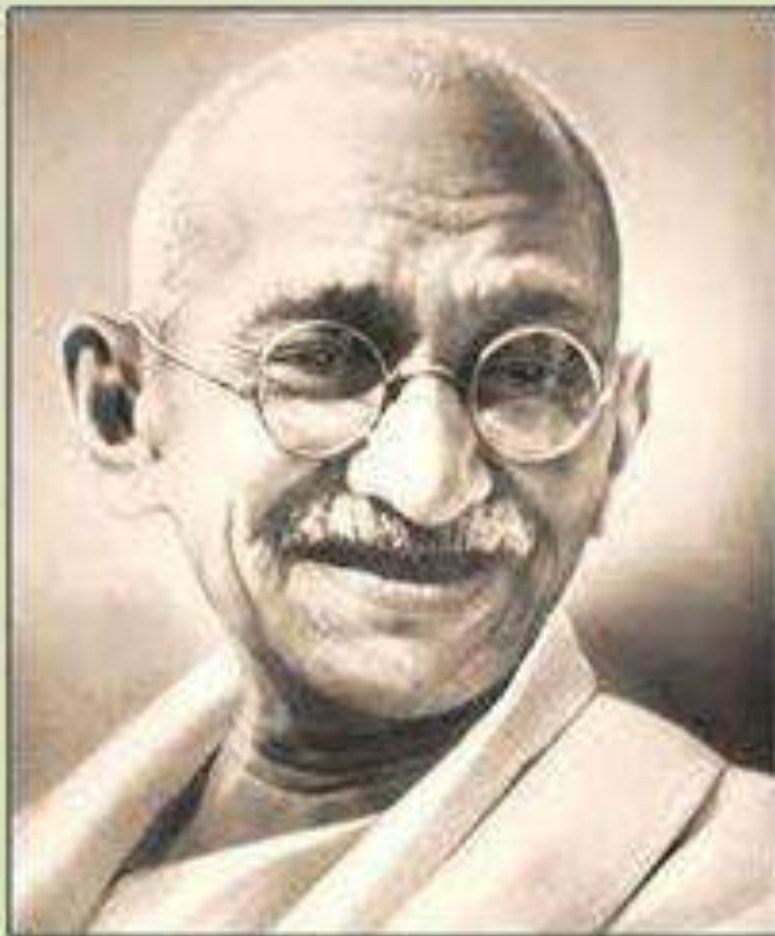




Sparsh Leprosy Awareness Campaign, 2019

Operational Guidelines



*A tribute to Father of Nation during his 150th birth Anniversary year,
Accelerating towards achieving Leprosy free India*

National Leprosy Eradication Programme

Central Leprosy Division
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India

Abbreviations

S. No	Abbreviation	Expansion
1.	IEC	Information Education & Communication
2.	SLAC	Sparsh Leprosy Awareness Campaign
3.	LCDC	Leprosy Case Detection Campaign
4.	FLC	Focussed Leprosy Campaign
5.	ANM	Auxiliary Nurse Midwife
6.	ASHA	Accredited Social Health Activist
7.	SLAC	Sparsh Leprosy Awareness Campaign
8.	CHC	Community Health Centre
9.	DH	District Hospital
10.	SLO	State Leprosy Officer
11.	DLO	District Leprosy Officer
12.	NLEP	National Leprosy Eradication Programme
13.	MO	Medical Officer
14.	MPW	Multi-Purpose Health Worker
15.	NMS	Non-Medical Supervisor
16.	NRHM	National Rural Health Mission
17.	PB	Pauci bacillary
18.	PHC	Primary Health Centre
19.	PMW	Para Medical Worker
20.	FAQ	Frequently Asked Questions
21.	UT	Union Territory

Background

Sparsh Leprosy Awareness Campaign, 2017: at a glance

As we know, leprosy is a chronic infectious disease traced back thousands of years that has stigmatised people affected since ancient times until now. This disability caused by this crippling disease does not affect lives of a person affected with leprosy but whole family of same. Hence, in order to address the issue of high level of stigma attached to leprosy and to increase awareness about various aspects of leprosy, a nationwide campaign called “Sparsh leprosy awareness campaign” was introduced under NLEP on 30th January 2017 i.e., ‘Anti-Leprosy day’, 2017.

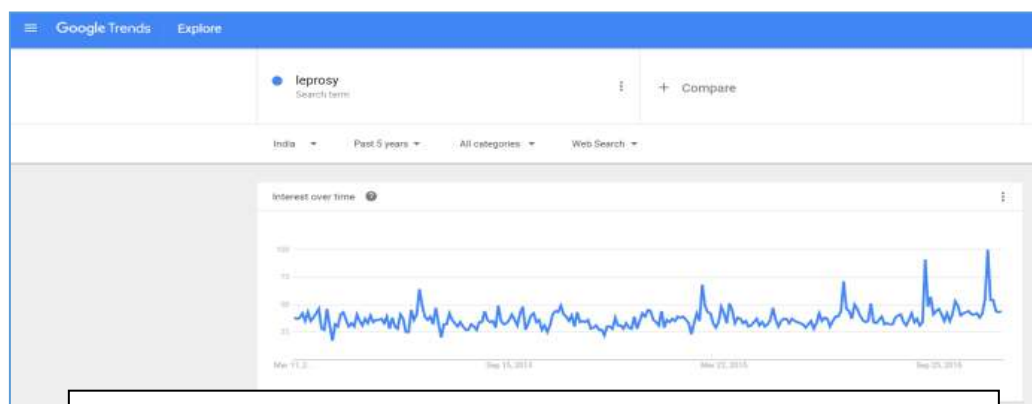
In order to provide the necessary impetus to the activity a central level workshop was organised wherein prototypes of message of District Magistrate, appeal of Gram Sabha Pramukh and pledge of Gram Sabha Members were prepared on theme of early case detection and stop discrimination. In addition the guidelines of Sparsh Leprosy Awareness Campaign, 2017 and a ‘Sparsh package’ encompassing IEC materials i.e., video spots, audio spots and posters etc., were prepared. All the prototypes, guidelines and ‘Sparsh package’ were shared with all States with instruction to distribute to all Gram Sabhas before 30th January, 2017.

