I am delighted to note that the National Leprosy Eradication Programme (NLEP) has taken this new initiative of launching a quarterly newsletter from the house of Central Leprosy Division (CLD). It is indeed a welcome step and I congratulate NLEP for using newsletter as medium for dissemination of technical information. Ministry of Health & Family Welfare is committed to the goal of complete eradication of leprosy from India. The NLEP has to go long way and it must strengthen Leprosy Programme at central, state & facility level.

The above initiative will facilitate sharing of useful technical knowledge and information between centre & state and amongst different states. It is hoped that the newsletter will emerge as a strong medium and support in effective strategy formulation for the programme. I will wish all success to this endeavour.
National Leprosy Eradication Programme - Perspective and the way forward

The National Leprosy Eradication Programme (NLEP) was launched in the year 1983-84, with the objective of Leprosy Eradication, as the name suggested. Since then through different plan period, the NLEP as a centrally sponsored scheme went through various stages of planning and implementation of different strategies. The programme achieved an appreciable milestone in December 2005, when prevalence of Leprosy reached below 1 case per 10,000 populations (elimination) at National Level.

After elimination, the hitherto vertical programme was integrated with the General Health Care System. Elimination at state and district level was aimed. New paradigm in Leprosy Control was brought in during 2007-08. The Non-Government organizations played key role in the fight against Leprosy. Partners like the World Health Organization, World Bank, Indian Federation of Anti Leprosy Association (ILEP), Novartis, DANLEP etc also provided crucial support to the programme.

The trend in ANCDR and PR from 2001-02 to 2014-15 is depicted in the graph below.

It may be seen that the status in both indicators has remained almost static since 2005-06, with very little reduction. However, Grade- II disability cases are gradually increasing among new cases 3.10% (2010-11) to 4.61% (2014-2015). The situation has been discussed in various forums and it is agreed that early detection of the cases and timely treatment is the only solution to make a dent in the present situation. Detection of large number of cases that remained hidden and their treatment can only help in achieving elimination in the long run. This will also lead to reduction of Gr. II disability in new cases.

Leprosy Case Detection Campaign (LCDC), a unique initiative of its kind under NLEP, will be implemented in high endemic districts of the country, on line with Pulse Polio Campaign by Central Leprosy Division (CLD). All activities related to LCDC will be monitored by CLD and coordinated by States through various subcommittees formed at State and District level. The first LCDC will be conducted in 50 districts of 7 States namely Bihar, Chhattisgarh, Jharkhand, Madhya Pradesh, Maharashtra, Odisha and Uttar Pradesh, from 22 February to 6 March, 2016. To assist the programme at different level for proper monitoring of the cases during treatment period, an Online Reporting System with Patient tracking mechanism (Nikusth) is being worked out with support of NIC. This should help in early data analysis, prompt feedback for action. GIS mapping to study and project geographic distribution of disease is being worked out to further assist in programme monitoring. IEC/BCC and advocacy is an integral part of NLEP since its inception. A workshop was recently held in New Delhi to discuss about the ways and means to further strengthen IEC activities under the programme. A modified IEC/BCC
strategy is being developed now which is proposed to be put to use shortly. A Quarterly NLEP newsletter has been designed for sharing programme related information from National Level, State /UTs and also from the NLEP Partners. NLEP newsletter can be a good vehicle for advocacy of officials. (Submitted by Dr. B.N. Barkakaty, NC (DPMR), CLD & Dr. Anil Kumar DDG(L), DGHS)

Best Practices

(i) Leprosy case detection by PAL in Dibrugarh district of Assam
Sri Jiten Chowtal lives in a small village namely Madhuting Bongali in Dibrugarh district of Assam. He voluntarily reported to NMA & Medical Officer in Kacharipather, Mini Primary Health Centre after he felt suspicious of a white patch below his right knee. On examination, he was diagnosed as PB Leprosy case. During the treatment, his interest has aroused towards leprosy. Sri Khagen Hazarika, NMA, imparted him some basic knowledge regarding how to suspect leprosy cases. Few days later, Shri Jiten Chowtal invited District Nucleus Team, Dibrugarh to his village and shown 7 cases that were suspected as a leprosy cases. On further examination, team diagnosed these people as PB or MB cases. Now they had undergone treatment. The person like him has shown to the world that where there is a will, there is a way. Such person can set as an example for detecting leprosy cases through general public among the community. (Submitted by SLO, Assam)

