

(c) CIP, Ranchi is one of the oldest Mental Health Institutions in the country, established in the year 1918. The Institute is already functioning at the level of a Centre of Excellence by providing tertiary level care and clinical services for mental and neurological disorders, training of manpower in the field of mental health, carrying out various research programmes, etc.

#### **Welfare of leprosy patients**

2190. SHRI TIRUCHI SIVA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the State-wise details of the number of persons affected with Leprosy in the country;

(b) the measures being taken under the National Leprosy Eradication Programme to eradicate Leprosy and the achievements made thus far; and

(c) the steps being taken by Government to sensitize the citizens about Leprosy and reduce the stigma surrounding the disease?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY): (a) The State-wise details of number of persons affected with Leprosy as on record till 31st March, 2018 are Given in Statement (*See* below).

(b) The measures being taken under the National Leprosy Eradication Programme (NLEP) are as under:—

- (i) **Early case detection:** Three pronged strategy *i.e.*, (i) Leprosy Case Detection Campaign (LCDC) (specific for high endemic districts), (ii) Focused Leprosy Campaign (for hot spots *i.e.* rural and urban areas where Grade II Disability (G2D) is detected), (iii) Special plan for case detection in hard to reach areas.
- (ii) **Enhanced early case reporting:** (i) Sparsh Leprosy Awareness Campaign (SLAC) (ii) Accredited Social Health Activist (ASHA) based Surveillance for Leprosy Suspects (ABSULS).
- (iii) **Prevention of leprosy/Interrupt transmission:** Post Exposure Prophylaxis administration to contacts of new cases detected in LCDC districts.
- (iv) **Overall strengthening of the programme:** (i) Nikushth an online reporting system with Patient tracking mechanism, (ii) Grade II disability case investigation.

In addition to the above measures several activities are being implemented in the programme which are as under:-

- Extended ASHA scheme wherein incentives are being provided to ASHA as well as any community member after confirmation of a leprosy case.
- Multi Drug Therapy (MDT) is provided to the leprosy patients free of cost.
- Fund are provided for procurement of material and supplies including supportive drugs.

Further various services are provided under the programme for Disability Prevention Medical Rehabilitation (DPMR) activities which cover reaction management, self-care practices, provision of Micro Cellular Rubber (MCR) footwear, Aids and Appliances, referral services for management of cases and reconstructive surgery at District Hospitals and Medical Colleges/Central leprosy/Non Government Organisation (NGO) Institutions.

(c) The Programme has a provision for regular Information Education Communication (IEC) at National level and at State level and also in campaign mode in the form of Sparsh Leprosy Awareness Campaign on Anti Leprosy Day i.e. 30th January every year.

#### **Statement**

*Details of number of persons affected with Leprosy as on till  
31st March, 2018*

Sl. No.	States/UTs	Cases on record (As on 31st March 2018)
1	2	3
1.	Andhra Pradesh	3427
2.	Arunachal Pradesh	26
3.	Assam	986
4.	Bihar	14338
5.	Chhattisgarh	6499
6.	Goa	121
7.	Gujarat	4400
8.	Haryana	441
9.	Himachal Pradesh	129
10.	Jharkhand	3979
11.	Jammu and Kashmir	191

1	2	3
12.	Karnataka	2480
13.	Kerala	624
14.	Madhya Pradesh	5696
15.	Maharashtra	9836
16.	Manipur	22
17.	Meghalaya	16
18.	Mizoram	31
19.	Nagaland	34
20.	Odisha	6325
21.	Punjab	497
22.	Rajasthan	1100
23.	Sikkim	17
24.	Tamil Nadu	3077
25.	Telangana	2264
26.	Tripura	52
27.	Uttar Pradesh	12583
28.	Uttarakhand	235
29.	West Bengal	9175
30.	Andaman and Nicobar Islands	29
31.	Chandigarh	117
32.	Dadra and Nagar Haveli	202
33.	Daman and Diu	18
34.	Delhi	1691
35.	Lakshadweep	15
36.	Puducherry	36
TOTAL		90709

#### **Medicines in the remote villages**

2191. DR. AMEE YAJNIK: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether Government has any roadmap so as to make medicines available in the remote villages of India; and