



LEPROSY
ELIMINATION
ACTION
PROGRAMME

JULY 04
FOCUS

raipur declaration

line of action : strategy for urban areas

role of NGOs in leprosy elimination : GOI

role of GHC in leprosy elimination : GOM

role of municipal health services : BMMC

handing over : WHO

prevalence of leprosy in mumbai

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‘FOCUS’

‘FOCUS’ is the first in the series of booklets to provide an update of knowledge, views, opinions and guidelines on leprosy elimination from all stakeholders : Governments, Corporations and other national bodies.

Integration is the need of the hour. It makes economic and social sense to integrate leprosy into the public health system. However, multiple tasks are to be undertaken by all concerned to make integration a reality in Maharashtra.

‘FOCUS’ is also aimed to disseminate and share information on various aspects of leprosy elimination tasks ahead. Sharing of views and experiences is crucial for formulation and implementation of future strategies.

Hope you find it useful !

29th July, 2004

A. Antony Samy
Chief Executive
ALERT-INDIA

RAIPUR DECLARATION

National Conference on Elimination of Leprosy, Raipur 27th to 30th January 2004

The National Conference on Elimination of Leprosy took place from 27 to 30 January 2004 at Raipur - (Chhattisgarh) at the initiative of the International Leprosy Association. It was cosponsored by World Health Organization (WHO) the International Federation of Anti Leprosy Association (ILEP) and the Nippon Foundation / Sasakava Memorial Health Foundation. It was held under the auspices of Govt. of India and Govt. of Chhattisgarh and support by the International Leprosy Union, the Hind Kushta Nivaran Sangh, the Indian Association of Leprologists, IDEA, and the Leprosy Elimination Alliance.

The National Conference, after -

- Reviewing the current leprosy situation in the country and the different states
- Appreciating the progress made in reducing the burden of leprosy in the country through widespread application of MDT along with related activities,
- Expressing concern over the high prevalence and case detection in some of the states particularly the States of Bihar, Jharkhand, Orissa, Uttaranchal, Chhattisgarh and West Bengal,
- Further expressing concern over a general tendency towards complacency. As a result of

initial success,

- Recognizing the urgency of the situation in view of the approaching target date of Dec 2005,

Urges the National and State Programme to -

1. PROMOTE more vigorously integration of leprosy within General Health Services so that service coverage is increased effectively and the goal of leprosy elimination reach in time.

2. INTENSIFY VIGOROUSLY their efforts towards case detection and treatment.

3. DISSEMINATE IEC messages on signs and symptoms of leprosy, its curability through MDT, and availability of treatment of all health facilities so that patients can self report in time.

4. TAKE steps to rehabilitate leprosy-affected persons in a cost effective manner so that they can be fully assimilated within the family and the community as useful members.

5. ENSURE that leprosy patients continue to get the necessary services even after leprosy is eliminated as a public health problem.

6. ADDRESS the following specific problems or issues, the resolution of which is vital to the attaining of the goal of elimination of leprosy, these being -

- Continued problem of detection of all the backlog and hidden cases
- Delayed diagnosis
- Over diagnosis
- Re-registration
- Inadequate / Inappropriate training GHS workers hindering their effective participation in the integrated setting.
- Inability to dismantle unnecessary vertical elements in the programme.

7. DEVELOP strategies in collaboration with all stakeholders to identify and focus on specific geographic areas or populations of high endemicity and ensure that more intensified decentralized time bound plans are developed and implemented on an urgent basis taking due consideration of the priority problems mentioned above. ●

Strategies

of the National programme
to reach the unreached
and provide the services necessary
to eliminate leprosy :

1. Identify the unreached in rural, tribal and slum areas and plan SAPEL / LEC projects as necessary.
2. Establish an efficient mechanism to appropriately link these people with primary health care centres.
3. Promote MDT in areas that remain cut off during rains, floods or snow, promote MDT also among the migratory population.
4. Encourage industrial health care institutions to provide orientation and training on diagnosis and MDT among industrial workers.
5. Get cadets from NCC, Scouts, NSS and similar institutions, as well as teachers and students from schools, to take part in special camps to reach the unreached.

**'Progress Towards Leprosy Elimination',
An Interview with Dr. Ashok Kumar,
Deputy Director-General of Health Services (L)**

in - Leprosy Elimination Alliance, April-June, 2002.

Line of Action

suggested to implement the recommendations of National Workshop for defining **specific strategy for Elimination of Leprosy from Urban Areas** held in New Delhi, 14th - 15th October, 2003

A. Mega and Metropolitan Cities: (population >2.5 million) :

1. **Fourteen cities** that come under this group are Delhi, Mumbai, Kolkata, Chennai, Bangalore, Ahmedabad, Lucknow, Kanpur, Nagpur, Pune, Hyderabad, Bhubaneswar, Jaipur and Bhopal.
2. **Identify the Health facilities** available under control of different organizations, Private Hospitals and NGOs to provide MDT services.
3. **Identify the willing stakeholders** which include potential partners for participating in the leprosy elimination viz. Multilateral and bilateral Agencies, Central Govt., State Govt., Local Civic bodies, NGOs and Philanthropic groups.
4. Local body Government of the Municipal Corporations and District Administration shall be the **pivotal agency for implementation** of MDT service delivery through their Health institutions.
5. **Identify and delegate responsibility** to organize and coordinate the activities to one **Nodal Point** either under the municipal corporation or any other organization with full coordination from the District administration / Leprosy organization.
6. **Organize sensitization meetings** seeking willingness of different stakeholder organization also including social groups viz. women, religious group, minority organizations, Migrant group and other marginalized segments.
7. Form an **Urban Leprosy Elimination Committee** to decide on all the activities to be carried out for leprosy elimination in the Urban area. The committee also decides on the sharing of responsibilities and resources (money, material and manpower) by different organizations.
8. The **District Leprosy Society** under chairmanship of the District Collector / Executive officer of the Zillah Parishad, begins the process and give full support to the Urban Leprosy Elimination Committee on all matters.
9. **Funds for leprosy control activities available with the DLS is for urban areas also** is for IEC, RCS operation, MCR footwear,

MDT supply, Supply of reporting and recording forms, Supportive drugs, LEC in slum areas, providing training to the Health staff of participating organizations etc.

10. GOI directly provides assistance to the Local NGOs under the SET scheme which has been recently modified.

11. Plan Integrated MDT services in the urban area, keeping in view GOI policies, which may include.

a) **Leprosy Diagnosis and Treatment** facilities from all available Health Centers under different organization, Hospitals, Private Practitioners etc.

b) **IEC activities** should be integral component of each partner following standardized messages. Interpersonal communication would receive priority and will be the main support from the special groups joining as partner. Such IPC is to improve voluntary reporting.

c) **As an outcome of the IEC,** any suspected leprosy affected person should be referred to the nearest health center for diagnosis by a medical officer and for initiating treatment.

d) **Local NGOs under SET scheme** or otherwise can provide diverse support to leprosy elimination like IEC, prevention of deformity and care services, Assist Health center in Treatment, follow up of Leprosy Patient and retrieval of defaulters, conducting LEC in slum areas or migrant

groups, management of complicated leprosy cases in referral centers, RCS operations, supply of MCR footwear and rehabilitation.

12. Prepare a Memorandum Of Understanding (M.O.U.) to be signed by all the partners as an agreement to work together for leprosy elimination in the urban area.

