



**Programme Implementation Plan (PIP)  
for  
12<sup>th</sup> Plan Period  
(2012-13 to 2016-17)**

**CENTRAL LEPROSY DIVISION  
Directorate General of Health Services  
Ministry of Health & Family Welfare  
Govt. of India**

# NATIONAL LEPROSY ERADICATION PROGRAMME

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**NATIONAL LEPROSY ERADICATION PROGRAMME**  
**Programme Implementation Plan (PIP) for 12<sup>th</sup> Plan Period**  
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## **1. INTRODUCTION**

### **1.1 Background**

The 12<sup>th</sup> Five Year Plan for National Leprosy Eradication Programme (NLEP) for the period 2012-13 to 2016-17 has been approved by Govt. of India. The approved plan is to be implemented with the support of stakeholders so that aims and objectives planned can be achieved by end of the 12<sup>th</sup> plan period. Administrative guidelines regarding implementation of NLEP as one of the national disease control programmes & preparation of Annual PIPs for approval of activities and allocation of funds have been issued to all the States/UTs by NRHM Division of Ministry of Health & FW.

The disease, Leprosy has a long incubation period (few week to 20 years), therefore needs a longer period of surveillance. Since the programme aims for eradication i.e. zero case of leprosy as the ultimate goal, sustained control measures need to continue during the 12th plan period.

National Leprosy Eradication Programme (NLEP) was launched in 1983 with the objective to arrest the disease activity in all the known cases of leprosy. In order to strengthen the process of elimination in the country, World Bank supported projects were launched in 1993 – 94 and 2001-02, which ended in December 2004. Thereafter Govt. of India decided to continue the programme activities with domestic funds. The programme has remained a 100% centrally sponsored scheme through the past five year plans.

The disease has come down to a level of elimination i.e. less than one case per 10,000 population at the national level by December 2005. However, new cases continue to be detected and the disease is prevalent with moderate endemicity in about 15% of the districts.

### **1.2 Epidemiological Situation:**

- As per WHO epidemiological report, out of 2,28,474 global leprosy cases reported in the year 2011 from only 105 countries 1,27,295 cases were reported from India. Thus India contributed about 58% of new cases reported globally.
- In 2011-12, total 1,27,295 new leprosy cases were detected and put under treatment as compared to 1,26,800 leprosy cases detected during corresponding period of previous year giving Annual New Case Detection Rate (ANCDR) of 10.35 per 1,00,000 population.
- Among the new cases detected in 2011-12, the proportions were- MB cases (49.0%) Female cases (37.0%), Children cases (9.7%) and Grade II disability (3.0%).
- 33 states/UTs have achieved leprosy elimination status by 2011-12. Only one State (Chhattisgarh) and one U.T. (Dadra & Nagar Haveli) are yet to achieve elimination. Further, out of 640 districts, 542 have also achieved elimination level till the year 2011-12.
- At the end of March 2012, there were 83687 leprosy cases on record (under treatment).

## OBJECTIVES & TARGETS

### 1.3 Objectives:

- a. Elimination of leprosy i.e. prevalence of less than 1 case per 10,000 population in all districts of the country.
- b. Strengthen Disability Prevention & Medical Rehabilitation of persons affected by leprosy.
- c. Reduction in the level of stigma associated with leprosy.

### 1.4 Targets:

S. No.	Indicators	Baseline (2011-12)	Targets (by March 2017)
1	Prevalence Rate (PR) < 1/10,000	543 Districts (84.6%)	642 Districts (100%)
2	Annual New Case Detection Rate (ANCDR) <10/100,000 population	445 Districts (69.3%)	642 Districts (100%)
3	Cure rate Multi Bacillary Leprosy cases (MB)	90.56%	>95%
4	Cure rate Pauci Bacillary Leprosy Cases (PB)	95.28%	>97%
5	Gr.II disability rate in percentage of New cases	3.04%*	35% reduction 1.98%
6	Stigma reduction	Percentage reported (NSS 2010-11)**	50% Reduction over the percentage reported by NSS

\* Gr-II disability rate among new cases per million population to be reduced by 35% i.e. from 3 (2011-12) to 2 per million pop. by end of the 12th Plan.

\*\* Based on the National Sample Survey (NSS) report, 2010-11(yet to be on record).

## 2. PROGRAMME STRATEGY

To achieve the objectives of the plan, the main strategies to be followed are:

- Integrated leprosy services through General Health Care system.
- Early detection & complete treatment of new leprosy cases.
- Carrying out house hold contact survey for early detection of cases.
- Involvement of Accredited Social Health Activist (ASHA) in the detection & completion of treatment of Leprosy cases on time.
- Strengthening of Disability Prevention & Medical Rehabilitation (DPMR) services.
- Information, Education & Communication (IEC) activities in the community to improve self-reporting to Primary Health Centre (PHC) and reduction of stigma.
- Intensive monitoring and supervision at block Primary Health Centre/Community Health Centre.

### **3. DECENTRALIZED PLANNING FOR ACHIEVEMENTS OF RESULTS**

The NRHM has already issued guidelines regarding decentralized planning through district health plans. To make the NLEP plan more compliant to the NRHM guidelines, annual plans should be prepared as a result based plan. The results to be achieved in the program are:

- Improved early case detection
- Improved case management
- Stigma reduced
- Development of leprosy expertise sustained
- Research supported evidence based programme practices
- Monitoring supervision and evaluation system improved
- Increased participation of persons affected by leprosy in society
- Programme management ensured

### **4. PROGRAMME COMPONENTS**

The following components are approved in the 12<sup>th</sup> Plan:

- Case Detection and Management
- Disability Prevention and Medical Rehabilitation
- Information, Education and Communication (IEC) including Behaviour Change Communication (BCC)
- Human Resource and Capacity building
- Programme Management

The details of activities under each component are as under:

#### **4.1 Case Detection and Management**

It is expected that the new cases will continue to occur regularly but the people are still hesitant to come forward to get themselves diagnosed and treated due to the stigma associated with the disease. Detection of the new cases at the early stage is the only solution to cut down the transmission potential in the community and also to provide relief to the leprosy affected persons by preventing disabilities. It is therefore suggested that the States will draw up innovative plans:

- (i) To improve access to services.
- (ii) To involve women including leprosy affected persons in case detection.
- (iii) To organize skin camps for detecting leprosy patients while providing services for other skin conditions.
- (iv) To undertake contact survey to identify the source in the neighbourhood of each child or M.B. case.
- (v) To increase awareness through the ANM, AWW, ASHA and other Health Workers visiting the villages & people affected by leprosy, to suspect and motivate leprosy affected persons for early reporting to the Medical Officer.

Integrated Leprosy Services through all the Primary Health Care facilities will continue to be provided in the rural areas. However for providing technical support to the Primary Health Care system, to strengthen the quality of services being provided, a team of dedicated

workers including Medical Officer and other Para-medical worker/supervisor are placed at district level. This will be known as '**District Leprosy Cell**'

The system of referral of difficult cases to the District hospital for diagnosis and management will be further strengthened with capacity building of persons involved at PHC as well as District Hospital level. While management of reaction and neuritis to prevent disability will be taken up at the PHC level, all difficult to manage cases will be referred to District Hospital/ Central Govt. Leprosy institutes /NGO institutions.

The laboratory facilities at the District Hospitals for smear examination will be strengthened. Quality control of smears and biopsies can be carried out in Central Govt. leprosy institutes and NGO institutions.

#### **4.1.1 Special activities in high endemic districts**

As the thrust during the 12th plan is to achieve elimination of leprosy in all the districts of the country, 209 districts have been identified as priority districts based on Annual New Case Detection Rate (ANCDR) more than 10/100,000 population as on March 2011. The special actions in these 209 districts will include Active search, Capacity building of staff, Awareness drive, Enhanced - monitoring and supervision, Validation of Multi Bacillary (MB) and child cases in campaign mode. The special activities will be carried out twice in five years i.e. during 2012-2013 and 2014-2015.

The State/UT wise lists of high endemic districts & blocks are given at **Annexure-I and Annexure-II** respectively.

#### **Cost**

The States/UTs already drew up special activity plan for the year 2012-13 which was approved. A total of Rs. 24. 00 Cr. has been kept for this activity in the Plan.

#### **4.1.2 Special activities in low endemic districts**

Special activities in high endemic blocks of low endemic districts will be carried out during the year 2013-14 by all the States and UTs. In addition, any high endemic blocks left out in the 209 high endemic districts where special activities were to be conducted during 2012-13 are also to be taken up for carrying out Intensive case detection drive (ICDD) during 2013-14 Identification of the high endemic blocks with ANCDR >10/100,000 population will be based on the reports for the year 2011-12

#### **Cost**

The States/UTs have been advised to draw up special activity plan for the year 2013-14 as per Annual Plan Guidelines. A total of Rs. 6. 00 Cr. has been kept for this activity in the Plan.

#### **4.1.3 Services in urban areas**

#### 4.1.3.1 Background:

Nearly 31% of the population in India lives in the urban localities. NLEP covers entire rural as well as urban population. However, the health service delivery in the urban areas differ from the rural areas because of non-availability of infrastructure like Primary Health Centre and manpower for providing services up to domiciliary level. Therefore, the services provided through the Health Centres in urban areas are mainly at institutional level. Further, there are multiple organizations providing health services in the urban localities, without any coordination amongst them.

#### 4.1.3.2 Need

Although the country is making good progress in rural areas, yet in the urban areas more number of cases are detected due to migration of people, availability of good quality institutions with easy accessibility. The Treatment Completion Rate is also less in urban areas compared to rural areas. Bringing the services nearer to the patient's home is therefore a great need.

As per census 2011, the number of urban areas are reported to be about 4388. However, a total 524 urban localities having population more than 100,000 have been identified for special action under NLEP. Remaining areas will be covered by the Primary Health Care services as in Rural areas.

S. No	Type of urban areas	Number	Located in No.of States/UTs
1	Town and City (Pops. 1 lakh to 5 Lakh)	432	26
2.	Medium City (Pops. > 5 lakh to 1 million)	53	18
3.	Mega City (Pops. > 1 million to 4.5 million)	34	15
4.	(Pops. > 4.5 million)	5	5
<b>Total</b>		<b>524</b>	

The State/UT wise list of urban areas under NLEP is given at **Annexure-III** and their classification at **Annexure-IV**.

#### 4.1.3.3 Action required in urban areas:

In addition to the leprosy services being provided by Govt. Health facilities, other Health Institutions under the local self Govt., NGO and Private Institutions need to be involved for providing services to the persons affected with leprosy. MDT should be available free of cost in all these Institutions for complete treatment of persons affected.

While the District Administration should remain the pivotal agency to manage NLEP in the urban areas, an Urban Leprosy Coordination Committee (ULCC) may be constituted comprising of heads of the institutions from all the organizations providing leprosy services. While Govt. funds will be utilized for providing services in the urban areas, resources available with other organizations should also be utilized for improved management.

Additional activities in urban areas: Component wise activities under NLEP will be carried out in the urban areas as in the case of rural areas. Thus Training, IEC, Procurement and supply of MDT and other required Medicines, MCR Footwear, Aids and Appliances, payments of incentive for RCS etc. will be covered under regular provision. However, it is necessary to carry out following additional activities, which are specific to the needs of the urban population:

- (i) Identify human resources available with Govt., Civil societies, NGOs and Private Medical Practitioners for leprosy services like suspect and referral. Population groups may be allocated to each human resource, and for follow up of the cases.
- (ii) Build capacity of the identified human resources at the time of induction and periodically.
- (iii) Examination of all household contacts of all new cases at least once before the completion of treatment of index case.
- (iv) Identify one referral centre in each urban location for diagnosis and to manage leprosy with or without complications.
- (v) Supervision and monitoring of the programme is the responsibility of the District Leprosy Officer, and Medical Officer of the referral centre.
- (vi) Mobile Health Clinics of General Health services include leprosy services on their visit to slums, peri urban villages and migrant agglomerations.
- (vii) Develop a system of record keeping and reporting by each participating Centre.
- (viii) Develop a system of regular MDT supply to each Health Centre.
- (ix) Procure additional requirement of drugs, dressing material, aids and appliances for inhabitants of leprosy colony requiring regular care for their disabilities.
- (x) Organise sensitization meetings for IEC and advocacy, participate in exhibitions, quiz competition for awareness to reduce stigma.

#### **4.1.3.4 Additional Human Resource for high endemic urban areas with ANCDR > 10/100,000 population during 2011-12 :**

Out of the 524 urban areas identified for urban leprosy services, a total of 150 urban areas reported with ANCDR >10/100,000 population during the year 2011-12. As in the case of Rural Blocks, these urban localities will also be provided with one Para Medical Worker on contractual basis for monitoring the leprosy services in the area. The PMW will be located in the identified referral centre under the guidance of the Medical Officer. State wise number of PMWs to be provided is given below:

<b>S. No</b>	<b>Name of State</b>	<b>No. of PMW</b>
1	Andhra Pradesh	19
2	Assam	2
3	Bihar	32
4	Chhattisgarh	10
5	Gujarat	3
6	Jharkhand	5
7	Karnataka	2
8	Madhya Pradesh	5
9	Maharashtra	21
10	Odisha	11
11	Uttar Pradesh	23
12	Uttarakhand	1



13	West Bengal	14
14	Delhi	2
<b>Total</b>		<b>150</b>

#### 4.1.3.5 Additional funds for urban area activities:

For conducting activities specific to urban localities, additional funds will be provided during the 12<sup>th</sup> Plan period. The districts will have to work out their requirement of funds after planning out the activities for each urban locality and reflect same in the Annual PIP. The district plan will also contain the budget proposed for each urban locality. The State Annual PIP will give the consolidated budget for the State with the approval of State NRHM. A ceiling of Rs. 2.75 lakh per million population, to be covered under the urban area services, calculated on pro-rata basis is applicable.

#### Cost

Population in urban 524 localities -	Rs. 225.00 million
Estimated Annual cost -	Rs. 6.19 Cr.
Estimated Cost for 5 years -	Rs. 30.95 Cr.

#### 4.1.4 ASHA Involvement

Accredited Social Health Activists (ASHA) will be involved during 12<sup>th</sup> plan to bring out suspected cases from their villages for diagnosis at PHC and after confirmation of diagnosis, will follow up the patients for completion of treatment.