Further, for better organization and management special committees at various administrative levels i.e., State, District and Block level were formed.

The Major activities undertaken in Gram Sabhas were 1) Message from District Magistrate on Leprosy disease (read by DM if available or by Gram Sabha Pramukh) 2) Appeal from Gram Sabha Pramukh to all members for reduction of discrimination against persons affected with leprosy 3) Undertaking of a pledge by all Gram Sabha members to not to discriminate with persons affected with leprosy, 4) Felicitation of person affected with leprosy (if available) by Gram Sabha Pramukh and 5) Question answer session using Frequently Asked Questions provided. The event was facilitated by respective multi-purpose worker (MPWs), patwari, gramsevaik, school teacher, ASHA etc., at village level under supervision of Medical Officer of Primary Health Centre (PHC). Using prototypes the activities were conducted in approximately 3.6 lakh villages as per the reports submitted by States.

In addition to the execution of Gram Sabha meetings as per the suggested activities mentioned above, States celebrated the SLAC, 2017 fortnight using innovative IEC activities to spread awareness regarding disease in the community.

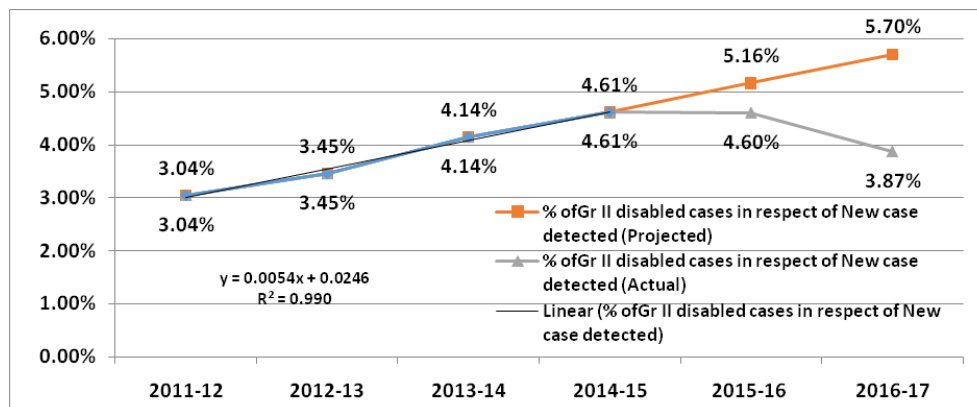
The impact of Sparsh Leprosy Awareness Campaign, 2017 may be seen through the google trend graph depicted below:



Graph 1: Interest in search for leprosy word during last 5 years, worldwide.

The Graph 1, shared on prepage depicts the interest for search of key word ‘Leprosy’ worldwide during last five years in form of blue waves with two peaks, one during September, 2016 and other during January - February, 2017 when Sparsh Leprosy Awareness Campaign, 2017 was being implemented in India. It indicates that interest in Leprosy is increased worldwide after a long gap of 5 years due to Sparsh Leprosy Awareness Campaign, 2017.

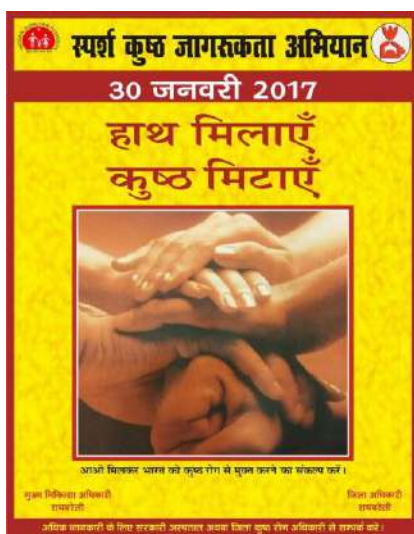
Further, the impact of the innovations introduced during 2016 – 17 i.e., Three pronged strategy for early case detection – LCDC, FLC, Special plan for hard to reach areas, Grade II disability investigation, Post exposure prophylaxis, **Sparsh Leprosy Awareness Campaign, 2017** etc. on the Grade II disability trend at National level may be seen in the graph below:



Graph 2: Impact of innovations introduced under NLEP on trend of Grade II disability rate (National level)

