



**Approved NLEP Operational Guideline  
FOR THE FINANCIAL YEAR 2021-22**



**NATIONAL LEPROSY ERADICATION PROGRAMME  
NATIONAL HEALTH MISSION, ASSAM**

## Preface

National Leprosy Eradication Programme (NLEP), India is a Centrally Sponsored Scheme under the umbrella of National Health Mission (NHM). The primary goal of the Programme is to detect the of leprosy cases at an early stage and to provide complete treatment at free of cost, in order to prevent the occurrence of disabilities in the persons affected and stop the transmission of disease at the community level. The Programme also aims to spread awareness about the disease and reduce stigma attached with the disease.

Assam has achieved the goal of elimination of Leprosy (i.e. Prevalence Rate of less than 1 (one) case per 10,000 (Ten thousand) population) in 2005. But, as per data of the last F/Y 2019-20, only one district i.e. Sivasagar district having PR more than 1 per 10000 population.

Moreover, out of new Leprosy cases, most of the cases are MB with Grade II disability.

### **The main objectives under NLEP :**

1. Elimination of Leprosy i.e. Prevalence of less than 1 case per 10,000 population in all the blocks / districts of the State.
2. Early case detection without deformity.
3. Strengthen Disability Prevention & Medical (DPMR) of Persons affected by Leprosy.
4. Reduction in the level of Stigma associated with Leprosy.

### **PROGRAMME STRATEGY :**

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

- Strengthening of integration of 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 hidden cases like FLC, ACD & RS.
- Involvement of Accredited Social Health Activist (ASHA) in the detection Follow-up & completion of treatment of Leprosy cases in time.
- Strengthening of Disability Prevention & Medical Rehabilitation (DPMR) services.
- Information, Education & Communication (IEC) & IPC activities in the community to improve self-reporting to Primary Health Centre (PHC) and reduction of stigma.
- Intensive monitoring and supervision at all levels.

To make NLEP planning compliant with NHM guidelines, the following 8 results are to be achieved:

1. Improved early case detection.
2. Improve case management.
3. Stigma reduction.
4. Development of Leprosy expertise sustained.
5. Research supported evidence base programme practices.
6. Monitoring Supervision and Evaluation system improved.
7. Increased participation of Persons affected by Leprosy in Society.
8. Involvement of community in accepting persons affected by leprosy.
9. Programme management ensured.

### **PROGRAMME COMPONENTS :**

The following components are under NLEP :-

- Case Detection and Management – Active Case Detection & Regular Surveillance (ACD&RS), FLC, PEP etc.
- Disability Prevention and Medical Rehabilitation – RCS, MCR & Self care Kits distribution to the patients etc.
- Information, Education and Communication (IEC) including Behavior Change Communication (BCC)
- Capacity building
- Programme Management
- PPP activity.

### NLEP Key Deliverables for FY 2021-22

<b>Key RoP Deliverables for FY 2021-22</b>						
S. No.	Major Milestones	Definition	Target for FY 2020-21	Progress during FY 2020-21	Target for FY 2021-22	Data Source
<b>1</b>	Reduction in prevalence of leprosy to less than 1/10,000 population at district level	No. of districts with prevalence rate of leprosy less than 1/10,000 population at district level against total no. of identified districts	1 district	1 district achieve the target	To maintain the status	MIS (MPR, AR, Nikusth portal), CLD-NLEP Division, MoHFW
<b>2</b>	Reduction in Grade II disability rate per million population to less than 1/million population at district level	No. of districts with Grade II disability rate of less than 1 per million population against total no. of identified districts	13 districts	9 districts achieve the target	4 districts to Bring down to less than 1/million population	
<b>3</b>	<b>Reduction in Grade II disability percentage among new cases as per districts' category below:</b>					
<b>A</b>	Districts having Grade II disability percentage less than 2 %	No. of districts with Grade II disability percentage of less than 2% rate against total no. of identified districts	9 district (Gr.II %<2%)	9 districts achieve the target (Gr.II=0%)	Bring down to Zero in 18 districts.	
<b>B</b>	Districts having Grade II disability percentage between (2-10) %	No. of districts with Grade II disability percentage between 2-10% against total no. of identified districts	6 districts (Gr.II% between 2-10%)	5 districts achieve the target (Gr.II%<2%)	1 district to Bring down to less than 2 %	
<b>C</b>	Districts having Grade II disability percentage more than 10 %	No. of districts with Grade II disability percentage of more than 10% against total no. of identified districts	12 districts (Gr.II%>10%)	1 districts achieve the target (Gr.II%<10%)	11 district to Bring down to less than 10 %	
<b>D</b>	Reduction in Child Grade II disability cases to ZERO cases at district level	No. of districts with zero Child Grade II disability cases against total no. of identified districts	3 districts (Child Gr.II>0)	3 districts achieve the target (Child Gr.II=0)	To Maintain the status.	

As per approval of ROP 2021-22, the NLEP operational guideline with financial allocation to State HQ & 33 nos. of Districts for 2021-22 has been prepared in view of smooth and proper implementation of NLEP activities in all districts of Assam.

**Activity wise Budget Summary approved for 2021-22 :**

Sl. No.	New FMR Code	Activity	Budget allocation for State HQ & Districts (Rs. In Lakh)		
			Total Budget	State HQ	Districts
<b>1</b>	<b>1</b>	<b>Service Delivery - Facility Based</b>	<b>34.946</b>		<b>34.946</b>
	1.1.5.4	Case detection & Management: Specific -plan for Leprosy Affected Districts	31.046		31.046
	1.1.5.6	Support to Health institutions for RCS	1.500		1.500
	1.2.3.1	Welfare allowance to patients for RCS	2.400		2.400
<b>2</b>	<b>3</b>	<b>Community Interventions</b>	<b>16.280</b>		<b>16.280</b>
	3.1.1.4.8.1	ASHA incentive for detection of leprosy	1.000		1.000
	3.1.1.4.8.2	ASHA Incentive for PB (Treatment completion)	0.640		0.640
	3.1.1.4.8.3	ASHA Incentive for MB (Treatment completion)	1.440		1.440
	D (3.1.1.3.3)	Any other (ASHA Sensitization)	13.200		13.200
<b>3</b>	<b>6</b>	<b>Procurement</b>	<b>13.400</b>		<b>13.400</b>
	6.1.2.3.1	MCR	2.600		2.600
	6.1.2.3.2	Aids/Appliance	5.850		5.850
	6.2.13.1	Supportive drugs, lab. Reagents	4.950		4.950
<b>4</b>	<b>9</b>	<b>Training</b>	<b>10.000</b>	<b>1.750</b>	<b>8.250</b>
	9.5.13.1	Capacity building under NLEP	10.000	1.750	8.250
<b>6</b>	<b>11</b>	<b>IEC/BCC</b>	<b>10.000</b>	<b>3.100</b>	<b>16.500</b>
	11.16.1	IEC/BCC: Mass media, Outdoor media, Rural media, Advocacy media	10.000	3.100	6.900
<b>7</b>	<b>12</b>	<b>Printing</b>	<b>5.400</b>		<b>5.400</b>
	12.12.1	Printing works	5.400		5.400
<b>8</b>	<b>15</b>	<b>PPP</b>	<b>9.750</b>	<b>9.750</b>	
	15.3.2.1	NGO - Scheme	9.750	9.750	
<b>9</b>	<b>16.1</b>	<b>PM - Sub activity</b>	<b>48.350</b>	<b>6.75</b>	<b>41.600</b>
	16.1.2.1.20	NLEP Review Meetings	1.000	1.000	
	16.1.3.1.11	Travel expenses - Contractual Staff at State level	0.500	0.500	
	16.1.3.1.12	Mobility Support: State Cell	3.500	3.500	
	16.1.3.3.11	Travel expenses - Contractual Staff at District level			
	16.1.4.1.8	Mobility Support: District Cell	25.100		25.100
	16.1.4.1.9	Others: travel expenses for regular staff.			
	16.1.4.2.4	Office operation & Maintenance - State Cell	0.750	0.750	
	16.1.4.2.5	State Cell - Consumables	0.500	0.500	
	16.1.5.2.3	Office operation & Maintenance - District Cell	9.90		9.900
	16.1.2.1.20	District Cell - Consumables	6.600		6.600
	16.1.3.1.11	Office equipment maint. State	0.500	0.500	
		<b>Grand Total</b>	<b>148.126</b>	<b>21.350</b>	<b>126.776</b>

