IN THE HIGH COURT OF ORISSA, CUTTACK

W.P.(C) No.13403 Of 2015

Bipin Bihari Pradhan ... Petitioner

-Versus-

State of Orissa & others ... Opp. Parties

COMPLIANCE AFFIDAVIT FILED ON BEHALF OF THE PRINCIPAL SECRETARY TO GOVERNMENT OF ODISHA, I/C, HEALTH & FAMILY WELFARE DEPARTMENT IN COMPLIANCE OF ORDERS DATED 18.05.2022 (OPP. PARTY NO.1).

I, Dr. Ajit Kumar Mohanty, aged about 62 years, Son of Late Bhabagrahi Mohanty, at present working as Special Secretary (PH) to Govt. of Odisha, Health & Family Welfare Department, At-Lokseva Bhawan, Post/Town-Bhubaneswar, Dist-Khordha, do hereby solemnly affirm and state as follows:

1. That, I am working as Special Secretary (PH) to Government, Health & Family Welfare Department, Odisha and have been duly authorized by the Principal Secretary to Government, Health & Family Welfare

Department, Government of Odisha to swear this Affidavit on his behalf.

2. That, the Hon'ble Court Vide Order dated 18.05.2022 in I.A. No.6754 of 2022 has directed as follows :

"xxx xxx xxx

1. This is an application by the Satyanarayan Kustha Seva Samittee, Puri, asking to be permitted to intervene in the present petition and to file written submissions. Inter alia the prayer is also that para medical workers (PMWs) should be appointed against all the 404 posts earmarked for them. According to Mr. Pankaj Sinha, learned counsel for the Intervenor as at present only 45 PMWs are in place. A copy of this application has been served on Mr. P.K. Muduli, learned Additional Government Advocate as well as the Director General of Health Service represented by Mr. B.S. Rayguru, learned Central Government Counsel. Both of them seek time to obtain instructions.

xxx xxx xxx"

3. That, further, the Hon'ble Court vide Order dated 18.05.2022 in W.P.(C) No.13403/2015 has directed as follows:-

"xxx xxx xxx

6. As regards, the affidavit of the Additional Chief Secretary HFW Department, it is not in consonance with the orders passed by this Court on 30th November, 2021 and 23' February,

JAGYNESWAR ACHARYA NOTARY GOVT OF INDIA DIST. KHURDA ODISHA INDIA GOVERNMENT OF INDIA

2022. The data for Cuttack is that there are 2346 Cured Leprosy Persons (CLP) and of these only 360 have been provided with MCR footwear. However, the figures themselves seem to be on the basis of data dating back to 2009 and not the latest data. It is a mystery why in 2022 reference is still being made to 2009 data. It is not clear to the Court how many beneficiaries have actually been granted the benefits. It should be possible for the names of the beneficiaries to be made available and the kind of benefit given to each of them. A further affidavit is directed to be filed in this regard."

xxx xxx xxx"

Compliance to the Order dtd.18.05.2022 passed in I.A No.6754 Of 2022:

4. That, after integration of NLEP Programme with the General Health Care system, the posts of Para Medical Worker (PMW) have been abolished vide Govt. Order No.44260/H, dtd.22.11.2001 which was informed to the SS & EPD Dept. Vide letter No.25776/H, dtd.14.09.2021 (**Annexure–A**). At present, the Leprosy work is being carried out by the General Health Care staffs like Medical Officers, AYUSH, MOs, Physiotherapist, Multi Purpose Health Worker (MPHW), ASHA as is implemented for other programmes.

5. That, the data which was submitted by the CDM&PHO, Cuttack regarding 2346 number of Cured Leprosy Persons (CLP) is the cumulative figure from

JAGYNESWAR ACHARYA NOTARY GOVT. OF INDIA BBSR DIST. KHURDA ODISHA INDIA GOVERNMENT OF INDIA

2009 to 2021-22 of cured leprosy persons outside Leprosy Colonies. In the year 2021-22, three hundred sixty (360) pairs of Micro Cellular Rubber (MCR) footwear were provided to the cured leprosy persons staying outside Leprosy Colonies those who need it and 552 pairs of MCR footwear were provided to the leprosy cured persons who are staying in three (3) Leprosy Colonies of Cuttack district who need the same like anaesthetic feet or deformed feet.

Compliance to the Order dtd.30.11.2021 passed in WP(C) No.13403/2015:

6. That, the MCR footwears have been supplied free of cost to the patients who need it by the districts. Details of district wise distribution of MCR footwears from 1st April, 2021 to 31st May, 2022 is filed herewith and annexed as **Annexure-B.**

7. That, ulcer kits which comprises of antiseptic cream/ lotion, bandage, gauze, moisturizing cream etc. are distributed to persons affected with leprosy having ulcers free of cost. Details of district wise distribution of ulcer kits from 1st April, 2021 to 31st May, 2022 is filed herewith and annexed as **Annexure-C.**

8. That, the funds for Lewis Leprosy Colony, Balasore had been released to District Public Health Officer, Balasore on 07.12.2021 by HKNS which is annexed as **Annexure-D.**

JAGYNESWAR ACHARYA NOTARY GOVERNMENT OF INDIA

9. That, MCR footwear and ulcer kits are provided free of cost to leprosy affected persons those who need it. As regards services in Leprosy Colonies, like medical care, distribution of MCR footwear, Ulcer kits, dressing of Ulcers, one MPHW and Doctor are visiting the Leprosy Colonies in their area once in a week to provide all health care services to all inmates of leprosy colonies. Number of visits by the medical team to the Leprosy Colonies from April to May 2022 is annexed as **Annexure - E**. Reconstructive Surgery is included under Biju Swasthya Kalyan Yojana (BSKY), for which the patients can undergo Reconstructive surgery in empanelled private Hospitals free of cost in addition to those undergoing Reconstructive surgery in Govt. health facilities, for which the expenditure is being borne out of NHM-PIP which is annexed as **Annexure - F**. Reconstructive Surgeries conducted from April-2021 to June-2022. Total Reconstructive Surgeries done from 2009 to June, 2022 is 6522.

10. That, the Hon'ble Court vide Order dated 30.11.2021 in W.P.(C) No.13403/2015 at **Paragraph-16** has directed as follows:

"xxx xxx xxx

16. The Court would want to ascertain the views of the State Government of Odisha on adopting the best practices of the State of Maharashtra in

JAGYNESWAR ACHARYA NOTARY GOVT. OF INDIA DIST. KHURDA GOVERNMENT OF INDIA

drawing up a scheme for the welfare of persons with leprosy or cured of it. Affidavits in this regard be filed before the next date both by the Secretary, Health and Family Welfare Department as well as Principal Secretary, SSEPD Department.

xxx xxx xxx"

11. That, with regard to the directions contained in Paragraph-16 cited supra, it is submitted that role of the Health & Family welfare Deptt. is confined to the identification, treatment and care of the Persons Affected with Leprosy. Case surveillance, detection, testing and treatment of Leprosy Patients are provided as per NLEP Guideline issued by the Ministry of Health & Family Welfare, Govt. of India. These protocols are being followed by all States and UTs, including Maharastra and Odisha. Looking at the number of CLPs and the impact of financial burden on the State Exchequer, Scheme adopted by the State of Maharashtra cannot be adopted in its entirety. Accordingly, the following best practices are being followed by the Health & FW Dept., Govt. of Odisha for the welfare of the persons with leprosy or cured of it.

Identification:

a. Periodical survey are being done under NLEP every year. The leprosy cases are detected through ABSULS (ASHA based Surveillance for Leprosy Suspects) as

per Central Leprosy Division, Ministry of Health & Family Welfare, Govt. of India -2017 which is annexed as **Annexure-G**.

b. Further, it is strengthened by Active case detection and regular Surveillance for leprosy (ACDRS) guideline issued by Central Leprosy Division, Ministry of Health & Family Welfare, Govt. of India which is annexed as **Annexure-H**.

c. An integrated campaign has been conducted from 24th May to 23rd Aug 2021 in Odisha and Active Case Detection & Regular Surveillance (ACD & RS) is being conducted in high endemic villages of our State by ASHA / Field Level Worker (FLW) to detect more number of hidden cases from the community and give them treatment.

Treatment & Care:

a. Micro Cellular Rubber (MCR) foot wears are being provided free of cost to the leprosy patients and cured patients who need it.

b. Ulcer kit / Self care Kit are being provided free of cost to the leprosy patients for dressing of ulcer and cured patients who need it.

c. i) Rs.8,000/- (Rupees Eight Thousand only) is given as welfare allowances to the Peoples Affected with Leprosy (PALs) for

loss of wages in each Re Constructive Surgery (RCS) cases which is done free of cost in Govt. Hospitals.

ii. Rs 3000/- (Rupees Three thousand only) is provided to hospitals for any additional drugs & consumables for each Reconstructive Surgery.

d. Reconstructive Surgery is included under Biju Swasthya Kalyan Yojana (BSKY), for which the patients can undergo Reconstructive surgery in empanelled private hospitals free of cost.

e. Multi Drug Therapy (MDT), Prednisolone & Clofazimine are provided free of cost to all leprosy patients at all Govt. health facilities of the State for lepra reaction management.

f. Services like Counseling, Ulcer dressing, Care of hands & foots are provided free of cost to the leprosy patients and cured patients at Disability Prevention & Medical Rehabilitation (DPMR) Clinics in Block CHC, Sub Divisional Hospital (SDH) & District Headquarter Hospital (DHH).

g. Medical team consisting of one Doctor and Multi-Purpose Health Worker (MPHW) are visiting the leprosy colonies in their area once in

JAGYNESWAR ACHARYA NOTARY GOVT OF INDIA GOVERNMENT OF INDIA

a week to provide all health care services like treatment of minor ailments, distribution of MCR footwear, Ulcer kits and referral of complicated cases to higher centers.

h. Following treatment of the Persons Affected with Leprosy, Reconstructive Surgery (RCS) is provided to the persons having Grade-II disability and eligible for operation with financial support from NHM PIP.

i. Treatment for residual ulcers and foot care are provided through Disability Prevention & Medical Rehabilitation (DPMR) clinics in all CHCs and District Head quarter Hospitals.

j. Physiotherapy services are also provided through integrated Physiotherapy unit in every district. Due medical care is provided for any residual complication and free drugs are provided through e-niramaya.

k. At present there is no such provision for payment of cash incentive to the newly detected leprosy cases.