The ASHA will be entitled to receive incentive as below:

(i) At confirmation of diagnosis -	Rs. 250/-
(ii) On completion of full course of treatment in time -	PB - additional Rs.400/ MB - additional Rs.600/-

Activities to be performed by ASHAs:

- (i) Search for suspected cases of leprosy i.e. before any sign of disability appears. Such early detection will help in prevention of disability and also cut down transmission potential.
- (ii) Follow up all cases for completion of treatment in scheduled time. During follow up visit also look for symptoms of any reaction due to leprosy and refer them to the Health Workers/PHC for treatment. This will again reduce chances of disability occurring in cases under treatment.
- (iii) Advise and motivate self-care practices by disabled cases for proper care of their hands and feet during the follow up period. This will improve quality of life of the affected persons and prevent deterioration of disabilities.
- (iv) Spreading awareness.

The involvement of ASHAs will be monitored by the concerned PHC Medical Officers. Records of cases referred by ASHAs will be maintained properly and incentive will be paid on time and regular monthly report will be submitted to the District Leprosy Officer.

#### Cost

Requirement of fund will be planned annually by the districts and indicated in the Annual

PIP of the State/UT. A total of 10.70 Cr. has been provided in the Plan.

#### **4.1.5 Multidrug Therapy (MDT)**

Supply of MDT to the leprosy patients is to be maintained free of cost during the 12th Plan period.

##### **Cost**

An amount of Rs. 25.00 Cr. has been provided in the Plan.

#### **4.1.6 Material & Supplies**

Material and supplies including supportive drugs are to be procured at district level

##### **Cost**

An amount of Rs. 21.76 Cr. has been kept in the Plan as below:

**Rs. in Cr.**

<b>Sl.No</b>	<b>Item</b>	<b>Cost for 1 year</b>	<b>Cost for 5 years</b>
1	Supportive Drugs	2.56	12.80
2	Laboratory reagents and equipment	0.51	2.25
3	Printing forms etc.	1.26	6.30
	<b>Total</b>	<b>4.33</b>	<b>21.35</b>

#### **4.1.7 Services through NGO and other Agencies**

##### **4.1.7.1 SET Scheme**

The Modified SET Scheme was revised with effect from 1st April 2004. The scheme now covers about 43 NGOs working for the benefit of the leprosy affected persons. The Govt. of India has decentralized the SET scheme delegating powers to the state Govt. with effect from the year 2006-07.

The proposals from NGOs, for working in a specific area are submitted to the concerned District Leprosy Officer, who will recommend the suitable one to the State Leprosy Officer. The State Health Society (SHS) will examine the proposal and accord approval. Once approved, the NGO will receive funds from the State Health Society. The State Health Society/ SLO will monitor the activities and continue to support the NGO in the subsequent years based on their satisfactory performance. Govt. of India will provide funds to the SHS for this purpose based on the State Annual Action Plan.

Under the SET Scheme, the NGOs are presently involved for disability prevention and ulcer care, IEC, referral of suspected cases, referral for RCS, Research and Rehabilitation. The NGO support is mainly required to follow up of the under treatment cases particularly in urban locations and in difficult to access areas. Such follow up has become necessary because nearly 10% of the patient diagnosed do not take the treatment regularly and often had to be deleted otherwise. For a quality leprosy service it has to be ensured that each and every patient completes the treatment in the scheduled time. The NGOs can support the

Hospitals/ PHCs in this important activity. A proposal to introduce new NGO Scheme under NLEP in place of the Modified SET Scheme is under consideration.

### **Cost**

An amount of Rs. 20.00 Cr. has been kept in the 12<sup>th</sup> Plan.

## **5.1.8 Operational Research**

### **5.1.8.1 Priority Topics**

It is proposed to carry out operational research during the 12<sup>th</sup> Five Year Plan on the topics decided in consultation with the Technical Resource Group (TRG) of NLEP. Priority areas of research for the NLEP are:

- (i) Chemoprophylaxis
- (ii) Sentinel Surveillance of leprosy

These studies will be carried out through organizations identified by the Central Leprosy Division.

### **Cost**

An amount of Rs. 1.20 Cr. has been kept in the 12<sup>th</sup> Plan.

## **4.2 Disability Prevention and Medical Rehabilitation (DPMR)**

The services under DPMR will cover reaction management, self-care practices, provision of MCR Footwear, Aids & Appliances, referral services at District Hospitals and Medical Colleges/Central leprosy/ NGO Institutions including reconstructive surgery.

### **4.2.1 Disability Prevention**

People affected by leprosy often suffer from deformity of hands, feet or eyes due to involvement of nerves and resultant muscular weakness and paralysis. Such patients may come with deformity at the time of diagnosis of the disease. Although the disease is completely curable on treatment with MDT, however, impairment already developed, is not curable.

Further, secondary impairment may occur in the hands, feet and eyes due to reaction/ nerve damage even during treatment. However, such deformity can be prevented easily than primary impairments by following certain procedures.

Although the number of visible deformity in leprosy affected persons has reduced to some extent, yet a backlog exists for specialized care to correct their deformities. Such efforts will help in regaining the status of the leprosy affected in the community, public mind thereby reducing the stigma to the disease.

- All suspected cases of leprosy reaction, relapse, insensitive hands and feet are referred to PHC for diagnosis. The patient needs to be empowered in self-care with education and material like self-care kit, splints, etc. for care and to prevent worsening of disability.

- All PHC Medical Officers diagnose cases of reaction and treat them. Severe reaction cases may be referred to the District Hospital, if not responded within 2 weeks of starting treatment.
- Service and care for disabilities such as ulcers, cracks and wounds, septic hand or feet etc. are available at all the Health Institutions. Complicated ulcer cases are referred to District Hospital. Referral centres will be developed depending on the need, in all district hospitals and Medical colleges. The referral centres will be supported by Dermatologists/Physicians of the district hospital and a Physiotherapist. Posting of one Physiotherapist for each District Hospital in identified high endemic districts has been approved on contract basis during the 12<sup>th</sup> Plan period.
- Microcellular Rubber (MCR) footwear are supplied to the patients with insensitive feet by the District cell through PHC/CHC. MCR footwear will be provided during the 12<sup>th</sup> Plan period at the rate of 2 pairs per leprosy affected person having insensitive feet.
- PHCs will provide follow up treatment to all patients referred back by the secondary and tertiary level units for reaction, complication or post-surgery care.

#### **4.2.2 Medical Rehabilitation Services**

- All patients with grade II disability diagnosed at the PHC are referred to the District Hospital/ District cell for further assessment and care. Cases suitable for Reconstructive Surgery (RCS) are referred to RCS centres recognised by Govt. of India in Govt. or NGO sector.
- Aids and appliances for Medical Rehabilitation are supplied to the patients.
- Disability care services will be provided as routine activity and by organizing camps particularly in areas not easily accessible and in tribal areas. These camps will be used to screen patients for RCS also.
- Comprehensive DPMR Guidelines for primary, secondary and tertiary level institutions are available in all the centres.

#### **Incentive to patient**

An incentive of Rs. 8,000/- will be paid to all persons affected by leprosy undergoing major RCS irrespective of their financial status.

The payment will be made by the District Leprosy Officer, where the surgical centre is located and the surgery is performed. As on January 2013, there are 94 recognized RCS centres in the country. The State/UT wise list of RCS centres is given at **Annexure-V**.

#### **Incentive to Institutions**

52 centres are recognized for RCS in Govt. sector. Funds are required to procure necessary drugs, dressing materials, Plaster of Paris (POP), splints and other ancillary items for RCS of the patients. Remuneration for surgeon or physiotherapist will not be paid out of this fund.

The provision for incentives to the Institutions are as below:

- (a) To all Govt. Institutions for providing RCS in their own Institution @ Rs. 5000 per RCS.
- (b) To all Govt. Hospitals/Institutions, providing RCS in camps organised outside the Institution, an additional amount of @ Rs. 5000 per RCS will be paid.

This incentive will be applicable to any new Institution(s) recognized in Govt. sector.

## Cost

(Rs.in Cr.)

Sl. No	Item	Name & Rate	2012-13	Annual Cost (2013-14 to 2016-17)	Total
1	MCR Foot wear	100,000 pairs per year @ Rs.300/ per pair.	2.10	3.00	14.10
2	Aids & Appliances	Rs.17,000/district/pe r year for 640 districts	-	1.09	4.36
3	Welfare Allowance for RCS patient	Rs.5000 per person in 1 <sup>st</sup> year and Rs. 8,000 from 2 <sup>nd</sup> year onwards x3000 RCS	1.30	2.40	10.90
4	RCS	Rs.5000/- to 10,000 per RCS X 2000 RCS	1.00	1.50	7.00
5	Equipment for and RLTRI CLTRI			0.20	0.80
		<b>Total</b>	<b>4.40</b>	<b>8.19</b>	<b>37.16</b>

## 5.3 Information, Education and Communication (IEC/BCC)

### 5.3.1 Rationale

The IEC strategy during the 12<sup>th</sup> Plan period will focus on communication for behavioural changes in the general public. Changes are required because:

- Stigma associated with the disease and discrimination against the leprosy affected persons are still perceived. The effective way to deal with this difficult challenge of stigma removal is to embark on intensive Inter-Personal Communication (IPC) with the target groups.
- Certain level of awareness has developed in the communities due to the persistent efforts in communication during last decade. However, continuous efforts are needed to cover the uncovered areas. Coverage will have to move from high risk centric to general community at large.

- For sustaining the anti-leprosy campaign, it is important to integrate leprosy IEC with the IEC of other Health Programmes. This will address the problem of non-availability of technical expertise on communication at various levels of leprosy offices.
- Involvement of people affected by leprosy will also help in improving awareness, case detection and stigma reduction.

### 5.3.2 Objectives of IEC

- To develop communication material vis-à-vis the target audiences and deliver effectively.
- To complement and support the detection and treatment services being provided free of cost through the General Health Care System.
- To remove stigma associated with leprosy and prevent discrimination against leprosy affected persons.
- To specifically cover beneficiaries, health providers, influencers and the masses.

### 5.3.3 IEC Plan

#### A. Central Level :

The Central Leprosy Division will draw up annual plan and implement same with IEC division of Ministry of Health & FW. Mass media activities at National level will be through Doordarshan channels and All India Radio. National level press will be used for central level communication.

#### *E.g. of information Design*

- Complete curability and non-contagious nature of the disease.
- Availability of quality treatment (with MDT) free of cost at all Govt. Health facilities.
- Correction of deformities is possible through surgery.
- Leprosy affected person on treatment can live a normal life along with the family.

#### B. State level:

IEC under NLEP has been decentralized to the States/ UTs who will make their own plan and implement same. Central Leprosy Division will provide broad guidelines with allotted budget to the States/ UTs, who will have the flexibility to allocate cost to districts as per local **Priority areas** and **Target groups** to be attended through

- Mass Media –TV, Radio and press in local languages.
- Outdoor Media - Hoardings, Bus panels, Wall paintings, posters, Rallies including Banners.
- Rural Media - IPC meetings, School talks/quiz, Folk media, Exhibitions and Health Melas.
- Advocacy - Meetings with Zila Parishad, Mahila Mandals, NGOs etc.

Interpersonal Communication (IPC) through the health staff involving communities, Panchayat leaders and NGO through advocacy workshops will remain the focused approach.

### Priority Areas:

- Low literacy rates in general with low female literacy rates in particular.
- Tribal population
- Endemic districts (ANCDR >10/100,000 pop.).
- Urban areas with problem of migration.

### Target groups:

- Women from the areas where literacy rate is low.
- School children
- Population groups residing in remote inaccessible areas and tribal population.
- Migratory population.
- People living in urban slums.

IEC Campaign Fortnight towards achieving “Leprosy free India” will be organized every year from 30<sup>th</sup> January, which is being observed as Anti Leprosy Day in the country. The following activities are to be carried out during this campaign:

- Mass publicity to improve early reporting of cases
- Capacity building of health staff including ASHAs and volunteers
- Intensive case detection drives
- Activities to reduce stigma and discrimination
- Participation of persons affected by leprosy

### Costs

(Rs. in Cr.)

Medium	Year					Agency		Total
	2012-13	2013-14	2014-15	2015-16	2016-17	State	Govt (CLD)	
Mass Media (TV, Radio, Press)	4.50	4.50	4.50	4.50	4.50	2.50	20.0	22.50
Out Door Media	0.05	1.50	1.50	1.50	1.50	6.50	-	6.50
Rural; Media	1.00	2.00	2.00	2.00	2.00	9.00	-	9.00
Advocacy Meetings	0.30	0.30	0.30	0.30	0.30	1.50	-	1.50
<b>Total</b>	<b>6.30</b>	<b>8.30</b>	<b>8.30</b>	<b>8.30</b>	<b>8.30</b>	<b>19.50</b>	<b>20.00</b>	<b>39.50</b>

## **4.4 Human Resource and Capacity Building**

### **5.4.1 Capacity Building**

#### **4.4.1.1 Learning Material**

In view of integration of the leprosy services through General Health Care staff, the learning materials for training large number of GHC staff were modified, shortened to 3 days duration, printed and supplied to all States/UTs. Learning material was also prepared and used for ASHAs & POD training. A revised training manual will be prepared for Medical Officers and supplied to all States/UTs.

#### **4.4.1.2 Training needs**

- Due to huge turnover of Medical Officers in the states, the staff in the Primary Health Centres keeps changing every year. In some of the states, Medical Officers on contractual basis work in the PHC, where the turnover is very high. The new entrants are required to be trained regularly, so that the services provided to the people do not suffer.
- Similar trainings in leprosy will be required for Medical Officers working in the urban areas both under Govt. and Non-Governmental institutions regularly.
- In addition to the above, other Medical Officers under GHC will also require training. This re-orientation is required to keep the diagnostic and management skills upto date. This will help in improving the quality of services provided by the PHCs. The Disability Prevention and Medical Rehabilitation (DPMR) component will be major focus in all these trainings for the Medical Officers.
- Training for Health Supervisors (Male & Female) and Health Workers (Male & Female) will be carried out regularly every year.

Smear examination to detect Mycobacterium Leprae is one of the important requirement for diagnosis of difficult to diagnose cases. Skin biopsy examination would be required in few cases. Biopsy facilities will be made available in central/regional leprosy institutes and NGO institutions. Now that the district hospitals are being upgraded as referral centre for diagnosis and management of such cases, the laboratory technicians working in these hospitals need to be given specialized re-orientation training under the programme. At least 2 lab technicians from each district hospital laboratory will be trained every year on need basis.

