NATIONAL LEPROSY ERADICATION PROGRAMME

Leprosy is an ancient disease known since 600 BC. Like other chronic, infectious and communicable diseases, Leprosy has also become a major health hazard. The disease is categorized as Pauci-Bacillary (PB-State Programme Officer, PB-NLEP-5 skin-patches) and Multi-Bacillary (MB>5 skin patches). The disease attracts a high degree of social-stigma because it causes permanent physical disability if full treatment is not taken.

The problem of Leprosy disease in Punjab is mainly attributable to the influx of migrant labour from High Endemic States of Uttar Pradesh, Bihar, Madhya Pradesh, Orissa & West-Bengal to the cities and villages of Punjab. However, every effort is made for early case detection and by providing complete free treatment to the Leprosy patient.

Punjab is amongst the low endemic state in India in terms of prevalence of leprosy. There were a total of 897 cases under treatment on record as on 31-03-2008. As such as, State is already under elimination goal of Govt. of India i.e. less than 1 case /10000 population. During the year 2007-08, 964 new leprosy cases have been detected and brought under treatment with which prevalence rate becomes 0.33/10000 populations. Out of this, 114 patients are Punjabi Cases, which is a matter of concern.

Organizational Setup:

A) HQ : State Health Society Pb-NLEP.

1. Chairman: PSHFW
2. Vice-Chairman: MD-NRHM
3. Mem. Secretary: DHS
4. Member: SPO-NLEP
5. Surveillance Medical Officer (SMO)
6. Budget & Finance Officer, (BFO)
7. State Data Entry Operator (SDEO)
8. Administrative Assistant (AA)

B) Distt : District Health Societies NLEP.

1. Chairman: Deputy Commissioner
2. Vice Chairman: Civil Surgeon
3. Mem. Secretary: DLO
4. Non-Medical Supervisor (NMS)
5. Driver
**Achievements**

There is no target allotted to the State since it has already achieved the elimination of the disease. The achievements in respect of new case detection of Leprosy in the State during the past five years are as under:

<table>
<thead>
<tr>
<th>Sr. No.</th>
<th>Year</th>
<th>Achievements (Detection)</th>
<th>Punjabi cases among new cases</th>
<th>Case Discharged</th>
<th>Balance Cases under Treatment</th>
<th>Prevalence Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>2002-03</td>
<td>1438</td>
<td>253</td>
<td>1546</td>
<td>1192</td>
<td>0.51</td>
</tr>
<tr>
<td>2.</td>
<td>2003-04</td>
<td>1345</td>
<td>256</td>
<td>1319</td>
<td>1218</td>
<td>0.47</td>
</tr>
<tr>
<td>3.</td>
<td>2004-05</td>
<td>1173</td>
<td>235</td>
<td>1344</td>
<td>1047</td>
<td>0.44</td>
</tr>
<tr>
<td>4.</td>
<td>2005-06</td>
<td>1143</td>
<td>210</td>
<td>1106</td>
<td>1084</td>
<td>0.41</td>
</tr>
<tr>
<td>5.</td>
<td>2006-07</td>
<td>960</td>
<td>158</td>
<td>1193</td>
<td>849</td>
<td>0.32</td>
</tr>
<tr>
<td>6.</td>
<td>2007-08</td>
<td>964</td>
<td>196</td>
<td>916</td>
<td>897</td>
<td>0.33</td>
</tr>
<tr>
<td>7.</td>
<td>2008-09</td>
<td>933</td>
<td>180</td>
<td>962</td>
<td>868</td>
<td>0.32</td>
</tr>
<tr>
<td>8.</td>
<td>2009-10 Upt to September, 2009</td>
<td>499</td>
<td>99</td>
<td>430</td>
<td>937</td>
<td>0.33</td>
</tr>
</tbody>
</table>

**SUPPLY OF MDT AND OTHER SUPPORTIVE MEDICINES FREE OF COST**

Multi Drug Therapy (MDT) has substantially helped to reduce the disease. MDT for the patient is supplied free of cost by the World Health Organization (WHO) through GOI and is made available up to PHC level by the District Leprosy Officers. Other specified Supportive Medicines are also made available to the leprosy patients as per requirement.

**Leper colonies**

There are 33 leper colonies in different parts of state in which 2192 inmates are residing. All of them have already been treated with Multi-Drug Therapy (MDT) and are cured persons except for the deformities.

**National Leprosy Eradication Programme.**

**Component of NLEP:**

1. Case detection and diagnosis and Treatment.
2. IEC Activates.
3. Disability Prevention & Medical Rehabilitation.
4. Training.
1. **Case detection and diagnosis and Treatment.**

In Punjab State this program is implemented through District Health Societies / District Leprosy Nucleus. The cases in the field are diagnose by health staff and referred to skin specialist posted at District Head Quarter where final diagnosis is done and the treatment is given. The treatment of comprises of MDT Drugs which is given free of cost and these drugs are available at District Hospitals, PHCs etc.

2. **IEC Activities.**

These activities shall mostly be of interpersonal communication with good involvement of the local volunteers, social organization, school children, village Panchayat members. School IEC and quiz competition shall be carried throughout the year. Efforts shall be made for continuous planning, implementation and detection of Leprosy cases and prompt MDT by the General Health Care staff so as to sustain the leprosy elimination status in our Division. The sustained efforts shall form the basis to achieve the National objectives by the ending March 2010 in all the Districts of Punjab.