Success Story

(i) Leprosy awareness through IEC activities can save a life - Padom Bahadur Pandey
Mr. Padom Bahadur Pandey Chettri of Saipung, East Jaintia Hills, was born in Umpling, Shillong but later moved to Wahiajar village near Ummulong, Jaintia Hills after marriage and went to Latyrke and Myrsiang to work in the coal mines. In 2002 while working in the coal mines he developed skin rash which looked like dry skin on the shin of his legs. He slowly developed deformity of the hands and both the feet. The toes were absorbed gradually but still he did not undergo any medical treatment. On seeing his condition his employer recalled a leprosy poster in Saipung, PHC and convinced him to go to the near by PHC. He went to Khliehriat CHC and diagnosed with MB cases and was put on treatment since 9th September, 2015. On 28th September, 2015, State Leprosy officer (SLO) Meghalaya, had taken him to Shantivan Rehabilitation Centre at Nongpoh for Ulcer care treatment. After a week he left for Shantivan Rehabilitation Centre at Nongpoh, Ri-Bhoi district and debridement of his feet have been done successfully. Now he is speedily recovering and regular physiotherapy has corrected his clawed fingers. He is really happy and positively looking for the next Reconstructive Surgery which is likely to be held in the month of January, 2016. (Submitted by SLO, Meghalaya)
ii) Becoming voice for leprosy affected person-Ms. Rachna Kumari

At the age of 24, Rachna first became aware of leprosy when dark spots appeared across her face. Rachna lives with her parents and two children in Munger District of Bihar in India. She was married by the age of 18 and had two children. Due to the stigma surrounding leprosy her husband and his family felt justified in forcing her out of home. Thankfully, her parents came to her rescue; her father spent most of his earnings and savings towards her treatment in various parts of India while her mother looked after Rachna’s children. She had a chronic Type II leprosy reaction and was repeatedly misdiagnosed. It was only when she came into contact with LEPRA in 2010 that she received complete treatment and started to recover. In India, the humiliation and prejudice surrounding leprosy is severe and being a woman magnifies it by four or five times. She is now serving as a full-time employee at LEPRA’s Society’s Munger Referral Centre in the position of a Health Coordinator. With a scholarship from LEPRA:Rachna completed an Advanced Diploma in Health Assistance and Nursing from Nagaland University. She is now enrolled for Bachelor of Arts in Sociology. She is also a key member of the State Forum of leprosy affected people in Bihar through which she helps raise awareness in leprosy colonies and advocates for their rights to lead a life of dignity. This group recently won the highest disability pension in the country and is now fighting for land rights so that the affected people are not unfairly evicted. Last year, Rachna was cast in Al Jazeera’s documentary on leprosy called, Ancient Enemy in their Lifelines series. She also appeared as a Lifelines Health Hero.

In April 2012, she had the courage to speak about her condition at one of LEPRA’s community events. She says, “that day, for the first time in many years, I felt a sense of freedom even though some people in the audience were speaking in hushed voices. I knew my audacity had displeased them but I felt proud.” (Submitted by LEPRA Society)

(i) Advocacy Camp in Karnataka

The Advocacy Camp-2015 was held through the Regional Society of Dermatologists. There were 28 participants comprising of Associate Professors and P.G students from 8 Medical College and Hospitals. The main aim of the camp was to create awareness among the dermatologists about the programme component of NLEP with special emphasis on the Referral System. The need to comply with the guidelines under NLEP was also stressed. The feedback was very positive. Hence an attempt is being made to conduct such advocacy camps in all the districts of Karnataka to strengthen the Referral system. (Submitted by Consultant NLEP, Karnataka)

Highlights
(ii) Common Flow chart for Leprosy and Kala Azar worker

Common Flow chart for Leprosy and Kala Azar workers

In all cases presenting with hypo pigmented macules

For kala azar staff

Duration of patch may be months to years
• ASK for loss of sensation in lesion and look for patch lighter in colour than rest of skin or reddish in colour
  May be thickened, shiny.
  **Depigmented patch is not leprosy**
  • Evidence of peripheral nerve involvement

