Coffee-table Book has also been prepared capturing some of the events organized by the states braving the covid-19 challenge.



Gujarat: Handing over Leprosy Flipbook by Chief District Health Officer, Navsari to an ASHA Navsari District, on 2nd Oct, 2020



Gujarat: A small token of appreciation in form of Nutrition Kit to Mrs. Shanti Halpati, a cured leprosy patient, at Navsari District



Jammu Division: Vehicle was flagged off by the CMO Udhampur, to make the general public aware regarding eradication of leprosy



Haryana: ASHAs conducted house-to-house visits under Focused Leprosy Campaign in District Palwal



Jharkhand: 5 km long Marathon was conducted at District Palamu



Jammu: Frontline health workers taking pledge not to discriminate against persons affected with leprosy at Health & Wellness centre, Didiana District



Uttar Pradesh: Community awareness by Health volunteers for common signs and symptoms of leprosy at Ganga Ghat Kusth Ashram



Tamil Nadu: Special Medical Team from Karigiri Hospital conducted ulcer dressings for Leprosy patients

OTHER EVENTS

5TH SUMMIT ON GOOD AND REPLICABLE PRACTICES IN PUBLIC HEALTHCARE SYSTEM IN INDIA: KAZIRANGA NATIONAL PARK, - ASSAM

5th National Summit on Good and Replicable practices in Public Healthcare System in India was organized by MoH&FW at Kaziranga National Park, Assam from 30th Oct – 1st November, 2018. Inauguration of the Summit was done by Shri Jagat Prakash Nadda, Hon'ble Union Minister of Health & Family Welfare, Gol, and Chief Guest Shri Sarbananda Sonowal, Hon'ble Chief Minister of Assam graced the occasion.

Objective of the summit was to capture and share the best practices and innovations at various levels of health services delivery and programme implementation under the National Health Mission. Summit served as a platform for integrating innovations into mainstream healthcare system and to bring about transformative improvements in healthcare

delivery by accelerating the uptake of successful innovations of products, processes and programs by various stakeholders. Senior officials, public health experts, and experts from academic institutions from all over the country participated in the summit.

In total, 120 practices and innovations were selected for showcasing during the summit, and these included 39 oral presentations, 79 poster presentations and 2 products for display from 24 States/UTs, 2 national level institutes and 2 organizations.

Health Ministry also gave away the awards to the states for best performance under various programmes. Award for the best performing State under NLEP for maximum percentage reduction in grade II disability in the country was given to the State of Gujarat (35.66 % reduction in Grade II disability percentage) and to Union Territory Dadra Nagar Haveli (82.41 % reduction in Grade II disability percentage).



Dr. Gaurav Dahiya, Mission Director – NHM-Gujarat and State Leprosy Officer Dr. Girish Thakar receiving the award



Sh. Krishna Chaitanya, NHM Mission Director - Dadra & Nagar Haveli and Dr. Manoj Singh, UT Leprosy Officer receiving the award

6TH SUMMIT ON GOOD AND REPLICABLE PRACTICES IN PUBLIC HEALTHCARE SYSTEM IN INDIA: GANDHINAGAR, GUJARAT

The 6th National Summit on Good and Replicable practices and Innovations in Public Healthcare System in India was held at Gandhinagar, Gujarat from November 16th to 18th, 2019.

This was an enriching exercise in terms of cross-learnings from the innovations implemented by the states/UTs under National Health Mission.

Under NLEP, an innovative initiative was presented in the form of a poster from the state of West Bengal named URBAN Leprosy. Urban leprosy poses a big challenge under National Leprosy Eradication programme. Burden of urban leprosy is high as compared to rural areas in the state of West Bengal. In order to address this issue, routine services under NLEP were strengthened in urban areas. For example, additional incentives were given to Honorary Health Workers (HHWs) for physical examination

of urban population to identify early signs of leprosy and also for following up the confirmed cases. NUHM team was also involved in this activity.