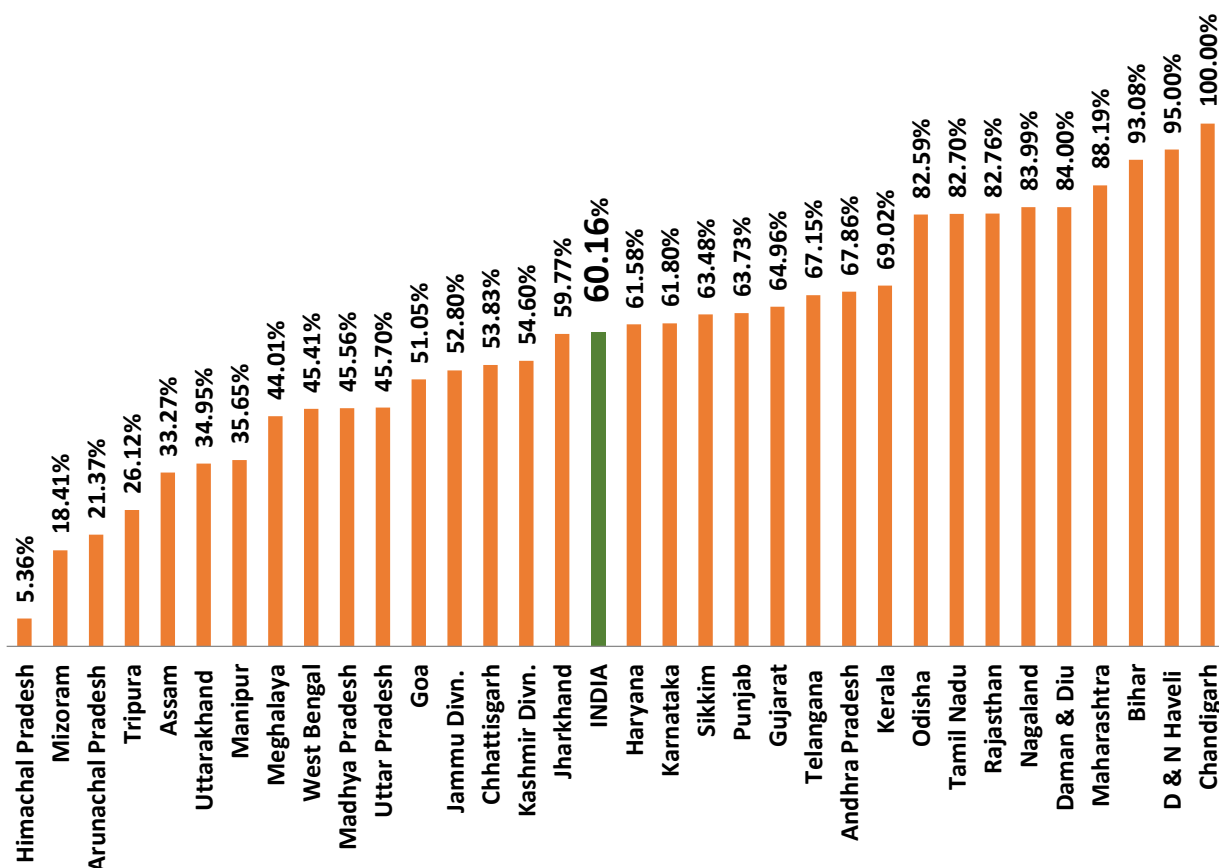
The Grade II Disability rate in new case detected which was rising till 2014-15 was arrested in 2015-16 and reverted in 2016-17. As per the linear regression done on percentage of Grade II Disability rate trend from 2011-12 to 2014-15, around 2500 new Grade II disabled cases have been prevented by achieving the Grade II disability rate 3.87% during 2016-17.

Glimps of SLAC 2017



Spursh Leprosy Awareness Campaign, 2017 was conducted in approx 360,000 villages on India i.e. 60.16 % of villages of India

Graph 3 : State wise percentage coverage of (at villages level) SLAC 2017



Sparsh Leprosy Awareness Campaign, 2018: at a glance

SLAC 2018 was focused to reach to the doorstep of the community with intention to increase participation of the community. The thrust of SLAC 2018 was to promote community participation to reduce stigma & discrimination against leprosy and enhance early case reporting. Major activities conducted on 30th January 2018 in Gram Sabha meetings in villages were as under:

1. Declaration by District Magistrate (read by DM/ other Sr. Distt./ Block administrator if available/ Gram Sabha Pramukh)
2. Speech from Gram Sabha Pramukh
3. Any IEC activity like nukkad natak, role play, essay writing, songs on leprosy through folk media, poem reading, kathputli etc. or as decided by Panchayat and dissemination of IEC message through NLEP mascot ‘Sapna’.
4. Questions and Answers session based on FAQ provided
5. Vote of thanks by community persons preferably by a willing person affected if available.



“Sapna” is a concept designed and developed keeping in view of a common girl living in community, who will help to spread awareness in the community, through key IEC messages. Sapna can be local school going girl who is willing to be ‘Sapna’ from the same locality preferably, there could be any number of Sapna in a village.

Prototypes of DM declaration, speech and script for the few IEC activities which were finalised in consultation with IEC experts and SLOs during the Central Level Workshop of Sparsh Leprosy Awareness Campaign, 2018, 27th - 28th December, 2018, Pune, Maharashtra.

