

NEWSLETTER



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MESSAGE FROM [REDACTED] ILEP INDIA COORDINATOR

Welcome to the issue of ILEP India Newsletter Vol-IV.

I hope you are enjoying reading our newsletters. Each quarter we share with you the highlights of ILEP India work; this issue of the newsletter captures the activities of the quarter July – September 2022.

During the quarter, ILEP India continued contribution in development of the National strategic plan for leprosy and support to the National Leprosy Eradication Programme (NLEP) in states and districts; periodic ILEP India partners meeting was held to share progress and challenges and get support from stakeholders; NLEP consultants workshop was held to strengthen their support; etc. The newsletter also mentions of how advocacy and involvement of key persons at different levels of the system (the district, block and sub-centre) helped in detection of a good number of new cases during Leprosy Case Detection Campaign (LCDC).

Kindly read the detailed description of the activities in the newsletter.

We wish you happy reading.

Kindly share your feedback at feedback.ilep@nlrindia.org

KEY ACTIVITIES DONE AND FACILITATED BY ILEP INDIA

(July – September)

1 Development of National Strategic Plan for Leprosy

- ILEP India and WHO India are facilitating the preparation of national strategic plan for leprosy along with their leprosy experts. During April – June; several introductory meetings had happened with Additional Director General Health Services, Central Leprosy Division – Ministry of Health and Family Welfare, WHO India and important stakeholders to introduce the idea and to form the 15 thematic area group of experts.
- The first phase of the development of national strategic plan for zero transmission was initiated during this period. The consultant hired by ILEP India worked closely with WHO India, ILEP India, thematic groups and govt. officials to draft the document. Several ILEP India staff particularly from NLR India, the coordinating agency supported the consultant in her work.
- The draft on four pillars of the plan and chapters like introduction, socio economic background, epidemiological situation, NSP for leprosy and NLEP strategy were prepared and submitted by consultant for review. Weekly review meetings were conducted by ILEP and WHO India to facilitate the ongoing work of consultant.

2 ILEP India partners meeting

- ILEP India partners meeting was conducted through hybrid mode at Hyderabad on 31st August 2022 to discuss the ILEP India progress on the activities and the strategic issues related to ILEP India. This meeting is conducted every four months.

- Same day, ILEP India CEOs had a meeting with Additional Director General Health Services (Ministry of Health and Family Welfare, Govt. of India) to share ideas and receive guidance on the program and activities.

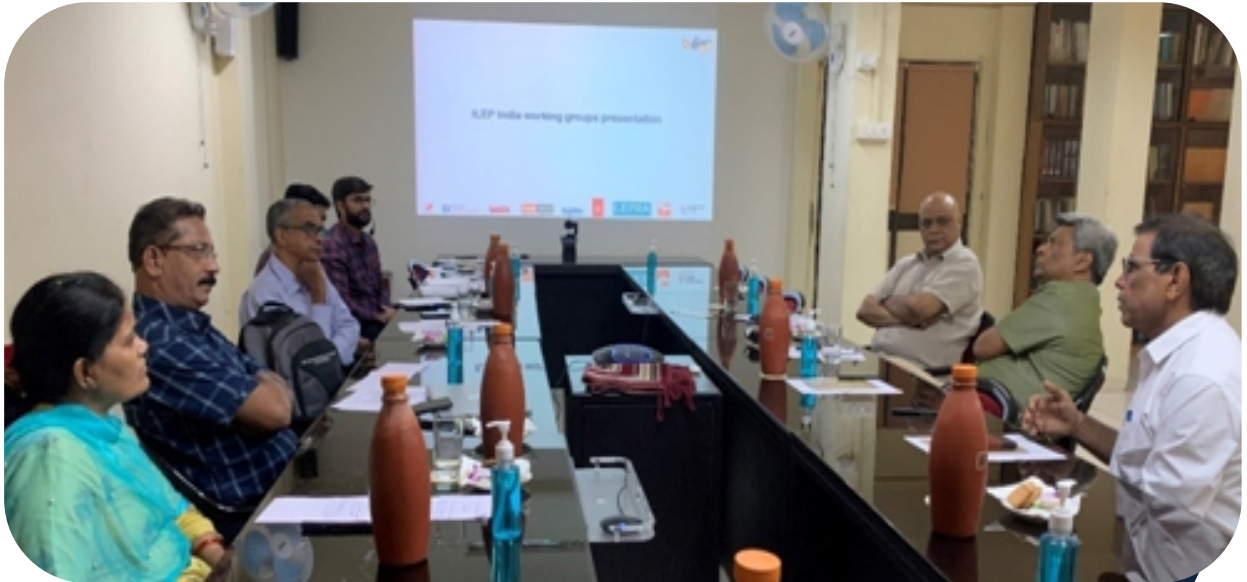


Figure 1 ILEP India partners having meeting with Additional Director General Health Services, MoHFW

- ILEP India CEOs, representatives from GLRA India and LEPRASociety, ILEP India working group leaders, ILEP India secretariat and Additional Director General Health Services attended the meeting.
- The highlights of the discussion were national strategic plan development, update on ILC 2022 participation, MoU with CLD, NLEP consultant and program activities, coordination between CLD and ILEP India and among the international bodies and ILEP India strategic issues.