HHW screening the urban population for leprosy

BEST PRACTICES

(Names changed to maintain the patient confidentiality)

IMPORTANCE OF LEPROSY EDUCATION TO TEACHERS

Neelam, a 11-year-old girl old studying in class 6, was identified with PB leprosy in a school health camp at XYZ School, ABC village, Krishna Mandal, Narayanpet District. She stayed with her family at DEF Village under Maganuru PHC. She was one of the four daughters in the family. During the case detection camp held on March 28, 2019, staff of LEPRA Society visited her home with the local ASHA. Neelam's parents said that she was separated from hostel/school because of leprosy patch on the left arm. She was admitted in a local school, but could not attend the classes regularly. She was prompt in taking her medicines, and thus completed four months of treatment.

Staff of LEPRA Society went to the hostel/school in Krishna, 30 kms away from the village, and met the hostel warden Rashmi. During the interaction, the warden mentioned that she did not have knowledge about the nature of the leprosy disease and the health staff had not informed her about the facts regarding leprosy. The warden and the hostel staff were explained about the disease, treatment and were provided printed teaching materials. Their doubts about the disease were also clarified. Rashmi, the hostel warden realized her mistake and took Neelam back in the hostel for the next academic year.



TRANSFORMATION OF LIVES

Sanjeet lived with his family with 3 children. Two children were attending school, and the third



Shop opened by Sanjeet

child was too young to go to school. Sanjeet was diagnosed with leprosy. Due to delay in treatment he was left with grade 2 deformity in both hands, but he had a strong desire to do something for his family and not depend on the others for his livelihood. He wished to lead an independent life. He joined a Self-help Group of persons with disabilities including persons affected by leprosy. The members of the Self-help Group considered Sanjeet's need and provided him INR 5000/- as loan against his monthly contribution of INR 100/- . He started with a small shop selling cosmetics and items for children. He is now having an income of INR 200 to 300 per day. Subsequently his wife also started with a snack shop next to his shop. The commitment of persons affected by leprosy and their family members to have an independent and respectable source of livelihood sends out a strong message to the

The community happily accepts tea and snacks served by both-husband and wife. It has greatly reduced the stigma and discrimination related to leprosy in the society. Mr. Sanjeet says, “My family thanks NLR India for helping me lead a life of dignity”. He also thanks NLR India for supporting his children through their education programme. Mr. Sanjeet has set an example to be followed by others.



Snack shop opened by Sanjeet's Wife next to his shop

Story and Photo courtesy: TLMTI

RETURN TO NORMALCY

Eighteen-year Mohan, son of Shyam Prasad, lived in village ABC, District, Madhya Pradesh. Two years back when he was studying in class IX, Mohan noticed a few anaesthetic patches on his body and both elbow joints. Gradually the patches increased and so did the pain on the joints. Mohan developed fever too. After that Mohan went to a Govt. Health Centre where he was diagnosed with leprosy and put on MDT. However, during the treatment he developed clawed fingers in both hands and also the right foot drop.

Mohan was the only one affected by leprosy in his family comprising his parents, six brothers and 1 sister. He came to the referral centre at Jabalpur in January where he underwent reconstructive surgery on his right hand.

Mohan is thankful to LEPRASociety and says “Now I am happy as I am able to hold a pen and do other daily activities with my hand after surgery.”



Mohan, showing his hand after Reconstructive surgery

Story and Photo courtesy: LEPRASociety

STORY OF RAHIM

This is the story of a tribal boy, who was engaged in building construction work as a labour but he had been driven out of his job as he was incapable of holding objects firmly with his hands. He was the only earning member of his family. Neighbors were sympathetic but could not do anything to help him. The boy was visiting the traditional healers, Jangurus (Tribal Religious leader). However, his condition kept on deteriorating day by day. Somebody then informed the ASHA of the village about Rahim's condition who took Rahim, to the nearest ABC Rural Hospital for necessary treatment. The attending physician referred the person to Gour Road Leprosy Clinic, where he was diagnosed with pure neuritic multi bacillary leprosy with severe Type I reaction. Rahim was counselled by the doctor, and he agreed to take MDT from the nearby Iswarganj Sub Centre. He was also put on Prednisolone along with MDT. He was however, stigmatized when the villagers came to know that he was suffering from leprosy. On being informed

by the ASHA about the behavior of the villagers, District NLEP Team and Team GLRA visited the patient's home, conducted meeting with the neighbors and villagers and educated them about the nature of the disease. The patient was sent to Nirmala Leprosy Centre for complete bed rest and proper care. Rahim remained admitted in the Centre for 12 weeks. After completing the MB MDT treatment, he regained his muscles strength and was able to perform all routine house hold and agricultural works.