## 1.2 EPIDEMIOLOGICAL SITUATION: -

### ➤ I. Situation Analysis: -

Assam has achieved the goal of elimination of Leprosy (i.e. Prevalence Rate of less than 1 (one) case per 10,000 (Ten thousand) population) in 2005. But, as per data of the last F/Y 2019-20, only one district i.e. Sivasagar district having PR more than 1 per 10000 population.

Moreover, out of new Leprosy cases, most of the cases are MB with Grade II deformity.

### Epidemiological Status of last three years :-

Sl. No	NLEP Programme Indicators	2017-18	2018-19	2019-20
1.	Total no. of New Leprosy cases detected including cases from other States. (ANCDR /1 lakh pop).	987 (2.84)	940 (2.84)	851 (2.37)
2.	New PB Leprosy Cases.	252 (25.53%)	195 (20.74%)	138 (16.21%)
3.	New MB Leprosy Cases.	735 (74.47%)	745 (79.25%)	713 (83.78%)
4.	New Child Leprosy Cases.	72(7.29%) (MB =30,PB =42 )	72 (7.65%) (MB =37,PB =35 )	67 (7.87%) (MB =40,PB =27)
5.	PR / 10,000 population.	0.28	0.26	0.25
6.	No. of Grade-I disability among new Leprosy cases.	92 (9.32%) (MB = 83, PB = 9)	79 (8.40%) (MB =75,PB =4 )	89 (10.45%) (MB =86,PB =3 )
7.	No. of Grade-II disability among new Leprosy cases.	123 (12.46%) (MB =118,PB = 5)	74 (7.87%) (MB =71,PB =3 )	92 (10.81%) (MB =0,PB =92 )
8.	Treatment Completion Rate.	92.42	PB/MB=92.33 Male/Female =89.52 Rural/Urban = 91.31	PB/MB = 88.81 Male/Female =87.73 Rural/Urban = 87.90
9.	Under Treatment cases.	986 nos. (MB=807, PB=179)	919 (PB=138, MB=781)	902 (PB=84, MB=818)
10.	Re-Constructive Surgery (RCS) Conducted.	38 (Govt.=0+NGO=38 )	44 (Govt.=5+NGO=39)	20 (NGO= 20)

### SWOT ANALYSIS :-

#### STRENGTH:

1. Availability of free adequate and effective MDT.
2. Good coordination with administration.
3. Regular review meeting chaired at District level and State Level.
4. Integration of NLEP with NHM make fund available to carry out activities.
5. Guidelines are available.

#### WEAKNESS:

1. No designated Medical Officer under NLEP district-wise.
2. Inadequate man power – Many vacant posts under NLEP.
3. DPMR services are poor :
  - a. There are no local facilities in the State to procure and provide MCR footwear to the needy Leprosy patients. It is to be procured from outside of the State which is time consuming.
  - b. Nonexistence of expert surgeons for Re-Constructive Surgery (RCS).
4. Lack of quality service regarding data collection and other reports from the districts which to be computerized and connected with the State H.Q.

#### OPPORTUNITIES:

1. Integration with NHM leading to better monitoring and supervision.
2. Integration with RBSK, RKSK for Screening of School children and adolescents.
3. Involvement of ASHA / Multi Purpose Worker (MPW).
4. Support of ILEP and WHO.
5. Valuable support from GMCH Plastic Surgery Department for RCS as well as Borgang Catholic Hospital, Sonitpur.
6. Involvement of PALs/PRI members/Community Volunteers in Leprosy case detection.

#### THREATS:

1. Deployment of NLEP staff to other activities.
2. Floods during monsoon.
3. Insurgency in Upper Assam, BTAD and Autonomous Districts.

**NLEP Budget Summary approved for the Financial Year 2021-22**

<b>Sl No.</b>	<b>Sl. No. of Major Heads</b>	<b>Major Heads</b>	<b>Total Budget approved for 2021-22 (Rs. In Lakh)</b>
1.	1.	Service Delivery – Facility Based	34.946
2.	3.	Community Intervention	16.280
3.	6	Procurement	13.400
4.	9.	Training & Capacity Building	10.000
6.	11.	IEC / BCC	10.000
7.	12.	Printing	5.400
8.	15.	PPP	9.750
9.	16.	Programme Management – sub activity	48.350
		<b>Total Budget approved for the year 2021-22</b>	<b>148.126</b>

**1. Budget approved under Service Delivery - Facility Based :-**

New FMR	Particulars	Unit of measure	Unit Cost (In Rs.)	Quantity / Target	Total Budget (In Rs.)	FMR Owner	Remarks
1.1.5.4	<b>a. Case detection &amp; management – Specific Plan in Leprosy Affected Districts.</b>						
	i) Active Case Detection & Regular Surveillance (ACD&RS).	No. of Round	1354300/-	2	2708600.00	MO, DLC / DCM	<b>Details at Annex. - I</b>
	ii) Prevention of Disability (PoD) Camp	No. of Camp	11000/-	36	396000.00	MO, DLC	<b>Annex. - II</b>
	iii) Focused Leprosy Campaign (FLC)	--	--	--	--		
	<b>Total (A)</b>			<b>38</b>	<b>3104600.00</b>		
1.1.5.6	<b>b. Support to Govt. Institutions for RCS</b>	No. of Case	5000/-	30	150000.00	MO, DLC	
	<b>Total (B)</b>			<b>30</b>	<b>150000.00</b>		
1.2.3.1	<b>c. Welfare allowance to patients for RCS</b>	No. of Case	8000/-	30	240000.00	MO, DLC	
	<b>Total (C)</b>			<b>30</b>	<b>240000.00</b>		
	<b>Grand Total (A+B+C)</b>				<b>34,94,600.00</b>		

## Annexure – I

### 1. Service Delivery - Facility Based :-

#### a. FMR Code : 1.1.5.4: Case Detection & Management – Specific Plan for early case detection in Leprosy Affected districts (high priority).