3 Review meeting of National Leprosy Eradication Program of North Eastern states

- The Central Leprosy Division organized a two days regional review meeting of state leprosy officers of north eastern states of India. The meeting was conducted at Aizawl, Mizoram on 4th and 5th August.

- The officers joined from eight states namely Arunachal Pradesh, Assam, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, and Tripura.
- The review on Human resources, activity progress and challenges of these states were conducted by Additional Director General Health Services, ILEP India and WHO India.
- ILEP India facilitated the review meeting with its financial resources and technical support.



Figure 2 Regional review of NLEP activities in North eastern states of India

4 Strengthening role of ILEP NLEP consultants in their respective states

- Two days physical workshop was organized by ILEP India at Delhi. The workshop was chaired by the Additional Director General Health Services (ADGHS), Government of India. Besides the NLEP consultants, the Deputy Assistant Director General (Leprosy) (DADG-L), WHO India, and ILEP India officials participated in the meeting.
- Various sessions were conducted by Govt. representatives, WHO India and team members from ILEP organizations. The ADGHS and DADG-L specially elaborated their expectations and responsibility of the consultants.

- The NLEP consultants also were able to express the support they require for performing better in the states.
- Following the workshop, virtual review meetings of the consultants along with CLD were initiated by ILEP India country coordinator to follow up on the activities. The first review meeting along with CLD was conducted on 9th September, 2022 chaired by Dr Biswornjan Das (DADG-L) and Dr Lily (Chief Medical Officer).



Figure 3 ILEP consultant are being briefed by Additional Director General Health Services, MoHFW about the priorities of the National Leprosy Eradication Programme

5 Repealing discriminatory laws

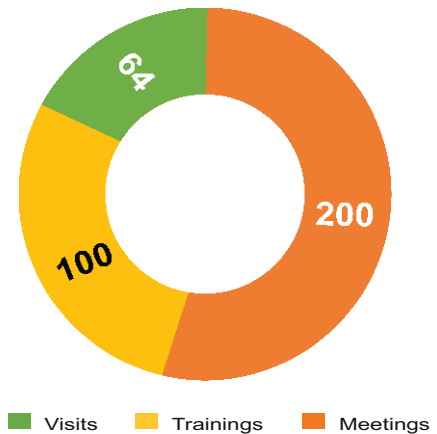
- Based on the advisory issued by National Human Rights Commission to all the states and union territories during January 2022; ILEP India initiated the follow up request to State Disability Commissioners.
- The follow up request was sent to 10 state disability commissioners during July to September. These states are Andhra Pradesh, Assam, Haryana, Kerala, Madhya Pradesh, Maharashtra, Meghalaya, Orissa, Tamil Nadu and Telangana.
- Positive response in terms of action being taken received from Maharashtra and Meghalaya; likely to receive some more response in coming days.



Figure 4 ILEP India sent official requests to State Disability Commissioners for repealing discriminatory laws

KEY ACTIVITIES IN FIELD

The ILEP agencies continued to support field and policy level assistance to National Leprosy Eradication Program (NLEP) through their 14 NLEP consultants across 18 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 activities. During July to September 2022, state and district level programme was supported through 64 advocacy and program implementation meetings; 100 trainings; and 200 visits to district, different health facilities and leprosy colonies.



1 Trainings and self-care

During July, The Leprosy Mission Trust India; an ILEP India partner provided home-based care to people affected by leprosy along with a non-medical supervisor in Cuddalore district, Tamil Nadu. Callus debridement and ulcer dressings were done, self-care kits were provided, pre-operative therapy for reconstructive surgery (RCS) was provided and feet were scanned for customized footwear. The team had a meeting with block medical officer and primary health center physiotherapist on the need for POID (prevention of impairments and disabilities) camps, RCS screening, aids and appliances for people affected by leprosy.