ULCER CARE RESIDENTIAL TRAINING AT RLTRI ASKA FOR INTERESTED PERSONS LIVING IN LEPROSY COLONIES IN ODISHA

There are around 100 leprosy colonies in Odisha. Every colony has some educated and motivated cured leprosy persons doing dressing of ulcers on foot/hand of all residents affected by leprosy in time of need. To enhance their dressing skills and to make them aware, about the updates of NLEP, a two-days residential training on "ULCER CARE for self-interested persons living in leprosy colonies in Odisha" was conducted at RLTRI Aska on 17-18 July 2019 in collaboration with Govt. of Odisha & World Health Organization

(WHO-NTD) which is first of its kind.

Nineteen participants including the state APAL president participated in the training. Odisha State Leprosy Officer, NLEP consultant, WHO-state coordinator were among the trainers, apart from the faculty members of RLTRI Aska. The course curriculum was designed taking into consideration the needs of cured leprosy patients and practicality of ulcer dressing at leprosy colonies. The contents involved practical demonstration of ulcer care along with hands-on-training on indoor patients of the hospital, along with basic physiotherapy measures. with demonstration like soaking, scrapping, oil massage, active/passive exercise, use of MCR chapel and care of eye/hand/foot.



Foot ulcer management: dressing demonstration

SUCCESS STORY

ASHA.....JUSTIFYING THE MEANING OF "HOPE"

Article 21 of the Constitution of India gives everyone the right to live. This is not merely a physical right, but also includes within its ambit the right to live with human dignity.

Leprosy is curable, and, if detected early and treated, permanent deformities and disabilities can be prevented. Persons affected can lead a normal life. However, people affected by leprosy

may have to face stigma and discrimination on account of lack of awareness in the community. The ASHAs (Accredited Social Health Activists) who are based in rural communities play a leading role in restoring the dignity to the lives of people affected by leprosy.

Mrs. Aarti Dhangar, an ASHA from Chandsar PHC (Primary Health Center) in Jalgaon District of Maharashtra State came across a case involving the matrimony of a girl from her community. A girl named Jyoti (name changed to



*Asha Mrs Arti Dhangar,
Jalgaon District*

maintain the patient privacy), aged 19 years, was diagnosed with leprosy in the past and had completed her treatment with MDT. She was leading a completely normal life and was preparing for her marriage. Suddenly the bridegroom's family

came to know about her having been treated for leprosy, and they became reluctant about continuing with the matrimonial alliance. As the bride's family was close to the ASHA, they consulted her in this regard. ASHA immediately came to their rescue and counseled the groom's family. She educated them on leprosy, explained them Jyoti's cured status, and assured them that she was as normal and healthy as anybody else in the family. She also explained that there was no risk for anyone contacting the disease, if she got married in the family.

With the efforts of ASHA, Jyoti got married to the same boy and is leading a dignified life now.

COMPLICATION MANAGED SUCCESSFULLY

Rama (name changed to maintain the patient privacy), a 23 year-old-woman, came to the LEPRO Society Referral Centre in Jabalpur for management of complications on account of leprosy complications. She had completed her MDT treatment as per the prescribed schedule. However, later she developed acute neuritis in right ulnar nerve and visible deformities, and sensory loss in the right hand. After the examination and consultation with the senior medical officer, steroid therapy was initiated. However, the patient informed the doctor that she was seven months pregnant.