Glimpse of Sapna by different state under SLAC 2018

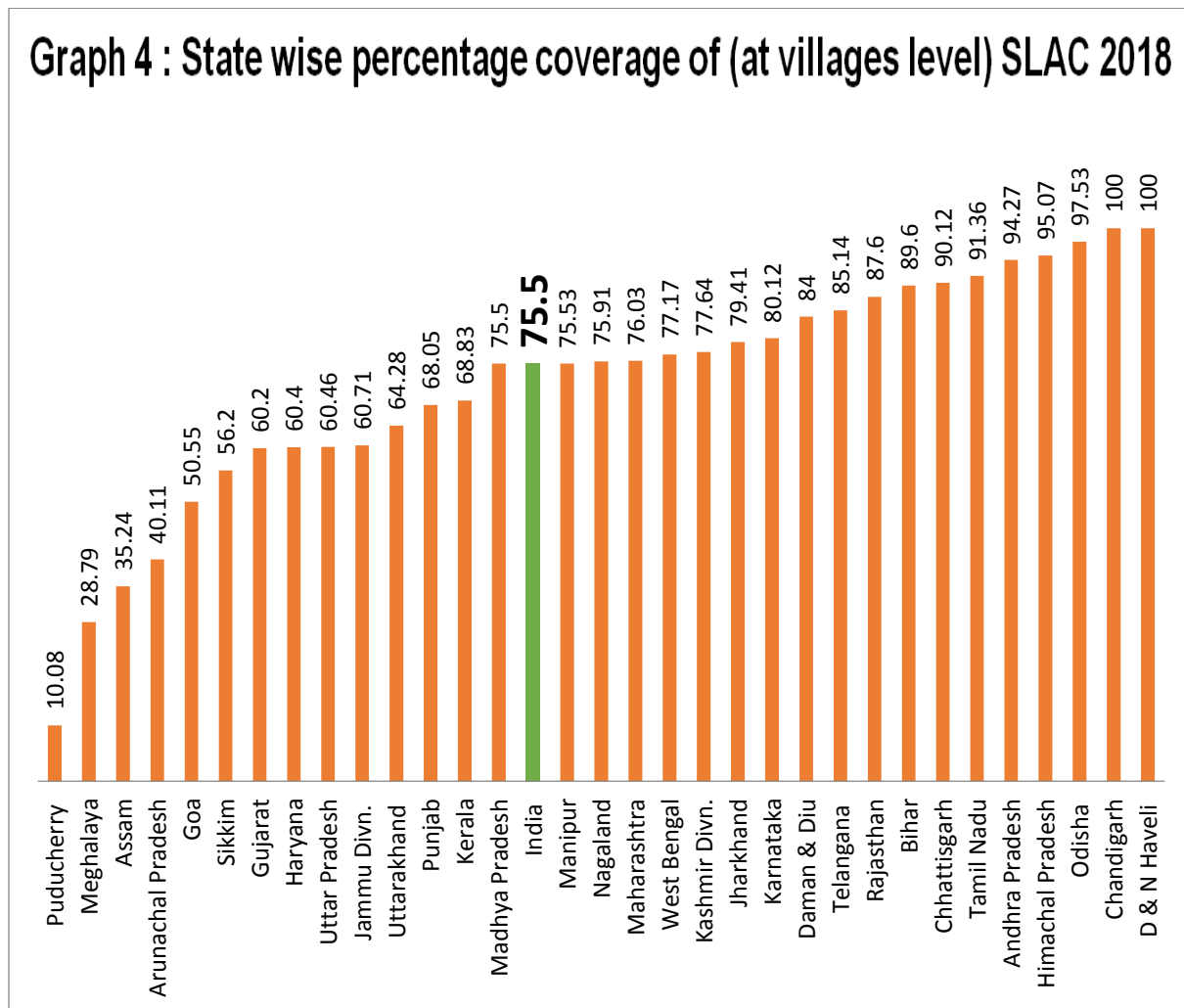


The IEC activities not restricted to Gram Sabha meetings only, they were performed on various sites i.e., school, haat, melas, near any religious place etc. in villages, through-out the day and during fortnight. Intersectoral collaboration was done during SLAC, 2017 the activities also continued.

The Village Health and Sanitation Committee also responsible for implementation of the activities of SLAC 2018. Various levels human resource like multi-purpose workers (MPWs), village revenue

official, e.g., patwari, gramsevik, school teacher, ASHA, anganwadi worker and Medical Officer of Primary Health Centre (PHC) took active participation in the campaign. In addition to the above activities, success stories were made available to media for dissemination, by SLOs/DLOs during the fortnight, for giving positive message to the community. Various IEC activities at local level conducted using various media, giving messages on the importance of early case detection and the need to reduce stigma and discrimination.

Graph 4: Sparsh Leprosy Awareness Campaign, 2018 was conducted in 457,961 Villages on India i.e. 75.50 % of villages of India. State wise data is mentioned.



Sparsh Leprosy Awareness Campaign, 2019: Institutional Framework

Inspired by the tremendous success of last two year's Sparsh Leprosy Awareness Campaign 2017 and 2018, this year it is envisaged to reach to the community with intention to increase participation of the community by showcasing the contribution of Father of Nation Mahatma Gandhi for anti-leprosy work. In October 2019, Nation will be celebrating the 150th Birth Anniversary of Father of Nation Mahatma Gandhi, this opportunity will be utilised and contribution of Mahatma Gandhi will be utilised to influence the community which will help in reduction of stigma & discrimination against leprosy.

Major activities to be conducted on 30th January 2019 in Gram Sabha meetings in villages are as under:

1. Message by District Magistrate (read by DM/ other Sr. Distt./ Block administrator if available/ Gram Sabha Pramukh)
2. Appeal from Gram Sabha Pramukh /PRI members
3. Role play by school children of Mahatma Gandhi ji's, in which contribution of "Bapu" under anti- Leprosy work will be showcased, Further, message regarding stigma reduction against Leprosy and mainstreaming of Persons affected by Leprosy will be disseminated through person enacting.
4. Questions and Answers session based on FAQ provided (attached as annexure)
5. Vote of thanks by community persons preferably by a willing person affected if available.

Prototypes of DM address, Gram Sabha Pramukh appeal and script for the few IEC activities which were finalised in consultation with IEC experts and SLOs during the Central level workshop of Sparsh Leprosy Awareness Campaign, 2019 on 26th December 2018, Mumbai, are placed at Annexures.

