National Leprosy Eradication Programme

Manual on Leprosy

For

Accredited Social Health Activist

(ASHA)

Directorate of Health Services (NLEP), Govt. Assam, Health & Family Welfare Dept.,
AIFO/LEPRA Society (ILEP).

This manual is being produced for ASHA (Health Activist) or any Grass Root level worker to participate in the National Leprosy Eradication Programme as a trial Pilot-Project (Joint operations by Central Leprosy Division, WHO, Assam State NLEP, LEPRA Society and AIFO) for Problem districts with leprosy endemic Blocks.

Introduction:

Fear is the Key: Thousands of Health Activists like you in the world and more so in our country, have contributed a lot giving opportunity for victims of leprosy to lead better quality of life. It is proved beyond doubt that "Fear" was the key, which kept leprosy services not reached, the real expectations. There is no need to fear for leprosy anymore, and with your contribution we can ensure happiness and joy for all victims of leprosy in the area you work.

It becomes very important for all ASHAs to realize that *Leprosy is a severe Psycho-Social problem and a very simple disease which could be easily diagnosed, treated completely without any problem, when detected as early as possible*.

Since this disease is very much closely attached to Psycho-social issues– as health workers and Health Activists we should keep matters related to victims of leprosy *confidential* along with other health related components.

This manual gives basic information about leprosy. In case there are any more doubts it is advisable to contact Medical Officers – since it become important to spread accurate information about the disease.

Active involvement of Activists from the community will support the National Programme in providing Quality, Integrated, Sustainable Leprosy services utilizing all locally available resources for victims of leprosy.

Under National Leprosy Eradication Programme, ASHAs will help to -

1. *Generate awareness to reduce stigma in the community.*
2. *Encourage self-reporting by leprosy patients.*
3. *Identify/suspect leprosy affected person and refer him/her to the treatment centre.*
4. *Ensure treatment regularity and its completion.*
5. *Encourage leprosy-disabled persons to practice self- care (as advised by doctor / health worker).*
6. *Encourage the Leprosy Affected Persons healthy contact examination of their family members for any sign of leprosy.*

To ensure a robust health programme all essential issues can be categorized mainly as

1. *A fine Organization set-up,*
2. *Competent/Committed Health Staff and*
3. *Community Participation*

Without community Participation, the first two components will prove futile – and to get community participation – effective communications skills and programmes become very important and *ASHAs become the strongest link between the Health Providers and the Community.*


General Considerations:

It is important for the programme to analyze the leprosy situation in the Block. The prevailing Stigma and discriminatory activities in the area to be assessed for which the individual/community beliefs needs to be and can be collected by interacting with community members and victims of leprosy. *Ask one person a day the belief they have about leprosy, record and during monthly meetings share it with Medical Officers and other health workers – to plan activities to sustain useful beliefs and reduce harmful beliefs.*

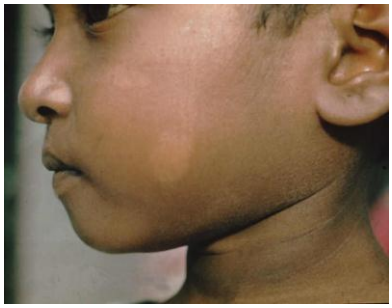
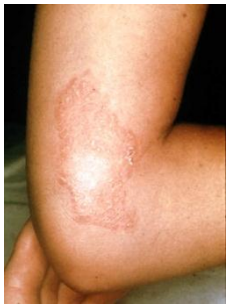
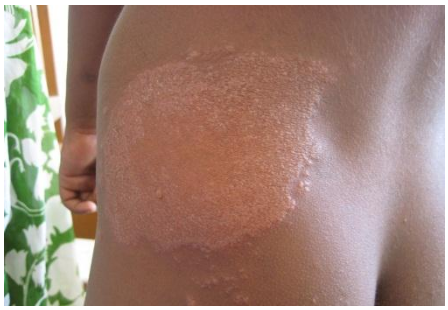
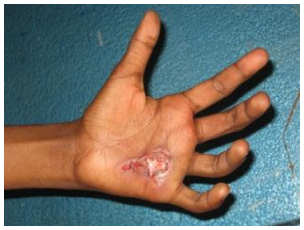
General Facts about Leprosy:

Leprosy had been with the community for ages immemorial despite all efforts. *It is a Germ based Medical, psycho- social disease of mankind, with a potency to cause Permanent Progressive Disabilities if not appropriately addressed.*

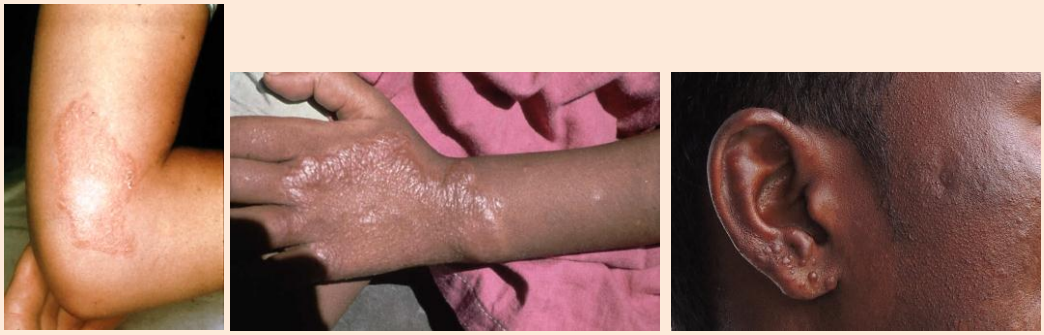
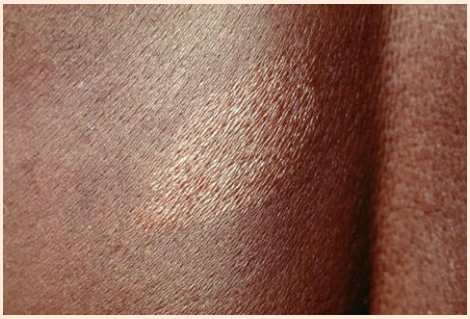
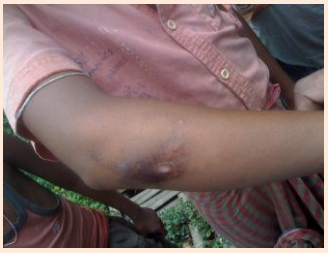
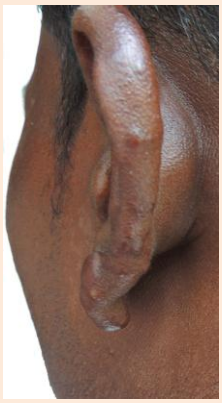
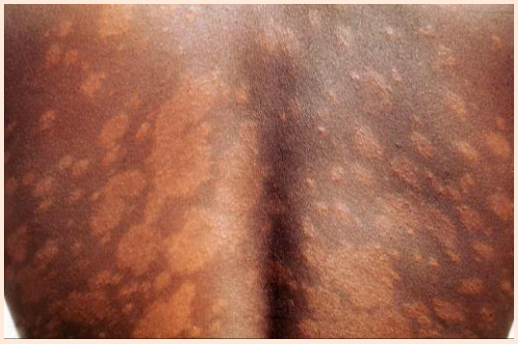
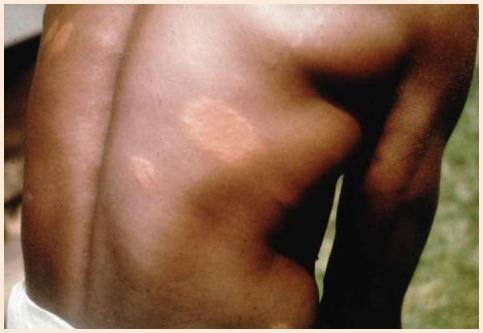
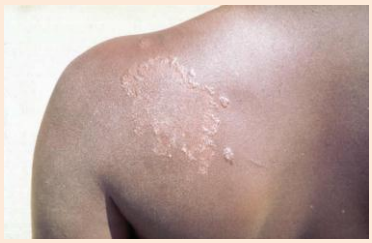
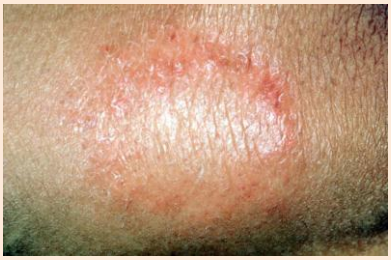
Untreated persons with leprosy will be spreading the disease – however, *once they are detected and treated they become non- infectious*. Most of those victims of leprosy we see in the community – would have taken treatment and do not have the disease anymore – except for the permanent disabilities which are the effect of the disease. There may be persons who remain undetected and therefore, untreated until they develop deformities.