##### I. Active Case Detection & Regular Surveillance (ACD & RS) :

With a view to widen the coverage of population screening for early case detection and to strengthen the active surveillance under NLEP, it is imperative to carry out active case search on a regular basis round the year and not occasionally in a campaign mode. The guidelines explicated in the paragraphs hereafter shall help the States/UTs plan their active case detection activities in such a manner that no one from the vulnerable population is left out of screening and active surveillance for leprosy.

Under the guidance of Joint Secretary (Lep), GoI, Central Leprosy Division has finalized a the New Guideline for Active Case Detection and Regular Surveillance (ACD&RS) and received the same from Govt. of India on 27<sup>th</sup> July 2020.

In the guideline, Active Case Detection and Regular Surveillance (ACD&RS) to be done in village & urban pocket once or twice (one round=6 month) as per criteria.

As per notification from Central Leprosy Division, One round of ACD & RS has already been started and completed by 31<sup>st</sup> March, 2021 in our State.

For the Financial Year 2021-21, the State has to be completed the two round of ACD & RS on the basis of new case load and prepared the plan for those village or urban pockets where cases are detected from January, 2020 to October, 2020.

#### Frequency and criteria for screening rounds :

##### Frequency of screening (rounds)

- i. The entire population of the given village/urban pocket in a low endemic block should be screened within 12 months so as to cover the entire population in a year. For areas in high endemic Blocks, there would be two rounds of screening in such a manner that the entire population is screened twice a year. The gap between the two rounds of screening of an individual would be six months in the areas where two rounds of screening are to be conducted. In other words, every person residing in a low endemic area would be screened once a year, and in high endemic areas twice a year.
- ii. The screening rounds shall be completed within the given financial year. For example, for F.Y. 2020-21, the screening rounds (1 or 2, as per the criteria) would be carried out between 1 April, 2020 to 31 March, 2021.

#### Criteria for deciding the number of screening rounds :

S.No	Endemicity Status	Criteria	Frequency of screening
1	Low endemic Block	PR<1/10000 Population AND/OR Annual new cases detected (ANCD) up to 20 cases AND/OR Grade II disability < 2 case/million population AND/OR Grade 2 disability percentage < 2% among new cases detected	Once a year
		Any village/urban pocket with in the low endemic blocks, If reporting even a single child case among new cases AND/OR Child G2D case among new Cases AND/OR Any Adult G2D case among new cases	Twice a year, only in that particular village/urban pocket



## Cont.....of Annexure I

S.No	Endemicity Status	Criteria	Frequency of screening
2.	<b>High endemic Block</b>	PR>1/10000 Population AND/OR Annual new cases detected (ANCD) more than 20 cases AND/OR Grade 2 disability 2 or > 2 case/million population AND/OR Grade 2 disability percentage 2% or > 2% among new cases detected	Twice a year
3.	<b>Urban Areas</b>	Districts reporting leprosy cases from urban areas need to focus on the screening of population living in the endemic pockets of given Urban areas. These pockets include urban slums and other key focus areas such as construction sites, colonies. Inhabited by migrants, mining areas, brick kilns etc. All districts must map such locations for the purpose of active case detection and surveillance.	Minimum one round of screening must be conducted in such areas even if a single case of leprosy or G2D is reported. Second round of screening would be conducted if the criteria for two rounds of screening given above for high endemic blocks is fulfilled. Besides, State/ UT scan decide second round of screening on the basis of the Findings of the 1st round.
4.	<b>Areas with Special needs</b>	Special strategies may be devised by the states/UTs at their own level for ensuring screening of 100 %population in areas with special needs, e.g. Hard to Reach (HTRA) are as /geographically far flung areas where the F/M FLW do not reside on a permanent basis. The State may consider training some local female and male community volunteers including persons affected by leprosy residing in such areas for active Leprosy case detection on regular basis. In the scenario where this option is also not available, the states/UTs may decide the time duration themselves for conducting and completing screening rounds for case detection, making optimum use of the resources available.	The screening rounds in area with special needs maybe conducted and completed in a focused manner in shorter durations as per prevailing ground situation. However, the screening rounds should not be closed till the time 100%resident eligible population of the given area is screened for leprosy. It must be ensured that not a single member of the community remains out of the screening coverage.

**Note :**

The cut-off date for the criteria/indicators for deciding the number of screening rounds would be 31 Dec of the immediately preceding year. The statistical reports Finalized by the State/UT upto 31 Dec should be used to decide the number of screening rounds for blocks/urban areas/villages. For example, the statistics upto 31.12.2019 shall be the criteria for deciding the number of screening rounds for F.Y. 2020-21.

## Cont....of Annexure I

### Incentives details :-

1. F/M FLW involved in the screening for leprosy shall be paid an incentive of Rs. 1000/- each individually per round of screening and complete reporting after each round.
2. ASHA Supervisor/Facilitator shall be entitled for incentive @ 10% per ASHA incentive at the end of each completed screening round.
3. The State has planned to give incentives @Rs100/- per FLW for sensitization at the level of ½ day sensitization of ASHA.
4. Printing cost for Formats/registers/referral slip calculated @Rs.250 per FLW.