13. Develop a system of Record keeping and reporting by each center involved in MDT service delivery using formats approved under SIS. Monthly reports from each center to be collected and compiled at the identified Nodal Center before forwarding same to the District Leprosy Officer for inclusion in the District report. Indicators used under the programme will also be used for the urban leprosy elimination for assessment of progress.

14. Develop a system of MDT drug supply indenting and collection from the District Medical store under the chief medical and Health Officer of the district and keep at the Nodal Center from where each Health Center providing services can recoup their stock.

15. At this stage of the Leprosy elimination and existing problem of frequent population movement visiting the Metropolitan cities from other states for various reasons, strict vigil is essential to keep only definite cases of leprosy on record for MDT treatment. WHO definition of new case should be followed strictly. **For this a system of validation of new leprosy cases detected will be essential** as indicated in the SIS guidelines, which should be adopted to suit particular urban area and its constituent

institutions. Medical Officer with available District Technical support team, District Nucleus, other supervisory Medical Officer with Leprosy case handling experience to be short listed to carry out routine new case validation and Register cleaning activities.

16. GOI guidelines on case registration in Medical Colleges and other Hospitals in urban areas, as also use of **Accompanied MDT** to be made part of urban leprosy elimination plan.

17. Constant supervision to monitor the urban leprosy elimination activities should be done through identified officials of partner organizations, who report to the Nodal Officer, for remedial action and discussion in the committee meetings. ●

Leprosy : a disease that can be eliminated

Over the last 15 years there have been significant advances in reducing leprosy prevalence, thereby reducing the grossly disfiguring consequences, pain and suffering, and social stigma it causes.

The programme to eliminate leprosy will help in :

- alleviating and preventing the suffering of the affected individuals;
- reducing the transmission of the disease;
- supporting and strengthening activities of local health services;
- reducing the social stigma and ultimately changing the image of leprosy.

*Ref. : "The Final Push Towards Elimination of Leprosy-
Strategic Plan 2000-2005"*
World Health Organisation

B. Medium Sized City : (population >5 lakh and upto 2.5 million) :

1. A good number of city comes under this group. The states/UTs may have to **identify the urban areas** in which the proposed elimination of urban leprosy plan need to be incorporated. Following criteria for selection may be used :

- a) Prevalence of high leprosy case load as compared to the District / State average.
- b) Poor system of MDT Service delivery.
- c) Large urban, Peri Urban areas not covered with regular Health System.
- d) Availability of alternative health care infrastructure.

2. **Identify the Health facilities** available under control of different organizations, Private Hospitals and NGOs to provide MDT services.

3. **Identify the willing stakeholders** which include potential partners for participating in the leprosy elimination viz. Multilateral and bilateral Agencies, Central Govt., State Govt., Local Civic bodies, NGOs and Philanthropic groups.

4. Local body Government of the Municipality and District Administration shall be the **pivotal agency for implementation** of MDT service delivery through their Health institutions.

5. **Identify and delegate responsibility** to organize and coordinate the activities to one **Nodal Point** either under the municipality or any other organization with full coordination from the District administration / Leprosy organization.

6. **Organize sensitization meetings** seeking willingness of different stakeholder organization also including social groups viz. women, religious group, minority organizations, Migrant group and other marginalized segments.

7. **Form an Urban Leprosy Elimination Committee** to decide on all the activities to be carried out for leprosy elimination in the Urban area. The committee also decides on the sharing of responsibilities and resources (money, material and manpower) by different organizations.

8. **The District Leprosy Society** under chairmanship of the District Collector / Executive officer of the Zillah Parishad, begins the process and give full support to the Urban Leprosy Elimination Committee on all matters.

9. **Funds for leprosy control activities available with the DLS is for urban areas also** for IEC, RCS operation, MCR footwear, MDT supply, Supply of reporting and recording forms, Supportive drugs, LEC in slum areas, providing training to the Health staff of participating organizations etc.

10. **GOI directly provides** assistance to the Local NGOs under the SET scheme which has been recently modified.

11. **Plan Integrated MDT services** in the urban area, keeping in view GOI policies, which may include.

- a) **Leprosy Diagnosis and Treatment facilities** from all available Health Centers

under different organizations, Hospitals, Private Practitioners etc.

b) IEC activities should be integral component of each partner following standardized messages. Interpersonal communication would receive priority and will be the main support from the special groups joining as partner. Such IPC is to improve voluntary reporting.

c) As an outcome of the IEC, any suspected leprosy affected person should be referred to the nearest health center for diagnosis by a medical officer and for initiating treatment.

d) Local NGOs under SET scheme or otherwise can provide diverse support to leprosy elimination like IEC, prevention of deformity and care services, Assist Health center in Treatment, follow up of Leprosy Patient and retrieval of defaulters, conducting LEC in slum areas or migrant groups, management of complicated leprosy cases in referral centers, RCS operations, supply of MCR footwear and rehabilitation.

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14. Develop a system of MDT drug supply indenting and collection from the District Medical store under the chief medical and Health Officer of the district and keep at the Nodal Center from where each Health Center providing services can recoup their stock.

15. At this stage of the Leprosy elimination and existing problem of frequent population movement visiting the Metropolitan cities from other states for various reasons, strict vigil is essential to keep only definite cases of leprosy on record for MDT treatment. WHO definition of new case should be followed strictly. **For this a system of validation of new leprosy cases detected will be essential** as indicated in the SIS guidelines, which should be adopted to suit particular urban area and its constituent institutions. Medical Officer with available District Technical support team, District Nucleus, other supervisory Medical Officers with Leprosy case handling experience to be short listed to carry out routine new case validation and Register cleaning activities.

16. GOI guidelines on case registration in Medical Colleges and other Hospitals in urban areas, as also use of **Accompanied MDT** to be made part of urban leprosy elimination plan.

17. Constant supervision to monitor the urban leprosy elimination activities should be done through identified officials of partner organizations, who report to the Nodal Officer, for remedial action and discussion in the committee meetings. ●

C. Townships : (population >1 lakh and upto 5 lakhs) :

1. A large number of Townships are covered under this group. The State/UTs may have to identify the Townships in which the proposed elimination of urban leprosy plan need to be started. Criteria for selection may be -

- a) Prevalence of high leprosy case load as compared to the District / State average.
- b) Incomplete and inadequate state provided MDT services.
- c) Inadequate out reach services in urban areas under transitional phase having inadequate infrastructure and facilities for MDT services.
- d) MDT services available only in Govt. of Health Facilities although other health facilities run by private, Trust run by philanthropist organization and NGOs are available.

2. **Identify the Health facilities** available under control of different organizations, Private Hospitals and NGOs to provide MDT services.

3. **Identify the willing stakeholders** which include potential partners for participating in the leprosy elimination strategy viz. urban local body, State Govt., Organization, NGOs and Philanthropic organizations.

4. **Choose a model strategy for urban leprosy elimination** suitable for the Township in consultation with the partners from the following suggested options.

a) Urban local body ownership for MDT service delivery.

b) **Mainstreaming** MDT services into existing service network through institutionalized partnership.

c) Urban leprosy elimination through NGO participation with the context of integration.

d) Combination of all the options structured into one.

5. **Identify and delegate responsibility** to organize and coordinate the activities to one **Nodal Point** either under the local body or any other organization with full coordination from the District administration / Leprosy organization.

6. **Organize sensitization meetings** seeking willingness of different stakeholder organizations also including social groups viz. women, religious group, minority organizations, Migrant group and other marginalized segments.