JAGYNESWAR ACHARYA NOTARY GOVT OF INDIA GOVERNMENT OF INDIA

Compliance of Order dated 23.02.2022 in WP(C) No.13403/2015:

12. That, under the Umbrella Scheme of SSEPD for rehabilitation of Cured Leprosy Persons, the services relating to Health &F.W. Dept, the following steps have been taken.

Medical team of the districts are visiting the leprosy colonies to provide health care services to all the inmates including cured leprosy persons and facilitating eligible Cured Leprosy Persons to apply for UDID cards under Bhima Bhoi Bhinnakhyama Swasthya Abhiyan (BBSA).

13. That, the Health & F.W. Deptt. is providing health care like provision of MCR footwear and ulcer kits etc. free of cost and also facilitating provision of UDID disability cards.

14. That, the Health & F.W. Dept. is providing the following Health care facilities to the Cured Leprosy Persons in the 13 leprosy colonies:

A. Number of cured leprosy persons with 40% or more disability with UDID cards:

Sl. No.	District	Name of leprosy Colony	Number of Cured Leprosy Persons (CLP) provided UDID cards
1.	Balasore	Bampada Leprosy Colony, Remuna	45
2.	Bargarh	Jamurda Leprosy Colony, Bargaon, Katapali	65
3.	Cuttack	Gandhipalli, Naya Bazar, Cuttack	312
4.		Neherupalli, Naya Bazar, Cuttack	218
5.	Jajpur	Gandhi Nagar Leprosy Colony, J.K. Road	7
6.	Jharsuguda	Indira Ashram, Kulemura, Beheramal	55
7.	Khordha	Bapuji Leprosy Colony	3
8.		Dharabati Leprosy Colony	11

J.G. GYNESWAR ACHARYA NOTARY GOVT OF INDIA GOVERNMENT OF INDIA

9.	Mayurbhanj	Saraswati Leprosy Colony, Baripada	30
10.	Puri	Sanjayjee Leprosy Colony, Puri	13
11.	Sundargarh	Durgapur-B, Malgodam, Rourkela.	61
12.	Bhubaneswar	Ramakrushna Palli Leprosy Colony	54
13.		Jagannath Leprosy Colony	4
	TOTAL		**878**

B. MCR foot wear provided free of cost to the cured leprosy persons as per their need is mentioned below:

Sl. No.	District	Name of leprosy Colony	Number of MCR footwear provided from 1st April, 2021 to 31st May, 2022
1.	Balasore	Bampada Leprosy Colony, Remuna	73
2.	Bargarh	Jamurda Leprosy Colony, Bargaon, Katapali	110
3.	Cuttack	Gandhipalli, Naya Bazar, Cuttack	360

JAGYNESWAR ACHARYA NOTARY GOVERNMENT OF INDIA

4.		Neherupalli, Naya Bazar, Cuttack	283
5.	Jajpur	Gandhi Nagar Leprosy Colony, J.K. Road	79
6.	Jharsuguda	Indira Ashram, Kulemura, Beheramal	31
7.	Khordha	Bapuji Leprosy Colony	13
8.		Dharabati Leprosy Colony	15
9.	Mayurbhanj	Saraswati Leprosy Colony, Baripada	62
10.	Puri	Sanjayjee Leprosy Colony, Puri	14
11.	Sundargarh	Durgapur-B, Malgodam, Rourkela.	58
12.	Bhubaneswar	Ramakrushna Palli Leprosy Colony	62
13.		Jagannath Leprosy Colony	17
	TOTAL		**1177**

C. **Number of Ulcer kits provided to the cured leprosy persons who need it is mentioned below:**

Sl. No.	District	Name of leprosy Colony	Number of Ulcer kits provided from 1st April 2021 to 31st May 2022
1.	Balasore	Bampada Leprosy Colony, Remuna	86
2.	Bargarh	Jamurda Leprosy Colony, Bargaon, Katapali	85
3.	Cuttack	Gandhipalli, Naya Bazar, Cuttack	396
4.		Neherupalli, Naya Bazar, Cuttack	410
5.	Jajpur	Gandhi Nagar Leprosy Colony, J.K. Road	78
6.	Jharsuguda	Indira Ashram, Kulemura, Beheramal	19
7.	Khordha	Bapuji Leprosy Colony	4
8.		Dharabati Leprosy Colony	7
9.	Mayurbhanj	Saraswati Leprosy Colony, Baripada	84

JAGYNESWAR ACHARYA NOTARY GOVT OF INDIA

10.	Puri	Sanjayjee Leprosy Colony, Puri	15
11.	Sundargarh	Durgapur-B, Malgodam, Rourkela.	17
12.	Bhubaneswar	Ramakrushna Palli Leprosy colony	16
13.		Jagannath Leprosy Colony	12
	TOTAL		**1229**

15. That, as per the letter No.528, dtd.20.11.2021 & Letter No.151, dtd.28.02.2022 of Director of Public Health, Odisha, the medical teams of each district are visiting the leprosy colonies regularly and providing the following health care activities.

a. Treatment of minor ailments.
b. Detection and treatment of new leprosy cases.
c. To provide free drugs to the newly detected leprosy cases
d. Provision of Ulcer care and dressing
e. General sanitation, health hygienic measures and nutrition.
f. Providing MCR footwear to the patients who need it.
g. Referring cases to hospital those who require hospitalization.

h. Assessing people with deformity for issue of assistive devices in coordination with SSEPD Dept.

i. Creating awareness about leprosy and efforts to break the stigma and discrimination.

16. That, the health teams consisting of Medical Officer, Health worker visiting the leprosy colonies regularly and providing health care services to the inmates.

17. That, the deponent craves for leave of the Hon'ble Court to make further submissions and file further affidavits in support of their contentions, in the interest of justice and for effective adjudication by the Hon'ble Court.

18. That, the facts stated above are true to the best of my knowledge and based on available official records.

Identified by

IDENTIFIED BY ME
ADVOCATE, BBSR
Advocate's Clerk,
Advocate General's Office

Cuttack
Dtd.: 01/08/2022

DEPONENT
Special Secretary
H&FW Dept.

JAGYNESWAR ACHARYA
NOTARY, GOVT. OF INDIA
BBSR, DIST- KHURDA, ODISHA
REGD. NO. 7791/2009
MOB: 8455885397

Certified that cartridge papers are not available.

JAGYNESWAR ACHARYA
NOTARY
GOVT. OF INDIA
BBSR DIST. KHURDA, ODISHA
REGD. NO. 7791/2009
MOB: 8455885397
GOVERNMENT OF INDIA

ADDL. GOVERNMENT ADVOCATE

Annexure-A

ANNEXURE-1

GOVERNMENT OF ODISHA

HEALTH & FAMILY WELFARE DEPARTMENT

....

No. 25776 /H. Date. 14-09-2021

File No HFW-MSIII-PG-0006-2020

From

Mamata Barik, OAS

Joint Secretary to Government

To

The Commissioner-cum- Secretary to Govt.

Social Security & Empowerment of Persons with Disabilities Deptt.

Sub: Filling up of posts of Para Medical Workers, Non Medical Supervisors and support staff (Dressers and Attendants etc.) trained in Leprosy.

Ref- Your letter No.6982, dtd.06.08.2019

Sir,

In inviting a reference to the subject cited above, I am to inform you that the posts of PMW and Leprosy Asst.and NMS have been abolished vide Govt. Order no 44260/H dated 22.11.01. At present, this programme is being implemented as ACDRS in the field by ASHA and supported by MPW (M&F) , MPHS and confirmed by M.O. II no more runs as a vertical programme as per GOI guideline under NLEP and has been integrated to primary health care system. Hence, as per present scenario, the process of filling of the posts, which are already abolished does not arise.

This is for information and necessary action.

Yours faithfully,

Joint secretary to Government

True copy attested

01/08/2022

Under Secretary to Govt.
Health & FW Deptt.

Annexure-B

Annexure-3

Distribution of MCR footwear free of cost to the LAPs in the year 2021-22 & 2022-23 (upto May 2022)

Sl.No	Name of the District	MCR Footwears provided in the year 2021-22	MCR Footwears provided in the year 2022-23 (up to May 2022)
1	Angul	347	26
2	Balasore	456	49
3	Baragarh	863	37
4	Bhadrak	250	116
5	Balangir	275	0
6	Boudh	174	20
7	Cuttack	667	188
8	Deogarh	48	8
9	Dhenkanal	193	34
10	Gajapati	31	4
11	Ganjam	392	241
12	J.S.Pur	17	9
13	Jajpur	68	32
14	Jharsuguda	119	113
15	Kalahandi	325	35
16	Kendrapara	50	5
17	Keonjhar	189	7
18	Khurda	238	11
19	Koraput	429	27
20	Malkangiri	217	1
21	Mayurbhanj	205	99
22	Nowrangpur	554	48
23	Nayagarh	138	10
24	Nuapada	230	33
25	Kandhamal	52	34
26	Puri	141	17
27	Rayagada	177	9
28	Sambalpur	170	180
29	Sonepur	184	16
30	Sundergarh	354	244
31	Bhuvaneswar	51	23
	Total	7604	1676

True copy attested

Under Secretary to Govt.
Health & FW Deptt.