- A large number of ASHAs are being engaged at village level under NRHM in the States/UTs. These workers will be provided training on leprosy at the time of induction. In addition to sensitize them further, one day capacity building at the PHC level will be carried out for ASHAs. Funds under "Services through ASHA" will be utilized for sensitization of ASHA and hence not included separately in the training budget.
- It is proposed to engage Physiotherapist at the District Hospital in a bid to strengthen the Referral Service delivery. These Physiotherapists will be provided training in identified Institutions.
- Training in programme Management, Supervision & Monitoring will be given to the staff of District Cell



#### 4.4.1.3 Training Load

The no. of human resource to be trained during the 12<sup>th</sup> Plan period has been worked out as below however, the Districts/States will work out actual requirements in their plans for implementation:

Sl. No.	Category	Year-wise number to be trained					
		2012-13	2013-14	2014-15	2015-16	2016-17	Total
1	Medical Officer	4500	4500	4500	4500	2000	20000
2	Physiotherapist	330	310				640
3	Lab technician	750	750				1500
4	Health Supervisor/Worker	3000	3000	3000	3000	2000	14000
5	District Cell Team	300	300	300	300	80	1280

#### Costs

Unit cost for conducting different courses for 30 persons will be at the NRHM approved rates of each State/UT. District wise annual plan of training requirement will be worked out to estimate annual cost involved. A provision of Rs. 8.15 Cr. has been kept for the 12<sup>th</sup> Plan.

#### 4.4.1.4 Revival of training in Leprosy

In addition to the short course training given to the different categories of staff, it is necessary that longer duration courses for developing expertise in leprosy diagnosis and case management is necessary. Such trainings were held in pre-integration era at the govt. leprosy institutes viz. the Central Leprosy Teaching & Research Institute, Chengalpattu, and three Regional Leprosy Research and Training Institutes at Raipur, Aska and Gouripur. Such longer duration courses are required for State Leprosy Officers/ District Leprosy Officers. These institutes need to be revived for such longer job oriented courses for which curriculum and plan need to be worked out. In addition to the Govt. leprosy institutes, other institutions that can be linked up are Schieffeline Institute of Health Research and Leprosy Centre, Karigiri, Tamilnadu and Training Centre of The Leprosy Mission, Naini, Uttar Pradesh etc.

#### Updating of leprosy curriculum in under graduate medical course

It is observed that teaching in leprosy in the undergraduate medical curriculum is not in accordance with the National Leprosy Eradication Programme. This makes it difficult for the fresh Medical undergraduates to fully grasp the need of the programme to deliver as per public health requirement. Linkages are to be developed with the medical council of India and medical universities for updating the course curriculum as per programme requirement. Till such time it is necessary to impart NLEP oriented training in Leprosy to fresh medical undergraduates.

#### 4.4.2 Human Resource

## Human resource at Central Leprosy Division

The Central Leprosy Division needs manpower support for different vital functions like, Disability care, Training/IEC, Finance, public health, Programme Monitoring, Research & Evaluation etc.

The following contractual staff has been approved at the Central level

(Rs. in Cr.)

Sl. No	Post	No	* Consolidated remuneration per month in Rs.	Annual Cost		Total
				2012-13	2013-14 to 2016-17	
1.	Public Health Consultant	1	50,000		600	0.24
2	Training/IEC Consultant	1	50,000	600	600	0.30
3	DPMR Consultant	1	50,000		600	0.24
4	Programme Monitoring	1	50,000		600	0.24
5	Research & Evaluation	1	45,000		540	0.22
6	Budget Finance officer	1	40,000		480	0.19
7	Logistics & Supply officer	1	40,000		480	0.19
8	Date Entry Operator	5	12,000		720	0.29
9	Prog. Assistant	2	15,000		360	0.14
10	Driver	1	11,000		132	0.05
	<b>Total</b>	<b>15</b>		<b>600</b>	<b>5112</b>	<b>2.10</b>

\* Consolidated remuneration will be fixed as per prevailing rates in other programme of NRHM.

### 4.4.2.1 Human resource at State Level

During the 12<sup>th</sup> Plan all the States and UTs will be provided following contractual positions at the State Leprosy Cell.

(Rs. in Cr.)

Sl.No	Post	No	*Consolidated remuneration per month in Rs.	Annual Cost		Total
				2012-13	2013-14 to 2016-17	
1	Surveillance Medical Officer	36	40,000	10,400	69120	79,520
2	Budget & Finance officer cum Administrative officer	36	30,000	8080	51840	59,920
3	Admin Assistant	36	16,000	6,912	27648	34,560
4	Data Entry Operator	36	12,000	5,184	20736	25,920
5	Driver	36	11,000	4,752	19008	23,760
	<b>Total</b>	<b>180</b>	<b>-</b>	<b>41328</b>	<b>188352</b>	<b>2,23,680</b>

\* Consolidated remuneration will be fixed as per prevailing rates in the State/UT in consultation with State NRHM.

The above staff will be in addition to the regular staff being provided to the State & District Leprosy cell by the State/ UT from Non-Plan budget. The State Leprosy cell will also tie up

with the state NRHM and get the benefit from the Financial Management Unit as well as the state Data Management Units. To assist the State Leprosy Officer, another officer with the designation of Surveillance Medical Officer (SMO) will be provided in all the 35 States and UTs (separate for Jammu & Kashmir division). The Terms of reference of the Contractual Positions are at **Annexure – VI**.

#### 4.4.2.2 Human resource at District Level

The District Leprosy Offices will function during the 12<sup>th</sup> Plan period, with the existing staff. The District Leprosy Officer either full or part-time and a fully functional District Cell will be the basic structure of the District Cell. In addition to the regular staff being provided to the District Leprosy Cell, following staff on contract basis has been approved in high endemic districts:

- (i) District Leprosy Consultant – 210
- (ii) Physiotherapist / NMS - 210

Physiotherapists are essential for POD care and for pre and post RCS care, the provision is for 154 Physiotherapists on Contractual basis in the District Hospitals of high endemic districts, so that the referral system can be put in right perspective. During the 11<sup>th</sup> Plan period a few skeleton leprosy staff were provided to the States of Punjab, Haryana, Delhi, Chandigarh UT and Dadra & Nagar Haveli as they did not have any regular staff to even form the district cell. Provision of one NMS per district has been kept for these States/ UTs during the 12<sup>th</sup> Plan period. One NMS will also be provided to Lakshadweep on contract basis, during 12<sup>th</sup> Plan, as the UT has no regular NMS.

During the 11<sup>th</sup> plan period, provision of 1 contractual driver per district was kept for 300 districts. **The provision of providing driver at district cell has now been withdrawn.**

#### Costs

#### Contractual positions

(Rs. in Cr.)

Sl.No	Post	No	*Consolidated remuneration per month in Rs.	Cost for 1 year	Cost 4 years
1	District Leprosy Consultant	210	40,000	10.08	40.32
2	Physiotherapist	154	25,000	4.62	18.48
	<b>Total</b>	<b>364</b>		<b>14.70</b>	<b>58.80</b>

\* Consolidated remuneration will be fixed as per prevailing rates in the State/UT in consultation with State NRHM.

**State wise NMS****(Rs. in Cr.)**

SI.No	State /UT	No. of NMS	*Consolidated remuneration per month in Rs.	Cost for 1 year	Cost 5 years
1	Punjab	20	20,000	0.48	2.40
2	Haryana	21	20,000	0.50	2.52
3	Delhi	10	20,000	0.24	1.20
4	Chandigarh UT	2	20,000	0.05	0.24
5	Dadra & Nagar Haveli	2	20,000	0.05	0.24
6	Lakshadweep	1	20,000	0.02	0.12
	<b>Total</b>	<b>56</b>		<b>1.34</b>	<b>6.72</b>

\* Consolidated remuneration will be fixed as per prevailing rates in the State/UT in consultation with State NRHM.

For better programme management, it is essential that the District Cell component is filled up with DLO, MO, NMS/PMW and Physiotherapist/Physio-technician as per requirement with mobility support.

**4.4.2.3 At block level**

Leprosy was a vertical programme run by specially trained staff under the District Leprosy Officers till 2002-03. The teams had adequate staff strength with mobility support. The integration of leprosy services with the General Health Care system was started from the year 2002-2003 and was completed by March 2005. At that time only 25% of the erstwhile vertical staff (NMS, PMW, Physiotherapist, Health educator etc.) were retained with NLEP and rest of the staff were surrendered to the GHC system to work as Multi-Purpose Workers and Supervisors. During the last 6 years, a number of persons have retired on superannuation and in most of the states, these posts remained unfilled. This resulted in shortage of manpower like Para Medical Worker (PMW) at block PHC level.

Since the GHC staff has to perform other programme activities and therefore to provide one person dedicated for leprosy work is getting difficult. In high endemic districts and blocks having ANCDR > 10/100,000 population, due care could not be provided to the persons affected by leprosy.

The State leprosy officers have shown concerns that programme activities as designed for NLEP are not being fully carried out at block PHC level, resulting in not attaining the level of quality services as desired. It is therefore felt necessary that during the 12<sup>th</sup> Plan, the state should be advised to post one PMW in each high endemic block PHC.

In the 209 high endemic districts identified for special action during the 12<sup>th</sup> Plan, there are approx.2200 blocks & urban areas with ANCDR>10/100,000 population. Provision of 2200 PMWs on contracts basis is made under the plan for these areas.

## Cost

(Rs. in Cr.)

Sl. No	Post	No.	*Consolidated remuneration per month in Rs.	Cost for 1 year	Cost 4 years
1	Para Medical Worker	2200	16,000	42.24	168.96

\* Consolidated remuneration will be fixed as per prevailing rates in the State/UT in consultation with State NRHM.

The State/UT wise list of high endemic blocks and high endemic urban areas in the 209 high endemic districts as on 2011-12 is given at **Annexure-V**

### 4.4.2.4 Human Resource at Central Govt. Leprosy Institutes:

Central Leprosy Teaching and Research Institute (CLTRI), Chengalpattu and 3 Regional Leprosy Training and Research Institute (RLTRI) at Raipur, Aska and Gouripur will continue to provide support to the programme during the 12<sup>th</sup> Plan period.

To upgrade the Central Leprosy Teaching and Research Institute (CLTRI), Chengalpattu and the Regional Leprosy Training and Research Institute (RLTRI), Raipur to the level of comprehensive Rehabilitation Institutes, following categories of staff will be provided on contractual basis:

- (i) Junior Resident - 2 (1 for each Institute)
- (ii) Orthotist / Prosthetist - 2 (do)
- (iii) OT Technician - 2 (do)
- (iv) Data Entry Operator - 2 (do)

## Cost

(Rs. in Cr.)

Sl.No	Item	No	Consolidated remuneration per month in Rs.	Cost for 1 year	Cost for 4 years
1.	Junior Resident	2	35,000	0.08	0.34
2	Orthotist/Prosthetist	2	20,000	0.05	0.19
3	OT Technician	2	15,000	0.04	0.14
4	Data Entry Operator	2	12,000	0.03	0.12
	<b>Total</b>	<b>8</b>	<b>-</b>	<b>0.20</b>	<b>0.79</b>

## 4.5 Programme Management

### 4.5.1 Supervision and Travel cost

The programme will mainly provide services through the General Health care system with supervisory support from the District cell. Supervisory visits will be made by the Central/State level officers & experts drawn from other organization as well. While regular State Govt. staff & experts will be drawing their TA/DA from the source of their salary, but contractual staff like surveillance Medical Officer, district leprosy consultant etc. will be paid from the programme budget. Similarly travel will be made by the consultants from the Central Leprosy Division to various States/UTs.

#### Cost

#### Travel Cost for different level officials

(Rs in Cr.)

Sl. No	Categories	Annual Rate (In Rupees)	Yearly Cost	Total
1.	Central Leprosy Division	300000	0.03	0.15
2.	States/ UTs	(a) States with > 50 districts – 150000 : 2 (b) States with > 25-49 districts – 100000 : 8 (c) States with > 10-24 districts – 80000 : 12 (d) States with > 5 - 9 districts – 60000 : 5 (e) State/UT with up to 5 districts – 40000 : 9	0.03 0.08 0.09 0.02 0.04	1.33
3	Districts	642 districts X 25000	1.60	8.00
	<b>Total</b>		<b>1.89</b>	<b>9.48</b>

### 4.5.2 Programme Appraisal

Programme will be monitored at different level through analysis of routine reports and through field visits by the supervisory officers. Programme Appraisal by a committee of experts identified by Central Leprosy Division will be undertaken during the 2<sup>nd</sup> and the 4<sup>th</sup> year of the 12<sup>th</sup> Plan.

#### Cost

(Rs. in Cr.)

Sl. No.	Activity	Year and Cost		Total cost
		2013-14	2015-16	
1.	Programme Appraisal	0.50	0.50	1.00

The appraisal of the programme will be carried out as per approved Terms of Reference (TOR).

### 4.5.3 Annual Programme Assessment

Performance under the programme will be assessed annually by an Independent expert group.

#### Cost

(Rs. in Cr.)

Sl. No.	Activity	Yearly Cost	Total cost
1.	Programme Assessment by Independent expert group	0.20	1.00

#### 4.5.4 National Sample Survey

A National Sample Survey was carried out to assess the leprosy incidence in the country along with the disability load and IEC status, in the year 2010-11. The exercise was very useful in getting an independent assessment of the situation. Similar type of National Sample Survey will be carried out in the year 2015-16.

#### Cost

A provision of Rs. 3.00 Cr. has been kept for the survey in 12<sup>th</sup> Plan

#### 4.5.5 Review Meetings

- Programme review meetings will be held periodically at Central, State and District level. At central level, review meeting for the State Leprosy Officers will continue to be held every year with financial support from WHO country budget subject to the agreement with WHO.
- Regional review meetings for SLOs will be held with financial support from ILEP (3 meetings per year) subject to the agreement with ILEP.
- A review meeting of all institutions involved in DPMR services will be held every year from programme budget .
- NGO review meeting will be held for review of performance of NGOs under 'modified SET scheme' twice during the Plan period.
- At state level, quarterly review meetings for the District level officers will be held every year with programme funds. NGO's working in the States are also to be invited in these meetings for review of their activities.
- At district level, monthly review meetings are held under the Chairmanship of the Chief Medical and Health Officer of the district in which leprosy is also discussed. Separate fund for this purpose is not required from the programme budget.