7. **Form an Urban Leprosy Elimination Committee** to decide on all the activities to be carried out for leprosy elimination in the Urban area. The committee also decides on the sharing of responsibilities and resources (money, material and manpower) by different organizations.

8. **The District Leprosy Society** under chairmanship of the District Collector /

Executive officer of the Zillah Parishad, begins the process and give full support to the Urban Leprosy Elimination Committee on all matters.

9. Funds for leprosy control activities available with the DLS is for urban areas also for IEC, RCS operation, MCR footwear, MDT supply, Supply of reporting and recording forms, Supportive drugs, LEC in slum areas, providing training to the Health staff of participating organizations etc.

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a) Leprosy Diagnosis and Treatment facilities from all available Health Centers under different organizations, Hospitals, Private Practitioners etc.

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14. Develop a system of MDT drug supply indenting and collection from the District Medical store under the chief medical and Health Officer of the district and keep at the Nodal Center from where each Health Center providing services can recoup their stock.

15. At this stage of the Leprosy elimination and existing problem of frequent population movement visiting the Township from other

states for various reasons, strict vigil is essential to keep only definite cases of leprosy on record for MDT treatment. WHO definition of new case should be followed strictly. **For this a system of validation of new leprosy cases detected will be essential** as indicated in the SIS guidelines, which should be adopted to suit particular urban area and its constituent institutions. Medical Officer with available District Technical support team, District Nucleus, other supervisory Medical Officers with Leprosy case handling experience to be short listed to carry out routine new case validation and Register cleaning activities.

16. GOI guidelines on case registration in Medical Colleges and other Hospitals in urban areas, as also use of **Accompanied MDT** to be made part of urban leprosy elimination plan.

17. Constant supervision to monitor the urban leprosy elimination activities should be done through identified officials of partner organizations, who report to the Nodal Officer, for remedial action and discussion in the committee meetings.

The Line of Action suggested above are not exhaustive and additional items may be drawn up by the implementing agencies suitable for the urban locality.

Overall, the objective of the leprosy elimination in urban areas will be to develop a coordinated system of MDT services involving all willing partners and organizations, keeping in mind its sustainability even after elimination is achieved. ●

ROLE OF NGOs : MODIFIED SET SCHEME, GOI

- Extracts from the circular dated 8th July, 2004 -

Directorate General of Health Services, (Leprosy Division), Nirman Bhavan, New Delhi-110011.

The Scheme encourages voluntary organizations to work for elimination of leprosy by Survey Education and Treatment of leprosy cases in an area under their control for implementation of NLEP activities.

The various activities that can be undertaken by the NGOs are :

Planning,
Surveillance and Information System,
IEC,
Capacity Building,
Prevention of Impairments and Deformities,
Rehabilitation,
Referral,
Advocacy,
Case Detection and MDT Delivery
and District Technical Support Teams.

Unlike previous SET scheme w.r.t. defined population / health unit for NGO's operation, it is recommended in this modified pattern of SET

scheme that a suitable NGO / VO should first identify the area of activity (as mentioned above) and then identify the geographical areas where the activity is to be / can be carried out depending upon its capabilities. Then NGO can submit detailed proposal indicating activity, various aspects of implementation along with financial requirements.

The implementation of SET scheme in a defined geographical area with limited population coverage on vertical pattern need not to be continued.

All the above mentioned activities are important and NGOs may take up for carrying out one or more depending upon the expertise and infrastructure available with them.

However, following activities were identified as **priority activities** :

Promotion of early case detection
and prompt MDT;
Capacity Building;
IEC and Advocacy;
POID. ●

Role of GHC in Leprosy Elimination

Integration of Anti-Leprosy Activities with the General Health Care 11th February, 2004

As per GOI's instructions, it is necessary to ensure integration of anti-leprosy activities with the general health care. Hence, diagnosis and treatment centers being run by your organisation need to be handed over to the Govt./Corporation agency responsible for general health care services. However, this decision can not be translated into action without empowering the local staff with necessary skills for diagnosis, treatment and management. Hence, you are requested to:

A) Continue present clinics on "as is" basis till 28th February, 2004.

B) Carry out orientation training of local staff to whom responsibility for diagnosis and management is to be entrusted.

C) Hand over all the records and other articles with reference to registered cases to local/Govt./Corporation staff.

D) Assist the Local/Govt./Corporation staff to take up the responsibility for diagnosis and management till 31st March 2004 and

Withdraw finally from clinics and undertake following 1 to 8 activities.

1) Liaison with respective primary health centre/urban health institution.

- 2) Special IEC drives.
- 3) Capacity building of staff of PHC and corporation.
- 4) Special drives for detecting hidden cases in endemic and high risk pockets.
- 5) Special attention on migratory population, work site, slums, labour populations brick works, building sites etc.
- 6) Awareness generation and involvement of school children.
- 7) Regular POD activities.
- 8) Socio-economic rehabilitation of cured leprosy patients.

Area of operation / population to be served by NGOs shall be reallocated by concerned ADHS (Leprosy).

Sd/-

**Joint Director of Health Services,
(Leprosy) Pune - 1.**

Circular: No. Jt. DHS/Lep/D102/2604-743/2004
*Office of the Joint Director of Health
Services (Leprosy) Pune - 1. 11/2/2004*

Extracts from the minutes of JDHS meeting : dated 11/6/2004, PUNE

Following decision were taken after discussion

- 1 Stop MDT distribution immediately and hand over to health post.
- 2 MPW should refer 'suspect' to MO for diagnosis and treatment.
- 3 NGO should stop fixed clinics and engage leprosy technicians / health workers for IEC activities.
- 4 NGO should discuss with ADHS, district MO and municipal corporation before starting special survey.
- 5 No patients should be compelled to get admitted in institute; only genuine or dependent patients should be admitted.
- 6 Under the instruction of Central government no skin smear of patients should be taken.
- 7 Use different media for awareness of leprosy.
- 8 Involve school students, teachers, anganwadi staff, NCC and MSW in leprosy programme.
- 9 How to examine oneself for leprosy? Either by standing in front of the mirror or be examined by relatives. This knowledge should be given to people.
- 10 We should be aware that MDT drugs are made available in every health centre.
- 11 In order to detect hidden cases, NGO should arrange special survey upto July-2004.
- 12 Send proposal of POID through ADHS to this office.
- 13 Those who have been cured from leprosy their rehabilitation and follow-up should be under taken by NGO. In the same way collect information about defaulters and their number.
- 14 Whenever grant is released from government, it will be distributed without delay.
- 15 Without awareness, elimination will not be possible, so increase the IEC activities in the community. ●

Role of Municipal Health Services

Brihan Mumbai Municipal Corporation

Regarding integration of the Leprosy Services with the Public Health Services under National Leprosy Eradication Programme.

With reference to the above, according to the policy of Central & State Govt and the Mumbai Mun. Corp., the goal of leprosy elimination (1 or less than 1 case per 10,000 population by 2005) is to be achieved.

To achieve this goal, it is necessary to detect more and more new cases of leprosy as soon as possible and provide them with the (MDT) treatment.

The growing population of Mumbai, inadequate number of leprosy workers (1 to 1.25 lakh population / leprosy worker) and looking at the population load on the leprosy workers, it is not possible to maintain the quality of the leprosy elimination programmes in the whole work area of Municipal Corporation.

