

F. NO. L-12012/3/2011-Lep.
Directorate General of Health Services
Central Leprosy Division
Nirman Bhawan, New Delhi

Dated 6th June 2013

To,

The State Leprosy Officers
of all the States/UTs

Sub: Categorization of problem districts and intervention measures thereof.

Sir,

As you are aware a total of 209 districts in 16 States/UT of the country with ANCDR >10/100,000 in 2010-11, have been identified as high endemic districts. During the 12th Plan, provision has been kept for additional Human Resource in these districts, so that focussed activities can be carried out to bring down the endemicity.

However, it is understood that all these districts are not equally problematic and also some other districts may also come under the definition of high endemicity. The issue was examined by a subcommittee constituted under the Technical Resource Group of NLEP during 2012-13. Based on their recommendation, it has been decided that **High Endemic Problem Districts** are those that have recorded in any year:

- ANCDR >10/100,000 population
- Grade II disability rate higher than the National rate

All such high endemic problem districts will be covered with the following **six additional focussed activities**, in addition to the routine NLEP activities:

- (i) Survey in selected pockets under strict supervision. Diagnosed cases should receive complete treatment with MDT.
- (ii) Healthy household contact examination on voluntary basis.
- (iii) Capacity building of all the Health Staff for suspecting cases and their management after diagnosis at the PHC and also for DPMR services. Training and retraining should be a continuous process for developing their skill.
- (iv) Awareness campaign regarding early signs of leprosy, role of treatment, reduction of stigma to the persons affected should be undertaken. Involvement of community and persons affected should be helpful. Behavioural change in the community should be the focus.
- (v) Validation of cases particularly child cases is important to assess skill to the staff involved and to consider remedial action. Child cases should be reviewed, recorded and follow up actions to be taken.

- (vi) All cases with disability should be validated and compared with previous years data. Any upward change in pattern during such disability Audit, will call for urgent action.

You are requested to kindly analyse the district wise situation as on 31st March and identify the high endemic problem districts every year and take focused action on the suggested lines.

Kindly confirm receipt of this letter.

Yours faithfully,

Dr. A. K. Puri
Asstt. Director General (Lep.)

CC:

- (i) The Director of Health Services of all States/UTs.
- (ii) The Regional Directors (ROH&FW), GOI of all States/UTs.
- (iii) The ILEP Country Coordinator, Netherlands Leprosy Relief India office, B-38, 1st Floor, Panchsheel Enclave, New Delhi.
- (iv) The State NLEP Consultants.