The **Leprosy germs** coming out of the nose/mouth of the untreated Person Affected by Leprosy **enter into the body** of another person through the nose, multiple over a period of time to produce effects primarily over the skin anywhere on the body.

To start with leprosy could be a single faint looking skin patch with no abnormal feeling (not itching). The patch could increase in size and number over a period of time.

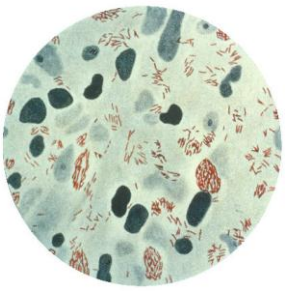





If not treated, it affects systems which are responsible for feeling of sensation and movements of fingers/ eye lids/ feet which could lead to ugly looking disabilities or deformities.

All patches need not be leprosy but could include leprosy, by treating skin problems – leprosy could also be included and treated.

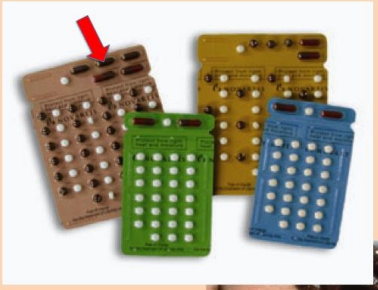
The leprosy Germs: These are very tiny and can only be seen under a microscope, They can enter any one's body and get killed due to natural immunity. It is only those people who do not have immunity against these germs could get the disease.



Multi Drug Therapy (MDT) a combination of medicines as a package when used - these leprosy germs get killed very easily and also make the person non-infectious. Multi-Drug therapy has no effect on disabilities or deformities already formed - but could prevent them happening when the treatment is started at an early stage of the disease much before the disabilities/deformities occur.

Medicines used for leprosy are very costly and are **made available free of cost** by our Health System which is available at all the Health Centres. These medicines should be carefully stored and consumed regularly without a break according to the Health Workers advice. Help and Support to patients is vital during treatment, which could be for 6 or 12 months based on Medical Advice. Any information of discomfort felt by patients during should be collected and informed to the Medical Officer.

There will be urine discoloration – red colour when the supervised dose is administered monthly once – Just needs to be aware of, and there is no need to panic.



For those patients who receive 12 months treatment – these capsules reach the skin and work effectively during which the skin colour gets a little darker .. and once the treatment is completed the normal colour will be regained. It is very important that the patient should understand this and continue treatment that would ensure cure.

During treatment some patients may experience **complications**, whenever someone is found having any problem or reporting with problems they should be helped immediately by referring them to the Health Unit. Problems could be fever, pain, new skin problems of any kind, yellow coloured urine and any others.