*Rama treated for complication at
LEPRO Society Referral Central, Jabalpur*

She was referred to the gynecology department for ANC and further investigations and care. With close supervision and follow-up, mild steroid therapy was completed which resulted in partial recovery of the impairments that had developed. Nerve pain subsided and Rama regained sensations in her right hand. The muscle power showed only partial recovery, because the intrinsic muscles were impaired. However, she delivered a baby without any complications. This was a challenge successfully overcome by the health staff who successfully treated and managed the complications even with contra-indication of steroid therapy during pregnancy. Story and Photo courtesy: LEPRO India

A RARE CASE OF LEPROSY MANIFESTATION – HISTOID LEPROSY

A 40 years old male residing in ABC - CHC area of Boudh District, Odisha, approached a healthcare worker while the latter was supervising the LCDC activities in the district during Sep 2018. He complained of multiple, small, painless, well-



demarcated cutaneous nodules all over the body, particularly over the trunk, for past one year. While giving the history of his disease, he stated that he had undergone treatment for MB leprosy 9 years ago with MB MDT for 12 months and was cured.

On examination, multiple painless cutaneous nodules were observed on the normal skin over abdomen, chest, back, legs, arms, face etc. resembling histoid nodules, a variant of lepromatous type of leprosy. Left lateral popliteal nerve was found to be thickened and tender. Slit-skin-smear was taken from the nodules and earlobes (3 sites) and found to be positive for *Mycobacterium leprae* (BI 3+) with abundant solid bacilli. Accordingly, the person was diagnosed as a case of MB leprosy with 'Relapse' (as he was treated for leprosy 9 years ago) and

was started on MB MDT on 6th October, 2018. He was also given prednisolone 40 mg to begin with, and tapering dose every 2 weekly for 12 weeks. The patient was monitored at two-weekly intervals. He was advised to continue the MDT for 12 months after which, again clinical and slit-skin smear examination was to be done for taking further decision on future course of treatment. During the patient's visit in March 2019, it was observed that the patient was continuing with MDT as advised. All the nodules had vanished, left lateral popliteal nerve was slightly thickened with no tenderness or functional deficit.

This is a very rare case of leprosy, and usually missed by ASHA and health workers while suspecting leprosy. Medical officers also often miss such type of cases, due to lack of experience. Histoid leprosy, an expression of MB leprosy, is usually found in persons who have undergone treatment with irregular and inadequate Dapsone monotherapy, and with possibility of development of drug-resistance. After a lapse of 10-15 years, they develop this type of leprosy. ASHAs and other Health Workers need to be trained on this aspect of leprosy during their orientations.

MORBIDITY MANAGEMENT AND DISABILITY PREVENTION (MMDP) FOR LEPROSY AND LYMPHATIC FILARIASIS

India has the highest burden of Neglected Tropical Diseases (NTDs) and Vector Borne Diseases (VBD) in the world, which disproportionally affects those from the poorest and most marginalized communities and locks people into a cycle of poverty and disease. India contributes 60% of leprosy and 40% of lymphatic filariasis cases. These two diseases are included as NTDs. Both produce irreversible disability and the people affected require lifelong care to prevent worsening of disabilities. Leprosy and LF

have several commonalities. Both diseases, if diagnosed late or left untreated, can cause chronic disabilities. Both manifest in the forms of immobility, impairment and require skin care, limb care, wound-care, regular exercises, home based care, self-care, dressing and physiotherapy. Both Leprosy and LF are associated with discrimination and disability and result in loss of livelihoods, breakdown of relationships, school dropouts, loss of self-esteem and other mental health issues.

LEPRA Society, an NGO, is implementing morbidity management for persons affected with leprosy and LF as a combined approach. In Bihar, this approach was piloted in seven MMDP Centres, established in Government Hospitals and PHCs in Samastipur District with support of District Health Society. For 2019-20, a total of 6,157 people affected by LF (2,925 men, 3,201 women, 31 children) were reached out for morbidity management and prevention of

disabilities, including treatment for the complications. They were trained in self-care and use of protective footwear. A total of 109 people affected by leprosy were treated for leprosy reactions (77 people) and neuritis (32 people). They were treated with steroid therapy and physiotherapy, along with provision of adaptive devices to prevent further progression of disabilities. 325 people were treated for ulcers, of them 289 reported that their ulcers had healed by the end of March 2020. Nine persons were referred for Reconstructive Surgery (RCS). Pre & post-operative physiotherapy was provided to 6 people and their hands became fully functional. A total of 1349 men underwent hydrocele surgery at government health facilities in 2019-20 after being motivated by frontline workers. Periodically training was provided to 1340 ASHAs and 285 ANMs, and multipurpose health workers on LF and leprosy.