Presently in Mumbai leprosy programme work is done by 7 NGOs (65% of work area), State Govt (25% of work area) and Acworth (10% of work area)

Today there is major fall down in the number of leprosy cases than that of earlier. This has caused many restrictions on the NGOs. So they are facing many difficulties in doing leprosy work efficiently and effectively as earlier.

Today the number of leprosy in Mumbai is 1.7 / 109,000 (Active leprosy cases – 2020). New Case Detection Rate is 2 / 10,000. If we look at

the ward and health post level status report, then generally in each ward 75 – 80 patients are under treatment, at one Health Post level, there are 10 – 15 leprosy patients and every month 1 -2 new cases are detected which is very less.

With the view to attain the goal of leprosy elimination in Mumbai, it is essential to widen the scope and coverage of leprosy programmes in Mumbai with the help of the efficient and experienced officers and workers working for the leprosy programme today.

The Central and State Govt. has given clear directions for the integration of the leprosy programmes with the general health services of Mumbai Municipal Corporation.

According to that, the National Leprosy Eradication Programme is being integrated at the hospitals / dispensaries and Health Post level under the Dept. of Public Health and Mumbai Municipal Corporation.

Due to the integration of leprosy services, there will be no difficulties or obstacles in the day to day functioning of the hospitals / dispensaries, Health Posts, and also there won't be any additional work load on the Health officers / health workers.

It is expected that :

- The Health Post workers should detect leprosy suspect cases and provide health

education along with other diseases during the area visit or day to day home visit done by them.

- Diagnosis of the suspected cases and starting of the treatment is to be done by the Medical Officer / Full time Medical Officer.

- P.H.N. in the dispensary / Health Post should give MDT packets to the patient once a month and maintain the record in respective

registers.

Now onwards regularly, during the daily working hours, along with the other health services –leprosy diagnosis, treatment and leprosy health education should be started in the hospitals / dispensaries and Health Posts under your authority. This should be implemented immediately.

Work expected from the Medical Officers and Health Workers in the dispensary / Health Post.

Sr. No.	Designation	Health Institution	Expected Work
1	Medical Officer	Hospitals / Dispensaries	1. Regular diagnosis of the suspected cases 2. Start the treatment 3. Provide counseling like other diseases
2	Full time Medical Officer	Health Posts	
3	Pharmacist	Hospitals / Dispensaries	1. Give MDT (BSP) once a month to the old and new patients 2. Note in the Registers 3. Prepare monthly reports
4	P.H.N. / deputed by Health Post	Health Posts	
5	M.P.W. / A.N.M.	Health Posts	1. Provide Health Education during home visits 2. Detect leprosy suspect cases and send them to Health Post for examination and treatment 3. Take note of the suspect patients
6	CHW	Health Posts	Give leprosy health education along with other health programmes and send the suspects to the Health Post

All the above mentioned officers and workers are trained for leprosy with 2 / 3 days' separate training and with 1 day training under Revised Leprosy Detection Campaigns. Yet the leprosy organizations / leprosy workers and D.T.S.T. are

allowed to organize re-orientation training for one or half a day.

All dispensaries, hospitals and Health Posts will be regularly provided with MDT (BSP) medicines stock, necessary forms for reports,

registers etc., by the District Leprosy Officer.

Dept. of Medical Health Officer, with the help and coordination of the local leprosy organizations / leprosy officers and workers, should complete the process of leprosy programme integration at the hospitals / dispensaries and Health Post level under their authority. At the same time all the respective persons in the above said hospitals / dispensaries and Health Posts should give proper orders to get done the expected leprosy work.

By maintaining the regular coordination with the respective heads of the leprosy organizations / leprosy officers / workers, the leprosy programme should be implemented and monitored with their guidance. Leprosy elimination is not only a social responsibility but also the responsibility of every health officer and health worker. Therefore efforts should be made to make your area leprosy free as early as possible.

**Sd/-
Executive Health Officer,
(BMMC)**

(No. HO / 58861/ No.1) (Date : 3/3/2004)

(Issued to Medical Health Officers of all the Municipal Wards)

Leprosy : a disease of poverty

Leprosy is a leading cause of permanent disability in the world. Although leprosy is not fatal, the chronic symptoms often afflict individuals in their most productive stage of life and therefore impose a significant social and economic burden on society.

In addition to its economic impact, leprosy imposes a heavy social burden upon affected individuals and their families.

Patients are often shunned and become isolated within their communities. Mocking and social stigmatization are frequent behaviours toward affected individuals.

Because persons with chronic manifestations of the disease are often unable to work or to marry, they become dependent for care and financial support leading to further insecurity, shame, isolation and consequent economic loss.

*Ref. : "The Final Push Towards Elimination of
Leprosy- Strategic Plan 2000-2005"
World Health Organisation*

Handing Over

On Integration of Anti-Leprosy Activities with the General Health Care World Health Organisation

To achieve elimination, it is important that MDT services should be available and accessible at the most peripheral level so that patients can get treatment at their nearest health centre. The integration of MDT services within the general health services is regarded as the key to achieving elimination.

The rationale behind this approach is that the general health services are relatively more widely distributed, and have close and frequent contact with the local community.

Involving the general health services will also improve case-finding and case-holding activities. In addition, such integration will help to demystify the disease and increase awareness about the disease in the community.

With integration, more health centres are expected to be providing treatment, and the caseload in each centre will be relatively low in comparison to the attendance at monthly or weekly leprosy clinics opened by the specialized / vertical programmes.

Integration will help in maintaining MDT services at the peripheral level, especially in areas where prevalence is declining.

Several national programmes, even in countries with very high prevalence, have integrated leprosy services, mainly because of the urgent need to expand MDT coverage.

However, it is important to have an element of a specialized programme in all endemic countries, either at the central level or – in some larger countries – at intermediate level.