If definite loss of sensation is there or evidence of peripheral nerve involvement exists
  SUSPECT

Leprosy and refer to nearby health facility for confirmation

For leprosy staff

No loss of sensation in lesion

Ask for H/o Itch

absent

H/o treated kalaazar(no active signs and symptoms will exist)
O/E in PKDL lesion may be macular, popular, nodular or mixed in addition to hypopigmentation, Predilection of lesion to sun exposed parts may exist in PKDL

If not relieved
refer to nearest health facility or kalaazar field worker for confirmatory test

present

Topical antifungal

(Submitted by Reetika Malik, NC (PM), CLD)
(iii) Karnataka State provided employment for 100 People affected by Leprosy under Group D
A function was held in Vidhan Sabha for the seat of State Administration on 13 March, 2015. Hon’ble Chief Minister, Health Minister, Education Minister, Chief Secretary and the Commissioner were the chief invitees for the function. The employment letters were handed over to the individuals who were affected by leprosy. (Submitted by Consultant NLEP, Karnataka)

(iv) National Award for the Empowerment of Persons with Disability 2015
The National Selection Committee meeting was held on 5th November, 2015 for the National Award for the Empowerment of Persons with Disability 2015-Award for Best Employer & Placement Officer / agency under the sub category – The Joint Director (Leprosy) Directorate of H & F W Service, Anandrao Circle, Bengaluru has been selected for the award. Awards were conferred at Vigyan Bhawan, New Delhi on 3rd December, 2015. (Submitted by Consultant NLEP, Karnataka)

(v) Block Leprosy Control Campaign (BLCC) Activities: 30th Jan to 28th Feb, 2015
The special activities in a campaign mode under the banner of Block Leprosy Control Campaign (BLCC), 2015 in 222 blocks of 33 districts of Maharashtra were carried out. In the remaining districts and blocks, the Anti- leprosy Fortnight (30th January to 13th February, every year) used to be carried out. (Submitted by SLO, Maharashtra)

(vi) 9th Common Review Mission (CRM) Visit
9th CRM visit was conducted for the year 2015-16. The two officers from Central Leprosy Division (CLD) has deputed for the visit. Dr. B.N.Barkakaty, NC (DPMR) has visited Jharkhand and Dr. A.K. Puri, ADG (L) has visited Assam. (Submitted by Dr. B.N. Barkakaty, NC (DPMR), CLD & Dr. A.K. Puri, ADG (L)).

(vii) Monitoring progress in implementation of Leprosy Post Exposure Prophylaxis Project (LPEP) at Dadra & Nagar Haveli
Considering the success of chemoprophylaxis, in reducing number of new cases, using single dose of Rifampicin in contacts of leprosy cases, in Bangladesh and Indonesia, NLEP of Dadra & Nagar Haveli and Gujarat, German Leprosy and TB Relief Association (GLRA) and Netherlands Leprosy Relief (NLR) with support from Novartis Foundation Switzerland are implementing a study at Dadra & Nagar Haveli since March 2015 to test the operational feasibility and administration of a single dose of rifampicin, as chemoprophylaxis to household, neighbours and social contacts, and to observe the impact. This project is known
as the “Leprosy Post Exposure Prophylaxis (LPEP) Project”. Under this study, around 20 contacts per index case (detected from 1st April, 2013 onwards) are included in the study. After informed consent taken, all contacts are screened to rule out TB, Leprosy, pregnant women, children under 2 yrs. etc. per the protocol and if found eligible, given a single dose of rifampicin under supervision. To monitor the progress, a visit was paid by Deputy Director General, Dr Anil Kumar along with Dr M. A. Arif, Dr P. R. Manglani from NLR Foundation, Dr Rajbir Singh from GLRA, Dr Liesbeth Mieras from NLR Amsterdam, Dr. Anuj from Erasmus University and Mr. Peter from Novartis Foundation, Switzerland, from 19th to 21st November 2015. At Dadra & Nagar Haveli, visits were paid to the primary health centers, sub-centers, houses of contacts of index cases and interactions were held with the auxiliary nurse mid-wife (ANMs) and ASHAs, research assistants and LPEP supervisor. It was observed that the staff is well motivated and implementing the project with full dedication.