Annexure-C

~~Annexure-4~~

Distribution of Ulcer kit free of cost to the LAPs in the year 2021-22 & 2022-23 (upto May 2022)

Sl.No	Name of the District	Ulcer Kits provided in the year 2021-22	Ulcer Kits provided in the year 2022-23 (up to May 2022)
1	Angul	243	37
2	Balasore	705	113
3	Baragarh	281	36
4	Bhadrak	632	58
5	Balangir	199	69
6	Boudh	185	18
7	Cuttack	939	264
8	Deogarh	67	7
9	Dhenkanal	191	29
10	Gajapati	72	17
11	Ganjam	884	134
12	J.S.Pur	0	5
13	Jajpur	230	21
14	Jharsuguda	108	113
15	Kalahandi	228	5
16	Kendrapara	79	4
17	Keonjhar	160	5
18	Khurda	196	12
19	Koraput	286	21
20	Malkangiri	248	15
21	Mayurbhanj	301	61
22	Nowrangpur	380	26
23	Nayagarh	132	5
24	Nuapada	217	38
25	Kandhamal	179	7
26	Puri	113	46
27	Rayagada	170	15
28	Sambalpur	235	62
29	Sonepur	16	15
30	Sundergarh	233	217
31	Bhuvaneswar	4	20
	Total	7913	1495

True copy attested

31/08/2022

Under Secretary to Govt.
Health & FW Deptt.

Annexure-D
~~ANNEXURE-5~~

OFFICE OF THE HIND KUSHT NIVARAN SANGH, ODISHA STATE BRANCH

Health Directorate, Heads of Deptt. Building, Bhubaneswar-1, Tel : 06742391589

From: No. 2754 HKNS Dated the 07/12/2021

Dr. B. K. Pradhan,
Joint Director of Health Services (Leprosy), Odisha
&
Honorary Secretary, H.K.N.S., Odisha State Branch

To

The Manager,
Punjab National Bank,
HOD Branch, Bhubaneswar

Sub : Release of amount to the District Public Health Officer, Balasore.

Sir/Madam,

A cheque bearing no. 205496 dated 7th December2021 for Rs. 8,30,860/- (Rupees Eight Lakh Thirty thousand Eight Hundred Sixty) only is enclosed herewith for necessary credit of the amount through RTGS in favour of the ADMO(PH), Balasore vide their Bank A/C no.1054116119237, IFSC No.SBIN0006933 of State Bank of India, Motigunj Branch, Balasore after debiting from the S.B.A/c no.1504010117524 of Hind Kushi Nivaran Sangh, Odisha State Branch, Bhubaneswar available at your Branch.

Yours faithfully,
07.12.2021
Honorary Secretary

Memo no. 2755 /HKNS Date 07/12/2021

Copy forwarded to the District Public Health Officer, Balasore for information & necessary action. Necessary grant is hereby released from Oct'20 to August'21, keeping in view the interest of the inmates of Lewis Leprosy Colony, Bamapada. No further bills will be entertained unless the irregularities pointed out in our letter no.2234 dt.29.11.2021 are regularized as per Govt. procedure since HKNS is following OGFR Rule to avoid future audit objection. The bills in original are returned herewith without verification by the undersigned for want of requisite documents.

07.12.2021
Honorary Secretary

Memo no. 2756(20) /HKNS Date 07.12.2021
POSTED

Copy forwarded to the Joint Secretary to Govt. of Odisha with reference to this office letter no. 2232 dt.26.11.2021/Collector & D.M. Balasore with reference to this office letter no 2238 dt.02.12.2021/Chief District Medical & Public Health Officer, Balasore for information and necessary action.

07.12.2021
Honorary Secretary

Copy to Management File/ Grant File/Guard File

True copy attested
08/2022
Under Secretary to Govt.
Health & FW Deptt.

Annexure- E

~~Annexure-6~~

Health care services provided to the inmates of Leprosy Colony from April 2022 to May 2022 by the Health Team

Sl.No.	Districts	No.of Visits made to different leprosy colonies by the Health Team
1	Balasore	40
2	Bargarh	16
3	Cuttack	21
4	Jajpur	16
5	Jharsuguda	11
6	Khordha	16
7	Mayurbhanj	26
8	Puri	32
9	Sundargarh	24
10	Bhubaneswar	48

True copy attested

08/ 2022

Under Secretary to Govt.
Health & FW Deptt.

Annexure-F

Government of Odisha
Health and Family Welfare Department

****

Letter No-BSKY/H&FW/SHAS-376/21 1600 Dtd. 30.12.2021

From: Shalini Pandit, IAS
Special Secretary to Govt.-cum-CEO, SHAS

To,
The Director of Public Health

Sub: Regarding proposal for inclusion of reconstructive surgery procedures for person affected with leprosy.
Ref: Your Office Letter no- 538 dtd. 25.11.2021

Sir,

With reference to the subject and letter cited above, I am to inform you that the proposal for inclusion of reconstructive surgery procedures for persons affected with leprosy was examined meticulously by the technical committee of SHAS and a meeting was held with the faculty of Plastic surgery of SCB Medical College and Additional Director I/C Leprosy to go through the package master of BSKY to find out if there are similar procedures in the list of available packages under BSKY and suggest additional packages required for RCS for persons affected with Leprosy. The proposed procedures were mapped against the existing packages under BSKY. It was found that all the proposed procedures are there in the package master of BSKY. So, there is no need of any additional package to be included for reconstructive surgeries.

As these procedures have been categorized under different specialties and superspecialties in the package master such as Orthopedics, General Surgery, Surgical Oncology, in the context of the RCS in persons affected with leprosy the Plastic surgeons/General Surgeons/Orthopedic specialists are allowed to do these surgeries in persons affected with leprosy in private empaneled hospitals.

Beneficiaries need to be tagged to the integrated physiotherapy centers in the DHHs for post-surgery physiotherapy.

Suitable persons with disability due to leprosy may be referred by the CDM&PHO of the district for RCS, so that these cases can be followed up subsequently by the program staff for better outcome.

Yours faithfully

30/12/21

Special Secretary to Govt.-cum-CEO
State Health Assurance Society

True copy attested

Under Secretary to Govt.
Health & FW Deptt.

December 2021 held-

Memo No. 1601 dtd. 30.12.2021.

Copy forwarded to PS to Additional Chief Secretary to Government in H & FW Department for favour of kind information of the Additional Chief Secretary.

Special Secretary to Govt.-cum-CEO
State Health Assurance Society

True copy attested

01/08/2022

Under Secretary to Govt.
Health & FW Deptt.

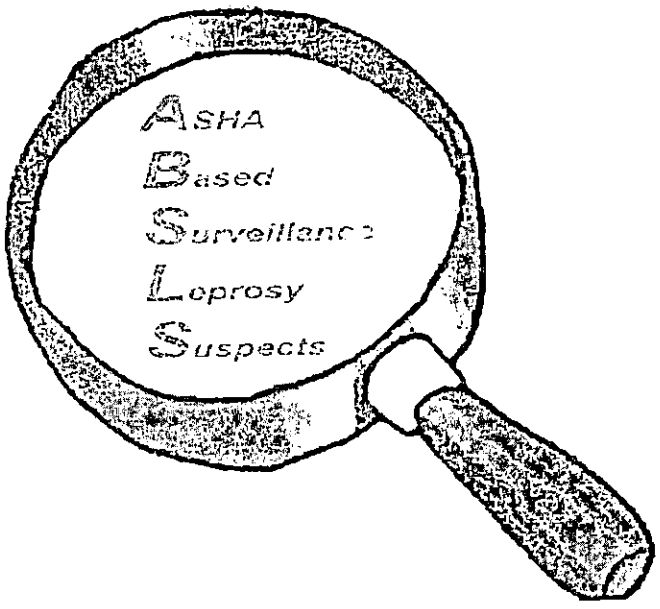
A

Annexure- G

सत्यमेव जयते

National Leprosy Eradication Programme

Guidelines for ASHA based Surveillance for Leprosy Suspects



Central Leprosy Division
Directorate General of Health Services
Ministry of Health and Family Welfare
Government of India

True copy attested
01/08/2022
Under Secretary to Govt.
Health & FW Deptt.

Introduction:

After the achievement of elimination at the National level during 2005, the financial year 2016-17 witnessed the successful implementation of several innovations i.e., introduction of three pronged strategy under NLEP i.e., i) Leprosy Case Detection Campaign (specific for high endemic districts), ii) Focussed Leprosy Campaign (for hot spots i.e., rural and urban areas where grade ii disability is detected), iii) Special plan for hard to reach areas. Further, to make a dent on the prevalent stigma against leprosy and to reach village level, Sparsh Leprosy Awareness Campaign on the Anti Leprosy Day i.e., 30th January, 2017 was introduced first time, to give boost to the voluntary reporting. Furthermore, in order to cut the transmission chain of disease in the community,chemoprophylaxisadministration was followed to the contacts of cases detected in the districts where LCDC was conducted.In addition, various other initiatives taken are use of GIS mapping, publication of NLEP Newsletter, launch of Nikusth a web based reporting system for leprosy cases, introduction of MIP vaccine in project mode etc.

In order to further strengthen the above mentioned initiatives and to achieve the envision of National Health Policy, 2016 for NLEP i.e., **"Leprosy Elimination: To carry out Leprosy elimination the proportion of grade-2 cases amongst new cases will become the measure of community awareness and health systems capacity, keeping in mind the global goal of reduction of grade 2 disability to less than 1 per million by 2020. Accordingly, the policy envisages proactive measures targeted towards elimination of leprosy from India by 2018,"**surveillance system involving ASHA(Accredited Social Health Activist), is proposed to be established by Central Leprosy Division (CLD) for National Leprosy Eradication Programme (NLEP), India.ASHA who is the representative of the community to the health systemand accountable to the health conditions of people of approximately two hundred households will detect & report suspected leprosy cases in the community.