#### Cost

(Rs. in Cr.)					
Sl. No.	Activity	Periodicity	Unit Cost (In Rs.)	Yearly Cost	Total
1.	Review of institutes involved in DPMR	Annual	1000	0.10	0.50
2	NGO review meeting	Biennial	1000	-	0.20
3.	State level review meeting	Quarterly	20000 to 50000 (Avg.25000)	0.53	2.64
4.	District level review meeting	Monthly	No cost	-	-
Total				<b>0.63</b>	<b>3.34</b>

#### 5.5.6 Office operation and Maintenance

Following provisions are being made under different heads of office operation and maintenance:

(Rs. in Cr.)				
Item	No. of units	Rate per year (in Rs.)	Total for 1 year	Total for 5 years
Rent, Telephone, Electricity, P&T charges, Miscellaneous				
• District Leprosy Cell	642	35000 / distt.	2.24	11.20
• State Leprosy Cell	36*	75000 / state	0.27	1.35
<b>Subtotal</b>	<b>676</b>		<b>2.51</b>	<b>12.55</b>
Office Equipment Maintenance cost at State Leprosy Cell	36*	50000 / state	0.18	0.90
<b>Total</b>			<b>2.69</b>	<b>13.45</b>

\*Jammu Division & Kashmir Division of J&K are treated as separate state units.

### 5.5.7 Consumables

(Rs. in Cr.)				
Item	No. of units	Rate per year (in Rs.)	Total for 1 year	Total for 5 years
Stationary Items District	642	30000 / distt.	1.92	9.60
State Leprosy Cell	*36	50000 / state	0.18	0.90
Central Leprosy Div.	1	75000	0.01	0.04
<b>Total</b>	<b>679</b>		<b>2.11</b>	<b>10.54</b>

\*Jammu Division & Kashmir Division of J&K are treated as separate state units.

### 5.5.8 Mobility Support

Mobility for staff is important to run the programme smoothly. For 36 States/UTs (Jammu Division & Kashmir Division of J&K are treated separate units) provision has been kept for hiring 2 vehicles @ Rs. 2,00,000 per vehicle per year for each State/UT.

Similar provision has been kept to hire one vehicle @ Rs. 1,50,000 per year per district for mobility of district cell staff.

#### Cost

(Rs. in Cr.)						
Sl.No.	Office	No. of Units	No of Vehicles	Rate per year per vehicles (In Rs.)	Total for one year	Total for 5 years
1	District leprosy cell	642	642	1,50,000	9.63	48.15
2	State Leprosy Cell	36	72	2,00,000	1.44	7.20
3	Central Leprosy Division	1	1	1,50,000	0.02	0.10
	<b>Total</b>	<b>679</b>	<b>715</b>	-	<b>11.09</b>	<b>55.45</b>



# **ANNEXURES**

## NATIONAL LEPROSY ERADICATION PROGRAMME

State/UT wise high endemic districts (based on new case detection rate  
>10/100,000 pop. in 2010-11)

Sl. No.	District	Population	New cases detected during 2010-11	Annual NCDR/ 100,000
1	2	3	4	5.00
<b>ANDHRA PRADESH</b>				
1	Adilabad	2737738	346	12.64
2	Guntur	4889230	524	10.72
3	Kurnool	4046601	456	11.27
4	Nalgaonda	3483648	369	10.59
5	Medak	3031877	331	10.92
6	Srikakulam	2699471	329	12.19
7	Vizianagaram	2342868	355	15.15
	<b>TOTAL=7</b>	<b>23231433</b>	<b>2710</b>	
<b>ASSAM</b>				
8	Dibrugarh	1327748	167	12.58
9	Kamrup(M)	1260419	234	18.57
10	Sivsagar	1150253	185	16.08
11	Tinsukia	1316948	132	10.02
	<b>TOTAL=4</b>	<b>5055368</b>	<b>718</b>	
<b>BIHAR</b>				
12	Araria	2806200	954	34.00
13	Arwal	699563	213	30.45
14	Aurangabad	2511243	544	21.66
15	Banka	2029339	587	28.93
16	Begusarai	2954367	360	12.19
17	Bhagalpur	3032226	583	19.23
18	Bhojpur	2720155	359	13.20
19	Buxar	1707643	272	15.93
20	Darbhanga	3921971	768	19.58
21	E.Champaran	5082868	711	13.99
22	Gaya	4379383	1029	23.50
23	Gopalganj	2558037	400	15.64
24	Jehanabad	1124176	344	30.60
25	Jamui	1756078	264	15.03
26	Khagaria	1657599	187	11.28
27	Kaimur	1626900	346	21.27
28	Katihar	3068149	336	10.95

29	Kishanganj	1690948	673	39.80
30	Lakhisarai	1000717	306	30.58
31	Madhepura	1994618	454	22.76
32	Madhubani	4476044	1072	23.95
33	Muzaffarpur	4778610	651	13.62
34	Munger	1359054	260	19.13
35	Nalanda	2872523	750	26.11
36	Nawada	2216653	572	25.80
37	Patna	5772804	1121	19.42
38	Purnia	3273127	687	20.99
39	Rohtas	2962593	870	29.37
40	Saharsa	1897102	265	13.97
41	Samastipur	4254782	479	11.26
42	Saran	3943098	912	23.13
43	Sheikhpura	634927	168	26.46
44	Sheohar	656916	111	16.90
45	Sitamarhi	3419622	624	18.25
46	Supaul	2228397	529	23.74
47	Siwan	3318176	710	21.40
48	Vaishali	3495249	499	14.28
49	W.Champaran	3922780	577	14.71
	<b>TOTAL=38</b>	<b>103804637</b>	<b>20547</b>	
<b>CHHATTISGARH</b>				
50	Bastar	1364698	298	21.84
51	Bilaspur	2285963	890	38.93
52	Dhamtari	806973	212	26.27
53	Durg	3213537	880	27.38
54	Janjgir	1509575	726	48.09
55	Jashpur	848507	137	16.15
56	Kawardha	670596	210	31.32
57	Korba	1160874	299	25.76
58	Mahasamund	986598	812	82.30
59	Raigarh	1451016	830	57.20
60	Raipur	3451286	1501	43.49
61	Rajnandgaon	1470202	262	17.82
	<b>TOTAL = 12</b>	<b>19219825</b>	<b>7057</b>	
<b>GUJARAT</b>				
62	Bharuch	1550822	703	45.33
63	Dangs	226769	112	49.39
64	Dahod	2126558	695	32.68
65	Narmada	590379	236	39.97
66	Navsari	1330711	669	50.27
67	Panchmahal	2388267	785	32.87
68	Surat	6079231	1522	25.04
69	Vadodara	4157568	864	20.78
70	Valsad	1703068	786	46.15
	<b>TOTAL=9</b>	<b>20153373</b>	<b>6372</b>	

<b>JHARKHAND</b>				
71	Chatra	1042304	123	11.80
72	Deogarh	1491879	263	17.63
73	Garhwa	1322387	257	19.43
74	Godda	1311382	223	17.00
75	Gumla	1025656	133	12.97
76	Hazaribagh	1734005	174	10.03
77	Jamtara	790207	103	13.03
78	Latehar	725673	113	15.57
79	Lohardagga	461738	65	14.08
80	Pakur	899200	114	12.68
81	Palamu	1936319	271	14.00
82	Ranchi	2912022	520	17.86
83	Saraikela	1063458	351	33.01
84	Santal Pargana(Dumka)	1321096	212	16.05
85	Simdega	599813	65	10.84
86	E.Singhbhum (jamshedpur)	2291032	366	15.98
87	W.Singhbhum(Chaibasa)	1501619	276	18.38
88	Khunti	530299	76	14.33
	<b>TOTAL = 18</b>	<b>22960089</b>	<b>3705</b>	
<b>KARNATAKA</b>				
89	Bellary	2532383	305	12.04
90	Bidar	1700018	173	10.18
91	Chamrajnagar	1020962	149	14.59
92	Devangere	1946905	215	11.04
93	Dharwad	1846993	194	10.50
94	Raichur	1924773	232	12.05
95	Uttar Kannada	1436847	186	12.95
96	Yadgir	1172985	120	10.23
	<b>TOTAL=8</b>	<b>13581866</b>	<b>1574</b>	
<b>MADHYA PRADESH</b>				
97	Alirajpur	728677	145	19.90
98	Anoopur	749521	93	12.41
99	Barwani	1385659	273	19.70
100	Bhopal	2368145	271	11.44
101	Burhanpur	756993	202	26.68
102	Chhattarpur	1762857	182	10.32
103	Harda	570302	98	17.18
104	Jhabua	1024091	106	10.35
105	Khandwa	1309443	156	11.91
106	Khargone	1872413	316	16.88
107	Narsinghpur	1092141	132	12.09
	<b>TOTAL= 11</b>	<b>13620242</b>	<b>1974</b>	

MAHARASHTRA				
108	Akola	1818617	234	12.87
109	Amravati	2887826	388	13.44
110	Bhandara	1198810	534	44.54
111	Chandrapur	2194262	1139	51.91
112	Dhule	2048781	574	28.02
113	Gadchiroli	1071795	499	46.56
114	Gondiya	1322331	382	28.89
115	Hingoli	1178973	127	10.77
116	Jalgaon	4224442	594	14.06
117	Nagpur	4653171	654	14.05
118	Nanded	3356566	404	12.04
119	Nasik	6109052	968	15.85
120	Osamanabad	1660311	177	10.66
121	Parbhani	1835982	220	11.98
122	Raigad	2635394	856	32.48
123	Sindu durg	848868	91	10.72
124	Thane	11054131	2850	25.78
125	Wardha	1296157	284	21.91
126	Yavatmal	2775457	336	12.11
127	Nandurbar	1646177	368	22.35
128	Washim	1196714	124	10.36
	<b>TOTAL=21</b>	<b>57013817</b>	<b>11803</b>	
ORISSA				
129	Angul	1271703	357	28.07
130	Balangir	1648574	476	28.87
131	Balasore	2317419	234	10.10
132	Baragarh	1478833	493	33.34
133	Bhadrak	1506522	161	10.69
134	Boudh	439917	120	27.28
135	Deogarh	312164	62	19.86
136	Dhenkanal	1192948	303	25.40
137	Gannjam	3520151	427	12.13
138	Jajpur	1826275	307	16.81
139	Jharsuguda	579499	146	25.19
140	Kalahandi	1573054	329	20.91
141	Keonjhar	1802777	203	11.26
142	Koraput	1376934	240	17.43
143	Mayurbhanj	2513895	513	20.41
144	Nayagarh	962215	172	17.88
145	Nowrangpur	1218762	167	13.70
146	Nuapada	606490	142	23.41
147	Puri	1697983	216	12.72
148	Sambalpur	1044410	294	28.15
149	Sonepur	652107	204	31.28
150	Sundergarh	2080664	385	18.50
	<b>TOTAL=22</b>	<b>31623296</b>	<b>5951</b>	

<b>TAMIL NADU</b>				
151	Erode	2259608	262	11.59
	<b>TOTAL=1</b>	<b>2259608</b>	<b>262</b>	
<b>UTTAR PRADESH</b>				
152	Allahabad	5959798	610	10.24
153	Ambedkar Nagar	2398709	252	10.51
154	Azamgarh	4616509	614	13.30
155	Badaun	3712738	848	22.84
156	Bahraich	3478257	939	27.00
157	Balrampur	2149066	267	12.42
158	Ballia	3223642	538	16.69
159	Barabanki	3257983	556	17.07
160	Bareilly	4465344	1010	22.62
161	Basti	2461056	292	11.86
162	Bijnor	3683896	471	12.79
163	Chandauli	1952713	264	13.52
164	Deoria	3098637	371	11.97
165	Faizabad	2468371	378	15.31
166	Fatehpur	2632684	523	19.87
167	Gorakhpur	4436275	513	11.56
168	Ghazipur	3622727	632	17.45
169	Hamirpur	1104021	121	10.96
170	Hardoi	4091380	933	22.80
171	Jalaun (ORAI)	1670718	264	15.80
172	Jaunpur	4476072	448	10.01
173	Jyoti ba Phooley Nagar	1838771	438	23.82
174	Kannoj	1658005	337	20.33
175	Kanpur (R)	1795092	425	23.68
176	Kanpur (U)	4572951	575	12.57
177	Kaushambhi	1596909	264	16.53
178	Kushi Nagar	3560830	480	13.48
179	Kheri	4013634	756	18.84
180	Lucknow	4588455	544	11.86
181	Maharajganj	2665292	396	14.86
182	Mahoba	876055	134	15.30
183	Mau	2205170	306	13.88
184	Mirzapur	2494533	289	11.59
185	Moradabad	4773138	1160	24.30
186	Auraiya	1372287	172	12.53
187	Pilibhit	2037225	458	22.48
188	Raibarielly	3404004	466	13.69
189	Rampur	2335398	304	13.02
190	Srawasti	1114615	152	13.64
191	Shahjahanpur	3002376	652	21.72
192	Sidharth Ngr	2553526	287	11.24
193	Sitapur	4474446	1133	25.32
194	Sant Ravidas Nagar (Pt. Bhadoi)	1554203	214	13.77

195	Sonebhadra	1862612	218	11.70
196	Unnao	3110595	414	13.31
	<b>TOTAL= 45</b>	<b>132420718</b>	<b>21418</b>	
<b>UTTARAKHAND</b>				
197	Udhamsingh Nagar	1648367	202	12.25
	<b>TOTAL = 1</b>	<b>1648367</b>	<b>202</b>	
<b>WEST BENGAL</b>				
198	Bankura	3596292	1171	32.56
199	Birbhum	3502387	404	11.53
200	Burdwan	7723663	1133	14.67
201	Kolkata	4486679	540	12.04
202	North Dinajpur	1670931	654	39.14
203	South Dinajpur	3000849	359	11.96
204	Jalpaiguri	3869675	481	12.43
205	Midnapore(West)	5943300	1232	20.73
206	Purulia	2927965	1502	51.30
	<b>TOTAL=9</b>	<b>36721741</b>	<b>7476</b>	
<b>DADAR &amp; NAGAR HAVELI</b>				
207	D&N Haveli	342853	205	59.79
	<b>TOTAL=1</b>	<b>342853</b>	<b>205</b>	
<b>DELHI</b>				
208	North East	2240749	268	11.96
209	New Delhi	133713	124	92.74
	<b>TOTAL=2</b>	<b>2374462</b>	<b>392</b>	
<b>Grand Total = 209</b>		<b>486031695</b>	<b>92366</b>	-

