

**Directorate General of Health Services
Central Leprosy Division
Nirman Bhavan, New Delhi- 110011**

NLEP – SITUATIONAL ACTIVITY PLAN – 2007

I. Preamble:

In the year 2004-05, Government of India decided to extend focus of attention under National Leprosy Eradication Programme from endemic states to the high priority district and blocks. At that time, although prevalence rate was fast going down towards the elimination level i.e. less than one per ten thousand population, many districts and blocks had prevalence rate much higher than five cases per ten thousand. The decision was taken keeping in mind the plan that all areas should progress well towards provision of quality leprosy services to all the cases diagnosed as leprosy.

The process followed was to identify the high endemic districts and blocks having high P.R. level and take special measures in these areas. Year wise cut off value and plans carried out were as below.

Table I : showing special plans carried out since 2004-05.

Year	Plan Name	Cut off Value of PR (District and Block)	Identified areas covered	
			District	Block
2004-05	Strategic Action Plan with Block Leprosy Awareness Campaign (BLAC)	5/10,000	174	836
2005-06	Focused Leprosy elimination with BLAC Plan –II (FLEP – 2005)	3/10,000	46	552
2006-07	Sustained Activity Plan with Block awareness campaigns (SAP – 2006)	2/10,000	29	433

These special measures were taken in identified priority areas on a campaign mode during the months of September to November each year. These special measures made huge impact on hidden case detection, better case management, improvement in spreading awareness about the disease and generally bringing down the prevalence rate in these high endemic areas.

It is proposed to carry out a similar exercise during the year 2007-08 as well in the identified remaining endemic areas.

II. Current Status

At the end of the year 2006-07, prevalence rate at the national level came down to 0.72/10,000 population. 28 States/UTs have achieved elimination by March 2007. West Bengal state has reached PR 0.99 in March 2007 and also may stabilize the elimination status within next six months. The remaining 6 states/UTs are also very near to achieving the goal within a year or so. Similarly approximately 80% of districts, 75% of the blocks and 70% of the urban areas have also achieved elimination. Status of leprosy in these 6 State/ UTs, are as below-

Table 2: Showing status of PR and ANCDR is 6 States/UT:

S. No.	State	Population as on March 2007	% of country's population	No. of cases on record	% of country's case load	PR/ 10,000 *	No. of new cases detected	% of country's new case	ANCDR/ 100,000
1	2	3	4	5	6	7	8	9	10
1	D&N Haveli	289564	0.03	61	0.07	2.11	131	0.09	45.24
2	Chandigarh	1100408	0.10	171	0.21	1.55	223	0.16	20.27
3	Delhi	17249565	1.50	2641	3.19	1.53	3146	2.26	18.24
4	Chhattisgarh	22955116	1.99	3332	4.02	1.45	6047	4.34	26.34
5	Jharkhand	30465176	2.64	4236	5.12	1.39	7672	5.51	25.18
6	Bihar	96113993	8.33	10158	12.27	1.06	21350	15.33	22.21
	Total of I	168173822	-	20599	-	1.22	38569	-	22.93
	Percentage	-	14.58	-	24.88	-	-	27.70	-

While the status upto the State/UT level is very encouraging, there still remains a few districts and block which need focused attention during the current year. Based on information received from the States/ UTs, priority areas for the year 2007-08 have been identified as below:-

Table 3: Showing number of Priority areas for the year 2007-08 :

S. No.	Category	PR/10,000				Priority areas located in States of	List of identified areas in
		>2-3	>3-5	>5	Total		
1	District	11	7	1	19	8 States Viz Chattisgarh, Gujrat, Jharkhand, Madhya Pradesh, Maharashtra, WestBengal, Delhi and D&N haveli	Appendix-I
2	Blocks	175	90	10	275	19 States viz. Andhra Pradesh, Arunachal Pradesh, Assam, Bihar, Chhattisgarh, Goa, Gujarat, Himachal Pradesh, Jharkhand, Karnataka, Madhya Pradesh, Maharashtra, Orissa, Punjab, Tamilnadu, UttarPradesh, Uttarakhand, WestBengal and Dadra & Nagar Havelli.	Appendix-II
3	Urban areas	29	17	3	49	10 States viz. Bihar, Chhattisgarh, Gujarat, Jharkhand, J&K, Madhya-Pradesh, Orissa, Uttar-Pradesh, Uttaranchal and West-Bengal.	Appendix-III

For prioritization of Districts, Block and urban areas for special action during the year 2007-08, PR>2/10,000 population has been taken as the cut off point. Urban areas have been identified for special activities only during the current year i.e after 2 years of implementation of the urban leprosy control programme as a separate focused entity under NLEP.