There is a growing realization that effective



Teaching self-care procedure to the person affected with leprosy in the community

management of NTDs could be achieved through comprehensive and integrated approaches. Combining or converging the delivery of multiple health interventions has the potential to minimize costs and result in wider coverage. The lessons learned imply that when we start combining the MMDP services for leprosy and LF, the following factors may be considered

- a) High burden of leprosy and LF in that area,
- b) Limited or no morbidity management or disability prevention services available at CHC/PHC/HSC,
- c) Training the health staff in acquiring skills and knowledge to deal both with leprosy and LF.
- d) Allocation of responsibilities to the staff in ensuring continuous services and care for people affected, and accessibility of services at the designated facility
- e) Partnerships and engagement of local NGOs working in leprosy or LF



LEPRA developed footwear for Elephantiasis leg with EVA material with Compression techniques.

- f) Availability of strong referral mechanism for reconstructive surgeries in leprosy and hydrocelectomies in LF
- g) Commitment and leadership of local district health administration.



Women (affected with leprosy) of self help group are practicing self care activities in the community

SHIVAM GOES BACK TO BEING HIS PLAYFUL HAPPYSELF

For the 13-year-old Shivam, life was all about playing with friends. His days were filled with frolic and loads of fun. He loved playing cricket with his friends. But one day, two years ago, all this came to an abrupt end.

Shivam was studying in Class 3 at that time. His mother, Sita Kumari, noticed a discolored patch on his body. As there was no sensation on the patch, she thought something was amiss and took him to the local doctor, who diagnosed him with leprosy.

Sita belonged to a conservative and backward community in ABC village in Buldhana district of Maharashtra. She knew leprosy as an overly stigmatized disease in her community as people harboured many misconceptions about the disease. She had witnessed people shunning those affected by leprosy and feared the same for her son. For this reason, Sita kept her son's leprosy a secret. She asked her son not to visit his friends, mingle with them or play with them.

On that day Shivam's gaiety came to an abrupt end. He turned into an introverted loner. Sita continued treatment of her son discretely, but after a year of medication, Shivam lost sensation in his hand and feet. Also, fingers of his left hand clawed. The family could no longer hide his leprosy, and their worst fear came true – they faced alienation in the community. Because of his disability, Shivam was forced to drop out of school.



Shivam with his mother

Story and Photo courtesy: TLMTI

“People stopped visiting our house. They did not want to be associated with us. My son was not allowed to play with other children. I was worried about him and my three daughters. The eldest was to get married soon,” says a visibly shaken Sita.

Fortunately for the family, they got to know about the free reconstructive surgery camp being conducted by The Leprosy Mission Trust India at its hospital in Kothara, Maharashtra – barely 150 km from their village. With great hope, Sita took her son to Kothara for the reconstructive surgery. He was admitted in the hospital and was operated upon. With his amused countenance and contagious smile, Shivam had become the favorite of the hospital staff. His zingy demeanour brought hope to Sita. She knew her son would be free from his disability and would be able to pursue his studies and make the most out of his life. Shivam is fully recovered now and back to his happy old self.

MEETINGS & GATHERINGS

INAUGURATION OF RECONSTRUCTIVE SURGERY CAMP THROUGH LIVE TELECAST USING ECHO PLATFORM FROM SURAT, GUJARAT



An online session using ECHO platform was conducted on 5th December, 2018 from District Hospital - Surat, Gujarat, in which the DDG-Leprosy, MoHFW and Dr. Atul Shah (RCS expert) interacted with all the SLOs on the occasion of inauguration event of Reconstructive Surgery camp. Inauguration was followed by briefing about reconstructive surgeries by Dr. Atul Shah, live demonstration of a surgery and short interactive question-answer session.