## NATIONAL LEPROSY ERADICATION PROGRAMME

**State/UT wise high endemic blocks /Urban areas with ANCDR >10/100,000 population**

Sl. No.	District	2010-11	2011-12		
		ANCDR/100,000	Total No. of blocks	No. of high endemic Blocks	No. of high endemic Urban areas
1	2	3	4	5	6
<b>ANDHRA PRADESH</b>					
1	Adilabad	12.64	52	20	2
2	Guntur	10.72	57	31	5
3	Kurnool	11.27	54	33	4
4	Nalgaonda	10.59	59	24	0
5	Medak	10.92	46	16	2
6	Srikakulam	12.19	38	28	4
7	Vizianagaram	15.15	34	26	2
<b>No. of Districts with ANCDR &gt;10</b>		<b>7</b>	<b>340</b>	<b>178</b>	<b>19</b>
<b>ASSAM</b>					
8	Dibrugarh	12.58	6	3	0
9	Kamrup(M)	18.57	1	0	1
10	Sivsagar	16.08	8	4	1
11	Tinsukia	10.02	4	1	0
<b>No. of Districts with ANCDR &gt;10</b>		<b>4</b>	<b>19</b>	<b>8</b>	<b>2</b>
<b>BIHAR</b>					
12	Araria	34.00	9	9	0
13	Arwal	30.45	5	5	0
14	Aurangabad	21.66	11	10	1
15	Banka	28.93	11	11	1
16	Begusarai	12.19	18	13	1
17	Bhagalpur	19.23	16	13	0
18	Bhojpur	13.20	14	7	1
19	Buxar	15.93	7	5	1
20	Darbhanga	19.58	18	17	1
21	E.Champaran	13.99	20	11	1



22	Gaya	23.50	23	22	1
23	Gopalganj	15.64	14	10	1
24	Jehanabad	30.60	7	7	1
25	Jamui	15.03	10	7	0
26	Khagaria	11.28	7	4	0
27	Kaimur	21.27	9	9	0
28	Katihar	10.95	16	3	0
29	Kishanganj	39.80	7	7	1
30	Lakhisarai	30.58	8	5	2
31	Madhepura	22.76	13	12	2
32	Madhubani	23.95	21	18	2
33	Muzaffarpur	13.62	16	5	0
34	Munger	19.13	9	8	1
35	Nalanda	26.11	20	20	2
36	Nawada	25.80	14	14	1
37	Patna	19.42	23	19	3
38	Purnia	20.99	14	13	1
39	Rohtas	29.37	19	19	1
40	Saharsa	13.97	10	9	1
41	Samastipur	11.26	20	6	0
42	Saran	23.13	15	13	1
43	Sheikhpura	26.46	6	6	0
44	Sheohar	16.90	3	2	0
45	Sitamarhi	18.25	13	11	1
46	Supaul	23.74	12	12	0
47	Siwan	21.40	19	17	1
48	Vaishali	14.28	16	9	1
49	W.Champanan	14.71	18	13	1
<b>No. of Districts with ANCDR &gt;10</b>		<b>38</b>	<b>511</b>	<b>401</b>	<b>32</b>
<b>CHHATTISGARH</b>					
50	Bastar	21.84	12	5	1
51	Bilaspur	38.93	10	10	1
52	Dhamtari	26.27	4	4	1
53	Durg	27.38	12	12	2
54	Janjgir	48.09	9	8	1
55	Jashpur	16.15	8	3	0

56	Kawardha	31.32	4	4	0
57	Korba	25.76	4	4	1
58	Mahasamund	82.30	5	5	0
59	Raigarh	57.20	9	9	1
60	Raipur	43.49	14	12	1
61	Rajnandgaon	17.82	9	7	1
<b>No. of Districts with ANCDR &gt;10</b>		<b>12</b>	<b>100</b>	<b>83</b>	<b>10</b>
<b>GUJARAT</b>					
62	Bharuch	45.33	7	7	1
63	Dangs	49.39	1	1	0
64	Dahod	32.68	6	5	1
65	Narmada	39.97	4	4	0
66	Navsari	50.27	4	4	1
67	Panchmahal	32.87	11	11	0
68	Surat	25.04	9	9	0
69	Vadodara	20.78	12	12	0
70	Valsad	46.15	5	5	0
<b>No. of Districts with ANCDR &gt;10</b>		<b>9</b>	<b>59</b>	<b>58</b>	<b>3</b>
<b>JHARKHAND</b>					
71	Chatra	11.80	6	5	0
72	Deogarh	17.63	7	5	1
73	Garhwa	19.43	8	7	0
74	Godda	17.00	8	4	0
75	Gumla	12.97	12	6	0

76	Hazaribagh	10.03	11	4	0
77	Jamtara	13.03	5	2	0
78	Latehar	15.57	7	3	0
79	Lohardagga	14.08	5	3	1
80	Pakur	12.68	6	3	0
81	Palamu	14.00	11	6	0
82	Ranchi	17.86	14	12	1
83	Saraikela	33.01	7	6	1
84	Santal Pargana(Dumka)	16.05	10	5	0
85	Simdega	10.84	8	3	0
86	E.Singhbhum (Jamshedpur)	15.98	9	7	1
87	W.Singhbhum(Chaibasa)	18.38	16	11	0
88	Khunti	14.33	6	3	0
<b>No. of Districts with ANCDR &gt;10</b>		<b>18</b>	<b>156</b>	<b>95</b>	<b>5</b>
<b>KARNATAKA</b>					
89	Bellary	12.04	7	6	1
90	Bidar	10.18	5	1	1
91	Chamrajnagar	14.59	4	2	0
92	Devangere	11.04	6	4	0
93	Dharwad	10.50	5	3	0
94	Raichur	12.05	6	4	0
95	Uttar Kannada	12.95	11	6	0
96	Yadgir	10.23	3	0	0
<b>No. of Districts with ANCDR &gt;10</b>		<b>8</b>	<b>47</b>	<b>26</b>	<b>2</b>
<b>MADHYA PRADESH</b>					

97	Alirajpur	19.90	6	6	1
98	Anoopur	12.41	4	4	0
99	Barwani	19.70	7	7	1
100	Bhopal	11.44	2	1	1
101	Burhanpur	26.68	2	2	0
102	Chhattarpur	10.32	8	6	0
103	Harda	17.18	3	2	1
104	Jhabua	10.35	6	4	0
105	Khandwa	11.91	7	5	0
106	Khargone	16.88	9	8	0
107	Narsinghpur	12.09	6	3	1
<b>No. of Districts with ANCDR &gt;10</b>		<b>11</b>	<b>60</b>	<b>48</b>	<b>5</b>
<b>MAHARASHTRA</b>					
108	Akola	12.87	7	6	1
109	Amravati	13.44	14	13	1
110	Bhandara	44.54	7	7	0
111	Chandrapur	51.91	15	15	1
112	Dhule	28.02	4	4	1
113	Gadchiroli	46.56	12	10	0
114	Gondiya	28.89	8	8	1
115	Hingoli	10.77	5	4	0
116	Jalgaon	14.06	15	15	2
117	Nagpur	14.05	13	12	2
118	Nanded	12.04	16	15	1
119	Nasik	15.85	15	11	2
120	Osamanabad	10.66	8	3	0
121	Parbhani	11.98	9	8	1
122	Raigad	32.48	15	14	1
123	Sindu durg	10.72	8	2	0
124	Thane	25.78	13	13	5
125	Wardha	21.91	8	8	1
126	Yavatmal	12.11	16	16	1
127	Nandurbar	22.35	6	6	0
128	Washim	10.36	6	4	0
<b>No. of Districts with ANCDR &gt;10</b>		<b>21</b>	<b>220</b>	<b>194</b>	<b>21</b>
<b>ORISSA</b>					

129	Angul	28.07	8	8	1
130	Balangir	28.87	14	12	1
131	Balasore	10.10	12	2	1
132	Baragarh	33.34	12	12	0
133	Bhadrak	10.69	7	5	1
134	Boudh	27.28	3	3	0
135	Deogarh	19.86	3	3	0
136	Dhenkanal	25.40	8	8	0
137	Gannjam	12.13	22	15	1
138	Jajpur	16.81	10	6	0
139	Jharsuguda	25.19	5	5	1
140	Kalahandi	20.91	13	9	1
141	Keonjhar	11.26	13	8	0
142	Koraput	17.43	14	8	0
143	Mayurbhanj	20.41	26	23	1
144	Nayagarh	17.88	8	7	0
145	Nowrangpur	13.70	10	6	0
146	Nuapada	23.41	5	5	0
147	Puri	12.72	11	3	1
148	Sambalpur	28.15	9	8	1
149	Sonepur	31.28	6	6	0
150	Sundergarh	18.50	17	11	1
<b>No. of Districts with ANCDR &gt;10</b>		<b>22</b>	<b>236</b>	<b>173</b>	<b>11</b>
<b>TAMIL NADU</b>					
151	Erode	11.59	20	10	0
<b>No. of Districts with ANCDR &gt;10</b>		<b>1</b>	<b>20</b>	<b>10</b>	<b>0</b>
<b>UTTAR PRADESH</b>					
152	Allahabad	10.24	20	3	1
153	Ambedkar Nagar	10.51	9	4	0
154	Azamgarh	13.30	21	0	0
155	Badaun	22.84	18	17	1
156	Bahraich	27.00	14	14	1
157	Balrampur	12.42	9	5	0
158	Ballia	16.69	17	17	0
159	Barabanki	17.07	14	14	1
160	Bareilly	22.62	15	15	1
161	Basti	11.86	13	5	1
162	Bijnor	12.79	11	10	1
163	Chandauli	13.52	10	6	1
164	Deoria	11.97	15	14	1
165	Faizabad	15.31	12	3	1

166	Fatehpur	19.87	13	9	1
167	Gorakhpur	11.56	19	10	1
168	Ghazipur	17.45	16	14	1
169	Hamirpur	10.96	7	0	0
170	Hardoi	22.80	19	19	1
171	Jalaun (ORAI)	15.80	11	9	1
172	Jaunpur	10.01	20	10	0
173	Jyoti ba Phooley Nagar	23.82	6	6	0
174	Kannoj	20.33	7	7	0
175	Kanpur (R)	23.68	10	8	0
176	Kanpur (U)	12.57	10	9	0
177	Kaushambhi	16.53	8	8	0
178	Kushi Nagar	13.48	14	11	0
179	Kheri	18.84	15	15	1
180	Lucknow	11.86	9	6	0
181	Maharajganj	14.86	12	12	0
182	Mahoba	15.30	4	2	1
183	Mau	13.88	9	7	0
184	Mirzapur	11.59	12	7	0
185	Moradabad	24.30	13	13	2
186	Auraiya	12.53	7	5	0
187	Pilibhit	22.48	7	6	1
188	Raibarielly	13.69	13	11	1
189	Rampur	13.02	7	7	0
190	Srawasti	13.64	5	0	0
191	Shahjahanpur	21.72	14	14	1
192	Sidharth Ngr	11.24	12	7	0
193	Sitapur	25.32	19	19	0
194	Sant Ravidas Nagar (Pt. Bhadoi)	13.77	5	2	0
195	Sonebhadra	11.70	7	3	1
196	Unnao	13.31	16	12	0
<b>No. of Districts with ANCDR &gt;10</b>		<b>45</b>	<b>544</b>	<b>395</b>	<b>23</b>
<b>UTTARAKHAND</b>					
197	Udhamsingh Nagar	12.25	7	2	1
<b>No. of Districts with ANCDR &gt;10</b>		<b>1</b>	<b>7</b>	<b>2</b>	<b>1</b>
<b>WEST BENGAL</b>					
198	Bankura	32.56	22	22	3
199	Birbhum	11.53	19	12	1

200	Burdwan	14.67	31	21	4
201	Kolkata	12.04	0	0	1
202	North Dinajpur	39.14	9	9	0
203	South Dinajpur	11.96	8	7	0
204	Jalpaiguri	12.43	13	4	2
205	Midnapore(West)	20.73	29	20	2
206	Purulia	51.30	21	20	1
<b>No. of Districts with ANCDR &gt;10</b>		<b>9</b>	<b>152</b>	<b>115</b>	<b>14</b>
<b>DADAR &amp; NAGAR HAVELI</b>					
207	D&N Haveli	59.79	6	6	0
<b>No. of Districts with ANCDR &gt;10</b>		<b>1</b>	<b>6</b>	<b>6</b>	<b>0</b>
<b>DELHI</b>					
208	North East	11.96	0	0	1
209	New Delhi	92.74	0	0	1
<b>No. of Districts with ANCDR &gt;10</b>		<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Grand Total of 209</b>		<b>209</b>	<b>2477</b>	<b>1792</b>	<b>150</b>

## State/UT wise list of urban areas under NLEP

Sl. No.	Name of District	Sl. No.	Name of Urban Localities	Population (March 2012)
<b>1. Andhra Pradesh</b>				
1	Vizianagaram	1	VIZIANAGARAM(U)	267125
		2	BOBBILI	129178
		3	PARVATHIPURAM	121158
		4	SALURU	110512
2	Visakhapatnam	5	Visakhapatnam	1151563
3	East Godavari	6	Kakinada (U)	298545
		7	Rajahmundry (U)	377544
4	West Godavari	8	Eluru	319309
		9	Tadepalligudem	191822
		10	Kovvuru	108496
		11	Nidadavollu	114302
		12	Tanuku	148445
		13	Narasapur	138853
		14	Palakol	129731
5	Krishna	15	Bhimavaram	226611
		16	Jaggaihpeta	128027
		17	Vijayawada (U )	920942
		18	Nuzivid	120630
		19	Gudivada	181318
6	Guntur	20	Machilipatnam	258395
		21	Guntur	664761
		22	Tenali	166213
		23	Narasaraopet	117434
7	Prakasam	24	Chilakaluripeta	102515
		25	ONGOLE	204976
		26	CHIRALA	125223
8	Nellore	27	Nellore (U)	453155
9	Chittoor	28	Chittoor	153766
		29	Madanapalli	135669
		30	Thirupathi (U)	287035
10	Kadapa	31	Rayachoty	121176
		32	Proddaturu	251661
		33	Kadapa - Urban	305831
11	Ananthapur	34	Anantapur ( U )	256968
		35	Tadipatri(U)	100768
		36	Guntakal(U)	136545
		37	Dharmavaram(U)	120259
		38	Hindupur(U)	102495
		39	Yemmiganur	117306
12	Mahaboobnagar	40	Kurnool	137386
		41	Mahboobnagar	161922