Background:

One of the key strategies under the National Health Mission (NHM) is having a Community Health Volunteer i.e. ASHA (Accredited Social Health Activist) for every village with a population of 1000. As specified under NHM guidelines, ASHA is trained to work as an interface between the community and the public health system.They receive performance-based incentives for promoting universal immunization, referral and escort services for Reproductive & Child Health (RCH) and other healthcare programmes, and construction of household toilets. Under National Leprosy Eradication Programme (NLEP), ASHAs are being involved to bring out leprosy cases from villages for diagnosis at Primary Health Centre (PHC) and follow up of confirmed cases for treatment completion. Incentives being paid to ASHAs after leprosy case confirmation are Rs. 250 for case without disability and Rs. 200 for case with disability. In addition, they are supposed to follow up the confirmed case for treatment completion and incentives being given for same are Rs.

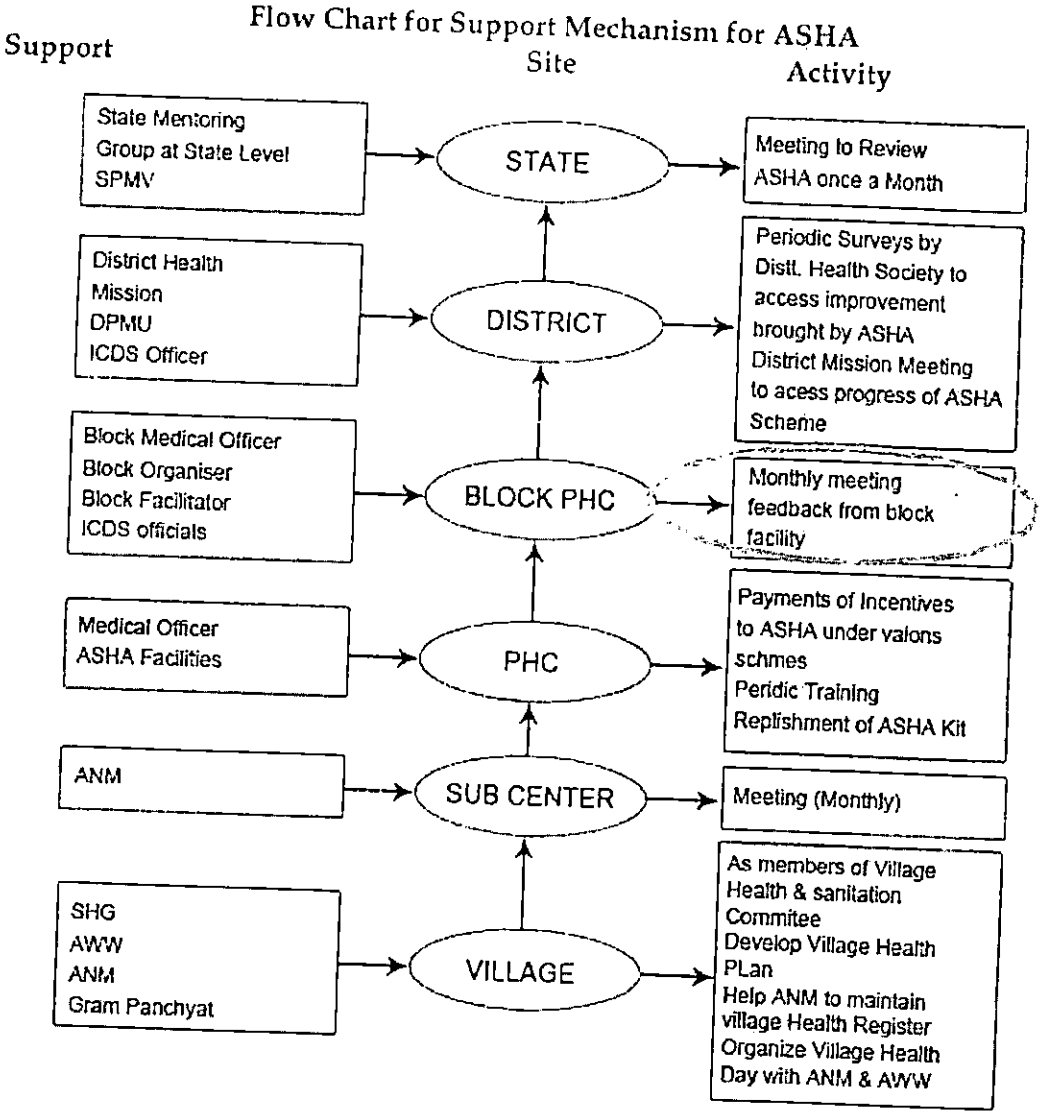
True copy attested

Under Secretary to Govt.
Health & FW Deptt.

400 for PB case and Rs. 600 for MB case follow up. At present this ASHA scheme is in place in 33 states (except Goa, Chandigarh & Puducherry).

NHM has also established a support system for ASHAs which is as under:

Flow Chart for Support Mechanism for ASHA



Under the before mentioned support mechanism chart provided by NHM to ASHAs, it is given in the encircled stepthat Medical Officer In-charge of the PHC hold a monthly meeting which is attended by ANMs and ASHAs, LHVs and Block Facilitator. Wherein, ASHAs are given opportunity to share their own experience, problems, etc. In these meetings the health status of the villages is reviewed, issues of ASHAs regarding payment of incentive to ASHAs under various schemes is discussed and the support received from the Village Health and Sanitation Committee and their involvement in all activities are also assessed.The existing monthly meeting of ASHAs will be utilised to collect the data on suspects of leprosy detected & referred by her during previous month.

True copy attested

08/12/22

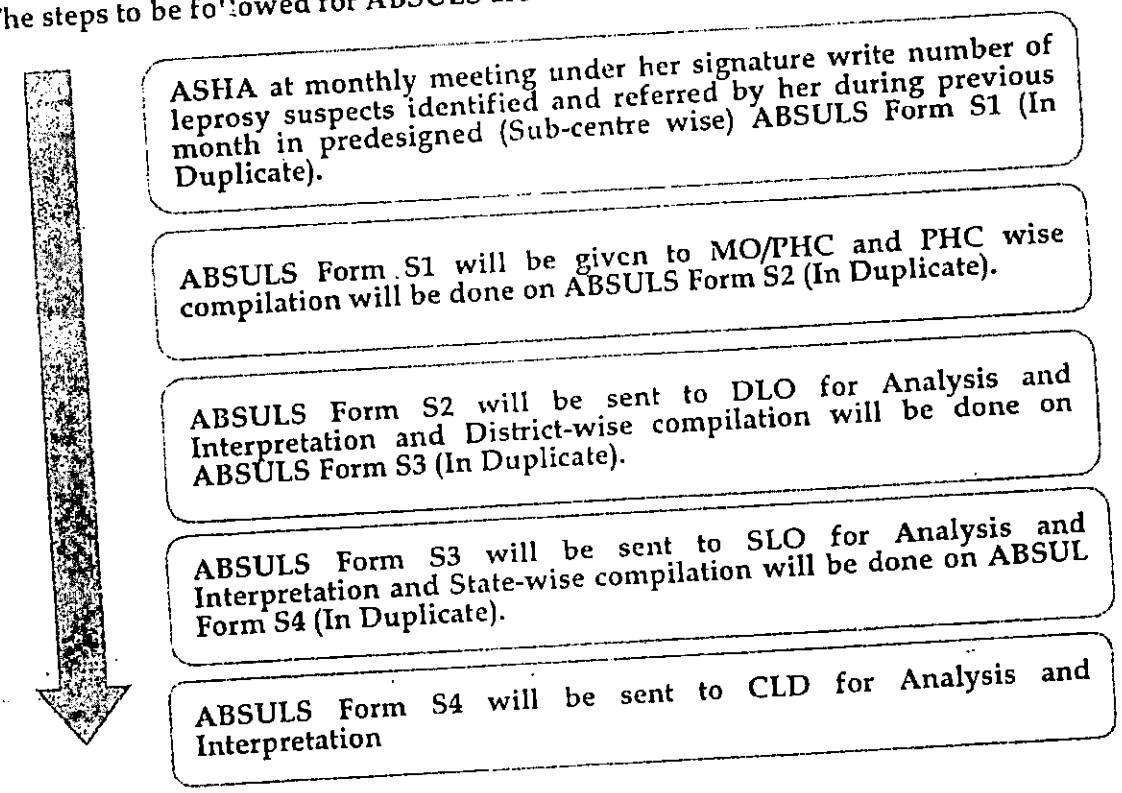
Under Secretary to Govt.
Health & FW Deptt.

Description of ASHA based Surveillance for Leprosy Suspect (ABSULS)

The objectives of ASHA based Surveillance for LeprosySuspect (ABSULS) are to:

1. Conduct active surveillance of leprosy suspects including NIL reporting
2. Prioritiseleprosy case detection by ASHA
3. Improve monitoring and supervision of leprosy cases detection activities at village level

The steps to be followed for ABSULS are as under:



There are total four Surveillance formats, ABSULS S1 (Annexure I), ABSULS S2 (Annexure II), ABSULS S3 (Annexure III) and ABSULS S4 (Annexure IV) specifically designed for the purpose. These must be filled/compiled, strictly by the designated personnel mentioned in the format.

For example: In ABSULS S1 first three columns will be filled by ANM of the sub centre and last two by ASHAs. Every format has to be filled in duplicates, one copy will be retained with the ANM and one will be submitted to Medical Officer, PHC, after encircle of the name of ASHA whose name is selected randomly for village visit.

Similarly, the other surveillance formats which are simplified and self-explanatory will be filled by the designated authorities of each level in duplicates, in order to

True copy attested
01/08/2022
Under Secretary to Govt.
Health & FW Deptt.

retain one copy of the same at the level where it is filled and forwarding the other copy to higher level in hierarchy.