So far 588 index cases from 1st April 2013 onwards have been traced and about 11,632 contacts were examined and after exclusion, single dose of rifampicin (SDR) was given to 10,518 contacts which is more than 90% of the contacts examined, which is an indirect evidence of good acceptability of the LPEP. During examination 325 children less than 2yrs. were excluded for administration of rifampicin, 144 women were found to be pregnant, 17 were to be suspected of tuberculosis which reflected good quality of screening of contacts. Other benefits of this study have been: 18 new cases were detected from the screened contacts with no disability, mostly were in the families of the index cases indicating more detection in family contacts. There was no adverse event found in the contacts receiving SDR. DDG along with Mr Peter from Novartis foundation and other visitors examined the records and reports at the Primary Health Center and sub-center. The records and reports were of good quality. All the visitors appreciated the progress made in the project and motivation of the staff. (Submitted by Country Director NLR & ILEP Country Coordinator)

(vii) DDG(L) visit to Central Leprosy Teaching & Research Institute (CLTRI)

DDG (Leprosy) visited CLTRI on 28th and 29th September, 2015. This was the first visit to one of the Central Leprosy Institutions of Govt. of India by the DDG (L) after assuming the office. Meeting was held with Director, Dr. M. K. Showkath Ali and other officers. DDG(L) visited all the technical divisions including OPD, Laboratory, Pharmacy, hospital wards (in all 124 beds), Kitchen, Physiotherapy Wing, MCR Footwear Unit which is manufacturing and supplying Microcellular Rubber and footwear on the demand from various concerned institutions across the country and footwear to the patients and well maintained Medical Record section with patients records from the beginning of CLTRI which is being planned to be computerized. The cleanliness was appreciated.

The presentation was done by the Director, CLTRI showing a continued progress and efficient administration and functioning of the institution along with renovation of 50 – 70 years old buildings and enthusiasm clearly giving an impression that it has a potential and can take up national challenges together with other 3 Regional Leprosy Training & Research Institute (RLTRI)
RLTRI on various components of NLEP. He had also reviewed the proposal for construction of new CLTRI complex and its site. Representatives from the State leprosy patients’ association had also met and expressed their pleasure in the progress and development of the CLTRI and were very much satisfied with the service provided. The DDG had expressed their pleasure on positive concerns of the DGHS towards the upliftment of CLTRI and promised their full commitment and support for the development. DDG (L) also visited Nanthivaram-Guduvanchery PHC and also reviewed the NLEP activities. (Submitted by Director CLTRI, Chengalpattu)

**News around**

(i) **Service launched to tackle leprosy, filarial disease**

Bhubaneswar: Lepra Society had launched a joint mission aimed at eradicating cases of filaria and leprosy in collaboration with the state government as part of the ‘Mission Sankalp’. The mission will focus on seven blocks of Puri and Nayagarh districts in three years. A number of people from the society and also from the state health department were present during the launch of the mission which aims at formation of self-help groups to tackle vector control measures, demonstrating sanitation measures, creating educated community leaders, organizing awareness campaigns and other means to eliminate the bacterial diseases. State coordinator of the society S N Pati who is also the consultant of National Leprosy Eradication Mission told Orissa POST, “Earlier such experiments in Bihar have yielded good results. Before this mission we tried to tackle filaria in Puri four years ago. But now we want to eliminate both the diseases together due to their biological similarity and their similar social and economic consequences.” State health services director Chitaranjan Nayak said, “The mission offers hope for the people affected by both the diseases”. (Source [http://www.orissapost.com/service-launched-to-tackle-leprosy-filaria](http://www.orissapost.com/service-launched-to-tackle-leprosy-filaria))

(iii) **Raju Srivastav performed in Hyderabad**

Comedian Raju Srivastav had performed at Sri Sathya Sai Nigamagamam, Srinagar Colony on 28th November, 2015. The live comedy ‘Raju Hazir Ho’, was organized by Goodbye Leprosy Trust to spread awareness about the disease, address myths related to the disease and also to raise funds. Robinson Michael, Manager Fundraising, LEPIRA Society, one of the organizers said, “With effective implementation of National Leprosy Eradication Programme (NLEP), the government has been able to bring down the incidence of Leprosy in the State. (Source [http://www.thehansindia.com/posts/index/2015-11-29/Raju-Srivastav-to-perform-in-Hyderabad-today](http://www.thehansindia.com/posts/index/2015-11-29/Raju-Srivastav-to-perform-in-Hyderabad-today))
(i) IEC Strategy Workshop, 2015

The Two Day’s workshop of NLEP in collaboration with ILEP on “Developing long term IEC/BCC Strategy for NLEP” was held from 28th to 29th October, 2015 in Grand Sartaj, Green Park, Delhi.

