

## **NATIONAL LEPROSY ERADICATION PROGRAMME**

### **Background:**

National Leprosy Control Programme (NLCP) was launched by the Govt. of India in 1954- 55. Multi Drug Therapy (MDT) came into wide use from 1982, and the National Leprosy Eradication Programme was introduced in 1983. The strategy of NLEP was based on controlling the disease through reduction in the quantum of infection in the population and reduction in infective source, thus breaking the chain of disease transmission. The programme was initially taken up in endemic districts and was extended to all districts in the country from 1993-94 with World Bank Assistant. Four Research & Training Institutes were established directly under DGHS, namely Central Leprosy Training and Research Institute Institutes (CLTRI) Chengalpattu, Regional Leprosy Training and Research Institute (RLTRI) at Raipur, Gauripur and Aska. In addition, a Training Centre was established at Agra under ICMR. Remarkable progress has been achieved in reducing the disease burden in the country.

India achieved the goal set by the National Health Policy, 2002 of elimination of leprosy as a public health problem, defined as less than 1 case per 10,000 population, at the National level in December 2005.

### **VISION:**

“Leprosy-free India” is the vision of the NLEP.

### **Mission:**

The NLEP’s mission is to provide quality leprosy services free of cost to all sections of the population, with easy accessibility, through the integrated healthcare system, including care for disability after cure of the disease.

### **Objectives:**

- To reduce Prevalence rate less than 1/10,000 population at sub national and district level.
- To reduce Grade II disability % < 1 among new cases at National level
- To reduce Grade II disability cases < 1 case per million population at National level.
- Zero disabilities among new Child cases.
- Zero stigma and discrimination against persons affected by leprosy.

### **Strategy:**

To achieve the objectives, the main strategies to be followed are:

- Integrated anti-leprosy services through General Health Care system.
- Early detection and complete treatment of new leprosy cases.
- Carrying out household contact survey for early detection of cases.
- Involvement of Accredited Social Health Activist (ASHA) in the detection and completion of treatment of Leprosy cases on time.
- Strengthening of Disability Prevention and Medical Rehabilitation (DPMR) services.
- Information, Education and Communication (IEC) activities in the community to improve self-reporting to Primary Health Centre (PHC) and reduction of stigma.

- Intensive monitoring and supervision at Health and Wellness Centers and Block Primary Health Centre/Community Health Centre.

Following are the programme components:

- Case Detection and Management
- Disability Prevention and Medical Rehabilitation (DPMR).
- Information, Education and Communication (IEC) including Behaviour Change Communication (BCC)
- Human Resource and Capacity building
- Programme Management

**Salient features of the National Leprosy Eradication Programme are:**

1. Leprosy Eradication programme is a centrally sponsored scheme of Government of India.
  2. NLEP functions under the umbrella of National Health Mission (NHM).
  3. NLEP follows decentralized health planning and funds are sent to the states through State Health Societies.
  4. Quality of services and sustainability is the main focus.
  5. Disability Prevention & Medical Rehabilitation (DPMR) is a priority
  6. Removal of stigma and discrimination is a part of the strategy.
- 1955 – National Leprosy Control Programme  
1955 – National Leprosy Eradication Programme  
2001-2004 – NLEP – Phase II started

**Activities under NLEP:**

- **Diagnosis and treatment of leprosy-** Free of cost Services for diagnosis and treatment (Multi drug therapy) are provided by all public health care facilities like primary health centres, govt. dispensaries, CHC, DH and Medical colleges throughout the country. Difficult to diagnose, complicated cases, reaction cases and G2D cases requiring reconstructive surgery are referred to district hospital for further management. All drugs, diagnostics and surgical /non surgical interventions are provided free of cost to all patients of leprosy across the board.
- **Capacity building-** Training of general health staff like Medical Officer, health workers, health supervisors, laboratory technicians and ASHAs are conducted every year to develop adequate skills for diagnosis and management of leprosy cases.
- **IEC and counselling** - Intensive IEC activities are conducted to generate awareness which will help in reduction of stigma and discrimination associated with persons affected with leprosy. These activities are carried through mass media, outdoor media, rural media and advocacy meetings. Major focus is also given on inter personnel communication.
- **Disability Prevention and Medical Rehabilitation** -For prevention and management of disability, dressing material, supportive medicines and micro-cellular rubber (MCR) footwear are provided to leprosy patients. The patients are also empowered with trainings in self-care procedure for preventing aggravating disability to the insensitive hands/feet. Emphasis is also being placed on correction of permanent disability through reconstructive surgeries (RCS). To strengthen RCS services, GOI has identified 112 institutions for conducting RCS

based on the recommendations of the state governments. Out of these, 60 are Govt. Institutions and 52 are NGO institutions. The patients concerned are provided RCS facility not only free of cost, but are also paid welfare allowances.

- **Supervision and Monitoring** –Programme is being monitored at different level through analysis of monthly progress reports, through field visits by the supervisory officers and programme review meetings held at central, state and district level. For better epidemiological analysis of the disease situation, emphasis is put on assessment of New Case Detection and Treatment Completion Rate and proportion of grade II disability among new cases. Visits by Joint monitoring Teams with members from GOI, ILEP and WHO have been as integral part of NLEP.
- **NGO services under SET scheme**- NGOs are getting grants from Govt. of India under Survey, Education and Treatment (SET) scheme. Various activities undertaken by the NGOs are IEC, Prevention of Impairments and Deformities, Case Detection and MDT Delivery. From Financial year 2006 onwards, Grant-in-aid is being disbursed to NGOs through State Health Societies.

Sapna Concept