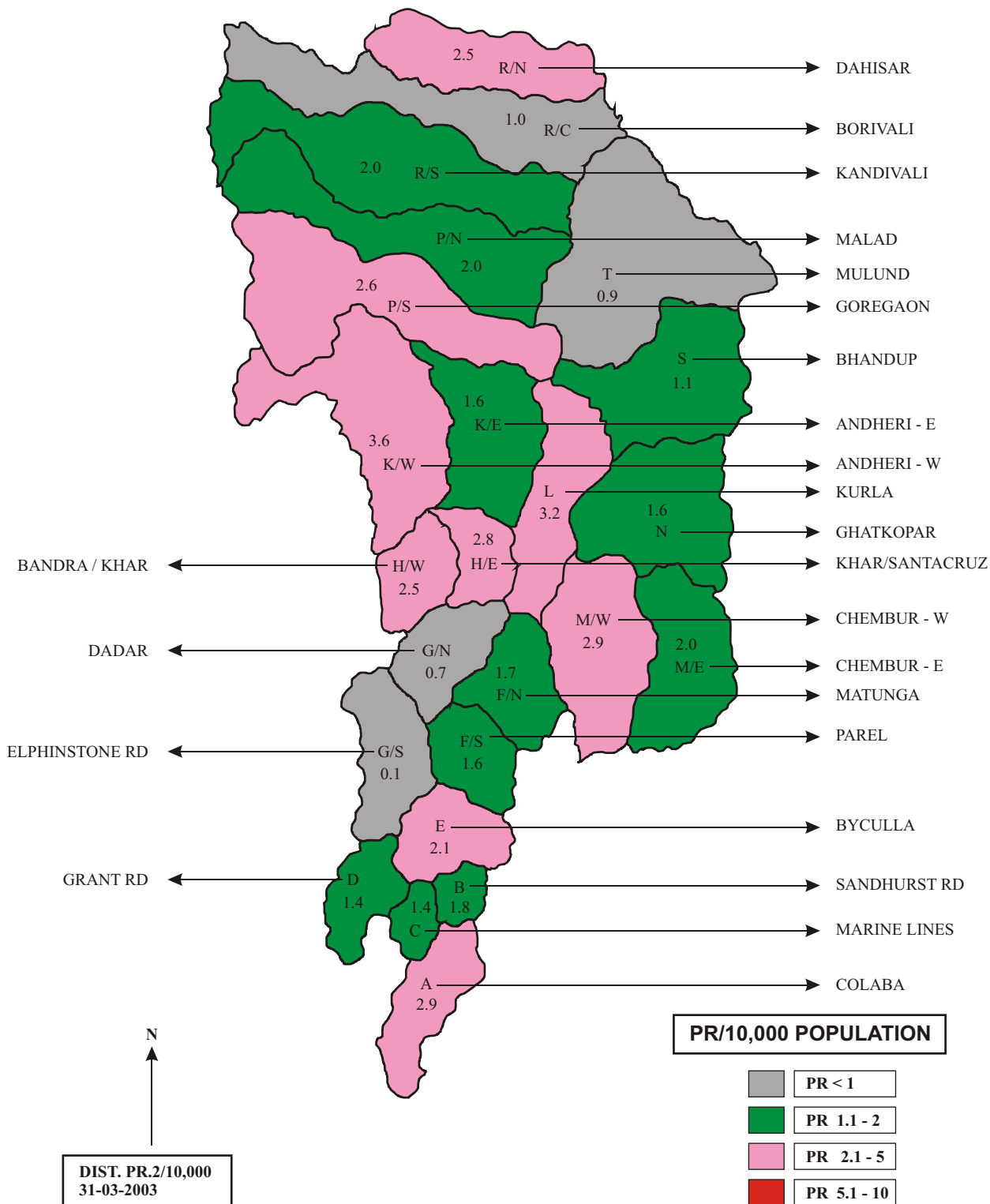
This specialized element for leprosy will be needed for providing technical guidance, for monitoring and evaluating the progress of elimination, for training and for research purposes.

Referral centres will also support the general health services in diagnosing difficult cases and in providing certain specialized care to patients with complications.

Although the intensified and focused implementation of the strategy will reduce the leprosy burden to very low levels, and therefore liberate resources to address other health priorities in the community, new cases of leprosy will continue to occur after 2005. In addition, a significant number of individuals disabled because of past leprosy will need attention. The national programmes, in partnership with all relevant agencies working in the field, through integrated health systems at the most peripheral levels, will continue to provide the best possible care. ●

Ref. : "The Final Push Towards Elimination of Leprosy - Strategic Plan 2000-2005"
World Health Organisation