The dignitaries to grace the occasion were Dr. Jagdish Prasad, DGHS as a Chief Guest with Dr. Anil Kumar, DDG (Leprosy), Dr. M. A. Arif, Country Director and ILEP Country Coordinator, Dr Erwin Cooreman, Team Leader, Global leprosy with the objective to develop a long term IEC strategy for NLEP. The participants were from NGOs, partners, CLD, Institutes namely TLM, NLR, ALERT-INDIA, SWISS EMMAUS LEPROSY RELIEF-INDIA, WHO, LEPRA Society, NOVARTIS, JOHN HOPKINS, CLTRI etc had actively interacted & participated.

A way forward of the workshop is to develop Strategic communication document for IEC as an evidence-based, results-oriented process, undertaken in consultation with the participant group(s). It is intrinsically linked to other programme elements, cognizant of the local context and favoring a multiplicity of communication approaches, to stimulate positive and measurable behavior and social change. (Submitted by Neha Pandey, NC (IEC & Training), CLD)

(ii) Review meeting of North Eastern States, 2015

The Review Meeting of State Leprosy Officers of the North Eastern States was held under the chairmanship of DDG (Leprosy) & co-chairmanship of ILEP Country Coordinator at the Conference Room, Tripura State Guest House, on 3rd& 4th December 2015 to discuss action taken on recommendations of SLOs conference held on 10th-11th March 2015 at New Delhi and to develop action plan for NE states.

There were Activity wise implementation of action plan 2015-16, Performance of individual RCS centres for the year 2014-15, Budget and expenditure in 2015-16 and Innovations and best practices. The meeting was attended by the National Consultants from Central Leprosy Division, representatives/ consultants from ILEP, LEPRA & Swiss Emmaus India and only four SLOs of Assam, Meghalaya, Nagaland, Tripura & Shri M. Nagaraju, IAS, Secretary Health were also present in the meeting. (Submitted by Deepika Karotia, NC (PH), CLD)
(iv) GIS Conference, Mysore
6th International Health GIS Conference at JSS University, Mysore was held from 19th to 21st November, 2015. Dr. Reetika Malik from CLD has made a paper presentation on the topic “GIS in Planning, Implementation and Monitoring of National Health Programmes- NLEP”. *(Submitted by Reetika Malik, NC(PM), CLD)*

**Spotlight/Photo Gallery**

- Pictures of celebration on Gandhi Jayanti on 2 October, 2015 was held in Jammu
- Street play is being performed in Kerala
- School students pledge for leprosy awareness, Kerala

**Letter to Editor**

Dear Readers, We welcome you all in this inaugural issue. If you have any comments, suggestions and advice so please feel free to share with our editorial team. We sincerely look forward for your feedback.

**Editorial Board**

- **Editor Chief**: Dr. Jagdish Prasad
- **Editorial Adviser**: Dr. B.D. Athani
- **Executive Editor**: Dr. Anil Kumar
- **Editorial Board**: Dr.M.K.Showkath Ali, Dr. A.K. Puri, Dr. Vivek Giri, Dr. S.V.Gitte, Dr. Rupali Roy
- **Technical Support**: Dr. B.N.Barkakaty, Dr. Reetika Malik, Ms. Deepika Karotia
- **Design and Layout**: Mr. Avnesh Sharma
- **Editorial Coordinator**: Ms. Neha Pandey

Online version of NLEP Newsletter is available on [www.nelp.nic.in](http://www.nelp.nic.in)

Address

550 “A” Central Leprosy Division (CLD), Directorate General of Health Services, Ministry of Health & Family Welfare (Govt. Of India), Nirman Bhawan.