13	Ranga Reddy	42	Uppal	260158
		43	Qutubullapur	348836
		44	Malakagiri	317065
		45	Rajendranagar	204229
		46	Sherlingampally	178101
		47	Balanagar (Kukatpally)	407136
		48	Saroornagar (L.B.Nagar)	502099
14	Hyderabad	49	Amberpet	166598
		50	Ameerpet	121354
		51	Asif Nagar	398825
		52	Bahadurpura	360122
		53	Bandlaguda	641452
		54	Charminar	291760
		55	Golkonda	235177
		56	Himayath Nagar	122456
		57	Khairatabad	284830
		58	Marredpally	199221
		59	Musheerabad	518059
		60	Nampally	143223
		61	Saidabad	427213
		62	Secunderabad	393243
		63	Shaikpet	119899
		64	Thirmalgiri (Contonment)	350078
15	Nizamabad	65	Nizamabad (U)	336955
		66	Bothan (U)	83756
		67	Kamareddy (U)	75384
16	Adilabad	68	Adilabad	128314
		69	Bellampally	121378
17	Karimnagar	70	Jagityal	139074
		71	Karimnagar	318940
		72	Ramagundam	274050
18	Warangal	73	Warangal	456282
19	Khammam	74	Khammam (U)	211561
		75	Kothagudem	120555
20	Nalgonda	76	Nalgonda (U)	152715
<b>Total</b>			<b>76</b>	<b>19075667</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>2. Assam</b>				
1	Cachar	77	Silchar	152841
2	Darrang	78	Mangoldoi	138312
3	Dhubri	79	Dhubri	220316
4	Dibrugarh	80	Dibrugarh	133773

5	Kamrup (M)	81	Guwahati	1093540
6	Karimganj	82	Karimganj	148816
7	Lakhimpur	83	North Lakhimpur	130939
8	Nagaon	84	Nagaon	191863
9	Tinsukia	85	Tinsukia	253959
<b>Total</b>			<b>9</b>	<b>2464359</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>3. Bihar</b>				
1	Bhagalpur	86	Urban Bhagalpur	450713
2	Munger	87	Urban Munger	226551
3	Begusarai	88	Urban	128165
4	Patna	89	Danapur(Urban)	241141
		90	Patna Sadar (Urban)	1763069
5	Nalanda	91	Urban Bihar Sharif	251006
6	Bhojpur	92	Ara (urban)	263673
7	Buxar	93	ULC Buxur	114523
8	Rohtas	94	Sasaram (U)	155890
		95	Dehari (U)	139143
9	Jehanabad	96	Jehanabd (Urban)	104787
10	Gaya	97	Urban Gaya	510334
11	Nawada	98	Nawada Sadar (U)	103242
12	Aurangabad	99	Urban Aurangabad	113150
13	Purnea	100	ULC Purnea	233216
14	Katihar	101	Urban Sadar Hosp	222023
15	Kishanganj	102	ULC Kishanganj	144395
16	Saharsa	103	Saharsa(U)	158021
17	Muzaffarpur	104	Sadar Hospital (U)	403094
18	Vaishali	105	ULC Hazipur	166978
19	East Champaran	106	ULC	144787
20	Darbhanga	107	Urban	346034
21	Saran	108	Urban	231334
22	Siwan	109	Siwan, Urban	136041
23	West Champaran	110	ULC Bettia	175115
<b>Total</b>			<b>25</b>	<b>6926425</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>4. Chhattisgarh</b>				
1	Bastar	111	U Jagdalpur	122024
2	Bilaspur	112	U Bilaspur	341125
3	Dhamtari	113	Dhamtari Urban	125118
4	Durg	114	Durg-Bhilai Urban	933452
5	Janjgir	115	Janjgir Urban	272381

6	Korba	116	U Korba	408209
7	Raigarh	117	Raigarh Urban	138918
8	Raipur	118	Raipur Urban	714142
9	Rajnandgaon	119	U Rajnandgaon	142757
10	Sarguja	120	U Sarguja	126116
<b>Total</b>			<b>10</b>	<b>3324242</b>
<b>Sl.No.</b>	<b>Name of District</b>	<b>Sl.No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>5. Gujarat</b>				
1	Ahmedabad	121	Ahmedabad	5578790
2	Anand	122	Anand	147340
3	Bharuch	123	Bharuch	203644
4	Bhavnagar	124	Bhavnagar	644354
5	Dahod	125	Dahod	129992
6	Gandhinagar	126	Kalol	100383
7	Jamnagar	127	Jamnagar	542628
8	Junagadh	128	Junagadh	220800
		129	Veraval	190073
9	Kachchh	130	Bhuj	154485
		131	Gandhidham	213071
10	Kheda	132	Nadiad	216337
11	Navsari	133	Navsari	167603
12	Panchmahal	134	Godhara	157198
13	Patan	135	Patan	124903
14	Porbandar	136	Porbandar	154181
15	Rajkot	137	Rajkot	1220344
		138	Jetpur	124075
16	Surat	139	Surat	4929456
17	Surendranagar	140	Surendranagar	189363
18	Vadodara	141	Vadodara'	1610581
<b>Total</b>			<b>21</b>	<b>17019601</b>
<b>Sl.No.</b>	<b>Name of District</b>	<b>Sl.No.</b>	<b>Name of urban locality</b>	<b>Population March 2012</b>
<b>6. Haryana</b>				
1	Ambala	142	Ambala City Urban	287050
		143	Ambala Cantt Urban	286142
2	Bhiwani	144	Bhiwani Urban	192277
		145	Bawani Khera	210881
3	Faidabad	146	Faridabad Urban	1526670

4	Fatehabad	147	Fatehabad	109560
5	Gurgaon	148	Gurgaon Urban	844688
6	Hisar	149	Hiasr Urban	562944
7	Jind	150	Jind Urban	777627
8	Karnal	151	Urban Karnal	294189
9	Kaithal	152	Kaithal Urban	165661
10	Kurukshetra	153	Kurukshetra Urban	344151
		154	Thanesar	130916
11	Mahendergarh	155	Mahendergarh Urban	249221
12	Panipat	156	Urban Panipat	457500
13	Rohtak	157	Rohtak Urban	734889
14	Jhajjar	158	Jhajjar Urban	164333
		159	Bhadur Garh	238989
15	Sirsa	160	Sirsa City	194041
16	Sonepat	161	Sonepat Urban	446851
17	Yamunangar	162	YamunaNagar	532227
		163	Jagadhri	183294
18	Panchkula	164	Urban Panchkula	357094
19	Rewari	165	Rewari Urban	214286
20	Mewat	166	Nuh	316534
21	Palwal	167	Palwal Urban	418820
<b>Total</b>			<b>26</b>	<b>10240834</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>7. Himachal Pradesh</b>				
1	Shimla	168	M.C. Shimla	160373
<b>Total</b>			<b>1</b>	<b>160373</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>8. Jharkhand</b>				
1	Bokaro	169	Chas Urban	826728
2	Deoghar	170	Sadar (Jasidih)	366022
3	E. Singhbhum	171	Jamshedpur Urban	989922
4	Ranchi	172	Ranchi Urban	1045886
<b>Total</b>			<b>4</b>	<b>3228558</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>9. Jammu &amp; Kashmir</b>				
1	Jammu	173	Jammu Urban	608350
2	Srinagar	174	Srinagar	988210
<b>Total</b>			<b>2</b>	<b>1596560</b>

Sl. No.	Name of District	Sl. No.	Name of Urban Localities	Population March 2012
<b>10. Karnataka</b>				
1	Bagalkote	175	Bagalkote	106869
		176	Llakai	600609
2	Belgaum	177	Belgaum	508138
3	Bellary	178	Hospet	218936
		179	Bellary	370893
4	Bidar	180	ULC, Bidar	173678
5	Bijapur	181	Bijapur	307753
6	Chikmagalur	182	Chikmagalur	105000
7	Chitradurga	183	Chitradurga	154692
8	Dakshina Kannada	184	Mangalore	491911
9	Davangere	185	Davangere	372226
10	Gadag	186	ULC Gadag	172368
11	Gulbarga	187	ULCC Gulbarga	551073
12	Hassan	188	Hassan	180229
13	Haveri	189	Ranebennur	105089
14	Kolar	190	Kolar	141868
		191	KGF	156565
15	Koppal	192	Gangavathi	122960
16	Mandya	193	Mandya Urban	119261
17	Mysore	194	ED Hospital	292340
		195	K. R. Hospital	347533
		196	Nazarbad	262716
18	Ramnagar	197	Ramnagara	101578
19	Shimoga	198	Shimoga	210025
		199	Bhadravathi	162255
20	Tumkur	200	Tumkur	291029
21	Udupi	201	Udupi	115633
<b>Total</b>			<b>27</b>	<b>3038479</b>
Sl. No.	Name of District	Sl. No.	Name of Urban Localities	Population March 2012
<b>11. Kerala</b>				
1	Thiruvananthapuram	202	Trivandrum Corporation	709004
2	Kollam	203	Kollam	361560
3	Alappuzha	204	MC Alappuzha	186564
		205	Cherthala	184340
		206	Mavelikkara	298431
		207	Haripad	361682
4	Ernakulam	208	Perumbavoor	100000
5	Thrissur	209	Thrissur Corporation	365194
6	Palakkad	210	Palakkad	130767
7	Malapuram	211	Manjeri	101060

8	Kozhikode	212	Kozhikode	432097
<b>Total</b>			<b>11</b>	<b>3230699</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>12. Madhya Pradesh</b>				
1	Morena	213	Morena	202168
2	Neemach	214	Neemach	132533
3	Satna	215	Satna	338688
4	Sehore	216	Sehore	121768
5	Khargone	217	Khargone	180712
6	Jabalpur	218	Motinala	200000
7	Dewas	219	Dewas ULC	279178
8	Bhind	220	Bhind ULC	226767
9	Damoh	221	Damoh	155082
10	Burhanpur	222	Burhanpur	214754
11	Chhattarpur	223	Chhattarpur (33 wards)	133474
12	Bhopal	224	Bhopal ULC	2091277
13	Chhindwara	225	Chhindwara ULC	142543
14	Gwalior	226	Gwalior ULC	1068863
15	Katni	227	Katni ULC	188949
16	Shivpuri	228	Shivpuri ULC	189522
17	Khandwa	229	Khandwa ULC	222109
18	Mandsaur	230	Mandsaur ULC	126916
19	Betul	231	Sarni	109021
20	Ujjain	232	Nagda	134412
		233	Ujjain ULC	531110
21	Hoshangabad	234	Hoshangabad ULC	104632
		235	Itarsi	117035
22	Indore	236	Indore Urban	2178160
23	Vidisha	237	Vidisha	155969
24	Seoni	238	Seoni ULC	101509
25	Rewa	239	Rewa ULC	264336
26	Sagar	240	Sagar ULC	316689
27	Dhar	241	Pithampur	125895
28	Ratlam	242	Ratlam ULC	285779
		243	Alot	260226
<b>Total</b>			<b>31</b>	<b>10900076</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>13. Maharashtra</b>				
1	Raigad	244	Panvel	128460
2	Thane	245	Thane	1845973
		246	Navi Mumbai	1136157

		247	Kalyan Dombivali	1264952
		248	Bhivandi	721928
		249	Ulhasnagar	514490
		250	Mira-Bhaindar	826793
		251	Virar	175399
		252	Nalasopara	272310
		253	Navghar	172088
		254	Badlapur	144391
		255	Ambernath	300521
3	Dhule	256	Dhule	381697
4	Jalgaon	257	Jalgaon	467329
		258	Bhusaval	202401
5	Nasik	259	Nasik	1509129
		260	Malegaon	478024
6	Ahamednagar	261	Ahamednagar	356133
7	Pune	262	Pune	3161851
		263	Pimpri-Chinchavad	1755127
8	Solapur	264	Solapur	965289
		265	Barshi	119608
9	Satara	266	Satara	116583
10	Kolhapur	267	Kolhapur	557467
		268	Ichalkaranji	287240
11	Sangli	269	Miraj-Kupwad	510187
12	Aurangabad	270	Aurangabad	1188782
13	Jalna	271	Jalna	298714
14	Parbhani	272	Parbhani	322871
15	Latur	273	Latur	364994
16	Beed	274	Beed	171052
		275	Parali	109636
17	Nanded	276	Nanded	558768
18	Akola	277	Akola	433510
19	Amravati	278	Amravati	656439
20	Yeotmal	279	Yeotmal	141516
21	Gondia	280	Gondia	135051
22	Chandrapur	281	Chandrapur	317681
23	Nagpur	282	Nagpur	2441262
24	Wardha	283	Wardha	117077
25	Mumbai	284	Mumbai	12664374
<b>Total</b>			<b>41</b>	<b>38293253</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>14. Manipur</b>				
1	Imphal (East & West)	285	Imphal	273595
<b>Total</b>			<b>1</b>	<b>273595</b>

Sl. No.	Name of District	Sl. No.	Name of Urban Localities	Population March 2012
<b>15. Meghalaya</b>				
1	East Khasi Hills	286	Shillong	362617
<b>Total</b>			<b>1</b>	<b>362617</b>
<b>16. Mizoram</b>				
1	Aizawl (East & West)	287	Aizawl	313799
<b>Total</b>			<b>1</b>	<b>313799</b>
<b>17. Nagaland</b>				
1	Dimapur	288	Dimapur Town	379769
2	Mokokchung	289	Mokokchung Town	193171
<b>Total</b>			<b>2</b>	<b>572940</b>
<b>18. Odisha</b>				
1	Balasore	290	Balasore (M)	166880
2	Bhadrak	291	Bhadrak (M)	107244
3	DLO Bhubaneswar	292	Bhubaneswar MC	1019650
4	Cuttack	293	Cuttack (M)	536916
5	Ganjam	294	Bhanjannagar	317087
		295	Berhampur (M)	255569
6	Kalahandi	296	Bhawanipatana (M)	110504
7	Puri	297	Puri (M)	202818
8	Sambalpur	298	Sambalpur (M)	175507
9	Sundargarh	299	Rourkela (M)	476982
<b>Total</b>			<b>10</b>	<b>3369157</b>
<b>19. Punjab</b>				
1	Amritsar	300	Amritsar	1207326
2	Barnala	301	Barnala	102350
3	Bathinda	302	Bathinda	477000
4	Faridkot	303	Faridkot	660363
5	Ferozepur	304	Ferozepur	221389
		305	Zira	110743