Awareness amongst the community shall be generated through strong IEC activities. The past experiences of previous MLEC rounds shall be kept in mind and all the IEC activities shall be performed throughout the year as a regular activity through. These activities are carried out at state level / district level and in the field as per the norms fixed by Central Leprosy Division (CLD), Govt. of India. These activities are meant for creating awareness among the public regarding the disease spread, its prevention and taking preventive measures in the community who comes in touch with Leprosy Affected Persons (LAPs). Under this program the following activities are undertaken :-

i) Posters / Folders / Handbills

ii) Wall Paintings

iii) Involvement of Schools Debates & symposium shall be organized in schools involving school children so that the message reaches each household

iv) Local print media, local channels and radio talks shall be arranged

v) Folk Shows / Magic Shows

vi) Orientation Camps

vii) Hoardings

viii) Bus Panels

ix) Rallies

3. **Disability Prevention & Medical Rehabilitation.**

Special emphasis is required for prevention and possible correction of deformity in leprosy affected persons with disability. For prevention of deformity, early detection & complete treatment of leprosy cases, prompt management of cases with lepra reaction and nerve involvement is being pursued under the program through the primary health care system and referral of complicated cases to district and specialist hospitals for their management. However, leprosy affected persons already cured but with deformity of hands, eyes or feet would require Reconstructive Surgery (RCS) for correction of their deformity and for improving their functional ability. It is proposed to pay and incentive amounting to Rs. 5000/- to leprosy affected persons belonging to below poverty line families for each major Re-Constructive Surgery. It is also proposed to provide to Rs. 5000/- per RCS conducted by Govt. Institutions.

4. **Training.**

Training of the General Health Care Staff like the Medical officers, Health Supervisors, Health Workers (M/F), Laboratory Technicians is to be continued during the 11th Five, year plan period, so that they have adequate knowledge of skills in managing the leprosy cases without any fear & stigma.

5. **Financial Progress Report:**

For the current year the approved action plan along with 1st Installment of Grant-in-Aid from Govt. of India was received by this office in the month of August, 2009 which was later on put up to MD-NRHM for distribution of funds along with physical targets to be distributed to the District Health Societies-NLEP Punjab.

- The file after approval was received from worthy MD-NRHM on 9th September, 2009. Simultaneously the budget was released to District Health Societies-NLEP Punjab for implementation of the PIP. The physical targets were also released to the districts.

- For this year a total budget has been sanctioned to the tune of Rs. 130.30 lacs, out of which we are having with us a total of about 68 lacs, Out of the Rs. 68 lacs, the amount of Rs. 45 lacs is in the field remaining is with HQ.
• The budget for Contractual Services, Office Expenses and Consumable, POL/Vehicle Operation & Hiring and MDT Management (Incentive to ASHA) is a regular monthly process of expenditure for the whole year. As the budget for Capacity Building and Communication for Behavior Changes and targets has been allotted in September, 2009 only so the expenditure could not be incurred but it is ensured that all the physical targets as per approved PIP will be achieved during the current financial year.

• The budget for DPMR Services is being provided for MCR Footwear, Aids & Appliances, Welfare Allowance to BPL patients for RCS and Support to Govt. Institutions for RCS. These items are to be purchased by the District Health Societies-NLEP Punjab as per their needs and this budget has been allotted to the District Health Societies-NLEP Punjab. Budget for ULCP has been allotted to 10 districts which will be spent by the District Health Societies-NLEP Punjab. The guidelines for making expenditure by the District Health Societies-NLEP Punjab have already been issued.

• The budget for Material & Supply, Supervision, Monitoring & Review and Cash Assistance will be spent by the State HQ during the current financial year. The procurement of material and supply is under process by the SP Branch of DHS Office. 

6. **Constraints in the program:**

• For better planning & implementation of this program budget / grants i.e. full amount is not released in one installment in the beginning of the year.

• Less interest is shown to entertain the Leprosy Affected Persons by General Health Care Staff.

• De-centralized integrated leprosy services through General Health Care System are not effective.

• No proper follow up of patients left the treatment in between.
7. **Special Activities under NLEP during the year 2007-08 & 2008-09, 2009-10.**

1. **With the support, co-operation & co-ordination of ILEP / GLRA a special case detection survey camp was organized in the high prevalence area of leprosy affected persons (LAPs) i.e. Mandi Gobindgarh Block of Distt. Fatehgarh Sahib and Kapurthala Block of Distt. Kapurthala and no. of new case were detected.**

2. **For selecting the cases for RCS from the treated deformed cases a special survey was got conducted in all the districts and a list of treated deformed cases for the last 10 years was got prepared. For the Re-Constructive Surgery from these listed patients a special camp was organized on 24/01/2009 at Jalandhar under the banner of ILEP. Dr. Alok Shah a Renowned Plastic Surgeon from Bombay and chaired the camp. After final selection a list of 17 patients was prepared from the above list for Re-Constructive Surgery (RCS). Out of these selected patients 7 were treated for Re-Constructive Surgery on 21.07.2009 at Civil Hospital Jalandhar by the same team.**

3. **Like every year this year also World Leprosy Day was celebrated on 29th January, 2009 at Amritsar under the Chairmanship of Hon'ble Prof. Laxmi Kanta Chawla Health & FW Minister, Punjab. In this function no. of awareness activities was undertaken and prizes were distributed.**