III. District Situational Activity Plan- 2007

A situational Activity plan is proposed to be carried out in the 19 identified priority districts of the 8 states. The list of the districts is given as **Appendix-I**. State-wise number of districts are – Chattisgarh (3), Gujarat (3), Jharkhand (3), Madhya Pradesh (1), Maharashtra (1), West Bengal (3), D & N Haveli (1) and Delhi (4). These districts also have 98 blocks and 10 Urban areas which are in the identified priority list.

As a first step, the states should identify a supervisory officer to carry out a detailed situational analysis in each of these districts and recommend actions needed to be taken. If need be the central leprosy division can help in this regard on specific request from the state

The situational analysis to be carried out in these districts will cover all aspects under NLEP implementation with focus on the following –

- (a) General status of programme implementation with reference to integrated services through GHC system and role of district nucleus.
- (b) Blockwise analysis of data.
- (c). Urban areawise data analysis separately.
- (d). Quality of diagnosis and case management.
- (e). Cure rate (cohort) – PB and MB.
- (f). Child proportion -- PB and MB.
- (g) MDT availability status in last two years.
- (h) IEC coverage vis-à-vis district IEC plan in last two years.
- (i). Record keeping and Reporting.
- (j). Programme supervision at different levels.

Based on the findings of these analysis, the state will draw up the Situational Activity Plan – 2007, which will be implemented in these districts during the year 2007-08. In addition special activities to be carried out in endemic blocks and urban areas located in these districts have been indicated elsewhere later on.

IV. Block Leprosy Awareness Campaign – IV. (2007)

A total of 275 blocks (Appendix II) with PR > 2/10000 in 19 states/ UTs have been identified for the Block Leprosy Awareness Campaign – IV, during the year 2007-08. This constitute about 4% of the nearly 6250 block in the country. Undoubtedly most of these blocks were also covered under Block Leprosy Awareness Campaigns held in the past 3 years. In spite of the progress made so far, these blocks still have higher endemicity of leprosy than desired. In 100 of these blocks the prevalence rate is even > 3/10,000 population. Therefore the campaign has to be planned with due care and must be implemented properly.

Planning process for BLAC – IV (2007)

The whole block population including the leprosy service providers should be made aware of the fact that , they are one of 275 blocks in the country, which is only 4% of all blocks, where leprosy is still a big problem. Since the other 96% could achieve leprosy elimination, these blocks can also do the same this year.

A. District level :

1. The BLAC-IV is proposed to be carried out in a campaign mode for 15 days during the period of September to November 2007. The concerned state / UT will decide on the most suitable time for this campaign, keeping in mind other health programme activities.
2. One official to be identified for carrying out detailed situational analysis of the concerned block to ascertain reasons leading to slow progress in case reduction and to recommend actions to be taken on priority basis.
3. Work out logistic details.
4. Draw specific plan for supervision by district official.
5. Budget allocation.

B. Block level :

1. Identify subcenter wise population groups that contributed leprosy cases during last 2 years. List out endemic villages i.e. a village where any leprosy case was detected anytime during last two years.

2. Quality of services provided by all Health Centres in the block and involvement of all health workers in leprosy programme related works will be ascertained.
3. As indicated in the IEC guidelines for 2007, need based intensified IEC activities will be planned for these blocks. IPC will be the main focus during the BLAC-IV.
4. Identify workers and supervisors responsible to carry out each of the planned activity in time. ASHA selected under NRHM also be involved wherever available.
5. Work out logistic details.
6. Finalize Records to be kept at Block PHC.

BLAC IV – Suggested Activities

For BLAC – IV activities subcenterwise teams will be formed consisting of three members viz. one health worker (male), one health worker (female) and one village level worker/ volunteer like ASHA. Adequate number of teams to be formed so that all the villages are covered within 15 days time. These teams will have to be trained before the BLAC –IV activities are started.

One health Supervisor will monitor the teams work and organize group meetings etc.

