

**GOVERNMENT OF INDIA  
HEALTH AND FAMILY WELFARE  
LOK SABHA**

UNSTARRED QUESTION NO:2558

ANSWERED ON:04.12.2009

NATIONAL LEPROSY ERADICATION PROGRAMME

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**Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:**

- (a) whether the Government has reviewed the implementation of the National Leprosy Eradication Programme (NLEP) in the country;
- (b) if so, the details and the outcome thereof;
- (c) the assistance provided to the State Governments and utilised by them under the scheme during the last three years and the current year, State/UT-wise;
- (d) whether funds have also been provided to Non-Governmental Organisations (NGOs) for running leprosy centres in the country;
- (e) if so, the details thereof during the above period, State/UT-wise; and
- (f) the further steps taken or proposed to be taken by the Government for the eradication of the disease in the country?

**Answer**

THE MINISTER OF STATE FOR HEALTH & FAMILY WELFARE(SHRI DINESH TRVEDI)

(a) & (b) Yes. Programme is regularly being reviewed by the Government as briefly described below :

i) Obtaining Monthly progress reports from the states/UTs and giving feedback to the States/UTs.

ii) Conducting review meetings –

# Annual and regional review meetings of State Programme Officers.

# Quarterly review meetings of district programme officers of states/UT's

# Monthly review meetings of PHC medical officers at district level.

iii) Conducting field visits-

# Field visits conducted by Central and State officers. Based on observations during field visits feedback has been provided to the states for corrective actions.

Outcomes of review of implementation of National Leprosy Eradication Programme are as follows-

- i) Low treatment completion rate observed in few States/UTs i.e. Haryana, Himachal Pradesh, Punjab, Rajasthan, West Bengal, Meghalaya, Nagaland and Delhi.
- ii) More Grade II disability cases reported by Orissa, Andhra Pradesh, Rajasthan, Assam, Chhattisgarh, Nagaland and Delhi suggesting late detection of leprosy cases in the state.
- iii) High child proportion in Bihar, Tamil Nadu, Maharashtra, Gujarat, Jharkhand and Kerala suggesting high level of transmission of the disease in the population.
- iv) Inadequate supply of Multi Drug therapy (MDT) in few districts/PHCs.
- v) Inadequate supply of Micro-cellular rubber (MCR) footwear to the districts by the state of Arunachal Pradesh, Haryana, Jammu & Kashmir, Mizoram, Sikkim and Tripura.
- vi) Inadequate supply of ulcer kits to the districts by the states of Kerala, Arunachal Pradesh, Haryana, Himachal Pradesh, Mizoram, Sikkim, Puducherry and Tripura.
- vii) Few recognized centres not conducting reconstructive surgery for correction of disability in leprosy affected persons. These are- i) Guwahati Medical College, Assam ii) RIMS, Manipur iii) Pt. DDU Hospital, Uttar Pradesh and iv) PGIMS Rohtak, Haryana.
- viii) Inadequate provision of medical facilities to leprosy affected persons residing in few self settled colonies.

States have been advised to take necessary action on the shortcomings emerged during review meeting/field visits.

(c) Assistance provided and utilized by State Governments is as follows –

(Rs. In crores)

Year Assistance provided Utilization

2006-07 30.03 32.57

2007-08 22.65 22.82

2008-09 37.32 29.42

2009-10 16.02 4.57

(upto Sept. 09)

The State-wise details are enclosed at Annexure-I.

(d) & (e) No. However the funds are provided to NGOs under SET (Survey, Education and Treatment) scheme for leprosy. Details of funds provided to NGOs under SET scheme are given below -

(Rs. In crores)

Year Assistance provided

2006-07 2.17

2007-08 2.56

2008-09 2.2

2009-10 2.1

(upto Sept. 09)

The State-wise details are enclosed at Annexure - II.

f) The steps taken by the Government under the programme are as follows-

(i) Providing integrated leprosy services through General Health Care System.

(ii) Availability of leprosy diagnosis and treatment services from all PHCs/Government dispensaries and hospitals free of cost.

(iii) Training in leprosy to all General Health Services functionaries.

(iv) Intensified Information, Education & Communication (IEC) with focus on inter personnel communication for increasing awareness about the disease among the masses.

(v) Providing disability prevention and rehabilitation services to reduce disability burden.

(vi) Monitoring and supervision of programme activities.