Other Important Meetings

Below are the important meetings held to review various activities of NLEP:-

- Regional Review meeting of State Leprosy Officers of North Eastern states was conducted under NLEP at Shillong, Meghalaya on 4th Oct, 2018 with the support of ILEP India.
- National Review meeting of State Leprosy Officers of Low Endemic state under NLEP was conducted at Surat, Gujarat on 3rd & 4th Dec, 2018 with the support of ILEP in India.
- Training Workshop for District Leprosy Officers of High Priority Districts under NLEP was conducted at Patna, Bihar on 15th & 16th March, 2019 with the support of World Health Organization.
- National Training Programme for Senior Leprosy Officers at National & State Level under National Leprosy Eradication Programme was conducted from 14th to 17th May 2019 at Delhi
- Training Workshop for District Leprosy Officers of High Priority Districts under NLEP was conducted at Gwalior, Madhya Pradesh on 5th & 6th July, 2019 with the support of World Health Organization



Group Photo of District Leprosy Officers of High Priority Districts trained at Patna, Bihar



Group Photo of District Leprosy Officers of High Priority Districts trained at Gwalior, Madhya Pradesh

- Training Workshop for District Leprosy Officers of High Priority Districts under NLEP was conducted at Bhubaneswar, Odisha on 26th & 27th July, 2019 with the support of World Health Organization
- Training Workshop for District Leprosy Officers of High Priority Districts under NLEP was conducted at Lucknow, Uttar Pradesh on 31st Oct & 1st Nov, 2019 with the support of World Health Organization



Group Photo of District Leprosy Officers of High Priority Districts trained at Lucknow, Uttar Pradesh

Secretary- Leprosy, MoHFW. Shri Krishna Chaitanya, Mission Director (NHM), DNH, various experts in the field of Leprosy and SLOs from 17 States/UTs participated in the meeting.



Dadra & Nagar Haveli : Dr. Manoj Singh, SLO, DNH presenting achievements during the meeting

The major objectives of the meeting were:

1. To share the learnings in leprosy programme from the DNH experience.
2. To significantly reduce the morbidity and mortality due to leprosy through prevention, early detection and proper management for the disease.
3. To analyze the situation of leprosy in High Priority states, and
4. To finalize the time-bound action plan to overcome the situation of leprosy in high priority states. The officers from the participating states were also taken for field visits, during which they interacted with the leprosy affected/treated persons in tribal



Group Photo of District Leprosy Officers of High Priority Districts for leprosy trained at Bhubaneswar, Odisha

- High Priority States Leprosy Meet was organized at Dadra & Nagar Haveli on 8th & 9th May, 2019 at Silvassa, Daman under the chairpersonship of Ms. Rekha Shukla, Joint

areas, the leprosy programme staff at various PHCs and CHCs and the ASHAs contributing actively to leprosy screening.

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Daman: Review of leprosy registers and records at Mandoni PHC



Interaction with ASHAs - ASHA sharing her experience of leprosy screening in the field



Group photograph of participants for High Priority States Leprosy Meet at Dadra & Nagar Haveli



Interaction with the community volunteers and NMS working for NLEP



Interaction with leprosy affected person during visit to tribal village in Daman

देशमां लेप्रोसीने नाबूद करवा १६ राजयोना प्रतिनिधिओ दानडने अनुसरशे

दे दिवसीय परिवंवाहमां देशला १६ राजयोना प्रतिनिधिओ दानडमां लेप्रोसी नाबूद माटे थयेला असरकारक अमलीकराख अंगे जाहाकारी मेणवशे



Media coverage of meeting in the local newspaper

The officers from the participating states were also taken for field visits, during which they interacted with the leprosy affected/treated persons in tribal areas, the leprosy programme staff at various PHCs and CHCs and the ASHAs contributing

The Annual Leprosy Review meeting of State Leprosy Officers was organized from 3rd to 5th December 2019 in Panaji, Goa under the chairpersonship of Ms. Rekha Shukla, Joint Secretary– Leprosy, MoHFW. Directors of Central



Group photograph of participants of Annual Leprosy Review meeting of State Leprosy Officers at Goa

and Regional Leprosy Training Institutes, various leprosy experts from WHO, ILEP partners, local NGOs and SLOs across country participated in the meeting. The activities of NLEP programme were reviewed on the following thematic areas:

