

## Message from ILEP India Coordinator



**DR. ASHOK AGARWAL**

*We wish you happy reading.*  
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### Welcome to the issue of ILEP India Newsletter Vol-III.

I hope you are enjoying reading our Newsletters. The intent behind issuing this newsletter is to highlight the progress and work that ILEP India has done during quarter April-22 to June-22.

During this quarter, ILEP along with Central Leprosy Division (CLD) and WHO India took steps towards contributing in developing National strategic plan for leprosy. ILEP India partners meeting were conducted to get and give better direction to ILEP India. NLEP stakeholder's coordination was strengthened by initiating discussion on integration of elderly care services to leprosy. Important stakeholders ensured their ILC 2022 participation.

The entire ILEP family has worked shoulder-to-shoulder with government to support in the field; the details of the field activities also are included in the newsletter. We will be back soon with some more activities and stories to share.

## 1. Key activities done by ILEP India (April - June)

### 1.1 Development of National Strategic Plan for Leprosy

The development of the national strategic plan (NSP) for interrupting the transmission of leprosy by 2030; is happening in India under the direction and supervision of the Additional Director General Health Services (ADGHS), Government of India. ILEP and WHO have been closely working with the Central Leprosy Division; besides the existing staff of the organizations; they have also been supporting a consultant for developing the NSP. A virtual meeting chaired by the ADGHS was



Figure 1 CLD along with ILEP India and National Professional Officer (Leprosy), WHO India talking briefing on the plan

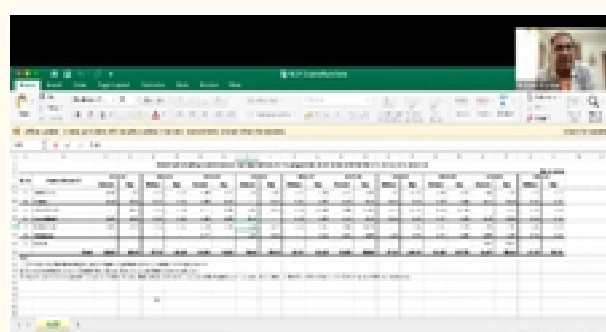


Figure 2 ILEP India and WHO India conducting weekly NSP review meeting

conducted on 6 April 2022 with around 15 leprosy experts to formally start the process. Following the meeting, the CLD in consultation with ILEP and WHO constituted 15 thematic group of experts who were assigned to discuss within the group and submit their recommendation by September. Parallely, ILEP and WHO started working on the NSP draft chapters and pillars. The team along with the consultant reviewed progress every week.

## 1.2 ILEP India partners meeting

- ◆ ILEP India partners meeting was conducted through hybrid mode at Hyderabad on 13 April 2022 to discuss the ILEP India progress on the activities and the strategic issues related to ILEP India.



Figure 3 ILEP India partners meeting at LEPRA society, Hyderabad

- ◆ ILEP India partners meeting with Additional Director General Health Services (Ministry of Health and Family Welfare – Govt. of India) happened on the same day to share ideas and receive guidance from the important stakeholders.

All the ILEP India CEOs, ILEP India working group leaders and Additional Director General Health Services attended the meeting.

- ◆ The highlights of the discussion were NSP development, CLD/ILEP MoU formalization, maintaining District Nucleus Teams, need of leprosy training to General Healthcare Staff (GHS), Rifampicin and Prednisolone procurement, Reconstructive surgery at government health facilities, planning on integration of elderly care and leprosy services etc.

### 1.3 Coordination among the NLEP stakeholders

- ◆ NLEP stakeholders meeting was organized by ILEP India on 11 May 2022 to discuss about the plans and participation of each stakeholder in International Leprosy Congress (ILC) 2022. The meeting was chaired by Dr Bisworanjan Dash, Deputy Assistant Director General – Leprosy (Govt. of India). The partners expressed a number of abstracts were being written in collaboration with the state officials; and they will also support the attendance of persons affected by leprosy in the ILC. The minutes were compiled by ILEP India and submitted to the Central Leprosy Division for information and need-based action.
- ◆ The second stakeholder meeting of the quarter was organized by ILEP India on 9th June to initiate the discussion on integration of old age services with leprosy programme.

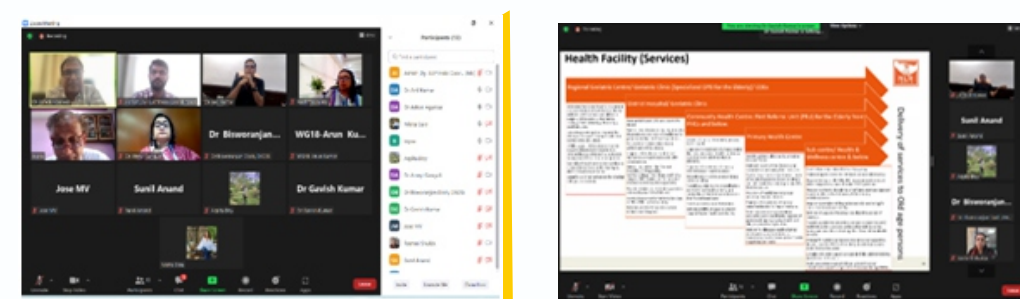


Figure 4 CLD and ILEP India initiating discussion with NLEP stakeholders on elderly care services to leprosy

The meeting was chaired by Additional Director General Health Services, Government of India. The participants were the Deputy Assistant Director General, Central Leprosy Division; National Professional Officer (Leprosy) and (Mental Health and Palliative Care) – WHO India, ILEP India CEOs, representatives of Bombay Leprosy Project and Sasakawa India Leprosy Foundation (S-ILF) etc. The next steps decided were to develop a small working group to initiate the inter-knowledge sharing and develop a good coordination mechanism to integrate elderly care and leprosy services.