ABSULS will be monitored at various levels by immediate supervisors as per the mechanism given below:

Step 1

ANMs will randomly select one ASHA village under her Sub-centre, through chit method (One chit will be drawn once, until all villages allocated to the ANM has been visited at least once). Five locations of the selected village will be visited by ANM (By 10th of every month) to

1. Confirm if the ASHAs have visited households during one month time period
2. Validate the findings submitted by the ASHA
3. Detect additional cases if any

Information will be shared with MO/PHC on **ABSULS M1**

Step 2

The Medical Officer will randomly select one ANM through chit method (One chit will be drawn once, until names of all ANMs coming under the PHC area has been drawn once) and visit the village visited by that ANM (By 20th of every month) to

1. Confirm if the ANM visited households during one month time period
2. Validate the findings submitted by the ANM
3. Detect additional cases if any.

Information will be shared with DLO on **ABSULS M2**

Step 3

District Leprosy Officer, will randomly select one MO/PHC through chit method (One chit will be drawn once, until names of all PHC area has been drawn once) and visit the village visited by that MO/PHC. (By 30th of every month) to

1. Confirm if the MO/PHC visited households during one month time period
2. Validate the findings submitted by the ANM
3. Detect additional cases if any.

Information will be shared with SLO on **ABSULS M3**

Step 4

SLOs and CLD officials during routine visits will also visit villages earlier visited by DLOs to validated information.

True copy attested

07/08/2012

Under Secretary to Govt.
Health & FW Deptt.

In order to crosscheck and validate the information submitted, monitoring at each level is necessary. Hence, total three monitoring formats, ABSULS M1 (Annexure V), ABSULS M2 (Annexure VI) and ABSULS M3 (Annexure VII) specifically designed for the purpose. Same must be filled during the visit, strictly by the designated personnel mentioned in the format in duplicates, in order to submit one format as report to immediate reporting officer in hierarchy and to retain one copy of the format with oneself.

For example: ABSULS M1 will be filled by ANM of the sub centreduring visit to the village randomly selected by her, one copy will be retained with the ANM and one will be submitted to Medical Officer, PHC with signature.

Similarly, the other formats which are simplified and self-explanatory will be filled by the designated authorities of each level in duplicates, in order to retain one copy of the same at the level where it is filled and forwarding the other copy to higher level in hierarchy. **State Leprosy Officer (SLO) will compile report based on ABSULS M3 forms and share the same to CLD monthly along with the MPRs.**

It is to be noted that this surveillance system is meant for suspects only, which will increase the detection of suspects by ASHAs in the village. The confirmation process, registration and treatment after confirmation will be followed as per the guidelines given under NLEP without modification. The Medical officer will be the key person to confirm and classify the leprosy patients and after confirmation the patient information will be entered and registered in the health system as being followed under NLEP.

Additional activities for effective implementation of ABSULS:

1) Sensitization of ASHAs on suspect case definition given at Annexure VIII,must be provided in first monthly meeting after implementation of ABSULS.
2) Ensure availability of referral slips to ASHAs and referral of suspects identified by ASHAs during the month. (Annexure IX)

True copy attested

8/08/2022

Under Secretary to Govt.
Health & FW Deptt.

Gmail

STATE LEPROSY OFFICER ODISHA <slo.odisha@gmail.co

Final guidelines for ASHA based Surveillance for Leprosy Suspects (ABSULS) - reg

1 message

Central Leprosy Division DGHS <cld.dghs@gmail.com> Thu, Jul 20, 2017 at 1:26 P
To: A & N Slo Island <sloandaman@gmail.com>, "deputydirectorhealth@gmail.com" <deputydirectorhealth@gmail.com>, Avijit Roy <dravijit@gmail.com>, Andhra Slo Pradesh <apslo@rediffmail.com>, rajendra prasad <jointdirectorleprosy@gmail.com>, "Arunachal Slo Pradesh-dr. Tabyo" <reenadastabyo@gmail.com>, "NLEP JtDHS.Naharlagun" <jtdhs.lep@gmail.com>, Assam Slo <jdlep.asm.india@gmail.com>, Bihar Slo <slobihar@rediffmail.com>, simrat kaur-slo Chandigarh <simratbhavneet@gmail.com>, Chandigarh Slo <shs.nlep@gmail.com>, Chhattisgarh Slo <dhs_chhattisgarh@hotmail.com>, D & N Haweli <nrhmdnh@gmail.com>, D&NH-DMHS <cmodnh@gmail.com>, Gautam Babu <dr.gautambabu@gmail.com>, District Daman Programme Officer <dpodaman@gmail.com>, Daman & Diu Slo <ddmssu.idsp@nic.in>, Baghotia S K <baghotia@yahoo.com>, K S Baghotia <baghotia@gmail.com>, Leprosy DGHS <dghsleprosy@gmail.com>, Goa Slo <leprosygoa@yahoo.co.in>, DD Gujarat -Leprosy <dydir.health.leprosy@gmail.com>, "Dr.Girish Thaker-slo Gujarat" <dydir-lep-health@gujarat.gov.in>, "slo.haryana@yahoo.co.in" <slo.haryana@yahoo.co.in>, Jasjeet Kaur <jasjeet.kahlon@gmail.com>, Himachal Slo Pradesh <slohpsimla@yahoo.com>, OSD-NLEP <nlepleprosy@gmail.com>, spo malaria <sponvbdcphp@gmail.com>, "zlo.jammu@yahoo.com" <zlo.jammu@yahoo.com>, subash sharma <slo.jammu@gmail.com>, Jammu Slo Division <drjasbirsingh@rediffmail.com>, Jharkhand Slo <slojharkhand@rediffmail.com>, Karnataka Slo <jdlepkar@gmail.com>, sls kashmir <slskashmir@gmail.com>, naidazargar@gmail.com, Mushtaq Ahmad <mushtaqhealth@rediffmail.com>, Kerala Slo <kerala.nlep@gmail.com>, "drkalpenibasheer@gmail.com" <drkalpenibasheer@gmail.com>, Lakshadweep SLO <slonleplakshadweep@gmail.co>, Director Services Health <dhsutl@gmail.com>, Lakshadweep Slo <abdu5@rediffmail.com>, Shamsudheen Kunnashada <shamsudr@gmail.com>, Madhya Slo Pradesh <slesmpbhopal@rediffmail.com>, Maharashtra Slo <jtlepnms@rediffmail.com>, NLEP society <nlepsociety@rediffmail.com>, SA section <jtlepsa@rediffmail.com>, SLO cg <slo.cg17@gmail.com>, Manipur Slo <slomanipur@gmail.com>, "drokramkunjo@yahoo.co.in" <drokramkunjo@yahoo.co.in>, Nlep Mles <mlesmeg@gmail.com>, Mizoram Slo <nlep_mizoram@hotmail.com>, Tluanga Chawngthu <drtluangtea@gmail.com>, Nagaland Slo <nlep_nagaland@rediffmail.com>, "nodalofficerit@gmail.com" <nodalofficerit@gmail.com>, "drskdey@yahoo.in" <drskdey@yahoo.in>, "slo.odisha@gmail.com" <slo.odisha@gmail.com>, Anandhan Govindan <anandhang9@gmail.com>, Puducherry Slo <adleprosy@bsnl.in>, SLO Punjab <leprosypunjab@gmail.com>, Punjab Slo <stopn@rntcp.org>, shsleprosyrajasthan@yahoo.com, leprosysikkim@rediffmail.comi, "sikkim_lep@yahoo.com" <sikkim_lep@yahoo.com>, Sikkim Slo <tdoma@yahoo.com>, Nlep Nadu Tamil <nleptn@gmail.com>, Telengana Slo <telanganaslo@gmail.com>, Johnbabu <johnbabu.dr@gmail.com>, d_johnbabu@yahoo.com, slotelangana@gmail.com, Tripura Slo <nleptripura@gmail.com>, "dfwpm_agt@yahoo.co.in" <dfwpm_agt@yahoo.co.in>, shfws_tripura_ramanuj@yahoo.in, SLO UP <stateleprosyofficer@gmail.com>, Uttrakhand Slo <slsukddn@rediffmail.com>, West SLO Bengal <slskolkata@rediffmail.com>, West Slo Bengal <nlep_wb@wbhealth.gov.in>, Sukumar Das <dr.skdas2010@gmail.com>, "Dr.VK Das-DNH SLO" <nlepdnh@gmail.com>, singhkmanoj2010@rediffmail.com
Cc: Anil Kumar <ddgl@nic.in>, Anil Kumar <aniljdnicd@gmail.com>, anoop puri <anooppuriadgl@yahoo.com>, Anoop Kumar Puri <dranooppuri@gmail.com>, "Milan K. Dinda" <ilepinindia@swissemmausindia.org>, "john@swissemmausindia.org" <john@swissemmausindia.org>, "nlrjharkhand@sify.com" <nlrjharkhand@sify.com>, nlr ranchi <nlr_jharkhand@rediffmail.com>, NLR Delhi <nlr_del@rediffmail.com>, deshdipak.glra@gmail.com, NLR Kolkata <nlr_kol@rediffmail.com>, nlr_lko <nlr_lko@rediffmail.com>, snsingh1151@rediffmail.com, "milind.chavan@tlmindia.org" <milind.chavan@tlmindia.org>, "manotosh.elkana@tlmindia.org" <manotosh.elkana@tlmindia.org>, State Gujarat Coordinator <scgujarat.glra@gmail.com>, aashish wagh <aashish.wagh@gmail.com>, DFIT Bihar <adminbihar@damienfoundation.in>, Dr S Pati N <pati@leprahealthinaction.in>, Bijoy Kumar Swain <bijoykumar44@gmail.com>, Samuel Michael <michael@aifoindia.org>, mousham@leprahealthinaction.in, "naveens@leprahealthinaction.in" <naveens@leprahealthinaction.in>, "DrLanong.Nlep Cons North East" <lanong@aifoindia.org>, Manimozhi N <manimozhi@aifoindia.org>, "assamconsultant@aifoindia.org" <assamconsultant@aifoindia.org>, rama prasad Kosaraju <rprasad27@gmail.com>, Rashmi Tiwari <tiwarirashmi14@gmail.com>, Rashmi Tiwari <shuklar@who.int>, dhruv pandey <drdhruvpandey@gmail.com>, Dhruv PANDEY <pandeyd@who.int>, Rajesh PANDEY <pandeyr@who.int>, pritam roy <drpritamroy@gmail.com>, "Roy, Pritam" <proy@who.int>, rehab <rehab@nlrindia.org>, Pratap rai manglani Manglani <manglanipr@gmail.com>, sumans@who.int, jamils@gmail.com, taraks@who.int

Dear Sir/ Mam,

Greetings from CLD.