- Urban Leprosy programme
- Leprosy Case Detection, Management and follow-up
- Referral network for leprosy services
- Plan to strengthen ASHA Surveillance
- Partnership building for Leprosy Control
- Sustaining leprosy services in Low Endemic settings
- Research Priorities in Leprosy

The occasion was also utilized for the release of three Standard Training Modules for Medical Officers, Health Supervisors and Lab Technicians, These manuals are being used for



Chhattisgarh: Sparsh Leprosy Awareness campaign 2019 with school children of Kabirdham District



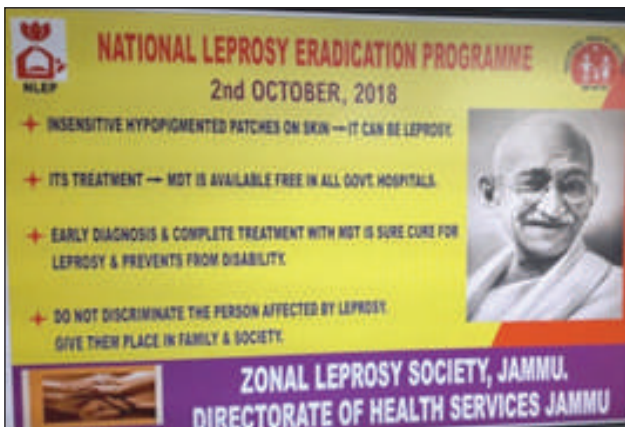
Jammu Division: Women group seeking information regarding early signs of Leprosy at Kargil District



Jammu Division: An interactive session on awareness generation with a group of women by a female facilitator conducted at Jammu



Himachal Pradesh: On the occasion of SLAC-2019, Awareness Generation walk done by health workers of Shimla District



Jammu Division: IEC Material developed by Jammu District on the occasion of Birth Anniversary of Mahatma Gandhi



Uttar Pradesh: WhatsApp groups created especially for exchanging the awareness messages by Bareilly District



Uttar Pradesh: Media coverage in local newspaper about active case detection at Budaun District, UP



Bihar: Women self-help group meeting: Group Discussion in the women self help group about the importance of Self care in leprosy at Samastipur



Bihar: Rally of school children on the occasion of World Leprosy Day

Active case search in Bihar



Sparsh Leprosy Awareness Campaign 2020 celebration



Meghalaya: Sparsh Leprosy Awareness and IEC activities at Nongthymmai UHC, East Khasi Hills



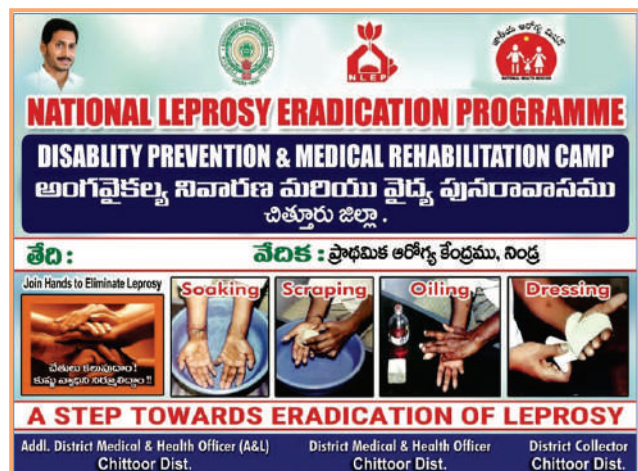
Meghalaya: SLAC 2020 celebration at Nongsangu village under Marngar PHC, Ri Bhoi District



Arunachal Pradesh: Nursing students involved in leprosy awareness activities at Pasighat Village



Telangana: Leprosy screening done by ASHA Kesarapalli Village, Krishna District



Andhra Pradesh: Special DPMR poster prepared by Chittoor District, Andhra Pradesh on the occasion of SLAC 2020



West Bengal: Accelerating NLEP partners activity in Kolkata



West Bengal: Felicitations of leprosy affected persons at Purulia



West Bengal: Observance of Anti leprosy activities in Kolkata

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