Sparsh Leprosy Awareness Campaign, 2019: Planning and implementation

Central-level {26 th December 2018}.	<ul style="list-style-type: none">• Presentation of draft Guidelines SLAC 2019• Finalization of the guidelines SLAC 2019 (including prototypes)• State level Planning
State-level {1 st week of January}	<ul style="list-style-type: none">• Conduction State Co-ordination Committee and State Leprosy Awareness Media Committee• Sensitization of DLOs
District-level {2 nd week of January}	<ul style="list-style-type: none">➤ Review preparedness and set timeline for completion of planning activities➤ Micro-planning of 'The Sparsh Leprosy Awareness Campaign 2019'➤ Preparing of checklist for monitoring the campaign➤ Identify requirement of various resources for campaign implementation
Block-level {3 rd week of January}	<ul style="list-style-type: none">➤ Detailed activity plan along with prototypes sharing with Panchayat

For better organization and management, it is proposed that the existing committees formulated for Leprosy Case Detection Campaign, 2017-18 and/ or Sparsh Leprosy Awareness Campaign, 2017-18

may be utilized. These committees will ensure inter-sectoral coordination between all partners and other departments and review the progress in planning, implementation and monitoring of 'Sparsh Leprosy Awareness Campaign', which will be conducted as an annual activity during the fortnight beginning from 30th January till 13th February. The constitution of committees for various administrative levels is given below:

i) State Co-ordination Committee

State Co-ordination Committee, under the chairmanship of Principal Secretary Health & Family Welfare of the State, with State Leprosy Officer as the Member Secretary, will be formed. Other members of the committee would be Mission Director (MD), NHM, Director Health Services (DHS), State-level representatives of the key partners, like Social Welfare, Education, Panchayati Raj Institution (PRI), Women & Child Development (WCD), partners, i.e., International Federation of Anti-Leprosy Associations (ILEP), World Health Organization (WHO), Association of Persons Affected by Leprosy (APAL), Senior Regional Director, State Programme Manager and Non-Govt. Organisations (NGOs) working in the field of leprosy in the State. In addition, two persons may be nominated by the Principal Secretary, Health & Family Welfare of the State.

Key Functions of state coordination committee

- Finalization of state level planning of SLAC 2019
- Liaoning with sectors other than health
- Plan monitoring process
- Finalization of administrative procedures

ii) State Leprosy Awareness Media Committee

State Leprosy Awareness Media Committee, under the chairmanship of DHS/MD (NHM)/ Director, SIHFW of the State with the State Leprosy Officer as the Member Secretary will be formed. Representatives from partner organizations, like ILEP, WHO, APAL, local NGOs and State Media Cell, local Akashwani and Doordarshan Kendras will be represented in the committee.

Key Functions of state leprosy awareness media committee

- Plan awareness strategy with time lines
- Finalise mode and IEC contents and display sites
- Finalization or conversion of prototypes in the local language.

iii) District Coordination Committee

District Coordination Committee under the chairmanship of the District Collector/Magistrate/ Chief Executive Officer, co-chaired by CMO/CS/ DMO, with District Leprosy Officer as the Member Secretary will be formed. District-level representatives from Zilla Parishad, APAL, Social Welfare dept, District Publicity Department, District Health Education Officer, District ASHA Coordinator, District Programme Manager and District Epidemiologist should be a part of the committee.

iv) Tehsil / Block Coordination Committee

Similar to the District Coordination Committee, Tehsil/Block Coordination Committee must be set up under the chairmanship of Sub-Divisional Magistrates (SDM) (wherever available) with Block

Medical Officer as co-chairman. Further, members of PRI, ICDS, Education Dept, local NGOs, APAL, Social Welfare Dept, ASHA facilitators/ Sahiya Saathi, community mobilizers, Block Development Officers and Block MOICs should be a part of the committee.

Responsibilities of officers at various levels

i) State Leprosy Officer (SLO)

State Leprosy Officer is the key person to coordinate with Central Leprosy Division, State-level authorities and District-level authorities to ensure celebration of 30th January, the first day of Sparsh Leprosy Awareness Campaign fortnight in all Gram Sabhas of States, as per the theme/ prototype provided by Central Leprosy Division.

SLO is responsible for sensitization of all District Leprosy Officers (DLO) and dissemination of various prototypes formulated by Central Leprosy Division, in time.

ii) District Leprosy Officer (DLO)

District Leprosy Officer is the key person to coordinate with State-level authorities, District-level authorities and Block level authorities, including Block PHC Medical Officer, to ensure implementation of the campaign through interdisciplinary approach.

DLO is responsible for sensitization of all Block PHC Medical Officer and dissemination of various prototypes to Block PHC, in time.

iii) Block PHC Medical Officer (MO)

Block PHC MO is the nodal person who is accountable for celebration of 30th January, i.e., the first day of Sparsh Leprosy Awareness Campaign fortnight in all Gram Sabhas/ Village of the Block.

(Draft)

Message by DM

We the people of district..... (name of district).....and the district administration on the remembrance of Mahatma Gandhi ji , hereby declare that we will leave no stone unturned to make our district free from leprosy. Leprosy is easy to identify and is curable. We will make all efforts to find all leprosy cases as early as possible. We will use all possible resources available in the district, to achieve it. At the same time we will not discriminate and will not allow others to do any type of discrimination with persons affected by leprosy. We individually and collectively will work on the belief of Bapu to end stigma & discrimination against persons affected by leprosy and contribute in their mainstreaming.

District Magistrate

30th January 2019

DRAFT SPEECH BY GRAM SABHA PRAMUKH

Firstly, I thank all the members of gram panchayat, Panchayat Samiti members, all elders, youths, children and my brothers and sisters for attending the gram sabha meeting today on the occasion of martyrdom of Mahatma Gandhi.

As you are aware that we have already made our village small pox and polio free. In the same way we have to make our village free from Leprosy in the coming years.