### Budget approved for ACD &RS (Planning 2 round @6 month/round) :

Sl. No.	Districts	No. of cases for which ACD&RS planned			No. FLWs Male & Female (2 FLW /Case)	Budget approved for 1 <sup>st</sup> Round (6 months) & 2 <sup>nd</sup> round (In Rs.)					
		No. of case detected from Jan-Oct,20	No. of Estimated case detection for Nov & Dec/20	Total case		Incentives @Rs.1000/ per FLW	Incentives for ASHA supervisor/facilitator @10% incentives of 1 FLW	Incentives for Sensitization of FLWs @Rs.100 /FLW	Printing Cost @ Rs.250/ Set /FLW	Total	Total Budget in 2 (two) rounds in One F.Y.)
1	Baksa	4	1	5	10	10000	1000	1000	2500	14500	29000
2	Barpeta	7	1	8	16	16000	1600	1600	4000	23200	46400
3	Biswanath	10		10	20	20000	2000	2000	5000	29000	58000
4	Bongaigaon	6	1	7	14	14000	1400	1400	3500	20300	40600
5	Cachar	12	2	14	28	28000	2800	2800	7000	40600	81200
6	Charaideo	28	6	34	68	68000	6800	6800	17000	98600	197200
7	Chirrang		2	2	4	4000	400	400	1000	5800	11600
8	Darrang	1	1	2	4	4000	400	400	1000	5800	11600
9	Dhemaji	8	2	10	20	20000	2000	2000	5000	29000	58000
10	Dhubri	7	2	9	18	18000	1800	1800	4500	26100	52200
11	Dibrugarh	46	9	55	110	110000	11000	11000	27500	159500	319000
12	DimaHasao		2	2	4	4000	400	400	1000	5800	11600
13	Goalpara	6	1	7	14	14000	1400	1400	3500	20300	40600
14	Golaghat	10	2	12	24	24000	2400	2400	6000	34800	69600
15	Hailakandi	2		2	4	4000	400	400	1000	5800	11600
16	Hojai	4	1	5	10	10000	1000	1000	2500	14500	29000
17	Jorhat	6	2	8	16	16000	1600	1600	4000	23200	46400
18	Kamrup (M)	28	6	34	68	68000	6800	6800	17000	98600	197200
19	Kamrup (R)	10	2	12	24	24000	2400	2400	6000	34800	69600
20	K. Anglong	4	2	6	12	12000	1200	1200	3000	17400	34800
21	Karimganj		2	2	4	4000	400	400	1000	5800	11600
22	Kokrajhar	3	1	4	8	8000	800	800	2000	11600	23200
23	Lakhimpur	25	5	30	60	60000	6000	6000	15000	87000	174000
24	Majuli	4		4	8	8000	800	800	2000	11600	23200
25	Morigaon	2		2	4	4000	400	400	1000	5800	11600
26	Nagaon	16	2	18	36	36000	3600	3600	9000	52200	104400
27	Nalbari	4	1	5	10	10000	1000	1000	2500	14500	29000
28	Sivasagar	56	6	62	124	124000	12400	12400	31000	179800	359600
29	Sonitpur	12	4	16	32	32000	3200	3200	8000	46400	92800
30	South Salmara	2		2	4	4000	400	400	1000	5800	11600
31	Tinsukia	58	13	71	142	142000	14200	14200	35500	205900	411800
32	Udalguri	1	1	2	4	4000	400	400	1000	5800	11600
33	West K. Anglong	5		5	10	10000	1000	1000	2500	14500	29000
	<b>Dist. Total</b>	<b>387</b>	<b>80</b>	<b>467</b>	<b>934</b>	<b>934000</b>	<b>93400</b>	<b>93400</b>	<b>233500</b>	<b>1354300</b>	<b>2708600</b>

## Annexure – II

### 1. Service Delivery - Facility Based :-

#### a. FMR Code : 1.1.5.4: Case detection & management – Specific Plan for early case detection:-

ii) **Prevention of Disability (PoD) Camp** :To reduce the % of grade II disability, Prevention of Disability (PoD) camp is much essential. So, this year the State plans to conduct PoD camps in all districts @2 camps per district.

**Budget approved for PoD Camps :**

**One PoD Camp = 20 PALs having Gr. I & Gr.II disability.**

1. Patients Transportation costs = Rs.6000/- per Camp.
2. Miscellaneous expenditure for arrangement of the camp = Rs.5000/- per camp.

**Total Budget approved for each camp = Rs.11000/-**

Sl. No.	Districts	Total PoD Camps @ Rs.11000/- per camp	Amount (Rs.)
1	Tinsukia, Dibrugarh, Sivasagar,	@2 camps per districts x 3 = 6 nos.	66000.00
2.	Rest of the above districts i.e. 30 nos. of districts	@1 camps per districts x 30 = 30 nos.	330000.00
	<b>Total</b>	<b>Total PoD Camps = 36 nos.</b>	<b>3,96,000.00</b>

iii) **Focused Leprosy Campaign (FLC)** : The main aim of FLC is to detect the hidden Leprosycases early to avoid deformity. Since Grade II disability is higher than the National level, Govt. of India has instructed to conduct FLC in the 'Hotspots' (where Grade II disability is present) covering in the urban areas (survey of surrounding 300 houses) and in rural areas (survey of whole village even if 1 Grade II disability exists in the village).

**No Budget require for this activity.**

### Annexure - III

**c. FMR Code : 1.1.5.6 (Old Code – G.2.5) :Support to Govt. Institutions/NGOs for RCS :-**

Cases suitable for Reconstructive Surgery (RCS) are referred to RCS Centres recognized by Govt. of India in Govt. or NGO sector.

**The Govt recognized RCS centre :-**

1. Gauhati Medical College & Hospital, Guwahati, Kamrup (M) district.
2. Catholic Hospital, Borgang, Sonitpur district.
3. Sonapur District Hospital, Sonapur, Guwahati, Kamrup (M)

Financial Aid as per Govt. of India guidelines have been provided to Institutes for conducting RCS on eligible Leprosy cases at the rate of Rs. 5000/- per case.

**The approved number of RCS to be done in 2021-22 = 30**

**The Budget = @Rs.5000/- x 50 nos. = Rs.250000/-**

District	Unit Costs / RCS	Target	Total Budget	Remarks
Kamrup (M)	Rs.5000/-	10 nos.	Rs.50000/-	List of RCS patients enclosed below
Sonitpur	Rs.5000/-	20 nos.	Rs.100000/-	
<b>Total</b>		<b>30 nos.</b>	<b>Rs.1,50,000/-</b>	

**d. New FMR Code : 1.2.3.1 (Old – G.2.3) : Welfare allowance to patients for Re-Constructive Surgery (RCS) :**

RCS is done to make the deformed Leprosy patients fit for day to day activities. The allowances (unit cost) have been given as per Govt. of India guidelines at of Rs.8000/- per RCS case.

**Budget @Rs.8000/- x 50 nos. = Rs.4,00,000/-**

District	Unit Costs / RCS	Target	Total Budget	Remarks
Kamrup (M)	Rs.8000/-	10 nos.	Rs.80000/-	List of RCS patients enclosed below
Sonitpur	Rs.8000/-	20 nos.	Rs.160000/-	
<b>Total</b>		<b>30 nos.</b>	<b>Rs.2,40,000/-</b>	

**LIST OF PRE OPERATIVE CASES FOR RCS IN THE YEAR 2021-22**

SL. NO.	NAME & ADDRESS	AGE/SEX	DISTRICT	TYPE OF DISABILITY
1.	Sunil Guwala S/O- Rabi Guwala Vill- Bukhaghat 3 No. line PO- Bukhaghat M- 7086283628	35/M	Golaghat	Rt. Hand median claw.
2.	Amir Hussan S/O- Abdul Hussan Vill- Phukar Dodani M- 7637890764	40/M	Lakhimpur	Lt. hand ulnar claw.
3.	Sunita Gorh D/O- Manik Gorh Vill- Chamuguri TE PO- Gotoma M- 6000977337	22/F	Jorhat	Lt. hand ulnar claw.
4.	Parboty Bhuyan D/O- Abul Bhuyan Vill- Hunwal TE 2 No. line PO- Mariani M- 7896208103	20/F	Jorhat	Rt. hand median claw.
5.	Ajoy Ghatowal S/O Dipen Ghatowal Vill + PO Mahabandha M- 9365954145	35/M	Jorhat	Lt. hand ulnar claw.
6.	Bajrang Nayak S/O- Dulal Nayak Vill- Jamirah TE PO- Barbaruah M- 9365476354	45/M	Dibrugarh	Lt. foot drop.