The teams will visit all the villages in the identified blocks and carry out IPC activities. In addition they will have to make house to house visit in the identified endemic villages and carry out activities as specified below :

1. Teams to visit **all villages** within the block to spread awareness about Leprosy.

Details on IEC are attached as **Appendix IV.**

2. House to house visit by the team in **the identified endemic villages** will be done for IPC, since cases are recorded in these areas during last 2 years period.
 - Advise all for self examination of their skin. Parents to take care of their children. All self suspects to report to the nearest Health Center for examination by the Medical Officer .
 - People should be aware of the fact that diagnosis and treatment will be completely free of cost.
 - Trying to hide the disease is not wise as this may lead to complications and deformity of hands, feet and eyes.
3. Service facilities in all the Health Centers where a Medical Officer is available must be ensured, including adequate MDT stock. Quality of diagnosis particularly of children should

be taken care of. One day orientation to the medical officers and other concerned staff should be given before the BLAC-IV is carried out.

4. Need based IEC already planned for these endemic blocks to be carried out during this period.
5. Identified persons or groups to be contacted to sensitize about the leprosy programme and type of support expected from them. These people may be Panchayat leaders, Religious leaders, Teachers, Private Practitioners, Mahila Mandals, Artists, NGOs involved in health related works and cured leprosy patients etc. These persons can help in demystifying the disease and promote self reporting of people for early diagnosis.
6. During house to house visit, deformity gr.II cases be listed and motivated for referral to tertiary institution for RCS.

BLAC - IV. - Records and Reports

The Block PHC will keep following record of actions covered for BLAC IV.

1. Sub centre wise list of villages identified as endemic for special action.
2. List of teams responsible to complete following works with time schedule –
 - Group meetings in each of the villages in the block.
 - House to House visit in the identified villages.
 - Other IEC activities.
3. List of Identified groups for sensitization purpose.
4. List of gr II deformity cases in the villages visited and motivated for RCS.

On completion of the BLAC – IV following reports will be generated and sent.

1. Subcenterwise report from the teams in BLAC IV/A format.
2. The Block PHC will submit report to the district leprosy officer in the format **BLAC IV / B.** A copy each of the above mentioned lists will also be enclosed with the report.
3. The districts will compile the Block PHC reports and send same to the state Head Quarter in Format given as **BLAC IV / C.**
4. The State will compile district reports and send same to Central Leprosy Division in **BLAC IV / D.**

V. Urban Leprosy Sensitization & Awareness Campaign (ULSAC)

A total of 49 urban localities (**Appendix III**) with PR>2/10,000 population in 10 States / UTs have been identified for the Urban Leprosy Sensitization and Awareness Campaign during 2007-08. 20 of these urban areas have PR>3/10,000.

Urban Leprosy Control Programme was added as a separate focused component with specific guidance and funds from the year 2005-06. The State and UTs had included the urban localities in a phased manner under the ULCP. Under this, all the Health units providing leprosy diagnosis and treatment services were brought together to provide the services to the patients in a coordinated manner. This helped in increasing number of centres providing similar type of services and prevented duplication of registration. Maintenance of records in urban areas improved. The districts now have better records of leprosy situation in the urban localities, although there is scope for some improvement.

The Urban Leprosy Sensitization and Awareness Campaign is proposed to be carried out during the current year in the identified localities with careful planning and implementation.

Planning Process

Unlike in the Block areas, here the District Leprosy Officer will have to plan, implement and coordinate the ULSAC. The ULCP coordinator in the urban area if available will also be part of the planning process.

- (i) The ULSAC-2007 is also proposed to be carried out in a campaign mode for 15 days during the period of September to November 2007. The state will decide on the most suitable time for this campaign based on local conditions.
- (ii) The DLO will organize a meeting of the different units providing leprosy services in the Urban area and make them aware of the fact that the urban locality is one of the 49 urban locality (10%) in the country where leprosy is still a high problem. Since the other 90% urban areas have achieved leprosy elimination, they can also achieve same during the current year.

In this meeting :

- Discuss about the case detection potential of each reporting unit in the urban locality, quality of case diagnosis, case managements with reference to treatment completion rate of the diagnosed patients and decide on action to be taken.
- Identify and list out names of persons to carry out different activities in unit groups of population or slum areas.
- Operational factors hindering progress of NLEP implementation should be discussed and action to be decided.

- (iii) Work on Logistic details.
- (iv) Specific plan for supervision of ULSAC implementation.
- (v) Budget allocation.

