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(स्वास्थ्य एवं परिवार कल्याण मंत्रालय)  
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D.O. No. W - 11011/ 1/ 2015 - Lep.

Dear Colleagues,

National Leprosy Eradication Programme (NLEP) since its inception in the year 1983, has made spectacular success in reducing the burden of Leprosy. The country achieved the goal of leprosy elimination as a public health problem. i.e., prevalence rate (PR) of less than 1 case / 10,000 population at National level in December 2005. However, it is still home to around 58% of the worlds' leprosy-affected persons. Pockets of high endemicity are still present in few states in India and ongoing disease transmission is taking place. Inter-alia, findings of National Sample Survey (2010 - 11) conducted by ICMR indicate that good no. of leprosy cases in the country are being missed out in the community. In addition, it is a matter of concern for the programme that the trend of important Health Indicators of National Leprosy Eradication Program (NLEP), India i.e. Annual New Case Detection Rate (ANCDR) and Prevalence Rate (PR) are static since 2005 - 2006 and the percentage of grade II disability amongst new cases detected has increased from 3.10% (2010-2011) to 4.61% (2014-2015).

As per the epidemiology of leprosy disease, it is essential to go for early case detection and treatment, in order to interrupt the transmission of the disease agent in the community, and to achieve elimination status. The detection of leprosy cases in the community will lead to depletion of source of infection in the community as undetected and untreated cases transmit the disease agent to other people of the community. Hence, in view of the above mentioned statistics and facts, this Division wants to take three pronged strategies for early detection of leprosy case in the community, which are as below:

**I. Leprosy Case Detection Campaign for high endemic districts:**

Leprosy Case Detection Campaign (LCDC) a unique initiative of its kind under NLEP will be implemented in selected high endemic districts annually. The districts showing PR >1 / 10000 population during any of the last three years, will be identified by this division and same will be communicated to respective States. The demand for fund for LCDC may be made under activity, specific -plan for Early case detection i.e., FMR code G1.1. of NLEP budget head under annual Programme Implementation Plan, as per the financial guidelines given by this division.



**II. Focused Leprosy Campaign for hot spots:**

The village/ urban area where even a single grade II disabled case is detected must be considered as hot spot, as reporting of even single grade II disabled case indicates that cases are being detected very late and there can be several hidden cases in the community. In these hot spots of low endemic districts which are not selected for LCDC, house to house visit by ASHAs/ Multi Purpose Workers, to examine each and every resident of the households of area must be carried out under intimation to this Division. The suggestions for case search in different areas are as under:

- In villages, case search needs to be done in each house of the whole village.
- In urban areas 300 households must be covered around location of case.

**III. Case Detection in Hard to reach areas:**

Area specific plans as per local need may be formed as per the local requirements, for the same local people may be empowered by making them aware and providing material resources.

Funds available under NLEP budget head for Case detection & Management i.e., FMR code G1, of NLEP budget head under Programme Implementation Plan, may be utilized for the activities mentioned at point no. II and III.

The FMR codes given to activities of National Leprosy Eradication Programme under Programme Implementation Plan has been enclosed herewith for ready reference, with hope to streamline the same for smooth implementation of programme in your State.

We look forward for your cooperation.

With regards,

Yours sincerely,

  
(Dr. Anil Kumar)

Deputy Director General (Lep.)

DHS of all States/ UTs

CC:

1. Pr. Secretary/ Secretary, Health & family welfare of all States
2. Mission Director, National Health Mission of all States
3. State Leprosy Officer of all States

Annexure I

**FMR codes for National Leprosy Eradication Programme under Programme Implementation Plan**

S.NO.	Strategy/ Activity	Unit cost as per XII FYP
<b>G</b>	<b>NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)</b>	
<b>G1</b>	<b>Case detection &amp; Management</b>	
G1.1	Specific -plan for Early case detection	
G1.2	Services in Urban Areas	Town - 114000 Med I - 240000 Med II - 472000 Mega - 560000
G1.3	Extended ASHA Involvement	
G1.3.a	Sensitization for ASHA	100/ ASHA
G1.3.b	Incentive	
G1.3.b.i	Detection (ASHA/ AWW/ Volunteer/ Any other person)	250/ case (for early detection) 200/ late detection (visible disability)
G1.3.b.ii	PB (Treatment completion) for ASHAs only	400/ case
G1.3.b.iii	MB (Treatment completion) for ASHAs only	600/ case
G1.4	Material & Supplies: Supportive & preventive drugs, lab. reagents & equipments and printing works	68000/ district
G1.5	NGO - Scheme	Scheme wise GIA prescribed in "NGO-scheme 2013"
<b>G2</b>	<b>DPMR: MCR footwear, Aids and appliances, Welfare allowance to patients for RCS, Support to govt. institutions for RCS</b>	
G2.1	MCR	300/ pair of MCR
G2.2	Aids/ Appliance	17000/ Aids & Appliance
G2.3	Welfare/ RCS	8000/ Patient
G2.4	At Institute	5000/ Surgery
G2.5	At camps	10000/ RCS
<b>G3</b>	<b>IEC/BCC: Mass media, Outdoor media, Rural media, Advocacy media</b>	98000/ district
<b>G4</b>	<b>Human Resources &amp; Capacity building</b>	
G4.1	Capacity building	As per plan
G4.2	Human Resources on contract	
G4.2.a	Contractual Staff at State level	
G4.2.a.i	State Leprosy Consultant	40000/month
G4.2.a.ii	BFO cum Admn. Officer	30000/month
G4.2.a.iii	Admn. Asstt.	16000/month
G4.2.a.iv	DEO	12000/month

G4.2.a.v	Driver	11000/month
G4.2.b	Contractual Staff at District level	
G4.2.b.i	District Leprosy Consultant	30000/month
G4.2.b.ii	Physiotherapist	25000/month
G4.2.b.iii	NMS	25000/month
G4.2.c	Contractual Staff at Block level	
G4.2.c.i	PMW	16000/month
<b>G5</b>	<b>Programme Management</b>	
G5.1	Travel Cost	
G5.1.a	travel expenses - Contractual Staff at State level	80000/at state level
G5.1.b	travel expenses - Contractual Staff at District level	25000/ district
G5.2	Review meetings	20000 to 50000
G5.3	Office Operation & Maintenance	
G5.3.a	Office operation - State Cell	75000/at state level
G5.3.b	Office operation - District Cell	35000/ district
G5.3.c	Office equipment maint. State	50000/ district
G5.4	Consumables	
G5.4.a	State Cell	50000/at state level
G5.4.b	District Cell	30000/ district
G5.5	Mobility Support	
G5.5.a	State Cell	200000/ at state level
G5.5.b	District Cell	150000/ district
<b>G6</b>	<b>Others: travel expenses for regular staff.</b>	