KNOW THE STATUS OF LEPROSY IN YOUR WARD - MARCH, 2003

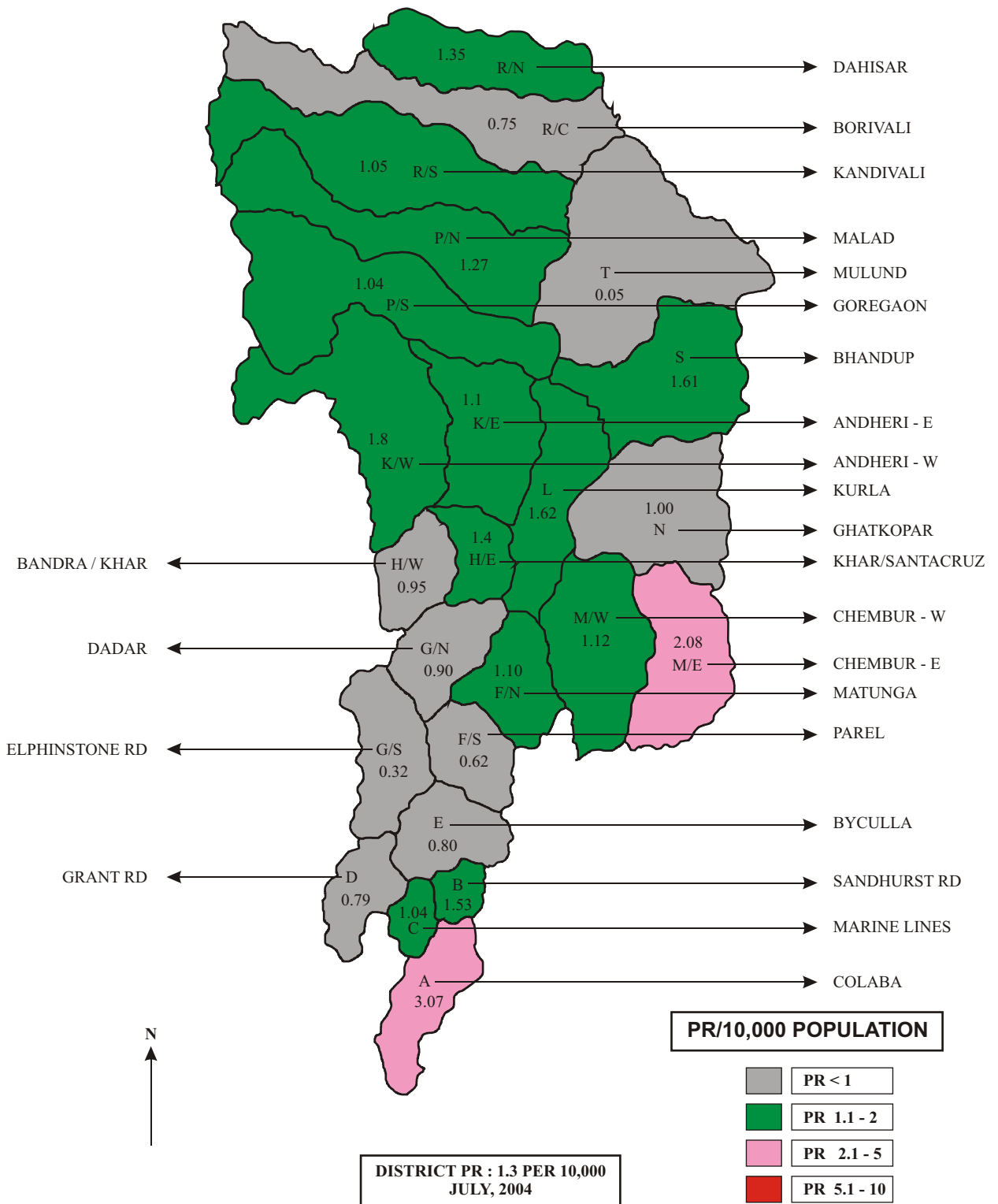


**NLEP - MUMBAI
WARD-WISE LEPROSY STATUS**

SR. NO.	WARD	POPULATION	BAL. ACTIVE CASES		PR/10,000	
			AS ON MARCH 2004	AS ON JULY 2004	MARCH 2004	JULY 2004
1	A	1,98,394	45	61	2.2	3.07
2	B	1,43,475	18	22	1.25	1.53
3	C	2,30,000	9	24	0.39	1.04
4	D	3,91,000	16	31	0.40	0.79
5	E	4,69,137	37	38	0.78	0.80
6	F/S	4,00,287	44	25	1.09	0.62
7	F/N	6,26,799	70	69	1.1	1.10
8	G/S	4,60,000	17	15	0.36	0.32
9	G/N	6,60,000	73	60	1.1	0.90
10	M/E	6,96,000	201	145	2.8	2.08
11	M/W	4,10,000	50	46	1.2	1.12
12	L	8,54,731	189	139	2.2	1.62
13	N	6,35,000	84	64	1.3	1.00
14	S	6,94,000	105	112	1.5	1.61
15	T	3,49,000	32	20	0.9	0.05
16	H/E	5,75,364	95	82	1.6	1.4
17	H/W	4,70,000	45	45	0.9	0.95
18	K/E	8,45,153	112	100	1.3	1.1
19	K/W	7,30,676	171	131	2.3	1.8
20	P/S	4,41,275	53	46	1.2	1.04
21	P/N	8,12,585	112	104	1.3	1.27
22	R/S	6,15,527	60	65	0.9	1.05
23	R/C	4,74,252	38	36	0.8	0.75
24	R/N	2,86,786	53	39	1.8	1.35
TOTAL		1,24,69,441	1,729	1,519	1.4	1.2

Mumbai District PR 1.3 per 10,000 (including O.P.A. cases)

KNOW THE STATUS OF LEPROSY IN YOUR WARD - JULY, 2004



NLEP : MUMBAI DISTRICT LEPROSY SOCIETY

HEALTH POSTS-WISE STATUS OF LEPROSY ON 31st July, 2004

I. MUMBAI CITY : (MC)

BMMC WARD	SR.NO.	NAME OF HEALTH POST (HP)	POPULATION	BAL. ACTIVE CASES AS ON 31-7-04	PR/10,000
A	1	Colaba HP	97,068	27	2.78
	2	Palthan Road (Musafeer Khana) HP	1,01,326	34	3.35
B	3	Janabai Rokade HP	70,420	12	1.7
	4	Jail Road HP	73,055	10	1.36
C	5	Chandanwadi HP	1,15,048	10	0.86
	6	Zawbawadi HP	-	-	-
	7	Panjrapol HP	1,15,049	14	0.86
D	8	Khetwadi HP	97,750	06	0.6
	9	Nana Chowk HP	97,750	07	0.7
	10	R.S. Nimkar Marg HP	97,750	09	0.9
	11	Banganga HP	-	-	-
	12	Bane Compound HP	97,750	09	0.9
E	13	Batliboy Compound HP	73,000	05	0.6
	14	Kasturba Hospital HP	60,367	09	1.5
	15	Soutter Street HP	1,45,600	19	1.3
	16	Tadwadi HP	70,000	02	0.3
	17	Nawab Tank HP	54,962	02	0.4
	18	Rea Road HP	65,208	01	0.2
F South	19	F/South Ward Office HP	49,838	01	0.3
	20	Naigaon HP	51,482	05	1.0
	21	2 nd October HP	62,105	06	1.0
	22	Kidwai Nagar HP	58,000	06	1.1
	23	Ramtekdi HP	55,162	02	0.4
	24	Abhyudaya Nagar HP	68,700	03	0.5
	25	Rajkamal HP	55,000	02	0.4
F North	26	L.B.S. Market HP	55,578	01	0.2
	27	Don Bosco HP	57,500	-	-
	28	Wadala HP	86,054	15	1.8
	29	Korba Mithagar HP	91,918	17	1.9
	30	Rawali Camp HP	96,342	09	1.0
	31	Antop Hill HP	1,00,169	21	2.1
	32	Transit Camp HP	1,39,238	06	0.5
G South	33	Prabhadevi HP	75,000	-	-
	34	Worli Koliwada HP	80,000	04	0.5
	35	Sasmira HP	75,000	01	0.13
	36	Jijamata Nagar HP	80,000	05	0.62
	37	Currey Road HP	75,000	-	-
	38	Welfare Centre HP	-	-	-
	39	M.H. School Comp. HP	75,000	05	0.66
	40	Rotary Club HP	-	-	-
G North	41	Gulbai HP	75,000	02	0.26
	42	Gokhale Road (South) HP	80,000	06	0.75
	43	Mahim HP	75,000	-	-
	44	Welkar Wadi HP	75,000	07	0.93
	45	Urban Health Centre HP	90,000	14	1.55
	46	Kumbharwada HP	90,000	07	0.77
	47	Pilla Banglow HP	85,000	19	2.23
	48	Shastri Nagar HP	90,000	05	0.55

II. EASTERN SUBURBS : (ES)

M East	49	Bainganwadi HP	1,20,000	24	2.0
	50	Mankhurd HP	1,20,000	15	1.2
	51	Lotus Colony HP	56,000	21	3.7
	52	Centenary HP	65,000	13	2.0
	53	Cheeta Camp HP	65,000	14	2.1

M East	54	Deonar HP	70,000	12	1.7
	55	Ayodhyanagar HP	75,000	14	1.8
	56	Nimboni Baug HP	45,000	08	1.7
	57	Shivaji Nagar HP	80,000	24	3.0
M West	58	Tilak Nagar HP	65,000	07	1.07
	59	Chembur Naka HP	70,000	04	0.5
	60	Chembur Colony HP	70,000	10	1.4
	61	Pestom Sagar HP	70,000	09	1.2
	62	Lal Dongar HP	50,000	05	1.0
	63	Ghatla Village HP	35,000	07	2.0
L	64	Subhash Nagar HP	50,000	04	0.8
	65	Buddha Colony HP	72,000	09	1.2
	66	Bail Bazar HP	86,142	25	2.9
	67	Mohili Village HP	1,00,000	13	1.3
	68	Match Factory HP	72,000	06	0.8
	69	Neharu Nagar HP	54,000	06	1.1
	70	Kamgar Nagar HP	77,000	04	0.5
	71	K.B. Bhabha Hospital HP	57,000	06	1.0
	72	Chunabhatti HP	42,154	13	3.0
	73	Asalfa Village HP	72,000	09	1.2
N	74	Kajupada HP	67,434	15	2.2
	75	Amar Nagar HP	55,000	03	0.5
	76	Tunga Village HP	1,00,000	30	3.0
	77	Varsha Nagar HP	55,000	07	1.27
	78	Pant Nagar HP	48,000	04	0.8
	79	Parksite HP	65,000	07	1.07
	80	Rajawadi HP	60,000	10	1.66
	81	Ramabai HP	80,000	14	1.75
	82	Sainath Nagar HP	60,000	03	0.5
	83	Sarvodaya Nagar HP	70,000	10	1.42
	84	Kirol Village HP	70,000	02	0.2
	85	Sant Muktabai Hospital HP	75,000	05	0.66
	86	Ganesh Nagar/Laxmi Nagar HP	52,000	02	0.38
	S	87	Bhandup HP	71,000	09
88		Tagore Nagar HP	1,00,000	19	1.9
89		Tulshetpada HP	65,000	15	2.3
90		Kanjur Village Health Post	73,000	05	0.7
91		Shivaji Talao HP	88,000	02	0.2
92		Subhash Nagar HP	65,000	11	1.7
93		Kannamwar Nagar HP	50,000	05	1.0
94		Tembipada HP	58,000	03	0.5
95		Hiranandani Garden HP	71,000	29	4.08
96		Morarji Nagar Paspoli Village HP	53,000	14	2.6
T	97	Veer Savarkar Hospital HP	55,000	01	0.1
	98	Nanepada HP	60,000	06	1.0
	99	D.D.U. Marg HP	50,000	05	1.0
	100	Agrawal Hosp. HP	70,000	02	0.2
	101	P.J.K. Mun. Maternity Home HP	64,000	04	0.6
	102	Mulund Colony HP	50,000	02	0.2