ULSAC – Suggested Activities –

- (i) Capacity Building of all the service providers in each of the Health centres involved under ULCP, through 1 day orientation.
- (ii) Leprosy service facilities in all Health Centres should be available on all working days.
- (iii) All Health workers making house visits for any health programme should be trained to spread awareness about leprosy and refer suspected cases to the Health centre for diagnosis and treatment.
- (iv) Teams of 3 members as in the blocks will visit the slum areas for spreading awareness. One health supervisor will monitor the team's work and organize group meeting etc.
- (v) List out Gr.II deformity cases and motivate for RCS.
- (vi) Need based IEC already planned for these endemic urban areas to be carried out during this period.
- (vii) Identified groups to be contacted to sensitize about the leprosy programme and type of support expected from them. These people may be Municipality leaders, Religious leaders, Teacher, Private practitioners, Mahila Mandals, Artist, NGO involved in Health work and cured leprosy patients etc. These persons can help in demystifying the disease and promote self reporting of people for diagnosis.

ULSAC – 2007 : Records and reports

The district leprosy officer will collect information from all Health Centres and maintain following records.

1. Health Centre wise persons given 1 day training

Medical Officer	-
Health Supervisor (M&F)	-
Health Workers / Assistants (M/F)	-
Volunteers	-
2. List of persons identified to carry out different activities in specified localities with time schedule.
3. IEC activities planned with time schedule.
4. List of identified groups for sensitization purpose.
5. List of Gr.II deformity patients and their motivation for RCS.

On completion of the ULSAC – 2007, following reports will be generated and sent.

- (i) The Health centres will submit a report to the district in format given as **ULSAC/A**.

- (ii) The district will submit a report to the state in format given as ULSAC /B.
- (iii) The state will compile the district reports and send same to the Central Leprosy Division in format given as ULSAC / C.

VI. IEC

This being the main focus of the campaign, details of issues involved and suggested methodologies have been added as **Appendix – IV.**

VII. Orientation

One day orientation of all persons involved will be essential prior to starting the campaign. These orientations should cover not only aspects about leprosy, but also on the finer points about completing various listed activities during the campaign, keeping Record and Reporting.

Details on the capacity building component is enclosed as **Appendix- V.**

VIII. Work Plan

A suggested Work Plan with time schedule for different level has been given in the GANTT CHART at **Appendix- VI.** While planning process will start immediately on receipt of this Guidelines, the campaign should be over by November 2007. Reporting should be completed by December 2007.

IX. Budget

(i) All activities suggested in the Situational Activity Plan 2007 are regular activities for which funds are available under different component heads as per the State / UT action plan approved for the year 2007-08. These being the priority areas located in the State / Districts, gets priority in implementation. (ii) If any additional fund sanction is required, specific request with adequate justification should be submitted by the state, alongwith the Activity Plan drawn up to the CLD, at the earliest. (iii) For field work of the teams i.e. Health Supervisor, Health Worker (M/F) and Volunteer, TA/DA may be paid at the rates suggested below -

Health Supervisor	- Rs. 70/- per day x 15 days = Rs. 1050
Health Worker (M)	- Rs. 60/- per day x 15 days = Rs. 900
Health Worker (F)	- Rs. 60/- per day x 15 days = Rs. 900
Volunteer	- Rs. 45/- per day x 15 days = Rs. 675
	Rs. 3525/- per team

(iv) Approx. cost involved

Per Block : (a) Subcentre Team's TA/ DA – Rs. 3525 x Average 25	= Rs. 88,125
(b) IEC	= Rs. 10,000
(c) Orientation of Teams	= Rs. 2,000
(d) Mobility for Supervision / IEC	= Rs. 15,000
	<u>Rs. 1,15,125</u>

Per urban area : (a) Team's TA/ DA – Rs. 3525 x Average 20	= Rs. 70,500
(b) IEC	= Rs. 10,000
(c) Orientation of Teams	= Rs. 1,500
(d) Mobility for Supervision/IEC	= Rs. 15,000
	<u>Rs. 97,000</u>

National Leprosy Eradication Programme
Completion Report on BLAC IV – 2007 from Sub-Center Team to Block

State : _____ District : _____ Block PHC : _____

Campaign Period : _____ Sub- Center : _____

S. No.	Name of Village	Population	No. of group Meetings held	Identified Endemic villages				Any other Activities done
				No. of Household	No. Covered	No. of Persons contacted	No of Grade-II cases listed	
1	2	3	4	5	6	7	8	9
1								
2								
3								
4								
5								
	Total							

Names of Team Members

- 1.....
- 2.....
- 3.....

