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### Introduction:

Migration is a common phenomenon among people affected by leprosy who travel from one place to another for want of livelihood, seeking medical or social service, education, and the like. Migration in the National Leprosy Eradication Program (NLEP) in India was identified as a gap and hence a study was designed to understand the impact of treatment for migrant leprosy patients. The study was carried out in 4 states in India namely Bihar and Uttar Pradesh as out-migration states and Delhi and Chandigarh as in-migration states. The study was carried out in collaboration with the NLEP program (Government of India), WHO India, ILEP India, Association of people affected by leprosy (APAL), and Swiss Leprosy Relief Work India.

### Objectives:

1. To study the availability, access, and delivery of treatment among migrant leprosy patients at the source, route, and destination of migration.
2. To understand impact of migration of leprosy patients and their households on new case detection and infection transmission in the source and destination states in India.
3. To influence the NLEP programme design related to management of migrant leprosy patients and their households through evidence-based recommendations.

### Methodology:

A descriptive study with mixed methods were carried out. Census of all the migrant patients available during the survey period were interviewed at the facility level. The patients who could not be contacted in Delhi or Chandigarh were interviewed at the nearest health facilities (at source) in the selected districts of UP. Chandigarh and Delhi were selected for interviewing migrant patients affected with leprosy from UP and Bihar. In UP the districts were selected considering number of patients coming to Delhi/Chandigarh for the interview and endemicity. Written consent was sought from the participants prior to interviewing them.

### Results:

1. A total of 396/577 respondents were interviewed as part of the study that accounted for 69%. The respondents included people currently on MDT treatment, household (HH) contacts, frontline workers, and panchayati raj institutions.
2. Out of the total 396 people, 349 people visited Delhi for treatment and remaining 47 people visited Chandigarh.
3. 64% were gr-0, 17%- were gr-1, and 20% gr-2.
4. 96% of the patient received MDT treatment at the state of destination.
5. The uptake of SDR was low as contact examination was not being carried out.

### Conclusion:

The study highlighted that the migrant population needs specific attention due to their migratory pattern. Often when migration is discussed its understood as inter-state migration. Whereas high proportions of people also migrate inter-district and intra-district as well. Finally, focus should also be given to people who migrate to India from neighbouring countries including Nepal, Srilanka, and Bangladesh.