Ulcers: Ulcers happen whenever there is an injury – and if these injuries are not taken care can lead to complications. Pain is a great gift, which gives natural protection to the ulcers, which indirectly provides protection from pressure. However leprosy is an exception where in there is no pain felt on the ulcers subject them to pressure thus aggravating the condition which later on over a period of time becomes a severe deformity.

Any **Skin Problems** need medical attention: Skin problems should not be ignored, get a medical Check done and follow advice given. By paying attention to skin problems leprosy also gets detected and treated.

Listen to them: It is not always important that victims of leprosy just need Medicines, they are human beings and in need of social interaction which is most often deprived – listening to them itself gives them a great relief and we can find out many other issues which needs attention

For the purpose of the **Trial Pilot Project** in the identified Blocks of the Leprosy High Endemic Districts of Assam –

ASHAs are expected to intensify their activities and during House-to-house visit create awareness about the need to get all skin problems (e.g. patch, ulcer, etc.) treated as early as possible and not to hide any skin problem.

Moreover, ASHAs will also motivate - any person having loss of sensation, weakness or deformities of the limbs specially the hands/fingers, feet/toes and eye problems- to seek early medical attention. Where ever there is an opportunity, ASHA should create awareness about leprosy.

For ASHAs to be able to carry out the activities – **every *ASHA needs to***

(1) prepare a Plan to carry out house-to-house activity by

(2 determining the number of house-holds within her village/jurisdiction

(3) calculate how many house-holds she can visit in a day or week and

(4) complete visiting all the house-holds in a minimum possible time without disturbance of her other activities but

(5) in not more than 3(three) months time.

(6) During house-to-house visit, ASHA should refer any case suspected to be a case of leprosy to the nearest Health facility or any other place where arrangement is made for a Health Worker to be available for screening the case and at the same time maintain privacy during examination.

Note: ASHA may have to revisit the household in case there is a member of the house-hold who is having some health problem but is not present during the visit.

For ASHA's own record and also for monitoring of her work, every ASHA can mark the household she has visited with a chalk as follows:

"APW-1

Date: __/__/__"

Another date may also be added for the subsequent visit.

ASHA guidelines from Government of India for Reference:

(Under Health System, Multi-purpose Workers (MPW- Male & Female) at the sub-centre act as bridge for communication between Health Care Delivery System and community. As per norms, MPWs cover a population of 5,000 but under field conditions they serve much larger population due to growth in population and shortage of MPWs. One MPW is required to cover approximately 4-5 villages and visit a village once in a fortnight. All the National Disease Control Programmes including National Leprosy Eradication Programme are being integrated under NRHM for implementation at primary level and a new category of functionaries named Accredited Social Health Activists (ASHA), a women resident of the village/ urban locality has been introduced to act as a link person between community and the health system for every village in the country with a population of 1000. For the services in the community, she is given incentive, based on her performance. Leprosy is a chronic disease with a long incubation period (average 5-7 years). Although the disease has been eliminated at the National Level, there are Districts & Blocks which are still having prevalence rate >1/10,000 population. Besides this the new cases would continue to occur for few more years on account of long incubation period of the disease. Therefore, creating awareness for self-reporting, timely diagnosis and complete MDT treatment of leprosy cases is crucial for ultimate eradication of the disease. Another aspect of the programme is gender imbalance as seen in new cases detection. Delhi has also recruited about 3200 ASHA's

ASHA being an inhabitant of the same community/ village and covering a smaller population may be very helpful in generating awareness regarding leprosy to reduce stigma, encouraging self reporting or refer suspected leprosy cases and its complications to the nearest PHC, monitoring regularity of treatment, encouraging self care for prevention of disability and completion of treatment, holding the case by counseling the leprosy affected persons and family members as per their needs.

