





Sparsh Leprosy Awareness Campaign 2022

आज़ादी के अमृत महोत्सव पर कुष्ठ मुक्त भारत की ओर.....



National Leprosy Eradication Programme



Central Leprosy Division

Directorate General of Health Services Ministry of Health and Family Welfare



Background

Leprosy is a chronic infectious disease caused by Mycobacterium Leprae. It is also known as Hansen's disease which mainly affects the peripheral nerves of the extremities, the skin, the nasal mucosa and the upper respiratory tract. Leprosy may lead permanent physical disability if timely diagnosis and treatment not done.

Due to lack of awareness and knowledge, leprosy leads to stigma and discrimination among community which increases misconceptions about disease transmission and treatment. Stigma associated with leprosy affects many aspects of life such as social status, employment opportunities, marriage and family life.

In order to address the issue of stigma and discrimination associated with leprosy and to increase the awareness, a nationwide campaign called "Sparsh Leprosy Awareness Campaigns" were introduced under National Leprosy Eradication Program on 'Anti-Leprosy Day', 2017 i.e. 30th January 2017. These are theme based campaigns, in which a different theme is introduced every year by Central Leprosy Division and nationwide message on leprosy awareness is spread through print and other media. During Sparsh Leprosy Awareness Campaign, nationwide Gram Sabhas will be organised in cooperation and coordination with allied sector of health department/ministries i.e. Panchayati Raj Institutions, Rural Development, Urban Development, Women and Child Development and Social justice and Empowerment etc. Furthermore, the IEC activities for leprosy elimination run for a fortnight.



Graphical presentation of the Impact of SLAC, 2017 – 2021 (% of villages covered)

Sparsh Leprosy Awareness campaign, 2022

Sparsh leprosy Awareness Campaign which is being implemented every year on the occasion of Anti-leprosy day has been receiving a great response since last 5 years. In the year of 2021, despite Covid-19 pandemic, these campaigns received a significant response at Gram Sabha level across the country. If leprosy awareness campaigns continue to receive same response every year, it will play an immense role in the journey of Leprosy Free India.

Activities to be conducted at Gram Sabha on 30th January 2022

- 1. Message from District Magistrate on Leprosy awareness (by DM/other Senior Official/Block Administrator/Gram Sabha Pramukh)
- 2. Appeal from Gram Sabha Pramukh to all members for reduction of discrimination against persons affected with Leprosy
- 3. Freedom from Inequality Leprosy affected/cured patient (senior most) should be declared as a Guest of Honour of the Gram Sabha.
- 4. Felicitation of person affected with Leprosy (if available) by Gram Sabha Pramukh and IEC messages to be conveyed through them
- 5. Question answer session using frequently asked questions provided.

Prototypes of DM declaration, speech by Gram Sabha Pramukh and script for the few IEC activities are placed at Annexure I to III.

The IEC activities not to be restricted at Gram Sabha meetings only; it may be performed on other sites as well i.e. school, melas, religious places etc. in villages/urban areas, throughout the day and during fortnight. Various competitions (drawing, slogan etc.) can be organised at school/anganwadi/mela/religious places and price distribution can be done by leprosy affected/cured patients.

The village health and sanitation committee will be responsible for implementation of the activities of SLAC, 2022. The event may be facilitated by ASHA workers, multi-purpose workers (MPWs) etc. with the active involvement of Gram sevak, School teacher, Primary health center (PHC)/Subcentre (SC) staff etc. at village level under the supervision of Medical Officer of PHC.

In urban areas, DLO may organize event and IEC activities in the slum pockets of urban primary health centres (UPHCs) with the help of NGOs, International Organisations, Rotary Club etc. to

| Central Level (Last week of December, 2021) | Central level workshop with State Leprosy Officers, development partners and experts to finalise the guidelines of SLAC, 2022 Finalization of key IEC messages Mobilization of resources |
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| State Level (1 st week of January, 2022) | Coordination with other departments and program stakeholders to execute successful SLAC in State Sensitization of DLOs Planning of supervision and monitoring strategies Planning of activities required to conduct a successful SLAC in state |
| District Level (2 nd week of January, 2022) | Coordination with other departments and program stakeholders to execute successful SLAC in District Micro-planning to conduct successful SLAC Preparation of checklist for monitoring the campaign |

Activities to be conducted at Gram Sabha on 30th January 2022

Block Level (3rd week of January, 2022)

Detailed activity plan along with prototypes to be shared with Panchayat

For better organization and management, it is proposed to formulate special committees at various levels. The existing committees formulated for Leprosy Case Detection Campaign may be utilized which 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 2022. The constitution of committees for various administrative levels is given below:

1. 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 2022
- · Liaoning with sectors other than health
- Plan monitoring process
- Finalization of administrative procedures

2. 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

3. 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.

4. 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 SLAC 2019 Page 10 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

1. 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.

2. 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.

3. 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

Annexure I

(Draft)

Message by DM

We the people of district..... (Name of district).....and the district administration, on the juncture of 'Azadi ka Amrita Mahotsav', 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 and we will utilise all possible resources available in the district. 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 to end stigma & discrimination against persons affected by leprosy and contribute in their mainstreaming.

Thank You!

Annexure II

DRAFT SPEECH BY GRAM SABHA PRAMUKH

Firstly, I thank all the members of Gram Panchayat, Panchyat Samiti members, Zila Parishad members, all children and my brothers and sisters for attending the Gram Sabha meeting today on the juncture of Azadi ka Amrit Mahotsav. We have to work together to make India leprosy free in the same way that we have made our country small pox and polio free. The treatment of leprosy is available free of cost in all Government Health Facilities. Our Health Workers (ASHA didi/ANM didi) 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, decreased sensation 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 complete 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!

Annexure III

Following IEC messages could be utilised to spread awareness among community on the occasion of Anti-leprosy day.

Hindi:

- आजादी के अमृत महोत्सव पर कुष्ठ मुक्त भारत की ओर ...
- जांच के अनुसार, दवाई का नियमित सेवन यही है कुष्ठ मुक्त होने का एकमात्र कारण
- जल्द जांच, समय से इलाज
- कुष्ठ से मुक्ति, विकलांगता से बचाव!
- चमड़ी पर दाग, चकते, सुन्नपन कुष्ठ रोग हो सकता है!
 कुष्ठ रोग की शंका होने पर पास के स्वास्थ्य केंद्र पर संपर्क करें!
- 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 करें!

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 hypo-pigmented 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

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.

Q 5. 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 eyelid
- 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.

Q 15. 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.

Q 18. 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.

Q 22. 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.

Q 24. 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.