III. WESTERN SUBURBS : (WS)

H East	103	Kherwadi HP	81,650	25	3.06
	104	Government Colony HP	69,420	14	2.01
	105	Bharat Nagar HP	48,000	-	-
	106	V.N. Desai Hospital HP	76,816	09	1.1
	107	S.V. Nagar HP	78,347	11	1.4
	108	Kalina HP	75,659	09	1.1
	109	Vakola HP	73,472	10	1.36
	110	Golibar HP	72,000	04	0.5
H West	111	Bandra Bhaba Hospital HP	80,000	23	2.87
	112	Dr. Ambedkar HP	80,000	07	0.87
	113	Shastri Nagar HP	80,000	08	1.0

H West	114	Sherli Rajan HP	75,000	01	0.13
	115	Khotwadi HP	80,000	02	0.25
	116	S.V. Road HP	75,000	04	0.53
K East	117	Shirodkar HP	58,000	03	0.5
	118	Neharu Road HP	77,426	16	2.0
	119	Sarvodya Nagar HP	1,09,280	10	0.9
	120	Squatters Colony HP	95,000	10	1.0
	121	Natwar Nagar HP	81,000	05	0.6
	122	Ajagaonkar Plot HP	63,000	06	0.9
	123	M.I.D.C. HP	82,513	08	0.9
	124	Marol HP	85,000	15	1.7
	125	Tarun Bharat HP	50,851	06	1.1
	126	Sambhaji Nagar HP	89,000	05	0.5
	127	Sahar HP	55,816	16	2.8
K West	128	Bhardawadi HP	70,411	15	2.1
	129	Oshiwara HP	73,245	21	2.9
	130	Tata Compound HP	76,760	09	1.2
	131	Mumbadevi HP	-	-	-
	132	N.J. Wadia HP	1,30,232	24	1.8
	133	Anand Nagar HP	64,432	18	2.8
	134	Neharu Nagar HP	85,285	05	0.6
	135	Lokandwala HP	64,531	08	1.2
	136	Juhu HP	74,833	11	1.5
	137	Varsova HP	90,948	20	2.2
P South	138	Pahadi HP	1,54,632	21	1.35
	139	Pandurang Wadi HP	71,923	05	0.6
	140	Teen Dongri/Yashwant Nagar HP	73,545	08	1.08
	141	Chincholi HP	66,419	-	-
	142	Siddharth Nagar HP	74,756	12	1.6
P North	143	Malwani No. 1 HP	80,713	24	2.9
	144	Malwani No. 2 HP	92,742	11	1.1
	145	Nemani HP	72,682	14	1.9
	146	Valnai HP	72,772	06	0.8
	147	M.W. Desai HP	79,842	01	0.1
	148	Tank Lane HP	81,239	05	0.6
	149	Kurar Village HP	81,173	10	1.2
	150	Appapada HP	81,374	14	1.7
	151	Pathanwadi HP	81,073	07	0.8
	152	Dindoshi Vasahat HP	88,975	12	1.3
R South	153	Dahanukarwadi HP	1,41,427	16	1.13
	154	Akurli Road HP	74,217	07	0.94
	155	Charkop HP	91,662	05	0.55
	156	Babrekar Nagar HP	71,113	09	1.27
	157	Dhamupada/Samata Nagar HP	77,318	11	1.43
	158	Centenary HP	82,472	05	0.6
	159	Hanuman Nagar HP	77,318	12	1.55
R Central	160	Charkop Sec. 5 HP	60,924	03	0.49
	161	Rajda HP	55,111	06	1.08
	162	Eksar Road HP	72,283	12	1.66
	163	Babhai HP	80,170	03	0.49
	164	Gorai HP	-	-	-
	165	Borsa Pada HP	67,814	04	0.58
	166	Rajendra Nagar HP	65,355	04	0.61
	167	Tata Power HP	72,595	04	0.55
R North	168	Navagaon HP	62,890	06	0.95
	169	Ashokvan HP	60,432	08	1.32
	170	Y.R. Tawade HP	68,518	10	1.45
	171	Anand Nagar HP	66,146	09	1.36
	172	CCD HP	28,800	06	2.08

NATIONAL LEPROSY ERADICATION PROGRAMME (NLEP)
MUMBAI DISTRICT LEPROSY SOCIETY

HEALTH POSTS IN MUMBAI

Ward-wise HP Code Number

For Central Leprosy Registry (CLR) at AMHL
and for NLEP - SIS (Simplified Information System) reporting

I. MUMBAI CITY : (MC)

BMMC WARD	SR. NO.	NAME OF HEALTH POST (HP)	HP CODE NUMBER	SUPPORT TO HP (NAME OF NMA/ PMW)	WARD-SIS SUPERVISOR
A	1	Colaba HP , 1 st floor, Colaba Market Bldg., Lala Nigam Road, Colaba, Mumbai – 400 005.	MC A 001	Mr. Vijay Jadhav SEL	Mr. Dilip Gole
	2	Palthan Road (Musafeer Khana) HP , Dormitory Bldg., Mun. Chawl No. 5, Sabu Siddique Road, Nr. Crawford Market, Mumbai – 400 001.	MC A 002	Mr. M.R. Neet SEL	
B	3	Janabai Rokade HP , Janabai Rokade Mun. School, Janjkar Street, Nr. Masjid Station, Mumbai – 400 003.	MC B 003	Mr. A.R. Gharat SULU-IV	Mrs. V.V. Phowkande
	4	Jail Road HP , 44 Jail Road, Nr. Sandhurst Rd. Station, Dongri, Mumbai – 400 009.	MC B 004	Mrs. V.V. Phowkande SULU-IV	
C	5	Chandanwadi HP , 'C' Ward Office, Gr. Floor, Shrikant Palekar Marg, Nr. Chandanwadi, Girgaon, Mumbai 400 002.	MC C 005	Mr. V. S. Patil SULU-IV	Mrs. Vaishali Sohani
	6	Zawbawadi HP , Zawbawadi Maternity Home, 3 rd floor, J.S.S. Road, Thakurdwar, Mumbai – 400 002.	MC C 006	Ms. Ratna Khaday SULU-IV	
	7	Panjrapol HP , Panjrapol Mun. Hindi School, 1 st floor, 1 st Panjrapol Lane, Mumbai – 400 002.	MC C 007	Mr. D. V. Lone SULU-IV	

AMHL : Acworth Mun. Hosp. for Leprosy; **SULU** : Supervisory Urban Leprosy Unit, GOM.; **SEL** : The Society for the Eradication of Leprosy; **ALERT-INDIA** : Association for Leprosy Education, Rehabilitation and Treatment; **BLP** : Bombay Leprosy Project; **LSS** : Lok Seva Sangam; **MLSM** : Maharashtra Lakhita Seva Mandal; **VDC** : Vimala Dermatological Centre, **CCDT** : Committed Community Development Trust.