The treatment of leprosy is available free of cost in all Government Health Facilities. Our Health Workers are doing door to door survey to detect and identify suspected leprosy cases as early as possible. A person with light/pale colored skin patch who may or may not inform decreased sensation on palm or sole can be a suspected Leprosy case and should report to health system immediately. Delay in seeking care may lead to disability. Early case detection and treatment will cure the patient and prevent disability. Don't believe in any superstitions, myths and misconceptions.

On 30th Jan, martyrdom of Mahatma Gandhi, we are observing SPARSH Leprosy Awareness Campaign to create awareness about leprosy. We have to make all efforts to make India free from Leprosy.

Thank you.



In addition to the above role plays, key IEC messages to be disseminated by Person for Role Play of Mahatma Gandhi and his contribution in anti-leprosy work as under:

Role Play: Role play could be done by school children or any adult, preferably wearing the attire of Mahatma Gandhi ji i.e. Khadi Dhoti, round Spectacles (if available) and “Lathi” (stick).

Village Health, Sanitation and Nutrition Committee (VHSNC) will coordinate the role play by taking help form the contribution of Mahatma Gandhi in anti leprosy work (annexure)

Gandhi ji : (script can be developed at local level)

After enact /disseminating the key messages of Mahatma Gandhi, below mentioned messages could also be utilised at the end:

Hindi:

- जल्द जांच, समय से इलाज
कुष्ठ से मुक्ति, विकलांगता से बचाव
- चमड़ी पर दाग, चकत्ते , सुन्नपन कुष्ठ रोग हो सकता है !
- कुष्ठ रोग की शंका होने पर पास के स्वास्थ्य केंद्र पर संपर्क करे
- कुष्ठ रोग का मुफ्त इलाज सभी स्वास्थ्य केंद्र पर उपलब्ध है !
- कुष्ठ रोग पूरी तरह से ठीक हो जाता है !
- कुष्ठ रोगी से भेदभाव न करे !

English:

- Leprosy is a disease caused by mycobacterium leprae. It is not a hereditary disease.
- Leprosy is not due to past sins or evils.
- In leprosy the symptoms are development of hypopigmented patches on the skin with loss of sensation.
- If you come across people who are experiencing such symptoms then please get in touch with either the ASHA behenji or ANM behenji or Multi-Purpose Workers. They will give you proper guidance on how to address this issue.
- Free treatment is available at all Government hospitals.
- Leprosy is completely curable.
- Early consultation, timely treatment
Cures leprosy, prevent disability



Gandhiji's campaign for leprosy saved innumerable lives of lepers and improved their condition in India

During Satyagraha campaign in South Africa, Gandhiji 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 them 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 lepers.” Even after hearing this, Gandhi went to meet them. Some of them had lost their fingers, some their toes, some had no hair left of their heads. Gandhi 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 instant Gandhi decided that he had to do something for these people.

Gandhi 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 with the jail Superintendent Bhandari about Parchure Shastri who was also arrested along with the others. He requested Bhandari to find out where Shastriji had been locked up? Gandhi told Bhandari, “If he 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. He 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 I can clean my wounds and some books (Yogavashistha and Yagyavakalp) to read”. When Gandhiji received this letter, Mahadev Desai happened to be visiting Gandhi in jail. Gandhiji instructed Mahadev to arrange for the things Shastriji had requested along with a message that “our bodies fall ill, but you are not a body but a spirit, a consciousness, so awaken your consciousness!” This letter acted like life-restoring medicine for Parchure and he was greatly inspired by Gandhiji’s encouragement.

Gandhiji at that time had gone on a fast in jail and when his life was hanging in the balance the government compromised. The question arose about who was going to give Gandhi his first sip of juice to break his fast. Gandhi Bapu wanted Parchure to do that who was in jail at that time. The government agreed and it was arranged to bring Parchure to Gandhi so he could break his fast. The Jail Superintendent, Bhandari, watching this scene, could not stop his tears. After being released from prison, Shastri went to Haridwar. His wife made Shastri promise that when she leaves for her heavenly abode, he should go to Gandhiji’s ashram. As she had anticipated, Shastri’s wife left the world very soon. Remembering the vow he had taken in front of his wife, Parchure Shastri went to

Gandhiji's Sevagram Ashram. On meeting Gandhi, he told him about the promise he had made to his wife and accordingly here he was in Gandhiji's ashram. Gandhi welcomed him and asked one of the volunteers from South India, Velyadhun, to bring a dhoti and a vest (bandi) for Shashtriji. Gandhi was happy with the progress Shastri 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 on the part of his ashramites. He added, "Give you consent only if your conscience agrees to this. But you can take my word, that this ailment is not contagious." Gandhiji's word was sacrosanct. Once he said something, people believed him. So everyone agreed to support Shastri. He was called and presented to the ashram inmates. 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. Shashtri lived in the ashram until 1942 when Gandhi called on the nation to start satyagraha on Quit India. At that time several persons were arrested and Shashtriji went away to a leprosy home at Duttapur. After staying there for three years, he realized that his end was near so he wrote to Gandhi. "Dear Babu, 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 only have 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 Gandhi's visit, the soul of Shashtriji flew away to his permanent resting place.

Source: Mumbai Samachar, 1988, by Shantilal Gadhia.