Kindly find attached the final guidelines for ABSULS for kind perusal please.
All NLEP Consultants (ILEP) and State NTD Coordinator (WHO) are kept in loop with request to support the implementation of ABSULS.

warm regards,

Deepika Karotia,
National Consultant (Public Health)
Central Leprosy Division
Nirman Bhawan
New Delhi

Guidlines ABDULS Final.pdf
783K

True copy attested

01/08/2022

Under Secretary to Govt.
Health & FW Deptt.

Annexure-H

Ministry of Health & Family Welfare
Government of India

NLEP

National Leprosy Eradication Programme

ACTIVE CASE DETECTION AND REGULAR SURVEILLANCE FOR LEPROSY

Operational Guidelines - July, 2020

Central Leprosy Division
Ministry of Health & Family Welfare, Government of India
Nirman Bhawan, New Delhi-110011

Table of contents

True copy attested

Under Secretary to Govt.
Health & FW Deptt.

A. Background

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 cases of leprosy at an early stage and to provide complete treatment 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.

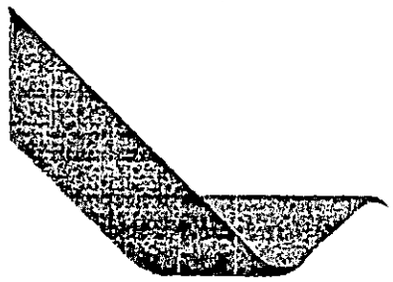
Leprosy, however, still shows high prevalence in many pockets of certain States/ UTs of India. Besides, urban growth has led to additional challenges of service delivery to the urban population, especially the urban poor, those living in urban slums and the migratory population.

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.

True copy attested

09/2022

Under Secretary to Govt.
Health & FW Deptt.



B. Methodology of screening

1. Who will screen

Regular active case detection through screening of each member of the community (in both rural and urban areas) shall be carried out by ASHA/Non-Medical Supervisor/Non-Medical Assistant/Trained Female or Male Health Worker/Trained Community Volunteer/Trained Person affected by leprosy/Trained member of Mahila Aarogya Samiti (MAS) [hereafter referred as Female/Male Frontline Worker (F/M FLW)]. Female members of the community should be screened only by a female FLW and the male members should be screened by a suitable Male FLW. The DLO concerned shall be responsible for the identification of the most suitable F/M FLWs available in the area and for their deployment for the purpose of screening for leprosy.

2. Who will be screened

All persons above 2 years of age shall be screened in order to detect any signs or symptoms of leprosy.

3. How to screen

Inter Personal Communication (IPC) and adequate Information, Education and Communication (IEC) strategies should be deployed to make the community aware about the nature of the disease and the importance of screening for early detection of the signs and symptoms of the disease. Prior consent of the individual concerned must be obtained for screening. In case, if any person shows any reluctance for screening by F/M FLW, some close family member should be involved to carry out the screening.

4. Duration of screening round

Screening of the entire population of any given village/urban pocket needs to be completed within a span of 6 months or 12 months depending upon the number of screening rounds to be conducted there in a year. The number of screening rounds (1 or 2) shall be decided by the State/UT authorities in accordance with the criteria applicable to the given area. The criteria has been explained under the head "frequency and criteria for screening" hereafter. The time flexibility allowed for screening ranging from 6 months to one year duly acknowledges the fact

True copy attested

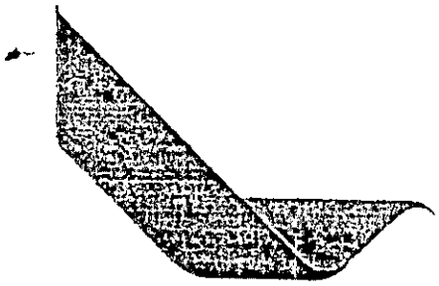
Under Secretary to Govt.
Health & FW Deptt.

that all the members of a given Household (HH) may not be available for screening on a single day. It also acknowledges the fact that the female and the male FLW may not be visiting a household together, or at the same time, or on the same day for the screening of the HH members. Hence these guidelines provide complete flexibility of time schedules for screening in accordance with the availability of HH members, and/or the convenience of the F/M – FLW involved for screening. This time frame shall also ensure that the quality of screening is of a very high order. In such extended time frame, the F/M FLW should do the screening in a thorough manner as per the standard guidelines laid down by NLEP. This screening model allows multiple visits to a single HH by the F/M - FLW concerned till the time all the members of the HH are screened. It has to be ensured by F/M-FLW that no family member of any HH is left out of the screening coverage within the given time frame of the screening round. The time flexibility allowed to screen the entire population of the village concerned shall not only provide the F/M – FLW concerned with sufficient band width to ensure quality in the screening but shall also provide ample time to maintain complete records in the prescribed formats. This shall also provide sufficient time to the ASHA Facilitator /CHO/ANM of Sub-Centre/Health & Wellness Centre/UPHC, MO-PHC/UPHC and other senior health functionaries for qualitative Monitoring and Supervision of the screening activities.

True copy attested

01/08/2022

Under Secretary to Govt.
Health & FW Deptt.



C. 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 (Table: 1)

S.No	Endemicity Status	Criteria	Frequency of screening
1.	**Low endemic Block**	PR< 1/10000 Population AND/OR Annual new cases detected (ANCD) upto 20 cases AND/OR Grade 2 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	Twice a year, only in that particular village/urban pocket

		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	
2.	**High endemic Block**	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 Note: Villages which have not reported any case of leprosy in last three years may be kept out of screening rounds. Instead the surveillance should be maintained in such areas by F/M FLW and incentives for confirmation of diagnosis and completion of treatment shall be paid as per the already existing guidelines, in case F/M FLW identifies a case which is confirmed as a case of leprosy and ensures his/her complete treatment.
3.	**Urban Areas**	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/UTs. can decide second round of screening on the basis of the findings of the 1st round.

True copy attested

Under Secretary to Govt.
Health & FW Deptt.

4.	**Areas with Special needs**	Special strategies may be devised by the states/UTs at their own level for ensuring the screening of 100% population in areas with special needs, e.g. Hard to Reach (HTRA) areas/ geographically far flung areas where the F/M FLW do not reside on a permanent basis. The states 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 may be conducted and completed in a focussed 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 finalised 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.

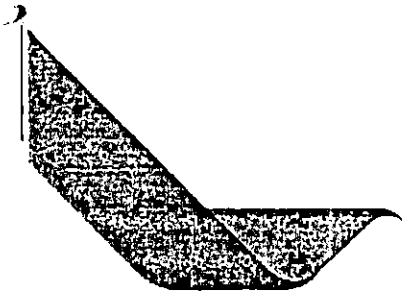
True copy attested
18/ 2022
Under Secretary to Govt.
Health & FW Deptt.

D. Flexibilities allowed to decide the number of screening rounds

i. Though the Block level indicators have been mentioned in the criteria in Table -1, States/UTs shall be free to decide whether or not screening should be carried out in all the villages/urban pockets located in the given Block. This means that the States/UTs would be free to select at their own level, on the basis of the village/urban pocket level data available with them, if certain villages/urban pockets need to be left out of screening rounds. Similarly, the States/UTs shall be free to decide the number of rounds (1 or 2) in the villages/urban pockets on the basis of the data available. In other words, in order to ensure the efficient deployment of resources, the decision to select any villages/urban pockets for screening rounds, and/or the decision to decide the number of rounds in a village shall be taken by the State/UTs on the basis of the villages/urban pockets level data, and not the Block level data.

ii. A Village/villages/urban pocket which has not reported any case of leprosy in the last three years may be kept out of active case detection through screening. Instead F/M-FLW should maintain surveillance and refer the Suspect, if any noticed, to the PHC/UPHC concerned. In such areas, the F/M FLW shall be eligible for the incentives as per the extant policy guidelines, i.e. Rs. 250 for confirmation of leprosy case without disability, and Rs. 200 for leprosy case confirmation with disability. Besides, an incentive of Rs. 400 for ensuring completion of treatment of each Paucibacillary (PB) patient, and Rs. 600 for ensuring completion of treatment of each Multibacillary (MB) patient shall be payable to the F/M FLW. However, no incentive for regular screening of the population shall be paid to the F/M FLW in any such village/urban pocket.

True copy attested
08/2022
Under Secretary to Govt.
Health & FW Deptt.