SL. NO.	NAME & ADDRESS	AGE/SEX	DISTRICT	TYPE OF DISABILITY
7.	Puran Majhi S/O Jiten Majhi Vill + PO Chabua M- 7896241147	24/M	Dibrugarh	Rt. Hand ulnar claw.
8.	Ashini Nayak S/O Gupa Nayak Vill- Sepon 12 No. line PO- Khowang M- 9678553464	25/M	Dibrugarh	Rt. Hand ulnar claw.
9.	Aminul Islam C/o Bahadur Ali Vill – Bagharbari, Panjabari Kamrup Metro C.No. 6000342030	20 /M	Kamrup Metro	Right & Left hand Claw
10.	Sukhram Gorh S/O- Bijoy Gorh Vill- Hansara TE PO- Raidang M- 6026043928	14/M	Tinsukia	Rt. Hand median claw.
11.	Balen Das C/o Akan Das Bamunimoidam, Chandmari, Kamrup Metro C. No. 9085769117	50/M	Kamrup M	Both Leg planter Ulcer
12.	Sudarson Boraik S/O Sonjoy Boraik Vill- Dhoedam TE PO- Borhajan M- 7637971858	15/M	Tinsukia	Rt. Hand median claw.
13.	Tejen Karmakar S/O Rajesh Karmakar Vill- Dhoedam TE PO- Borhajan M- 7637971858	25/M	Tinsukia	Rt. Median claw.
14.	Sahidul Haque S/O- Kurban Ali Vill+ PO- Kaldoba M- 7664053470	26/M	Dhubri	Lt. hand ulnar and median claw.
15.	Sukesh Barman S/O- Subal Barman Vill+ PO- Jamduar M- 9577662657	36/M	Dhubri	Lt. foot drop.
16.	Pradip Barman S/O- Prafulla Barman Vill- Rangaphia PO- Modonia M- 6003097477	36/M	Lakhimpur	Rt. Hand ulnar claw.
17.	Mahananda Pagu S/O- Gopinath Pagu Vill- Kathalguri PO- Pipalguri M- 6282182045	21/M	Dhamaji	Lt. hand ulnar claw.
18.	Mahavir Ojha S/O- Dhanpat Ojha 75- BN- BSF Tura- Maghalaya M- 9378050550	38/M	Maghalaya	Rt. Hand Opp.
19.	Indira Chetry WO- Tack Bahadur Chetry Vill- Militarigaon PO- Rampur M- 9957172237	45/F	Lakhimpur	Lt. hand ulnar claw.
20.	Bobita Nayak C/o Kartik Nath Nayak Hahsora, Moran Pathar Tinsukia	25/F	Tinsukia	Ulcer on left Sole
21.	Subash Chauhan C/O Sankar Chauhan Vill-Galandihabi Post-Udalguri M- 9508810568	26/M	Udalguri	Rt. Hand ulnar claw.

<b>SL. NO.</b>	<b>NAME &amp; ADDRESS</b>	<b>AGE/SEX</b>	<b>DISTRICT</b>	<b>TYPE OF DISABILITY</b>
22.	Dipu Nath C/o Late Lakhi Nath Vill/post – Kamalpur. M- 7670072908	34/M	Kamrup ( R )	Lt. hand ulnar claw.
23.	Mukaddas Ali S/O Abdul Rasid AMCO road Near Masid	40/M	Dhubri	Bl. Lagophthalmos.
24.	Bharat Kharia Lengerijan T.E, Naharkatia.	35/M	Dibrugorh	Lt. hand ulnar claw
25.	Biswajeet Gogoi Tingkhong.	35/M	Dibrugorh	Lt. hand ulnar claw
26.	Khirod Das Puroni Gaon, Naharkatia.	30/M	Dibrugorh	Both hand ulnar claw.
27.	Rohan Tanti C/O Rajesh Tanti Bogapani TE, 10 no. line M- 6913028734	13/M	Tinsukia	Rt. Hand ulnar claw.
28.	Kandu Ganju C/O- Sukram Ganju Hebeda Basti	33/M	Tinsukia	Rt. Hand ulnar claw.
29.	Sri Ananda Karmakar C/o Sib Lal Karmakar Vill. : Ama Dalang, Baliyan, Nakachari.	19/M	Jorhat	Rt. Hand ulnar claw.
30.	Sri Dipu Lahan C/o Horen Lahon Vill. : Baghjan Gharfolia, Sotai, Kakojan.	18/M	Jorhat	Both hand ulnar claw.

#### 4. Community Intervention :-

##### New FMR Code : 3.1.1.4 : Activities to be performed by ASHAs:

- 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.
- 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.
- 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.
- Spreading awareness.

##### ASHA incentives approved to be provided as per Govt. of India norms is shown below :-

- ASHA incentives for Leprosy case detection = Rs. 250/- per case.
- ASHA incentives for PB (Treatment Completion) = Rs. 400/- per case.
- ASHA incentives for MB (Treatment Completion) = Rs. 600/- per case.
- ½ day Sensitization of ASHA = Rs. 100/- per ASHA

##### Budget approved for ASHA incentives :-

New FMR	Particulars	Unit of measure	Unit Cost (In Rs.)	Quantity / Target	Budget (In Rs.)	FMR owner	Remarks
3.1.1.4.8.1	ASHA incentives for Leprosy case detection	No. of case	250/-	400	100000.00	SPO & SCM at State Level and MO, DLC & DCM at district Level	Annex. - IV
3.1.1.4.8.2	ASHA incentives for PB (Treatment Completion)	No. of PB Case	400/-	160	64000.00		
3.1.1.4.8.3	ASHA incentives for MB (Treatment Completion)	No. of MB Case	600/-	240	144000.00		
D (3.1.1.3.3)	½ day Sensitization of ASHA	No. of ASHA	100/-	13200 (400 ASHA to be trained at each district)	1320000.00		
	<b>Total</b>				<b>16,28,000.00</b>		