1. Gandhi seeing leprosy germs through microscope at Sevagram Ashram Vardha Maharashtra India 1940
2. Gandhi caring giving massage to a sick diseased leper patient at Sevagram Ashram Vardha Maharashtra India
3. Mahatma Gandhi; nursing leper patient Parchure Shastri at Sevagram Ashram ; 1940
4. Mahatma Gandhi visiting Dr. Manohar Divan at the leprosy hospital Dattapur Wardha

Prototypes of poems on Leprosy

अनुभवः

चमड़ी के दागों से, कान की गठानों से
यहाँ - वहाँ भटके, तांत्रिक के जाल में अटके
सालो तक भटके

आखिर, एम. डी. टी. खायी

सरकारी अस्पताल ही काम आयी

जो जल्दी जांच कराएगा
पूरी औषधि खायेगा
कुष्ठ मुक्त हो जायेगा
विकृति से बच जायेगा
कभी नहीं पछतायेगा

Frequently Asked Questions (FAQs)

Q 1. What is Leprosy?

- Leprosy is a long persisting (chronic) infectious disease.
- It appears as a hypo-pigmented patch on skin with definite loss of sensation. The onset of leprosy is subtle and silent. It affects nerves, skin and eyes.
- Of all the communicable diseases, leprosy is very important for its potential cause for permanent and progressive physical disability. In addition, the disease and its visible disabilities in particular, contribute to intense social discrimination of patients.

Q 2. What causes Leprosy?

Leprosy is caused by bacteria (*Mycobacterium leprae*.)

Q 3. How is the disease spread?

- Untreated leprosy-affected person is the only known source for transmission of the bacteria. Respiratory tract, especially nose, is the major route of exit of the organism from the body of infectious persons.
- Disease causing organism enters the body commonly through respiratory system by droplet infections.
- After entering the body, the organism migrates towards the nerves and skin.
- If it is not diagnosed and treated in early stages, it may cause further damage to nerves leading to development of permanent disability.

Q 4. Is the disease hereditary?

There is no evidence to say that it is hereditary.

Q5. What are the signs and symptoms of leprosy?

- Leprosy should be suspected if a person shows the following signs and symptoms:
- Dark-skinned people might have light patches on the skin, while pale-skinned people have darker or reddish patches
- Loss or decrease of sensation in the skin patches
- Numbness or tingling in hand or feet
- Weakness of hands, feet or eyelids
- Painful nerves
- Swelling or lumps in the face or earlobes
- Painless wounds or burns on hands or feet.

Q 6. Is Leprosy curable?

- The disease is curable. If detected early it can be cured by Multi-Drug Therapy (MDT)
- Recurrence after adequate treatment with MDT is extremely rare.

Q 7. Why leprosy takes so long to show symptoms?

- The symptoms of the disease occur generally after a long period as the incubation period for leprosy is variable from few weeks to 20 years or more.
- The average incubation period of the disease is said to be five to seven years.

Q 8. What should be done in case of suspicion of leprosy?

In case of presence of signs and symptoms of leprosy, please contact ASHA or ANM of your area or visit the nearest dispensary. Treatment of leprosy is available free of cost at all government dispensaries.

Q9. What is the impact (medical) of leprosy?

- It results in physical disability and deformity due to nerve damage resulting in sensory and muscle weakness.
- All this leads to dry skin - that with added sensory impairments, results in development of hardened skin, blisters and ulcers.
- If ulcer is neglected, it may further worsen the disability. This is compounded by muscle paralysis leading to deformity.

Q 10. Where is the medicine for leprosy available?

MDT is available free of cost at all the Government Health Care Facilities in the country. Under the National Leprosy Eradication Programme, treatment is provided free of cost to all the cases diagnosed each year through the general health care system including NGO institutions.

Q 11. Can the deformities be corrected by medicine?

- No, but can be prevented by early detection and treatment.
- Medicines (MDT) should be started as soon as possible after the person is diagnosed as having leprosy. Those who start the MDT late, after irreversible loss of nerve functions, are left with deformities and become disabled physically. Such deformities can be corrected to a limited extent only with surgery.

Q 12. Can the deformity be corrected by surgery?

Only partial deformity can be corrected by surgery.

Q13. How to prevent disability?

- Detect cases as early as possible, before deformities can set in.
- It is therefore important to take regular treatment (MDT), report immediately in case of loss of sensation or nerve pain.

Q14. Should a person affected by leprosy be sent to a leprosy sanatorium?

There is no need to treat leprosy patients in special clinics or hospitals. In many countries, leprosaria have been transformed into general hospitals or other functions.

Q15. Can I live with a person affected by leprosy?

Yes, you can live with a person affected by leprosy because it is not highly infectious. People affected by leprosy should not be isolated from their family and community. They can take part in social events and go to work or school as normal.

Q 16. Can a person affected by leprosy get married?

Yes, a person affected by leprosy can lead a normal married life and have children.

Q 17. Is it necessary to examine those in contact with a person affected by leprosy?

Those who live with a person affected by leprosy are at increased risk of getting the disease. Therefore, it is important to have people living in the same household and close friends examined regularly for leprosy. At the same time, they should also be educated regarding the signs and symptoms of leprosy as well as the type of help they can give to the leprosy patient living with them.

Q18. What should one know about MDT?

- MDT is a combination of different drugs as leprosy should never be treated with any single anti-leprosy drug.
- One should complete the full course of MDT as prescribed by a trained health worker according to the type of leprosy.
- MDT is available free of charge at most health facilities including in remote areas.
- Any adverse reaction to MDT should be reported to the nearest health facilities.

Q 19. What if a leprosy patient cannot complete a prescribed course of MDT treatment?

It is important to understand that a leprosy patient must complete a full course of MDT. However, there are circumstances where a patient is forced to stop the treatment.