		306	Jalalabad	127500
		307	Fazilka	146168
		308	Abohar	203500
6	Hoshiarpur	309	Hoshiarpur	206561
		310	Garhshankar	127270
7	Jalandhar	311	Jalandhar	972779
8	Ludhiana	312	Khanna	115000
		313	Ludhiana	1865397
9	Moga	314	Moga	172632
10	Muktasar	315	C.H Muktasar	105927
11	Patiala	316	Patiala	375264
12	Sangrur	317	Sangrur	136000
		318	Malerkotla	136000
		319	Sunam	141000
13	Mohali (SAS Nagar)	320	Mohali	279201
<b>Total</b>			<b>21</b>	<b>6682044</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>20. Rajasthan</b>				
1	Ajmer	321	AJMER CITY	602686
		322	BEAWAR CITY	154783
		323	KISHANGARH CITY	137142
2	Alwar	324	URBAN ALWAR	350140
3	Banswara	325	BANSWARA	103105
4	Baran	326	BARAN CITY	122564
5	Barmer	327	BARMER	115782
6	Bhartpur	328	BHARTPUR	466438
7	Bhilwara	329	BHILWARA CITY	342441
8	Bikaner	330	BIKANER CITY	647450
		331	NOKHA	105708
9	Bundi	332	BUNDI CITY	107312
10	Chittorgrah	333	CHITTORGARH	309948
		334	KAPASANA	121495
		335	BANGU	139645
		336	RAWAT BHATA	137729
		337	NIMBA HARA	221413
		338	BARISADRI	121836
11	Churu	339	CHURU	113344
		340	SARDARSHAHAR	102388
		341	SUJANGARH	104971
12	Ganganager	342	S. GANGANAGER	269955
13	Jaipur	343	JAIPUR CITY	2769028
14	Jhunjhunu	344	JHUNJHUNU	130156
15	Jodhpur	345	JODHPUR CITY	986421
16	Kota	346	KOTA CITY	881700

17	Nagaur	347	NAGAUR	124107
18	Pali	348	PALI	200533
19	S.Madhapur	349	SAWAI MADHOPUR	137144
		350	GANGAPURCITY	177495
20	Sikar	351	SIKAR	218492
		352	PHATHPUR	101780
21	Tonk	353	TONK CITY	166484
22	Udaipur	354	UDAIPUR CITY	478548
<b>Total</b>			<b>34</b>	<b>11270163</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>21. Sikkim</b>				
1	East District	355	Gangtok	104222
<b>Total</b>			<b>1</b>	<b>104222</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>22. Tamilnadu</b>				
1	Thanjavur	356	Thanjavur	248545
		357	Kumbakonam	142108
3	Tuticorin	358	Tuticorin	209452
		359	Kovilpatti	117106
4	Erode	360	Erode	132305
5	Coimbatore	361	Coimbatore	1179965
		362	Pollachi	125928
		363	Tiruppur	713651
		364	Mettupalayam	136923
6	Kancheepuram	365	Alandhur	150738
		366	Pallavaram	126978
		367	West Tambaram	249469
		368	Chengalpattu	151843
		369	Palavanthangal	153668
		370	Chromepet	127532
		371	Poondibazaar	191408
7	Tiruvallur	372	Avadi	114168
		373	Ambatur	167739
		374	Madhavaram	131548
		375	Kathivakkam	120322
		376	Thiruvotriyur	293806
		377	Thandurai	147270
		378	Meenambadu	160938
		379	Padi	195462
8	Trichy	380	Trichy (Corporation)	916312
9	Dindigul	381	Dindigul	210287

10	Madurai	382	Madurai Corporation	1240915
11	Nagapattinam	383	Nagapattinam	120296
		384	Mailaduthurai	111563
12	Nagercoil	385	Nagercoil	234791
13	Sivaganaga	386	Karaikudi	102968
14	Virudhunagar	387	Arupukottai	100501
		388	Rajapalayam	134677
15	Salem	389	Salem	870716
16	Thirunelveli	390	Thirunelveli	428277
17	Tiruvannamalai	391	Thiruvannamalai	144863
18	Cuddalore	392	Neyveli	140166
19	Villupuram	393	Villupuram	119481
20	Pudukottai	394	Pudukottai	116190
21	Vellore	395	Vellore	223247
		396	Arakkonam	114945
		397	Ambur	104104
22	Chennai	398	Chennai	4749431
<b>Total</b>			<b>43</b>	<b>15672602</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>23. Tripura</b>				
1	West Tripura	399	Agartaka Municipality	677274
<b>Total</b>			<b>1</b>	<b>677274</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>24. Uttar Pradesh</b>				
1	Agra	400	Agra	1774612
2	Aligarh	401	Aligarh	893763
3	Hathras	402	Hathras	158587
4	Etah	403	Etah	138929
5	Mainpuri	404	Mainpuri	120255
6	Mathura	405	Mathura City	370955
7	Firozabad	406	Firozabad	589093
8	Allahabad	407	Allahabad	1867522
9	Fatehpur	408	Fatehpur	183655
10	Pratapgarh	409	Pratapgarh	144845
11	Banda	410	Banda	190798
12	Mahoba	411	Mahoba	105248
13	Jhansi	412	Jhansi	481674
14	Lalitpur	413	Lalitpur	118215
15	Jalaun	414	Orai	172126
16	Kanpur Nagar	415	Kanpur Urban Area	3299720
17	Etawah	416	Etawah	173744

18	Farrukhabad	417	Fatehgarh	297024
19	Rampur	418	Rampur	386374
20	Moradabad	419	Moradabad	798258
21	Moradabad	420	Chandaushi	127488
22	J B Phule Nagar	421	Amroha	251279
23	Bijnor	422	Bijnor	112079
24	Azamgarh	423	Azamgarh	181387
25	Ballia	424	Ballia	147079
26	Bareilly	425	Bareilly	854536
27	Badaun	426	Badaun	184555
28	Pilibhit	427	Pilibhit	173258
29	Shahjhanpur	428	Shahjhanpur	450405
30	Basti	429	Basti Urban Area	130216
31	Sant Kabir Nagar	430	Nath Nagar	207827
32	Gonda	431	Gonda	155875
33	Bahraich	432	Bahraich	207428
34	Balrampur	433	Balrampur	108342
35	Faizabad	434	Faizabad	192939
36	Sultanpur	435	Sultanpur	186903
37	Lucknow	436	Lucknow	2605017
38	Sitapur	437	Sitapur	243855
39	Raebareli	438	Raebareilly	301888
40	Kheri	439	Kheeri Lakhimpur	156906
41	Unnao	440	Unnao	303435
42	Unnao	441	Shukla Ganj	260379
43	Hardoi	442	Hardoi	132767
44	Bulandshahr	443	Bulandsahr	203872
45	Bulandshahr	444	Khurja	131427
46	Ghaziabad	445	Ghaziabad MMG	1343019
47	Gautam Buddha Ng.	446	G.B Nagar	578965
48	Meerut	447	Meerut	1220240
49	Saharanpur	448	Saharanpur	672582
50	Muzaffranagar	449	MuzaffarnagarULC	382969
51	Deoria	450	Deoria	151688
52	Gorakhpur	451	Gorakhpur	822768
53	Sonbhadra	452	Kakarahi Roberts Ganj	278573
54	Jaunpur	453	Jaunpur	310117
55	Ghazipur	454	Ghazipur	127079
56	Chandauli	455	Chandauli	199650
57	Varanasi	456	Varanasi	1680256
<b>Total</b>			<b>57</b>	<b>28044443</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>25. Uttarakhand</b>				
1	Dehradun	457	Dehradun	463503

2	Haridwar	458	Haridwar	299204
3	U. S. Nagar	459	Rudrapur	124908
<b>Total</b>			<b>3</b>	<b>887615</b>
Sl. No.	Name of District	Sl. No.	Name of Urban Localities	Population March 2012
<b>26. West Bengal</b>				
1	Bankura	460	Bankura Municipality	154842
2	Birbhum	461	Bolpur SDH	105141
3	Burdwan	462	Kulti (mun)	331083
		463	Durgapur MC	559838
		464	BMCH	323370
		465	Asansole SDH	547303
		466	Raniganj (Ur)	140581
4	Kolkata	467	Kolkata Municipal Corpn.	4545454
5	Coochbehar	468	Coochbehar	123508
6	Darjeeling	469	Siliguri Mun. Corpn.	283121
7	Uttar Dinajpur	470	Raiganj (M)	206253
8	Dakshin Dinajpur	471	Balurghat (U)	144309
9	Hooghly	472	Bansberia-M	118666
		473	Bhadreswar-M	109447
		474	Champdani-M	117341
		475	Rishra-M	117004
		476	Chinsurah	193442
		477	Chandannagar	184329
		478	Serampur	224868
		479	Uttarpara	170890
10	Howrah	480	Uluberia Municipality	217845
		481	Bally ,,	286449
		482	Howrah Municipal Corpn	1153742
11	Jalpaiguri	483	Jalpaiguri Urban	115446
		484	Added Area	213874
12	Malda	485	Englishbazar Mun.	285601
13	Purba Medinipur	486	Haldia	239372
		487	Contai	106978
14	Paschim Medinipur	488	Midnapur Urban	171343
		489	Kharagpur Urban	293425
15	Murshidabad	490	Berhampore unicipality	218144
16	Nadia	491	Santipur SG	163319
		492	JNM Kalyani	101179
		493	Krishnagar Sadar	166555
		494	Nabadwip SG	137411
17	Purulia	495	Purulia(M)	132364
18	North 24 Parganas	496	Halisahar	149997
		497	Dum Dum	116922

		498	North Dum Dum	235432
		499	Baranagar	286173
		500	Madhyamgram	183366
		501	Barasat	264504
		502	Kamarhati	354938
		503	South Dum Dum	436510
		504	Kanchrapara	143658
		505	Bhatapara	501876
		506	North Barrackpore	129513
		507	Barrackpore	165589
		508	Naihati	246256
		509	Titagarh	142748
		510	Khardah	133733
		511	Panihati	386870
		512	Ashoknagar Kg	128313
		513	Habra	146715
		514	R. Gopalpur	319942
		515	Basirhat	130189
		516	Bongaon	117694
		517	Bidhannagar	251435
19	South 24 Parganas	518	Maheshtala Municipality	468502
		519	Rajpur Sonar Municipality	389583
<b>Total</b>			<b>60</b>	<b>18534293</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>27. A&amp;N Islands</b>				
1	South Andaman	520	Port Blair	133655
<b>Total</b>			<b>1</b>	<b>133655</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>28. Chandigarh U.T.</b>				
1	Chandigarh	521	Chandigarh	1054686
<b>Total</b>			<b>1</b>	<b>1054686</b>
<b>Sl. No.</b>	<b>Name of District</b>	<b>Sl. No.</b>	<b>Name of Urban Localities</b>	<b>Population March 2012</b>
<b>29. Delhi</b>				
1	Delhi	522	Delhi	17074897
<b>Total</b>			<b>1</b>	<b>17074897</b>

Sl. No.	Name of District	Sl. No.	Name of Urban Localities	Population March 2012
<b>30.Puducherry</b>				
1	Puducherry	523	Puducherry Municipality	288520
		524	Oulgaret Municipality	271097
<b>Total</b>		<b>2</b>		<b>559617</b>
<b>Grand Total - 30 States/UTs</b>		<b>524 Urban Areas</b>		<b>225086745</b>
<b>Classification of Urban Localities under NLEP</b>				
S. No.	Class of urban area	Population		Number
1	Towns & Cities	100,000 to 500,000		432
2	Medium cities	500,000 to 1 million		53
3	Mega cities	1 million to 4.5 million		34
4	Metro cities	> 4.5 million		5
<b>Total</b>		-		<b>524</b>

## State/UT wise Classification of Urban Localities as on 2011-12

S. No.	Name of State/UT	Town & cities (pops. 1 Lakh to 5 lakh)	Medium City (Pops. > 5 lakh to 1 million)	Mega City Pops. > 1 million to 4.5 million	Metro city Pops > 4.5 million	Total
1	Andhra Pradesh	70	5	1	0	76
2	Assam	8	0	1	0	9
3	Bihar	23	1	1	0	25
4	Chhattisgarh	8	2	0	0	10
5	Gujarat	15	2	3	1	21
6	Haryana	20	5	1	0	26
7	Himachal Pradesh	1	0	0	0	1
8	Jharkhand	1	2	1	0	4
9	Jammu & Kashmir	0	2	0	0	2
10	Karnataka	24	3	0	0	27
11	Kerala	10	1	0	0	11
12	Madhya Pradesh	27	1	3	0	31
13	Maharashtra	24	8	8	1	41
14	Manipur	1	0	0	0	1
15	Meghalaya	1	0	0	0	1
16	Mizoram	1	0	0	0	1
17	Nagaland	2	0	0	0	2
18	Odisha	8	1	1	0	10
19	Punjab	17	2	2	0	21
20	Rajasthan	29	4	1	0	34
21	sikkim	1	0	0	0	1
22	Tamilnadu	37	3	2	1	43
23	Tripura	0	1	0	0	1
24	Uttar Pradesh	43	7	7	0	57
25	Uttarakhand	3	0	0	0	3
26	West Bengal	55	3	1	1	60
27	A & N Islands	1	0	0	0	1
28	Chandigarh U. T.	0	0	1	0	1
29	Delhi	0	0	0	1	1
30	Puducherry	2	0	0	0	2
<b>Total</b>		<b>432</b>	<b>53</b>	<b>34</b>	<b>5</b>	<b>524</b>