## Annexure - IV

## District wise Budget breakup for ASHA Incentives under Community Intervention:-

Sl. No.	F.M.R. Code	3.1.1.4.8.1		3.1.1.4.8.2		3.1.1.4.8.3		D (3.1.1.3.3)		Total
	District	ASHA incentives for Leprosy case detection @Rs.250/- per case		ASHA incentives for PB (Treatment Completion) @Rs.400/- per case		ASHA incentives for MB (Treatment Completion) @Rs.600/- per case		½ day Sensitization of ASHA @Rs.100/- per ASHA		
		Target	Amount	Target	Amount	Target	Amount	Target	Amount	
1	2	3	4	5	6	7	8	9	10	11 = 4+6+8+10
1	Baksa	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
2	Barpeta	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
3	Biswanath	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
4	Bongaigaon	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
5	Cachar	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
6	Charaideo	20	5000.00	8	3200.00	12	7200.00	400	40000.00	55400.00
7	Chirrang	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
8	Darrang	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
9	Dhemaji	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
10	Dhubri	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
11	Dibrugarh	20	5000.00	8	3200.00	12	7200.00	400	40000.00	55400.00
12	DimaHasao	5	1250.00	2	800.00	3	1800.00	400	40000.00	43850.00
13	Goalpara	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
14	Golaghat	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
15	Hailakandi	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
16	Hojai	15	3750.00	6	2400.00	9	5400.00	400	40000.00	51550.00
17	Jorhat	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
18	Kamrup (M)	15	3750.00	6	2400.00	9	5400.00	400	40000.00	51550.00
19	Kamrup (R)	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
20	K. Anglong	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
21	Karimganj	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
22	Kokrajhar	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
23	Lakhimpur	15	3750.00	6	2400.00	9	5400.00	400	40000.00	51550.00
24	Majuli	15	3750.00	6	2400.00	9	5400.00	400	40000.00	51550.00
25	Morigaon	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
26	Nagaon	15	3750.00	6	2400.00	9	5400.00	400	40000.00	51550.00
27	Nalbari	15	3750.00	6	2400.00	9	5400.00	400	40000.00	51550.00
28	Sivasagar	25	6250.00	10	4000.00	15	9000.00	400	40000.00	59250.00
29	Sonitpur	15	3750.00	6	2400.00	9	5400.00	400	40000.00	51550.00
30	South Salmara	5	1250.00	2	800.00	3	1800.00	400	40000.00	43850.00
31	Tinsukia	25	6250.00	10	4000.00	15	9000.00	400	40000.00	59250.00
32	Udalguri	10	2500.00	4	1600.00	6	3600.00	400	40000.00	47700.00
33	West K. Anglong	5	1250.00	2	800.00	3	1800.00	400	40000.00	43850.00
	<b>Dist. Total</b>	<b>400</b>	<b>100000.00</b>	<b>160</b>	<b>64000.00</b>	<b>240</b>	<b>144000.00</b>	<b>13200</b>	<b>1320000.00</b>	<b>1628000.00</b>



#### 4. Procurement :-

- Microcellular Rubber (MCR) foot wears are supplied to the patients with insensitive feet by the District Leprosy Cell through PHC/CHC. MCR footwear will be provided at the rate of 2 pairs per Leprosy affected person having insensitive feet.
- Distribution of Self Care Kits to the needy patients is the important indicator. At least 6 (six) nos. of self care kits have to provide to one patient in a year.
- Aids and appliances for Medical Rehabilitation are distributed to the patients those are undergone Reconstructive Surgery and PoD camps.
- Supportive drugs are to be procured at district level for management of reaction and secondary infections and Post Exposure Prophylaxis (PEP).

#### Approved Budget for procurement:

New FMR	Particulars	Unit of measure	Unit Cost (In Rs.)	Quantity / Target	Budget (In Rs.)	FMR Owner	Remarks	
	<b>Procurement other equipments</b>							<b>Annexure V</b>
6.1.2.3.1	MCR footwear	No. of pairs	400/-	650	260000.00	<b>ZLO/MO, DLC</b>	MCR footwear as per districts needs (District wise PALs has been given in Ann. V) Targeted to both New & Old cases.	
6.1.2.3.2	Aids & Appliances - Self-care Kit	No. of Kits	300/-	1950	585000.00			
	<b>Total (A)</b>				<b>845000.00</b>			
	<b>Drugs &amp; Supplies</b>							
6.2.13.1	Supportive drugs (PEP)& Lab. Reagent	No. of District	15000/-	33	495000.00	<b>ZLO/MO, DLC</b>		
	<b>Total (B)</b>			<b>33</b>	<b>495000.00</b>			
	<b>Grand Total on Procurement (A+B)</b>				<b>1340000.00</b>			

**Annexure - V****District wise allocation for procurement:-**

Sl. No.	FMR Code  Districts	6.1.2.3.1			6.1.2.3.2		6.2.13.1		Total (In Rs.)
		Other Equipments			Aids & Appliances – Self-care Kits (@Rs.300/- per Kits )		Drugs & Supplies		
		Distribution of MCR Footwear @2 pairs per patients @Rs.400/- per pair.					Supportive Drugs (PEP) & Lab. Reagent.		
		No. of PALs	Target of MCR Footwear	Amount (In Rs.)	Target (6 kits / patient)	Amount (In Rs.)	Target	Amount (In Rs.)	
1	2	3	4	5	6	7	8	9	10=5+7+9
1	Baksa	4	8	3200.00	24	7200.00	1	15000.00	25400.00
2	Barpeta	4	8	3200.00	24	7200.00	1	15000.00	25400.00
3	Biswanath	7	14	5600.00	42	12600.00	1	15000.00	33200.00
4	Bongaigaon	10	20	8000.00	60	18000.00	1	15000.00	41000.00
5	Cachar	20	40	16000.00	120	36000.00	1	15000.00	67000.00
6	Charaideo	15	30	12000.00	90	27000.00	1	15000.00	54000.00
7	Chirrang	3	6	2400.00	18	5400.00	1	15000.00	22800.00
8	Darrang	7	14	5600.00	42	12600.00	1	15000.00	33200.00
9	Dhemaji	9	18	7200.00	54	16200.00	1	15000.00	38400.00
10	Dhubri	9	18	7200.00	54	16200.00	1	15000.00	38400.00
11	Dibrugarh	25	50	20000.00	150	45000.00	1	15000.00	80000.00
12	DimaHasao	2	4	1600.00	12	3600.00	1	15000.00	20200.00
13	Goalpara	5	10	4000.00	30	9000.00	1	15000.00	28000.00
14	Golaghat	15	30	12000.00	90	27000.00	1	15000.00	54000.00
15	Hailakandi	3	6	2400.00	18	5400.00	1	15000.00	22800.00
16	Hojai	10	20	8000.00	60	18000.00	1	15000.00	41000.00
17	Jorhat	12	24	9600.00	72	21600.00	1	15000.00	46200.00
18	Kamrup (M)	15	30	12000.00	90	27000.00	1	15000.00	54000.00
19	Kamrup (R)	20	40	16000.00	120	36000.00	1	15000.00	67000.00
20	K. Anglong	6	12	4800.00	36	10800.00	1	15000.00	30600.00
21	Karimganj	4	8	3200.00	24	7200.00	1	15000.00	25400.00
22	Kokrajhar	5	10	4000.00	30	9000.00	1	15000.00	28000.00
23	Lakhimpur	12	24	9600.00	72	21600.00	1	15000.00	46200.00
24	Majuli	4	8	3200.00	24	7200.00	1	15000.00	25400.00
25	Morigaon	4	8	3200.00	24	7200.00	1	15000.00	25400.00
26	Nagaon	10	20	8000.00	60	18000.00	1	15000.00	41000.00
27	Nalbari	12	24	9600.00	72	21600.00	1	15000.00	46200.00
28	Sivasagar	25	50	20000.00	150	45000.00	1	15000.00	80000.00
29	Sonitpur	11	22	8800.00	66	19800.00	1	15000.00	43600.00
30	South Salmara	4	8	3200.00	24	7200.00	1	15000.00	25400.00
31	Tinsukia	25	50	20000.00	150	45000.00	1	15000.00	80000.00
32	Udalguri	4	8	3200.00	24	7200.00	1	15000.00	25400.00
33	West K. Anglong	4	8	3200.00	24	7200.00	1	15000.00	25400.00
	<b>Dist. Total</b>	<b>325</b>	<b>650</b>	<b>260000.00</b>	<b>1950</b>	<b>585000.00</b>	<b>33</b>	<b>495000.00</b>	<b>1340000.00</b>