In case, the patient has to move out from the place where he/she lives, the following actions are advised:

- Request for a referral letter from the health care centre where he/she is currently taking the treatment. The letter should contain reports pertinent to his/her diagnosis and treatment.
- Request from the same healthcare centre for sufficient MDT stock to ensure continuous treatment before he/she reports to the nearest healthcare centre in his/her new place. All health care centres can provide leprosy treatment and care.
- Identify and report to the nearest healthcare centre in his/her new place by showing the referral letter; inform the new health care centre about new address in detail including contact no., if appropriate.

Q20. What are the adverse drug reactions with MDT?

MDT is remarkably safe, and severe adverse reactions are rare.

Minor adverse drug reactions include:

- Rifampicin: reddish urine
- Dapsone: anemia
- Clofazimine: brown discolouration of skin

Q 21. Is MDT safe during pregnancy and lactation for the mother and the baby?

Yes.

Q22. What is a relapse?

A relapse is defined as the reoccurrence of the disease at any time after the completion of a full course of MDT. Relapse is diagnosed by the appearance of definite new skin lesions.

Q 23. What is leprosy reaction?

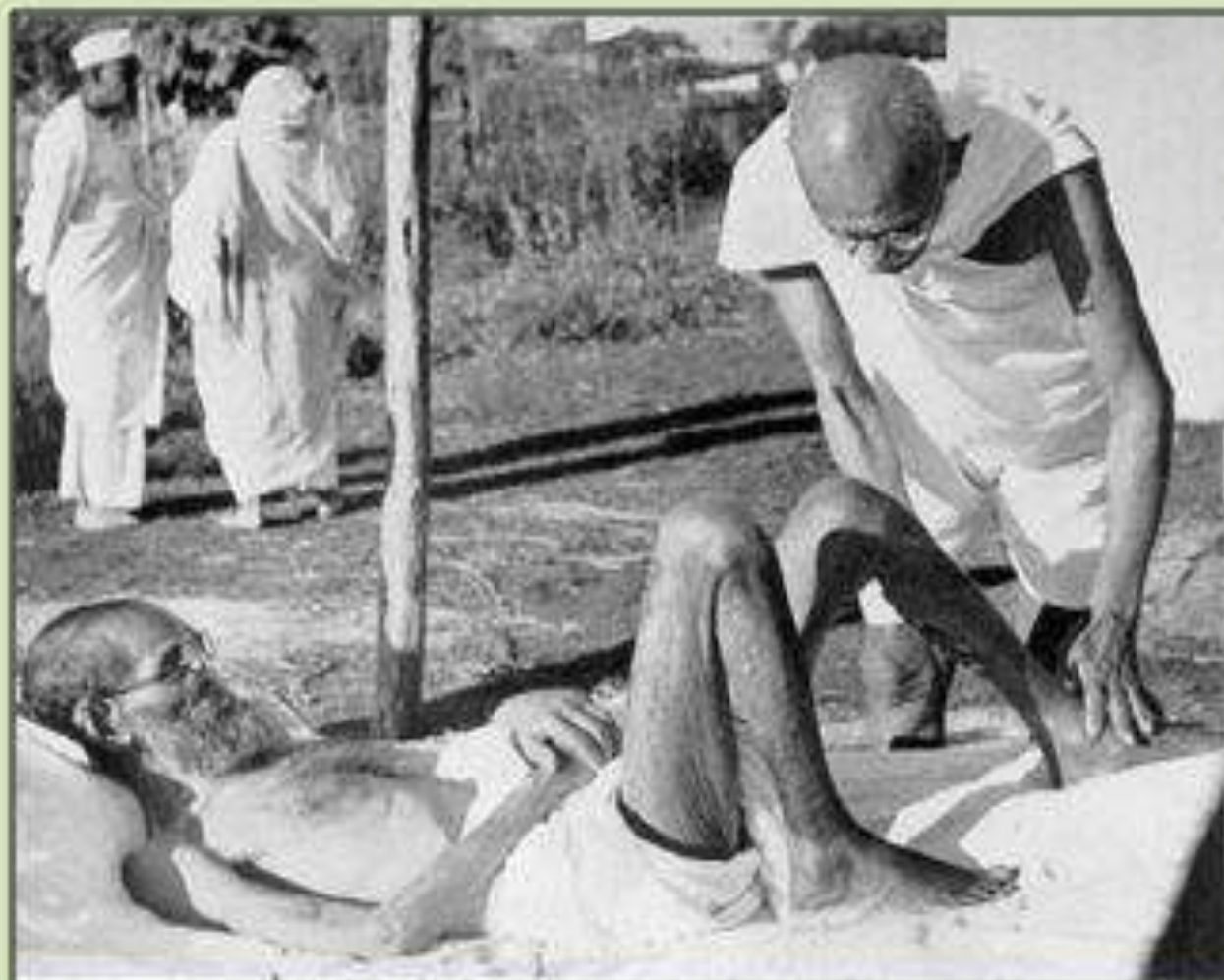
Leprosy reaction is the sudden appearance of symptoms and signs of inflammation in the skin of a person with leprosy in the forms of redness, swelling, pain, and sometimes tenderness of the skin lesion.

New skin lesions can also appear. Leprosy reaction can occur before, during and after completion of treatment. In case of leprosy reaction, report back to your nearest dispensary.

Q24. What is the current focus of the program?

Early detection of all cases in a community and completion of prescribed treatment using MDT are the basic tenets of the Enhanced Global Strategy for Further Reducing Disease Burden Due to Leprosy.

The Strategy emphasizes the need to sustain expertise and increase the number of skilled leprosy staff, improve the participation of affected persons in leprosy services and reduce visible deformities – otherwise called Grade 2 disabilities (G2D cases) – as well as stigma associated with the disease.



Gandhiji's campaign for leprosy saved innumerable lives of lepers and improved their condition in India.



Central Leprosy Division
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India

