COMPREHENSIVE ZERO LEPROSY PROJECT (Co-ZLP)
Karawang and Kuningan, Indonesia - Update August 2026

Project overview

The project officially commenced on 1 July 2025 and brings together approaches used in the past few years in both the Leprosy Friendly Village project and the Urban Leprosy Project.

Co-ZLP is managed through our local partner Yayasan NLR and is targeting 20 villages in Kuningan, 20 villages in Karawang and 10 urban settlements. It incorporates proven models of care and advocacy from both projects in the expanding Karawang Regency.

Progress update

Activities across both centres

Fraud and Safeguarding training for project staff in two batches, focusing on strengthen staff capacity in organisational integrity, accountability, and safeguarding.

Activities in Kuningan

- Leprosy program review meetings with heads of Health Centres. This included Leprosy Officers, Health Promotion Officers, Village Midwives, and representatives of Kuda Siwindu. Presentations showed increasing ownership by Primary Health Care Centres and the District Health Office e.g. using own funds to promote activities rather than relying on project support.

- Technical guidance and mentoring for Leprosy Officers regarding reporting, patient examination and clinical skills.

- Support for newly formed charity called Kuda Siwindu, a group of people affected by leprosy (PALs), who are looking to collaborate with the health department but also provide support for other PALs and advocate for their needs.

- Village workshops conducted for Influential Community Members (ICMs) such as religious leaders, community leaders, government representatives and health officials. Key elements of the workshops were to strengthen community participation in leprosy control through awareness raising, stigma reduction and support for early case detection.

Activities in Karawang

- Significant meetings were held with the District Health Office (DHO) to arrange training activities, celebration of World Leprosy Day and development of a District Regulation

similar to Kuningan that would authorise villages and sub-districts to include line items for leprosy in their budgets

- Technical guidance training was offered, particularly for case management, recording and reporting
- The DHO took the initiative to visit the DHO in Kuningan to learn how they had implemented the Leprosy Friendly Village approach over the last 3 years
- The DHO with project staff visited industry estates to negotiate opportunity to provide awareness of leprosy as well as look at referral pathways from company clinics to health centres. An example is that Yamaha Motors facilitated awareness activities called 'Let's find skin patches' and followed up with disseminating educational posters and videos.
- Active case finding was conducted in some rural areas, screening over 14,000 people and ending with 19 confirmed cases.
- Active case finding was also conducted 35 urban slum areas, screening over 6,700 people and ending with 6 confirmed cases.
- Training of health cadres.

Checking on data collection

Industrial estate workers at awareness raising session

Patient examination

CASE STUDY - Option 1

Ibu Sarwiti

Mrs. Sarwiti was diagnosed with multibacillary (MB) leprosy in 2023 after a leprosy officer noticed symptoms during a community health activity in her village. Like many people affected by leprosy, she initially felt afraid and worried about her future, particularly after hearing misconceptions about the disease from those around her.

Through regular treatment, counseling, and encouragement from health workers, she completed her treatment and gradually regained confidence. In 2025, she joined a training program for persons affected by leprosy (PALs) and became involved in the KUDA SIWINDU group, where she gained new knowledge, support, and a sense of belonging.

One of the most meaningful moments came when she reached out to another PAL who was reluctant to attend a community activity because of fear and stigma. Despite several unsuccessful attempts, Mrs. Sarwiti continued visiting and encouraging her, sharing her own experience and reassuring her that she would be welcomed and supported.

Her persistence eventually paid off. The PAL attended the activity, met others with similar experiences, and began to feel more confident and connected. What started as a simple conversation became the beginning of a positive change in someone else's life.

Mrs. Sarwiti's story reflects a remarkable transformation—from a person affected by leprosy who was once fearful and uncertain about her condition to a change agent who helps others overcome stigma and fear. Through her personal experience, the knowledge gained from health workers, and her involvement in the PAL group, she has become a source of encouragement and support for others. Her story demonstrates that empowering persons affected by leprosy not only benefits individuals but can also create a ripple effect that inspires positive change within their communities.

Ibu Sarwiti

CASE STUDY - Option 2

Ibu Rohayani – From Caring to Creating change

Mrs.Rohayani, a primary school teacher at SDN1 Sabajaya and a leprosy cadre from Sabajaya Village, joined the cadre programme because she wanted to make a greater contribution to her community. Following the training, she actively participated in Active Case Finding (ACF) activities, conducting house-to-house visits to identify people with signs and symptoms of leprosy.

"The ACF activity gave me valuable experience. It helped me understand the importance of early detection and taught me that empathy, teamwork, and good communication are essential when supporting the community."
—Mrs. Rohayani, Leprosy Cadre, Sabajaya Village

During one of the visits, she identified several residents with skin patches suggestive of leprosy. Drawing on the knowledge gained from the training, she provided health education and encouraged them to seek further examination. One resident was subsequently diagnosed with leprosy and immediately started treatment.

For Mrs. Rohayani, the most meaningful moment was not identifying the case itself but hearing the resident express gratitude for finally understanding the cause of the illness and receiving timely treatment.

That experience transformed the way Mrs. Rohayani viewed her role as a community cadre. What began as a desire to help her neighbours became a deeper commitment to connecting people with the health services they need. She realised that early detection is not only about finding suspected cases, it is about building trust, providing reassurance, and ensuring that no one delays seeking treatment because of fear or lack of information.

Mrs. Rohayani's story shows how a caring community member can become an agent of change. By combining compassion with the knowledge gained through training, she helped one resident access timely treatment and inspired greater confidence in seeking care within her community. Her experience demonstrates how empowered community cadres can strengthen early case detection while building trust between communities and health services.

Ibu Rohayani conducting house-to-house visits

Ibu Rohayani conducting initial checks