**Annexure-V**

**State/UT wise Gol recognized Reconstructive Surgery (RCS) Centres**

<b>State</b>	<b>District</b>	<b>Sl.No.</b>	<b>Government</b>	<b>NGO</b>
<b>Andhra Pradesh</b>	Chhittor	1		Emmaus Swiss Referral Hospital & Leprosy Project
	Rajamundry	2		Rural India Self Development Trust
	Nellore	3		Urban Leprosy Centre
	West Godavari	4		The Leprosy Mission Hospital, Narsapur
		5		Damien Leprosy Center , Vegavara, Gopannapalem, Eluru
	Hyderabad	6		Sivanand Rehabilitation Home
	Vizianagaram	7		Philadelphia Leprosy Hospital
	East Godavari	8		The Leprosy Mission Hospital Ramchandra Puram
	Guntur	9		GRETNALTES, Morampudi, district Guntur
	Secunderabad	10	Gandhi Medical College & Hospital	
<b>Sub-Total</b>	<b>10</b>		<b>1</b>	<b>9</b>
<b>Assam</b>	Guwahati	11	Guwahati Medical College & Hospital	
	Sonitpur	12		Catholic Hospital Cheritable
<b>Sub-Total</b>	<b>2</b>		<b>1</b>	<b>1</b>
<b>Bihar</b>	Muzaffarpur	13		The Leprosy Mission hospital
	Patna	14	Patna Medical College	
	Dharbhanga	15	Dharbhanga Medical College	
<b>Sub-Total</b>	<b>3</b>		<b>2</b>	<b>1</b>
<b>Chhattisgarh</b>	Janjgir	16		Bethesda Leprosy Home and Hospital

	Bilaspur	17		Chandkhuri Leprosy Hospital and Home
	Raipur	18	Regional Leprosy Training & Research Institute	
<b>Sub-Total</b>		<b>3</b>	<b>1</b>	<b>2</b>
<b>Chandigarh</b>	Chandigarh	19	Government Medical College	
<b>Sub-Total</b>		<b>1</b>	<b>1</b>	<b>0</b>
<b>Delhi</b>	North East Delhi	20		The Leprosy Mission Hospital Shahdhara
<b>Sub-Total</b>		<b>1</b>	<b>0</b>	<b>1</b>
<b>Goa</b>	Panaji	21	Goa Medical College Hospital	
<b>Sub-Total</b>		<b>1</b>	<b>1</b>	<b>0</b>
<b>Gujarat</b>	Vadodra	22	S.S.G. Hospital	
	Ahmedabad	23	Civil Hospital	
<b>Sub-Total</b>		<b>2</b>	<b>2</b>	<b>0</b>
<b>Haryana</b>	Rohtak	24	Post Graduate Institute of Medical Science	
<b>Sub-Total</b>		<b>1</b>	<b>1</b>	<b>0</b>
<b>Jharkhand</b>	Ranchi	25	Regional Institute of Medical Science	
	Jamshedpur	26	MGM Medical College Hospital	
	Ranchi	27		Radharani Rehabilitation Centre *
	Giridih	28		Holy Cross Hospital
<b>Sub-Total</b>		<b>4</b>	<b>2</b>	<b>2</b>
<b>Kerala</b>	Aleppy	29		Sacred Heart General/poor leprosy Hospital
<b>Sub-Total</b>		<b>1</b>		

<b>Karnataka</b>	Dharwad	30		Hospital for Handicapped, Hubli
	Tumkur	31		Sri Ramakrishna Sewa Ashram SVIRHC, Pavagada
	Belgaum	32		The Leprosy Mission hospital, Vengurla Road, Hindalga,
<b>Sub-Total</b>		<b>3</b>	<b>0</b>	<b>3</b>
<b>Madhya Pradesh</b>	Khargaon	33		St. Joseph Leprosy Centre, Sanawad
	Bhopal	34	Government Medical College Hospital	
	Jabalpur	35	Seth Govind Das Govt. District Hospital	
<b>Sub-Total</b>		<b>3</b>	<b>2</b>	<b>1</b>
<b>Maharashtra</b>	Mumbai city	36	Acworth Municipal Hospital for Leprosy Wadala, Mumbai *	
		37		Sishu Prem Samaj, 101/C-Mountana Building, Road No-2, Lokandwala Complex, Andheri West,
		38	All India Institutes of Physical Medicine and Rehabilitation	
		39	Grant Medical College & J.J. group of hospitals*	
		40		Vimla Dermatological Centre, Yari Road, Varsova,
	Nagpur	41		N.K.P. Salve Institute of M.S. and Lata Mangeshkar Hospital,

	Amravati	42		Kothara Leprosy Hospital, P.O. Paratwada, District Amravati
	Sangli	43		Richardson Leprosy Hospital, Miraj, District Sangli
	Raigad	44		
	Parbhani	45	Civil Hospital Parbhani	
	Dhule	46	Medical College, Dhule	
	Aurangabad	47	Medical College, Aurangabad	
	Bhandara	48	Govt. General Hospital	
	Pune	49	Dr. Bandorwalla Leprosy Kondwa, Yevalewadi	
	Pune	50	Sasoon Hospital	
<b>Sub-Total</b>		<b>14</b>	<b>9</b>	<b>5</b>
Manipur	Imphal	51	Regional Institute of Medical Sciences	
<b>Sub-Total</b>		<b>1</b>	<b>1</b>	<b>0</b>
<b>Orissa</b>	Cuttack	52	i)Cuttack Medical College Hospital	
		53	ii)Leprosy Home & Hospital Cuttack	
	Ganjam	54	Berhampur Medical College	
	Sambalpur	55	V.S.S. Medical College & Govt. Hospital, Burla*	
	Jharsuguda	56	District Hospital *	
	Rayagada	57		HOINA Leprosy Research Trust, Muniguda
	Baragarh	58		Mission Hospital Baragarh
	Mayurbhanj	59	District Hospital	
	Sonepur	60	District Hospital	

	Bhubaneshwar	61		Hi-tech Medical College & Hospital
		62		SSB Hospital
		63		IMSS & SUM Hospital
	Koraput	64	District Hospital	
	Bolangir	65	District Hospital	
	Dhenkanal	66	District Headquarters Hospital	
<b>Sub-Total</b>	<b>15</b>		<b>10</b>	<b>5</b>
<b>Puducherry</b>	Puducherry	67	General Hospital	0
<b>Sub-Total</b>	<b>1</b>		<b>1</b>	<b>0</b>
<b>Rajasthan</b>	Jaipur	68	<b>SMS Medical Collage</b>	
<b>Sub-Total</b>	<b>1</b>		<b>1</b>	
<b>Sikkim</b>	<b>Gangtok</b>	69	STMN Govt. Hospital	
<b>Sub-Total</b>	<b>1</b>		<b>1</b>	<b>0</b>
<b>Tamilnadu</b>	Vellore	70		Schieffelin Leprosy Research & Training Centre, Karigiri
	Tanjore / Thanjavur	71		Sacred Heart Leprosy Centre Sakkotai
	Tiruchiorappalli	72		Holy Family Hansensorium Fathimanagar
	Salem	73		Leprosy Relief Rural Centre Chettipatty
	Chennai	74		GREMALTES, Shenoyana
	Villupuram	75		The Leprosy Mission Hospital Vadathorsaluri
	Sivaganga	76		Dayapuram Leprosy Centre, Manamadurai

	Kancheepuram	77	Central Leprosy Teaching & Research Institute, Chengalpattu	
	Chennai	78	Stanley Medical College Hospital	
<b>Sub-Total</b>		<b>9</b>	<b>2</b>	<b>7</b>
<b>Uttar Pradesh</b>	Faizabad	79		The Leprosy Mission Hospital, Motinagar
	Allahabad	80		The Leprosy Mission Hospital, Naini
	Agra	81	JALMA - ICMR	
	Lucknow	82	King George Medical College	
	Varanasi	83	Pt. Deen Dayal Upadhyay Hospital	
<b>Sub-Total</b>		<b>5</b>	<b>3</b>	<b>2</b>
<b>Uttarakhand</b>	Dehradun	84	District Hospital Dehradun	
<b>Sub-Total</b>		<b>1</b>	<b>1</b>	<b>0</b>
<b>West Bengal</b>	Purulia	85		Purulia Leprosy Home and Hospital
	Kolkata	86	SSKM Hospital	Premanada Memorial Leprosy Hospital
		87	R.G. Kar Medical College	
		88	N.R.S. Medical College	
	Midnapur West	89	Jhargram S.D. Hospital	
	Burdwan	90	Durgapur S.D. Hospital	

	South Dinajpur	91	Balurghat District Hospital	
	North Dinajpur	92	Raiganj District Hospital	
	Coochbehar	93	MJN District Hospital	
	Darjeeling	94	North Bengal Medical College & Hospital	
	<b>Sub-Total</b>	<b>11</b>	<b>9</b>	<b>2</b>
<b>Total</b>	<b>94</b>		<b>52</b>	<b>42</b>

## National Leprosy Eradication Programme

### Terms of Reference (TOR) for hiring contractual positions at State/UT level

S. No	Designation	Qualifications & Experience	Job Profile
1	Surveillance Medical Officer	<ul style="list-style-type: none"> <li>• Medical Graduate with 5 years of working experience in Public Health Programme.</li> <li>• Working knowledge of computers</li> </ul> <p>Age: Upto 65 years</p>	<ul style="list-style-type: none"> <li>• Support the State Leprosy Officer in implementation of NLEP activities.</li> <li>• Intensive Supervision and monitoring through field visits.</li> <li>• Assist in preparation of State plans and their implementation.</li> </ul>
2	Budget & Finance officer cum Administrative officer	<ul style="list-style-type: none"> <li>• CA/ICWA/MBA (Finance)/M.Com with 1 year experience in financial and accounting matters or B.Com with 3 years experience in financial and accounting matters.</li> <li>• Knowledge of dealing administrative matters</li> <li>• Working knowledge of computers</li> </ul> <p>Age: Upto 65 years</p>	<ul style="list-style-type: none"> <li>• All accounting, financial and administrative matters in the State Leprosy Cell.</li> <li>• Assist the districts in keeping proper accounts.</li> <li>• Timely submission of SOE &amp; UC.</li> <li>• Assist in regular Audit.</li> </ul>
3	Admin Assistant	<ul style="list-style-type: none"> <li>• Graduate with 2 years experience in a Govt. Organization/ Public Sector Undertaking or a recognized society / institution.</li> <li>• Working knowledge of computers</li> </ul> <p>Age: Upto 65 years</p>	<ul style="list-style-type: none"> <li>• All Administrative matters including data compilation management of reports and returns, Logistics and maintenance of record.</li> </ul>
4	Data Entry Operator	<ul style="list-style-type: none"> <li>• Graduate from recognized university.</li> <li>• One year integrated Diploma in computer.</li> <li>• Working knowledge of computers and data entry.</li> <li>• Should be able to work with MS office</li> </ul> <p>Age: Upto 65 years</p>	<ul style="list-style-type: none"> <li>• All work of Data computerization and management in the SLOs Cell.</li> </ul>



**Terms of Reference (TOR) for hiring contractual positions at District level**

<b>5</b>	District Leprosy Consultant	<ul style="list-style-type: none"> <li>• Medical Graduate(MBBS) with 3 Years Experience in Public Health Programme OR BAMS/ BHMS with 5 years Experience in Public Health Programme.</li> <li>• Working knowledge of computers</li> </ul> <p>Age: Up to 65 Years</p>	<ul style="list-style-type: none"> <li>• To assist District Leprosy Officer (DLO) in Planning and Implementation of NLEP Activities in the District.</li> <li>• To ensure that the monthly progress report (MPR) received from all CHC/PHC and compiled at district leprosy cell.</li> <li>• Ensure submission of the Statement of Expenditure (SoE) to SLO in time.</li> <li>• To visit CHC/PHC/ Sub centre and other Health Institutions to monitor and supervise the GHC Staff.</li> <li>• Confirmation of Diagnosis in the field &amp; refer the case to nearest health facility for treatment.</li> <li>• To ensure implementation of the Deformity Prevention Medical Rehabilitation (DPMR) activities are implemented at District /CHC/ PHC level.</li> <li>• Any other activity in the interest of the programme.</li> </ul>
<b>6</b>	Physiotherapist	<ul style="list-style-type: none"> <li>• Graduate in Physiotherapy with 3 years experience.</li> <li>• Working knowledge of computers</li> </ul> <p>Age: Upto 65 Years</p>	<ul style="list-style-type: none"> <li>• To provide physiotherapy services in district hospitals to persons affected by leprosy.</li> <li>• Examine the cases at risk of developing disability and monitor them by regular VMT &amp;ST test.</li> <li>• Visit to CHC/PHC&amp; Familiarize the Health Workers and Patients in Self Care Practices.</li> </ul>

			<ul style="list-style-type: none"> <li>• Screening of disability cases and counsel eligible for Re Constructive Surgery.</li> <li>• Care of patient the before and after Re- Constructive Surgery.</li> <li>• Maintaining the Deformity Prevention Medical Rehabilitation (DPMR) related records.</li> <li>• Any other activity in the interest of the programme.</li> </ul>
7	Non-Medical Supervisor	<ul style="list-style-type: none"> <li>• Training as Non-Medical Supervisor and with 5 years experience of working in Govt or NGO organizations in the field of leprosy. Retired Para Medical Workers from Govt. service are also eligible for the post</li> <li>• BSC with 5 year experience in the field of Health</li> <li>• Working knowledge of computers</li> </ul> <p>Age: Upto 65 years</p>	<ul style="list-style-type: none"> <li>• To attend all NLEP activities in the district and also guide the General Health Care Staff in providing services to leprosy affected persons.</li> </ul>
<b>Terms of Reference (TOR) for hiring contractual positions at Block level</b>			
8	Para Medical Worker	<ul style="list-style-type: none"> <li>• High School/Higher Secondary holding certificate of PMW training.</li> </ul> <p style="text-align: center;">OR</p> <p>MSW/B.Sc with 3 years experience in the field of Health.</p> <ul style="list-style-type: none"> <li>• Working knowledge of computers</li> </ul> <p>Age: Upto 65 Year</p>	<ul style="list-style-type: none"> <li>• To support the Block PHC Medical Officer or the urban leprosy centre in carrying out all NLEP activities.</li> <li>• To maintain master register and other records related to NLEP.</li> <li>• To prepare monthly progress report (MPR).</li> <li>• To ensure availability of MDT Drug at all level.</li> <li>• Intensification of supervision in the blocks PHC area and completion of treatment in Urban localities.</li> <li>• Any other activity in the interest of the programme.</li> </ul>