## 9. Training & Capacity Building :-

### Training needs :-

- As there is no designated Medical Officer in Leprosy, the MOs, District Leprosy Cells frequently changed. So, capacity building of MOs, DLC is essential as they are the Nodal Officer of NLEP in the district level.
- Trainings on 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 BPHC 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. Doctors as well as pharmacist of Tea Gardens need to be trained up, as most of the Leprosy cases are detected from Tea Garden areas.
- Training for Health Supervisors (Male & Female) and Health Workers (Male & Female) will be carried out regularly every year.
- As per DO Z-28020-10-2019-RBSK-CH dated 6<sup>th</sup> August 2019, State/UTs had been advised to screen for TB and Leprosy among children 0-6 years at Anganwadis and children 6-18 years enrolled in Govt. and Govt. aided schools under RBSK. The aim of this activity is to reduce morbidity and mortality associated with TB and Leprosy in children through Prevention, Early detection and prompt management and Treatment.

In this regard, it has been advised to propose the budget for train up the HR of RBSK/RKSK on Leprosy in PIP 2021-22 vide letter No.Z-28015/05/2018-TB from JS (NLEP), Govt. of India

### Budget approved for Training :

New FMR	Particulars	Training Level	Trainee	Unit of measure	Unit Cost (In Rs.)	Quantity / Target	Budget (In Rs.)	FMR Owner	Remarks
9.5.13.1	<b>Training under NLEP</b>								
	2 days MO Training	District level	HWC/PHC/BPHC/Tea Garden/MMU team	No. of Trainee	1000/-	271 nos.	271000/-	<b>MO, DLC</b>	
	1 day training of MOs	Block level	MOs under RBSK/RKSK	No. of Trainee	1000/-	554 Nos.	554000/-	<b>MO, DLC</b>	
	2 days training of Medical Officers	State level	One MO/ZLO of District Leprosy Cell	No. of Batch	2500/-	33 nos.	82500/-	<b>SPO</b>	
	2 days Training of Health Worker	State level	NMA/NMS/LI/PMW/HE	No. of Trainee	2500/-	37 nos.	92500/-	<b>SPO</b>	
	<b>Total</b>					<b>895 nos.</b>	<b>1000000/-</b>		

## 11. IEC / BCC under NLEP :-

### 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 which is available all Govt. Health Institution.
- To remove stigma associated with leprosy and prevent discrimination against leprosy affected persons.
- To specifically cover beneficiaries, health providers, influencers and the masses.

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 ZilaParishad, MahilaMandals, 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
- High 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.

- **Anti-Leprosy Fortnight (30<sup>th</sup> Jan, 2022 – 13<sup>th</sup> Feb, 2022) termed as ‘SPARSH LEPROSY AWARENESS CAMPAIGN’ (SLAC):**

In connection with the Martyrdom day of the “Father of the Nation”, Mahatma Gandhi on 30<sup>th</sup> January, Anti-Leprosy day has been observed spanning up to a fortnight termed as ‘SPARSH LEPROSY AWARENESS CAMPAIGN (SLAC)’, will be carried out along with other State of India for the above mentioned period with the objective of creating public awareness through various NLEP activities (IEC / BCC), such as, folk shows, school quiz, street play, formation of Gram Sabha etc.

New FMR	Particulars	Unit of measure	Unit Cost (In Rs.)	Quantity / Target	Budget (In Rs.)	FMR Owner
11.16.1	<b>IEC/BCC plan for Districts</b>					
	Observation of Anti Leprosy Day and Anti-Leprosy Fortnight as Sparsh Leprosy Awareness Campaign (SLAC)	District	20000.00	30	600000.00	DLC/DME
		High endemic district	30000.00	3	90000.00	
	<b>Total Budget for 33 districts</b>				<b>690000.00</b>	
IEC at State HQ (Observation of Anti Leprosy Day, TV/Radio/News Paper adv.)	State Cell	310000.00	1	310000.00	SPO/SME/DME HQ	
	<b>Total Budget (A+B)</b>				<b>1000000.00</b>	

**12.Printing :-**

Printing of forms as well as formats, Patient Card, ASHA formats etc to be done in the district level as well as State level. Printing of IEC/Training materials etc. at State level as per approved sample of Govt.of India has been .

**Budget approved for printing:-**

New FMR	Particulars	Unit of measure	Unit Cost (In Rs.)	Quantity / Target	Budget (In Rs.)	FMR Owner
<b>12</b>	<b>Printing activities</b>					
12.12.1	Printing Works at districts	No. of District	20000/-	33	660000/-	ZLO/MO, DLC
	<b>Total for Printing</b>			<b>33</b>	<b>6,60,000/-</b>	

**15.PPP under NLEP :-****Justification for NGO support :**

Medical rehabilitation is one of the main components of DPMR and RCS is accorded priority. RCS with referral facility is considered as the highest level of referral centre (tertiary care services) in leprosy. Though GMCH was identified as RCS Centre, very few RCS cases done due to Lack of Technical staff/Leprosy trained Physiotherapist and inadequate beds. So, most of the cases are operated at Borgang Catholic Hospital (NGO) with surgeon from outside in collaboration with ILEP/AIFO.

**Under the Scheme 1 (C), Borgang Catholic Hospital, Sonitpur is working since last 6 years covering the patients almost all the districts.**

In addition to that, the following services are taken –

- Cases of difficult-to-diagnose leprosy and in need of confirmation including relapse patients
- Cases with Grade 2 disability requiring medical or surgical treatment,
- Management of all forms of lepra reaction
- Cases with adverse effects of MDT
- Cases requiring MCR footwear, crutches, wheel chair, other materials etc.
- Laboratory facilities with skin-slit smear and all other routine tests,
- Counselling to patient and his family on RCS, social aspects, etc.,

As per suggestion in the NPCC meeting State has one NGO scheme.