Figure 6 The Leprosy Mission team member providing home-based self-care



Figure 7 Capacity building of ASHA workers by The Leprosy Mission Trust India

In West Bengal, two different training sessions were conducted during August. The first training was conducted for 24 field health supervisors of Kolkata municipal corporation under the Leprosy Case Detection Campaign (LCDC) at The Leprosy Mission hospital. An orientation program on leprosy and awareness on rights and entitlements of persons with disabilities was conducted for final year physiotherapy students from the National Institute for Locomotor Disabilities in Kolkata.

In Maharashtra, training was conducted on leprosy and early identification for 119 ASHA Workers, ASHA supervisors and paramedical workers in Amravati district. Additional District Health Officer, Taluka Medical Officer and team from District Leprosy Office also attended the training.

2 Workshop cum training of District leprosy officers and District leprosy consultants

In West Bengal, State Leprosy Office, GLRA and NLR India jointly organized two days' workshop cum training of district leprosy officers (DLOs), DLO In-charge, District Leprosy Consultants of 27 districts on 14th and 15th of July. The workshop was conducted in state health office building auditorium.

State Leprosy Officer presented the LCDC plan and the areas to be covered under the campaign. ILEP India consultant from NLR India facilitated the technical session on how to diagnose and manage leprosy and emphasized on how DLOs will act as trainers in the district. He also shared the outcome of home-based self-care outcome assessment of 300 plus leprosy disabled persons done in three blocks of three districts. The report showed remarkable achievement of this low-cost sustainable service model for leprosy disabled persons.

Chief executive officer from GLRA India; an ILEP India organization presented the facts and figures of LPEP which is also highly successful in the state. ILEP consultant from GLRA India presented the formats of LCDC to participants.



Figure 8 Training workshop conducted and organized by ILEP India organizations – NLR India and GLRA India

3 Strengthening coordination with states for leprosy case detection campaign

State coordination committee meeting was held on 5th September 2022 to discuss conducting leprosy case detection campaign 2022-23 in Bihar state.

The discussion points were schedule for conducting LCDC, state level workshop, LCDC operational and financial guideline, standard operating procedure (SOP) document preparation in hindi, printing of formats in English and Hindi etc. The committee decided to have a state level workshop on 9th September and LCDC in Bihar to commence from October 2022.



Figure 9 ILEP India and state coordination committee members (Bihar)

4 Visits by International representatives of ILEP India partners

President, Damien Foundation – Belgium and Secretary, Damien Foundation India Trust (DFIT) visited Bihar between 13th – 16th September and witnessed undergoing NLEP activities at primary as well as the secondary levels in Begusarai, Darbhanga and Nalanda districts; they interacted with government staff and patients on under treatment, reaction patients, grade 2 disability patients, RCS eligible patients and post RCS patients. They also visited the TLM Hospital Muzaffarpur. During meeting with the SLO, they discussed about the DFIT activities under NLEP and how they can be strengthened more in the coming years.



Figure 10 Visit to TLM hospital by President, Damien Foundation Belgium

5 Advocacy, supervision and monitoring jointly enhancing early case detection at block level



Figure 11 Diagnosis and supervision by ILEP consultant in West Bengal

South 24 Pargana is a non-endemic district of West Bengal for leprosy which has a low new case detection rate but high-Grade II deformity. This depicts that the case detection rate should be increased through rigorous surveillance by the field level workers and suspect examination and confirmation by the medical officers.

Prior to LCDC, ILEP India advocated the District Leprosy Officer (DLO) in-charge to sensitize and to have a discussion with Block Medical Officers of Health (BMOHs) and Block Primary Health Nurse (BPHNs) of all the blocks under LCDC. Accordingly, ILEP India consultant from GLRA India met the official and planned it out. All the front-line healthcare workers (300 in number) were re-trained with the help of ILEP India before starting the LCDC.

It was suggested to BMOH and BPHN to fix two days in a week to confirm the diagnosis of suspected cases by the BMOH. After analysing the monthly progress report of the block ILEP India consultant found that this year, new cases in the Bhangar I block were zero (0) till August. However, within next seven days of activity (50% of the population were screened by then), 10 new cases were confirmed. During the supervision and monitoring, the houses were checked randomly for proper marking and proper examination of all members of a household.

This is a classic example of how by doing advocacy and involving key persons in all levels of the system (the district level officials, block level officials, sub-centre level officials etc) can bring significant improvement. Early detection and treatment of new cases will eventually lead to low Grade I and Grade II disability.

UPCOMING PRIORITIES

1 Development of National Strategic Plan

2 Launch of ILEP India website

3 Participation in International Leprosy Congress 2022

4 Work on the next years activities of ILEP India

5 Repealing the discriminatory laws