E. Definition of suspect/symptoms guide for suspect case identification*

Any person with any of the following symptoms, either singly or in combination:-

S. No.	Signs and symptoms for Identification of Suspect case of Leprosy
1.	Any change in the skin color (pale or reddish patches on skin) with partial or complete loss of sensation
2.	Thickened skin on the patches
3.	Shiny or oily face skin
4.	Nodules on skin
5.	Thickening of ear lobe(s)/nodules on earlobe(s)/nodules on face
6.	Inability to close eye(s)/watering of eye(s)
7.	Eyebrow loss
8.	Nasal infiltration (saddle nose deformity)
9.	Thickened peripheral nerve (s)
10.	Pain and /or tingling in the vicinity of the elbow, knee or ankle
11.	Inability to feel cold or hot objects
12.	Loss of sensation in palm (s)
13.	Numbness in hand(s) / foot/feet
14.	Ulceration in hand(s) / painless wounds or burns on palm(s)
15.	Weakness in hand(s) when grasping or holding objects; inability to grasp or hold objects
16.	Difficulty in buttoning up shirt/jacket etc.
17.	Tingling in finger(s) / toe(s)
18.	Tingling in hand(s) / foot/feet
19.	Ulceration in foot /feet; painless wounds or burns on foot/feet
20.	Clawing / bending of finger(s) / toe(s)
21.	Loss of sensation in sole of foot/feet
22.	Weakness in foot/feet/ footwear comes off while walking
23.	Foot drop / dragging the foot while walking

(*This list is NOT exhaustive)

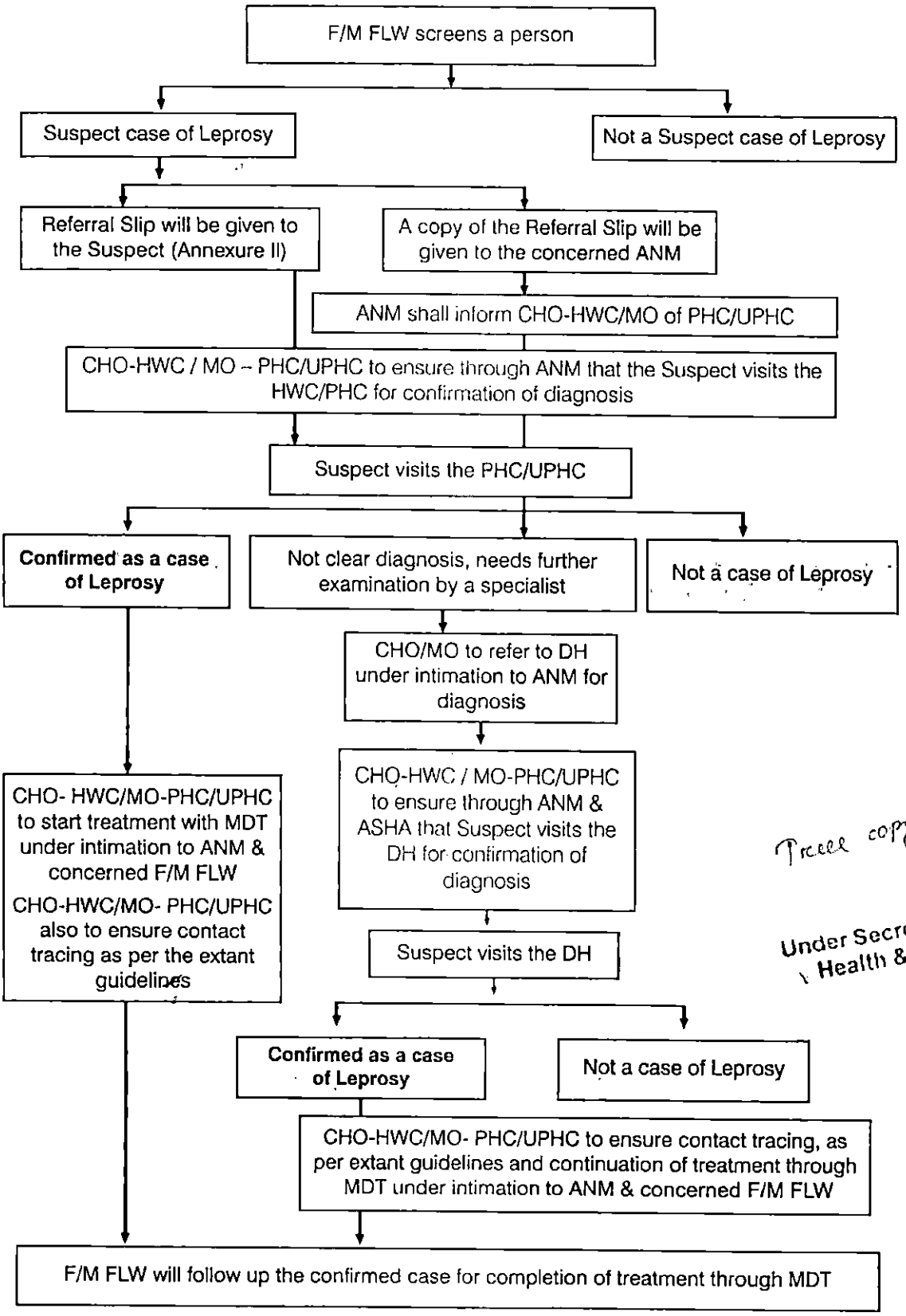
True copy attested
Under Secretary to Govt.
Health & FW Deptt.

F. Referral mechanism to refer any suspect for final diagnosis

If F/M FLW suspects that a person screened is a "Suspect case", she/he will issue a Referral Slip (Annexure II) to the Suspect with the advice to immediately visit the nearest PHC for final diagnosis by the MO concerned. A copy of the said Referral Slip shall also be handed over by the F/M FLW to the CHO/ANM of the Sub-Centre/HWC/UPHC concerned within a day of screening of such Suspect.

True copy attested
07/08/2022
(Under Secretary to Govt.
Health & FW Deptt.

Flow chart for referral mechanism



Treee copy attested

08/2022

Under Secretary to Govt.
Health & FW Deptt.

G. Contact screening and tracing

After confirmation of a new case of leprosy, the PHC/UPHC Medical Officer will inform the concerned CHO/ANM and F/M FLW and shall ensure screening of all the close contacts of such index case following Guidelines for Post Exposure Chemoprophylaxis shared earlier with all States/UTs. The close contacts of every 'Index Case' of leprosy shall be screened for signs or symptoms of leprosy by a regular trained health worker, under the overall supervision of the CHO- HWC/MO- PHC/UPHC. If a confirmed case of leprosy is found in the contacts, the treatment needs to be immediately initiated with MDT. For the remaining contacts, Single Dose Rifampicin (SDR) is required to be administered as Post Exposure Chemoprophylaxis (PEP). The extant guidelines in respect of MDT/PEP must be followed. In case any close contact of an Index Case is found to be away from home, and is not available for screening, the SoP given for the missing household member(s) in the subsequent paragraph "H" shall be followed. The CHO- HWC/Medical Officer of the PHC/UPHC shall be responsible for ensuring screening of the close contacts of every confirmed new leprosy case (index case), and for administration of PEP to them as per the protocol.

True copy attested

01/08/2022

Under Secretary to Govt.
Health & FW Deptt.

H. SoP for missing member(s) of any household

If any member of a HH is away from home continuously for the entire duration of screening rounds (6 months/year), the F/M FLW shall obtain complete details about the current place of residence of such a person along with the phone number and share such address and phone details with the CHO (HWC)/ANM concerned. The CHO/ANM shall fill the said information in the Information Slip (Annexure III) and shall share the information with the MO-PHC/UPHC concerned. The MO-PHC/UPHC, in turn, shall share the said details with the Block Medical Officer, and the Block Medical Officer shall share the same information with the DLO concerned. The DLO shall share the given information further with his SLO as well as with the DLO of other state/district where such a person reportedly resides. Finally, SLO shall share this information with the SLO of the other state where this family member is reportedly residing. The SLO/DLO shall also ensure the screening of that family member in coordination with the SLO/DLO of the other State/District. SLO/DLO of the other State/District shall send the screening report to the SLO & DLO of the referring State/District. Finally, both the SLOs shall share the screening report with the Central Leprosy Division.

True copy attested

08/ 2022

Under Secretary to Govt.
Health & FW Deptt.

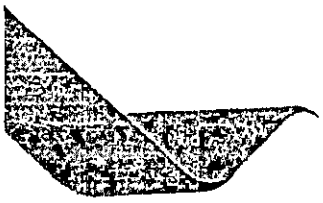
Table 2: Flow chart for sharing information regarding missing member of a household

Flow of Information	F/M FLW screens members of a household for leprosy	Flow of Information
↑	If any family member is away from home continuously for the entire duration of the screening round	
	F/M FLW to obtain complete address and phone no. of such a family member and share with the CHO/ANM concerned	
	CHO/ANM to share the information with the MO-PHC/UPHC concerned	
	MO – PHC/UPHC to share the information with the Block Medical Officer (BMO)	
	BMO to share the information with DLO	
	DLO to share the information with his SLO as well as with the DLO of other state/district where such a person reportedly resides	
	SLO to share this information with the SLO of the other state where this family member is reportedly residing	
	SLO/DLO will ensure the screening of that family member in coordination with the SLO/DLO of the other State/District	
	SLO/DLO of the other state shall send the screening report to the SLO & DLO of the referring state	
	Both the SLOs shall share the screening report with the Central Leprosy Division	↓

True copy attested

08/08/2022

Under Secretary to Govt.
Health & FW Deptt.



I. Incentive structure

Table 3: Role & Responsibilities of a F/M FLW

Female FLW	Male FLW
I. To complete the screening of all the female members of each household and maintain the record in the HH Screening Register (Annexure I)	I. To complete the screening of all the male members of each household and maintain the record in the HH Screening Register (Annexure I)
II. If any Suspect found is in any household, he/she must be referred to the MO-PHC for examination and final diagnosis.	II. If any Suspect found is in any household, he/she must be referred to the MO-PHC for examination and final diagnosis.

NOTE: Both female as well as male FLW involved in screening shall maintain separately the Household Screening Register with complete details of each Household.