**Budget approved for PPP (NGO) :-**

New FMR	Particulars	Unit of measure	Unit Cost (In Rs.)	Quantity / Target	Budget (In Rs.)	FMR Owner	Remarks
	<b>PPP under NLEP (NGO Scheme)</b>						
15.3.2.1	Catholic Hospital Borgang, Sonitpur (Annexure VI)	No. of NGO	975000/-	1	975000/-	SPO / Representative of NGO	Annex. VI
	<b>Total</b>			<b>2</b>	<b>975000/-</b>		

**ANNXURE – VI**

- Non – Government Organization Services in NLEP, Assam**

Sl. No.	Name of NGO	Scheme applied for			Total Budget Requirement / Year In two installment	Remarks
1.	CatholicHospital, Borgang, Sonitpur district, Assam	<b>Scheme 1 C – Designated Referral Centres (DRC – 1C) Out patient, In patient and RCS.</b>			<b>Rs. 975000.00</b>	List of PALs (name & Add.) eligible for RCS in 2021-22 has been given below table.
		Services	Expected volume of work / Year	Expected Expenditure		
		Diagnosis of new cases of Leprosy	150 Nos.	30000/-		
		Management of Ulcer – OP	200 x 5 times / year	80000/-		
		Management of Reaction – OP	25 nos.	30000/-		
		Management of simple ulcer IP	20 nos.	40000/-		
		Management of Complicated Ulcer	40 nos.	231400/-		
		Management of severe reaction	10 nos.	40000/-		
		RCS	20 nos.	300000/-		
		Minor Surgical Procedure	100 nos.	20000/-		
		Septic surgery / Amputation	5 nos.	50000/-		
		MCR	150 p. x 2 = 300	90000/-		
		Supply of Aids & Appliances	---	50000/-		
		Logistic / Admin. Cost	---	13600/-		
<b>Total</b>			<b>9,75,000/-</b>			

**LIST OF PRE OPERATIVE CASES FOR RCS IN THE YEAR 2021-22**

SL. NO.	NAME & ADDRESS	AGE/SEX	DISTRICT	TYPE OF DISABILITY
1.	Sunil Guwala S/O- Rabi Guwala Vill- Bukhaghat 3 No. line PO- Bukhaghat M- 7086283628	35/M	Golaghat	Rt. Hand median claw.
2.	Amir Hussan S/O- Abdul Hussan Vill- Phukar Dodani M- 7637890764	40/M	Lakhimpur	Lt. hand ulnar claw.
3.	Sunita Gorh D/O- Manik Gorh Vill- Chamuguri TE PO- Gotoma M- 6000977337	22/F	Jorhat	Lt. hand ulnar claw.
4.	Parboty Bhuyan D/O- Abul Bhuyan Vill- Hunwal TE 2 No. line PO- Mariani M- 7896208103	20/F	Jorhat	Rt. hand median claw.
5.	Ajoy Ghatowal S/O Dipen Ghatowal Vill + PO Mahabandha M- 9365954145	35/M	Jorhat	Lt. hand ulnar claw.
6.	Bajrang Nayak S/O- Dulal Nayak Vill- Jamirah TE PO- Barbaruah M- 9365476354	45/M	Dibrugarh	Lt. foot drop.
7.	Puran Majhi S/O Jiten Majhi Vill + PO Chabua M- 7896241147	24/M	Dibrugarh	Rt. Hand ulnar claw.
8.	Ashini Nayak S/O Gupa Nayak Vill- Sepon 12 No. line PO- Khowang M- 9678553464	25/M	Dibrugarh	Rt. Hand ulnar claw.
9.	Bharat Kharia Lengerijan T.E, Naharkatia.	35/M	Dibrugarh	Lt. hand ulnar claw
10.	Sukhram Gorh S/O- Bijoy Gorh Vill- Hansara TE PO- Raidang M- 6026043928	14/M	Tinsukia	Rt. Hand median claw.
11.	Khirod Das Puroni Gaon, Naharkatia.	30/M	Dibrugarh	Both hand ulnar claw.
12.	Sudarson Boraik S/O Sonjoy Boraik Vill- Dhoedam TE PO- Borhajan M- 7637971858	15/M	Tinsukia	Rt. Hand median claw.
13.	Tejen Karmakar S/O Rajesh Karmakar Vill- Dhoedam TE PO- Borhajan M- 7637971858	25/M	Tinsukia	Rt. Median claw.
14.	Sahidul Haque S/O- Kurban Ali Vill+ PO- Kaldoba M- 7664053470	26/M	Dhubri	Lt. hand ulnar and median claw.
15.	Sukesh Barman S/O- Subal Barman Vill+ PO- Jamduar M- 9577662657	36/M	Dhubri	Lt. foot drop.
16.	Pradip Barman S/O- Prafulla Barman Vill- Rangaphia PO- Modonia M- 6003097477	36/M	Lakhimpur	Rt. Hand ulnar claw.

<b>SL. NO.</b>	<b>NAME &amp; ADDRESS</b>	<b>AGE/SEX</b>	<b>DISTRICT</b>	<b>TYPE OF DISABILITY</b>
17.	Mahananda Pagu S/O- Gopinath Pagu Vill- Kathalguri PO- Pipalguri M- 6282182045	21/M	Dhamaji	Lt. hand ulnar claw.
18.	Mahavir Ojha S/O- Dhanpat Ojha 75- BN- BSF Tura- Maghalaya M- 9378050550	38/M	Maghalaya	Rt. Hand Opp.
19.	Indira Chetry WO- Tack Bahadur Chetry Vill- Militarigaon PO- Rampur M- 9957172237	45/F	Lakhimpur	Lt. hand ulnar claw.
20.	Bobita Nayak C/o Kartik Nath Nayak Hahsora, Moran Pathar Tinsukia	25/F	Tinsukia	Ulcer on left Sole



**16. M sub Annexure activity :-**

- At state level, Half yearly review meetings for the District level officers will be held every year with programme funds. NGO's working in the States is also to be invited in these meetings for review of their activities.
- 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 State Leprosy Consultant, district leprosy consultant etc. will be paid from the programme budget.
- Mobility for staff is important to run the programme smoothly. Provision has been kept for hiring of vehicles and TA/DA of SPO @ Rs.350000/- per year for State Leprosy Officer.
- Similar provision has been kept to hire one vehicle average Rs.76061/- per year per district for mobility of district cell staff.
- Office operation and maintenance for State Leprosy Cell as well District Leprosy Cell has been as per Guideline rates.

**16.1 Budget approved for PM Sub Activity :-**

New FMR	Particulars	Unit of measure	Unit Cost (In Rs.)	Quantity / Target	Budget (In Rs.)	FMR Owner
16.1.2.1.20	Review meeting	No. of meeting	50000/-	2	100000/-	SPO
16.1.3.1.11	Travel Expense for contractual staff at State Cell	State Cell	50000/-	1	50000/-	SPO
16.1.3.1.12	Mobility support at State Cell	State cell	350000/-	1	350000/-	
16.1.3.3.11	Mobility support at District Cell	District	76061/-	33	2510000/-	ZLO/MO, DLC
16.1.4.1.8	Office operation & maintenance – State Cell	State cell	75000/-	1	75000/-	SPO
16.1.4.1.9	State Cell - Consumables	State Cell	50000/-	1	50000/-	
16.1.4.2.4	Office operation & maintenance – District Cell	District Cell	30000/-	33	990000/-	ZLO/MO, DLC
16.1.4.2.5	District Cell - Consumables	District Cell	20000/-	33	660000/-	
16.1.5.2.3	Office equipments maintenance - State	State cell	50000/-	1	50000/-	SPO
	<b>Total</b>				<b>48.35,000/-</b>	

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