### 1.4 Steps towards repealing discriminatory laws

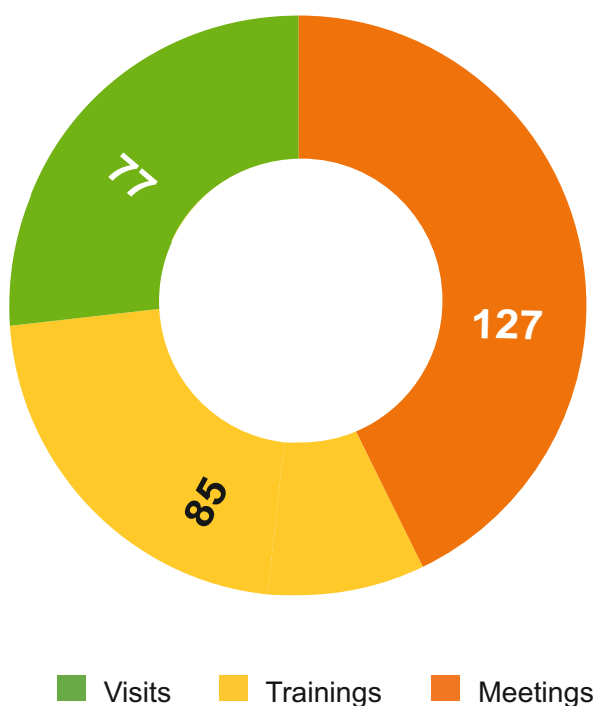
- ◆ Follow up meetings were conducted with consultants and other stakeholders to review status of discriminatory laws in various states.
- ◆ National Human Rights Commission (NHRC) issued advisory to the Secretary (Govt. of India), Ministry of Health and Family Welfare and Chief secretaries (States and Union Territory) for elimination of such discriminations, dated 14 January 2022.
- ◆ ILEP India secretariat decided to initiate follow up request based on the advisory sent by GoI.
- ◆ Official request sent to Commissioner (Disabilities), Delhi along with Chief Minister, Health minister and other key stakeholders.
- ◆ Positive response received from the Commissioner (Disabilities)'s office and as a part of action Jawaharlal Nehru university wrote the official communication to university grant commission while commissioner (Disability - Delhi) has communicated to concerned departments to repeal the discriminatory laws.



Figure 5 ILEP India sent official request to commissioner (Disabilities), Delhi

## 2. Key activities in field

Activities During (April - 22 to June - 22)



The ILEP agencies continued to support field and policy level assistance to the National Leprosy Eradication Programme (NLEP) through their 13 NLEP consultants across 22 endemic states. These consultants routinely visit the health care facilities, organize self-care camps, assist district and state leprosy officers, train the self-help groups, monitor the drug availability in the districts and assist in active case detection. During April to June 2022, the state and district level leprosy programme was supported through 61 advocacy and program implementation meetings; 91 trainings; and 162 visits to districts, different health facilities and leprosy colonies.



## 2.1 Integrating comprehensive health check up for persons affected by leprosy (PAL)



Figure 6 Ongoing comprehensive health check-up of PAL

West Bengal conduct health camp for leprosy affected in June 2022. Basic test like routine blood, blood sugar estimation, eye check-up, blood pressure measurement etc. were conducted in these camps. In one district, 18% of the persons affected by leprosy were found to have high blood sugar which was unnoticed so far. A good number of cataract cases were identified; hypertension was not uncommon. These camps were an eye opener for the state leprosy department; It was decided by the state government that persons affected by leprosy, disabled or otherwise should undergo such regular check-up and provided the necessary treatment.

West Bengal is planning to expand this initiative throughout the state on a periodic basis.

## 2.2 Advocacy and Case validation

Advocacy Meeting was conducted with State Leprosy Officer (Uttar Pradesh) and 12 District Level Officers in the state. On job training has been given to 32 community health centre (CHCs) staff at 19 CHCs. 19 multi bacillary and 11 paucibacillary leprosy cases were validated; child cases validated was 13 while 10 validated were with Grade II disability. Record validation was done for 12 districts in Uttar Pradesh while education support was provided to four children affected by leprosy.



Figure 7 On job training given to CHC staff by ILEP India and review meeting being conducted by SLO

## 2.3 Strengthening the referral system



Figure 8 ILEP India facilitating training on strengthening the referral system

One day NLEP training on strengthening the referral system was organized in six districts of Bihar for all the nodal persons of the primary health centres. The referral mechanism was explained to the participants by discussing the definition of the referral mechanism, levels of the referral system, types of cases that have to be referred to the secondary and tertiary level. Participants were also briefed about the availability of services at the secondary and tertiary level. Case demonstration was conducted for all 113 participants for better understanding.

## 2.4 Social Inclusion of PAL

On June 15, the Leprosy Mission's project team in Kothara facilitated training on Collectives for 68 community resource persons (CRPs). Representatives of the State Rural Livelihood Mission (SRLM) conducted trainings, focusing on inclusion of persons affected by leprosy and other disabilities in Inclusive Self-Help Group (ISHG) and Organisations of People with Disabilities (OPD). CRPs are government staff who are responsible for forming groups in villages and linking them with SRLM.



Figure 9 Training given to community resource person by ILEP agency TLMTI

# Upcoming Priorities

- 1 Development of the national strategic plan
- 2 Support to leprosy case detection campaign
- 3 Revoking of discriminatory laws
- 4 Launch of ILEP India website