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. The incentive shall be paid for one screening round in low endemic areas, and for two screening rounds in high endemic areas in a F.Y. The payment shall be made after due verification by the ASHA Supervisor/ANM as per the procedure laid down by the state/ UT concerned in this regard. No incentive for screening shall be paid to F/M FLW in a village where no case of leprosy has been reported in the last 3 years.
2. ASHA Supervisor/Facilitator shall be entitled for incentive @ 10% per ASHA incentive at the end of each completed screening round. The said incentive shall be paid to ASHA Supervisor/Facilitator only after she ensures that all the Hhs in the village, where screening rounds were conducted by the ASHA(s) under her jurisdiction, have been fully screened for leprosy, suspects have been duly referred by ASHA(s) and final diagnosis has been made by the concerned MO PHC/CHC/DH. A certificate (Annexure IX- A) dully filled in shall be required to be submitted by the ASHA Supervisor/Facilitator to the MO-PHC concerned in this regard. Thereafter, the due incentive @ 10% of the incentive paid for the screening round to each ASHA under her jurisdiction/supervision shall be paid to the ASHA Supervisor/Facilitator. For example, if a screening round is carried out by 20 ASHAs under the jurisdiction/ supervision of an ASHA facilitator, ASHA Supervisor/Facilitator shall be entitled to the incentive of Rs. 2000/- for one completed round of screening. If a screening round is carried out only by 10 ASHAs in 10 villages under the jurisdiction of the ASHA Supervisor/Facilitator, she shall be entitled to the incentive of Rs. 1000/- only.

True copy attested
Under Secretary (Health & FW Deptt.)

3. Additional incentive will be paid to the F/M FLW who refers any Suspect to the health facility and in whose case the diagnosis for Leprosy is confirmed. Incentive will be paid at the rate of Rs. 250 for confirmed leprosy case without disability, and Rs. 200 for confirmed leprosy case with disability.
4. Incentive shall be paid to F/M FLW for ensuring the completion of treatment of a leprosy patient at the rate of Rs. 400 for each Paucibacillary (PB) case and Rs. 600 for each Multibacillary (MB) case.

Essential conditions for Payments of Incentives:

1. A Female FLW shall get the incentive only after she completes the screening of all the female members of a HH and gets the female Suspect, if any, examined by the MO-PHC/UPHC concerned. Similarly, a male FLW shall get the incentive only after he completes the screening of all the male members of a given HH, and gets the male Suspect if any, examined by the MO-PHC/UPHC concerned. The screening work of F–FLW and M-FLW shall be evaluated separately, independent of each other's work or performance.
2. Incentive payment shall be released only after all the relevant entries are made in the HH Screening Register by the F/M FLW concerned and duly certified by ASHA Facilitator/ANM (Annexure –IX- A).
3. In case any member of a household is missing during the entire duration of screening round, the F/M FLW shall pass on the address and phone details of such a member to the CHO/ANM concerned in the Information Slip (Annexure III). After submission of the Information Slip, he/she will become eligible for the payment of the incentive if the screening of the rest of the available male/female members of that household has been completed.
4. If above mentioned conditions are fulfilled, F/M FLW will submit the claim for incentive payments to ASHA Facilitator/ANM as per the procedure laid down by the state/UTs.
5. The payment shall be made after due verification by the ASHA facilitator/ Supervisor/ANM/NMS/Medical Officer PHC/UPHC as per the procedure laid down by the state/UT concerned.
6. Household Screening Register maintained by the F/M FLW must be checked by the CHO/ANM/ASHA Facilitator/Supervisor along with the Referral Slips and the PHC/UPHC-OPD/referral register for verification of screening claims made by ASHAs/F/M FLW.

True copy attested

10/02/2022

Under Secretary to Govt.
Health & FW Deptt.

J. Supervision and monitoring

(I) Whenever any ASHA submits the claim for payment of incentive for completed screening round to ASHA Facilitator/ Supervisor, she will cross verify the claims after checking the HH Screening Register maintained by ASHA(s) and referrals slips. She will also certify each ASHA's work for screening round completion (Annexure IX-A).

(ii) Whenever any F/M FLW submits the claim for payment of incentives for screening for leprosy, the CHO (HWC)/ANM concerned shall independently verify at least 10% of the persons claimed to have been screened by her/him. The MO- PHC/UPHC shall randomly and independently cross-check and certify at least 10% of the persons claimed to have been screened for leprosy in the area under the given PHC/UPHC jurisdiction.

(iii) Before closing any screening round in a village/urban pocket, the CHO/ANM (SC/HWC/UPHC) concerned shall certify under her signatures that 100% population of the village/Urban pocket concerned has been screened for leprosy, 10% of population has been cross-checked by her, and complete information in respect of the missing person(s), if any, has been submitted to the MO-PHC/UPHC concerned (Annexure IX-AA).

(iv) The MO-PHC / MO - UPHC concerned shall certify under his/her signatures that 100% population of the area under PHC/UPHC jurisdiction has been screened for Leprosy, 10% of population has been cross-checked by her/him, and complete information in respect of the missing person(s), if any, has been submitted to the MO-CHC/UCHC concerned (Annexure IX–B and Annexure IX-BU).

(v) The MO CHC/UCHC concerned shall certify that 100% population of the area under CHC/UCHC jurisdiction has been screened for Leprosy, and complete information in respect of the missing person(s), if any, has been submitted to the District Leprosy Officer concerned (Annexure IX-C).

(vi) The DLO concerned shall certify that 100% population of the area under his/her jurisdiction has been screened for Leprosy, and complete information in respect of the missing person(s), if any, has been submitted to the State Leprosy Officer concerned (Annexure IX-D).

(vii) The SLO shall certify that 100% resident eligible population of his/her state has been screened for leprosy, and complete information in respect of the missing person(s), if any, has been submitted and shared with the respective State/District Leprosy Officer concerned (Annexure IX-E). SLO shall submit the final State level round completion certificate to the Central Leprosy Division.

(viii) The SLO and DLO concerned would also independently and randomly cross verify the population screened in his/her jurisdiction and satisfy himself/herself about the veracity of the claims regarding screening.

True copy attested
Under Secretary to Govt.
Health & FW Deptt.

K. Maintenance of records

Household screening register for leprosy

Each F/M FLW involved in the work of screening for leprosy shall be required to maintain a Household (HH) Screening Register for leprosy as per the format given in Annexure I.

The register should be maintained in the form of a permanent record, and therefore, should be used for multiple years. Both male as well as female Frontline Worker (F/M FLW) involved in the screening would maintain separate HH Screening Register and would complete all columns of the register as per the prescribed format (Annexure I). The details captured in the Register are as follows in Table 4 below:

Table 4: The details captured in the HH screening register

Cover page	Household details
1. Name of the State: 2. Name of the District: 3. Name of the Block/Ward: 4. Name of the Village/Urban Pocket: 5. Population of the Village / Urban Pocket: 6. Name of Sub- Centre/HWC/UPHC: 7. Name of CHO/ANM 8. Name of PHC/UPHC In -charge for this village/urban pocket: 9. Name of the ASHA/Trained volunteer/ female Health Worker/MAS member (Trained for screening for Leprosy): 10. Name of the Male Health Worker /NMS/Trained male volunteer: (Trained for screening for Leprosy) 11. Name of the ASHA Facilitator/ASHA Supervisor: 12. Name of the ANM (SC):	1. Total no. of family members: _____ 2. Address: _____ 3. Telephone No: (three preferably) _____ 4. Names, Age, Gender of all the family members. 5. Date of screening: 6. If any family member living elsewhere, complete address and contact no: 7. Whether under treatment for leprosy OR an old/known case of Leprosy: 8. Suspect for Leprosy (Y/N): 9. Confirmed as case (Y/N): 10. Date of start of MDT treatment: 11. Date of completion of MDT treatment:

Faxed copy attested
01/08/2022
Under Secretary to Govt.
Health & FW Deptt.

Other documents

1. Referral Slip, for the Suspect identified during household screening (Annexure II)
2. Information Slip for the Missing household members/contacts (Annexure III)
3. Village/Urban pocket level Monthly Report form for details of Active Case Search Activity for submission to MO – PHC/UPHC by CHO/ANM – Sub Centre/HWC/UPHC (Annexure IV)
4. PHC/UPHC level Monthly Report form for details of Active Case Search Activity for submission to Block Medical Officer by MO – PHC/UPHC (Annexure V)
5. Block level Monthly Report form for details of Active Case Search Activity for submission to District Leprosy Officer by Block Medical Officer (Annexure VI)
6. District level Monthly Report form for details of Active Case Search Activity for submission to State Leprosy Officer by District Leprosy Officer (Annexure VII)
7. Compiled district wise Monthly Report form for details of Active Case Search Activity in the State for submission to Central Leprosy Division by State Leprosy Officer (Annexure VIII)
8. Certificates for closure of Screening rounds (Annexure IX)

a) Screening completion certificate to be signed by ASHA Supervisor/Facilitator for each ASHA, and to be submitted to CHO-HWC/MO-PHC/CHC (Annexure IX-A)

b) Village/Urban pocket level certificate to be signed by CHO (HWC) /ANM on round completion and to be submitted to the PHC/UPHC concerned (Annexure IX-AA)

c) PHC level certificate to be signed by MO – PHC on round completion and to be submitted to the CHC concerned (Annexure IX-B)

d) UPHC level certificate to be signed by MO – PHC/UPHC on round completion and to be submitted to the UCHC concerned (Annexure IX – BU)

e) Block CHC/UCHC level certificate to be signed by MO – CHC/UCHC on round completion and to be submitted to the District Leprosy Officer concerned (Annexure IX-C)

f) District level certificate to be signed by DLO on round completion and to be submitted to the State Leprosy Officer concerned (Annexure IX-D)

g) State level certificate to be signed by SLO on round completion and to be submitted to the Central Leprosy Division (Annexure IX-E)

True copy attested

07/2022

Under Secretary to Govt.
Health & FW Deptt.