Proposed Scheme for incentive to ASHA: Under NLEP, a suspected case of leprosy is diagnosed, registered and put on MDT by Medical Officer, PHC. On completion of the recommended pulses of MDT i.e. six pulses in nine consecutive months for a case of Pauci-bacillary (PB) leprosy and twelve pulses is important as it reduces the risk of development of disability. It has been observed that some of the patients do not complete the treatment due to various reasons. It is felt that the problem could be addressed by involvement of ASHA for ensuring compliance of complete treatment by the patient. It is proposed that after training /sensitization of ASHA in NLEP related activities a performance based incentive of Rs. 300/- (Rs. Three hundred only) and Rs. 500/- (Rs. Five Hundred only) may be paid to ASHA per PB and MB case respectively. An amount of Rs. 100/- will be paid after registration for treatment of a referred case and the balance amount on completion of treatment of a registered case.

Guidelines for involvement of ASHA under leprosy programme:

1. Training- Half day training/sensitization for ASHA in leprosy case diagnosis and treatment will be organized under NLEP by the state programme officer under the programme budget.

2. Case identification, diagnosis, validation and treatment initiation- During her house visits, ASHA will refer suspect cases of leprosy to the nearest health facility for diagnosis. After confirmation of diagnosis by medical officer, treatment will be initiated at the PHC. Subsequent monthly BCP will be provided to the patient at the PHC/ Sub-centre. ASHA will monitor daily drug intake by patient on a regular basis and motivate the patient to complete the treatment in time.

3. Case card for monitoring - Patient card for monitoring of cases under supervision of ASHA (enclosed) will be filled up and maintained at the PHC.

4. Amount to be paid to ASHA An amount of Rs. 300/- (Rs. Three Hundred only) and Rs. 500/- (Rs. Five Hundred only) will be paid to ASHA per PB and MB case respectively. The payment will be made as follows- -Rs.100/-on registration for treatment of a referred case and Rs. 200/ - for completion of treatment for PB case. - Rs. 100/- on registration for treatment of a referred case and Rs. 400/ - for completion of treatment for MB case.

5. Payment procedure -

For making payment, an impress advance of Rs. 3,000 / - to 5,000/- will be sanctioned from the State NLEP budget to Medical Officer of PHC, as registration of newly diagnosed patient is done in treatment register kept at PHC. However, the amount may vary depending upon the new case detection rate in the area. The District Health Society will therefore decide on the amount of impress advance to be sanctioned for each PHC in the district. MO at PHC and on completion of treatment will make payment to ASHA on registration of patient after confirmation of diagnosis. To replenish the amount paid as incentive to ASHA, a claim of reimbursement will be submitted by the concerned MO, PHC to District Programme Authorities.

6. Source of funding:

The expenditure for making such payment to ASHA will be met from the component 'Involvement of ASHA/USHA' of NLEP budget.

7. Identified measurable performance indicator - Indicator - Number of registered leprosy cases referred by ASHA and number of referred cases completed treatment. Cases referred by ASHA who have registered for treatment should complete the treatment i.e. Six pulses in nine consecutive months duration for PB cases and twelve pulses in eighteen consecutive months for MB cases. However it is advisable that the patients complete treatment in 6 months in PB cases and in 12 months in MB cases.

For monitoring the work done by ASHA, the District Authorities may verify 10% of treated cases on random basis, referred by ASHA.

8. Under National Leprosy Eradication Programme, ASHAs will help to -

1. Generate awareness to reduce stigma in the community.
2. Encourage self-reporting by leprosy patients.
3. Identify / suspect leprosy affected person and refer him to the treatment centre.
4. Ensure treatment regularity and its completion.
5. Encourage leprosy-disabled persons to practice self- care (as advised by doctor / health worker).
6. Encourage the leprosy affected persons healthy contact examination of their family.

Kind attention of Dr. Mani:

The following is not relevant anymore and may be deleted from Proposed Scheme for incentive to ASHA:

The scheme will be initiated in five States viz. Chhattisgarh,Jharkhand, Bihar, West Bengal and Uttar Pradesh which require acceleration of timely diagnosis and treatment completion of leprosy cases. The incentive given to ASHA is applicable in Delhi also.