Signature of Team I/C

National Leprosy Eradication Programme
Completion Report on BLAC IV – 2007 from Block PHC to District

State : _____ District : _____ Block PHC : _____

Campaign Period : _____

S. No.	Name of Sub-center	Population	No. of Villages			Identified Endemic villages					No of new cases reported at Health Center during / after campaign
			Total	No. Covered	No. of group Meetings held	No. Listed	No. Covered	House hold covered	No. of Persons contacted	No. of Grade-II cases Listed	
1	2	3	4	5	6	7	8	9	10	11	12
1											
2											
3											
4											
5											
Total											

A. Indicate Type of IEC (with numbers) -

B. Indicate category of Individual / group sensitized (with numbers) –

C. Trained (1 day)

H.S. – M _____ F _____

H.W. – M _____ F _____

Volunteers –

Signature of Medical Officer I/C

National Leprosy Eradication Programme
Completion Report on BLAC IV – 2007 from District to State

State : _____

District : _____

Campaign Period : _____

S. No.	Name of Identified Block PHC	Population	No. of Villages			Identified Endemic villages					
			Total	No. Covered	No. of group Meetings held	No. Listed	No. Covered	House hold covered	No. of Persons contacted	No. of Grade-II cases Listed	No of New cases reported at Health Centers during / after campaign
1	2	3	4	5	6	7	8	9	10	11	12
1											
2											
3											
4											
5											
6											
7											
Total											

- A. Indicate Type of IEC (with numbers)
- B. Indicate category of Individual / group sensitized (with numbers)
- C. Trained (1 day)

H.S. – M _____ F _____
H.W. – M _____ F _____
Volunteer – _____

Signature of DLO

National Leprosy Eradication Programme
Completion Report on BLAC IV – 2007 from State to Centre

State : _____

Campaign Period : _____

S. No.	Name of District	Population of identified Blocks	No. of Villages in identified Blocks			Identified Endemic villages					No of new cases reported at Health centres during / after campaign
			Total	No. Covered	No. of group Meetings held	No. Listed	No. Covered	House hold covered	No. of Persons contacted	No. of Grade-II cases Listed	
1	2	3	4	5	6	7	8	9	10	11	12
1											
2											
3											
4											
5											
Total											

A. Indicate Type of IEC (with numbers)

B. Indicate category of Individual / group sensitized (with numbers)

C. Trained (1 day)

H.S. – M _____ F _____

H.W. – M _____ F _____

Volunteer – _____

Signature of SLO

National Leprosy Eradication Programme
Completion Report on ULSAC – 2007 from Urban Health Center to District

State : _____

District : _____

Health Center : _____

Campaign Period : _____

S. No.	Name of Unit area / Slums	Population	House holds Covered	Group meetings held	No. of Persons contacted	No. of Grade-II cases listed	No. of New cases recorded at Health Center during / after campaign	Remarks
1	2	3	4	5	6	7	8	9
1								
2								
3								
4								
5								
Total								

A. Indicate Type of IEC (with numbers)

B. Indicate category of Individual / group sensitized (with numbers)

C. Trained (1 day)

H.S. – M _____ F _____

H.W. – M _____ F _____

Volunteer – _____

signature of MO

National Leprosy Eradication Programme
Completion Report on ULSAC – 2007 from District to State

State : _____

District : _____

Campaign Period : _____

S. No.	Name of Urban area	Population	No. of Health centres covered	No. house holds visited	No. of group meetings held	No. of persons contacted	No. of gr. II cases listed	No. of New cases recorded at Health Center during / after campaign
1	2	3	4	5	6	7	8	9
1								
2								
3								
4								
5								

A. Indicate Type of IEC (with numbers)

B. Indicate category of Individual / group sensitized (with numbers)

C. Trained (1 day)

H.S. – M _____ F _____

H.W. – M _____ F _____

Volunteer –

Signature of DLO

National Leprosy Eradication Programme
Completion Report on ULSAC – 2007 from State to Centre

State : _____

Campaign Period : _____

S. No.	Name of District	Name of urban areas	Population of identified urban areas	No. of Health centres covered	No. house holds visited	No. of group meetings held	No. of persons contacted	No. of gr. II cases listed	No. of New cases recorded at Health Center during / after campaign
1	2	3	4	5	6	7	8	9	10
1									
2									
3									
4									
5									

A. Indicate Type of IEC (with numbers)

B. Indicate category of Individual / group sensitized (with numbers)

C. Trained (1 day)

H.S. – M _____ F _____

H.W. – M _____ F _____

Volunteer – _____

Signature of SLO