D	8	Khetwadi HP , Manish Bldg., 1 st floor, 11, Khetwadi, Black Road, Girgoan, Mumbai – 400 004.	MC D 008	Mrs. A. A. Dhuri SULU-IV	Mrs. A. A. Dhuri
	9	Nana Chowk HP , Fire Brigade Compound, Nana Chowk, Grant Road (W), Mumbai – 400 007.	MC D 009	Mr. P. P. Vakkar SULU-IV	
	10	R.S. Nimkar Marg HP , R.S. Nimkar Marg, Balaram Street, Grant Road, Mumbai – 400 007.	MC D 010	Mrs. P. M. Tari SULU-IV	
	11	Banganga HP , Opp. Banganga Talao, Walkeshwar, Mumbai – 400 006.	MC D 011	Mrs. M. R. Yadav SULU-IV	
	12	Bane Compound HP , Sane Guruji Marg, Taddeo, Mumbai – 400 0034.	MC D 012	Mrs. M. R. Yadav SULU-IV	
E	13	Botliboi Compound HP , A.G. Pawar Lane, Chinchpokli, Kala Chowki, Mumbai – 400 033.	MC E 013	Mr. H. A. Kulkarni SULU-IV	Mr. R. P. Sawant
	14	Kasturba Hospital HP , Sane Guruji Marg, Sat Rasta, Chinchpokli (E), Mumbai – 400 011.	MC E 014	Mr. R. D. Sawant AMHL	
	15	Soutter Street HP , Soutter Street, Opp. Zulla Maidan, Byculla , Mumbai – 400 008.	MC E 015	Mr. D. J. Gaikwad AMHL	
	16	Tadwadi HP , Tadwadi, B.I.T. Chawl No. 15, Nr. Mazgaon Court, Mazgaon (E), Mumbai – 400 010.	MC E 016	Mrs. R. S. Angre AMHL	
	17	Nawab Tank HP , Nawab Tank Road, Dockyard Road, Mazgaon (E), Mumbai – 400 010.	MC E 017	Mr. A. L. Kadam AMHL	
	18	Reay Road HP , Ahilyabai Maternity Home, Dr. Nath Pai Marg, Nr. Star Talkies, Rea Road, Mumbai – 400 010.	MC E 018	Mr. B. V. Gawande AMHL	

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F South	19	F/South Ward Office HP , Room No. 11, 1 st floor, F/S Ward Office, Dr. Babasaheb Ambedkar Rd., Parel, Mumbai – 400 012.	MC FS 019	Mr. M. Somnath AMHL	Mr. M. Somnath
	20	Naigaon HP , 185/189, V.Y. Dahiwalkar Marg, Naigoan, Dadar (E), Mumbai – 400 014.	MC FS 020	Mr. S. C. Desai AMHL	
	21	2nd October HP , Jerbai Wadia Road, Bhoiwada, Parel, Mumbai – 400 015.	MC FS 021	Mr. S. C. Desai (Addl. Charge) AMHL	
	22	Kidwai Nagar HP , Rafi Ahmed Kidwai Marg, Sewree, Mumbai – 400 014.	MC FS 022	Mr. Radhesham Gupta AMHL	
	23	Ramtekdi HP , Tokharshi Jivaji Road, Ram Laxman Tekdi, Sewree, Mumbai – 400 015.	MC FS 023	Mrs. V. N. Gore AMHL	
	24	Abhyudaya Nagar HP , Bldg., No. 11, Thokarji Jivaji Road, Sewree, Mumbai – 400 015.	MC FS 024	Mr. S. G. Kamthe AMHL	
	25	Rajkamal HP , Rajkamal Lane, Nr. Gandhi Hospital, S.S. Rao Road, Mumbai – 400 012.	MC FS 025	Mr. R. D. Kamble AMHL	
F North	26	L.B.S. Market HP , L.B.S. Market, 1 st floor, Lakhamsi Napoo Road, Matunga (E), Mumbai – 400 019.	MC FN 026	Mrs. A. A. Kadam (Addl. Charge) AMHL	Mr. M. V. Patil
	27	Don Bosco HP , Plot No. 162, Scheme 57, Madona Bldg., Nr. Don Bosco School, Wadala, Mumbai – 400 031.	MC FN 027	Mrs. A. A. Kadam AMHL	
	28	Wadala HP , Nr. Wadala Railway Station, Mumbai – 400 031.	MC FN 028	Mr. B. N. Ingole AMHL	
	29	Korba Mithagar HP , Mum. School Bldg. Compound, Barkat Ali Road, Wadala (E), Mumbai – 400 037.	MC FN 029	Mr. M. V. Patil AMHL	

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F North	30	Rawali Camp HP , Nr. Sardar Nagar No. 4, Sion Koliwada, Sion (E), Mumbai – 400 031.	MC FN 030	Mr. S. M. Gupta AMHL	Mr. M. V. Patil
	31	Antop Hill HP , Shaikh Mistry Road, Wadala, Mumbai – 400 037.	MC FN 031	Mr. R. N. Bade AMHL	
	32	Transit Camp HP , Sion Koliwada, Sion, Mumbai – 400 031	MC FN 032	Mr. A. G. Surve AMHL	
G South	33	Prabhadevi HP , Prabhadevi Maternity Home, Veer Savarkar Road, Opp. Kismat Cinema, Mumbai – 400 025.	MC GS 033	Mr. Ashok Kute BLP	Mrs. Sunanda Pai
	34	Worli Koliwada HP , Worli Koliwada Marg, Nr. Police Station, Mumbai – 400 025.	MC GS 034	Mr. Ashok Kute BLP	
	35	Sasmira HP , Sasmira Marg, Bhatwadi, Mumbai – 400 025.	MC GS 035	Mr. Ashok Kute BLP	
	36	Jijamata Nagar HP , Veer Jijamata Nagar, Dr. E. Mozes Road, Mumbai – 400 018 .	MC GS 036	Mr. Bhosale BLP	
	37	Currey Road HP , S.B. Pawar Marg, Nr. Currey Road Station, Currey Road, Mumbai – 400 013.	MC GS 037	Mr. Bhosale BLP	
	38	Welfare Centre HP , S.B. Pawar Marg, Lower Parel, Mumbai – 400 013.	MC GS 038	Mr. Bhosale BLP	
	39	M.H. School Comp. HP , Nr. Currey Road Station, M.H. School Ground, N.M. Joshi Marg, Mumbai – 400 013.	MC GS 039	Mr. Bhosale BLP	
	40	Rotary Club HP , Dr. E. Mozes Road, Nr. Tilak Hospital, Jambori Maidan, Worli, Mumbai – 400 018.	MC GS 040	Mr. Bhosale BLP	

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G North	41	Gulbai HP , Dr. D'silva Rd., Dadar (W), Mumbai – 400 028.	MC GN 041	Mrs. Sneha BLP	Mr. Thiruvengadam
	42	Gokhale Road (South) HP , 3 rd floor, Gokhale Road Mun. School, Dadar (W), Mumbai – 400 028.	MC GN 042	Mrs. Sneha BLP	
	43	Mahim HP , L.J. 2 nd Cross Road, Dilip Gupte Marg, Mahim (W), Mumbai – 400 016.	MC GN 043	Mr. Mahindra BLP	
	44	Welkar Wadi HP , L.J. 2 nd Cross Road, Nr. Durgah, Mahim (W), Mumbai – 400 016.	MC GN 044	Mr. Mahindra BLP	
	45	Urban Health Centre HP , 60 feet Road, Dharavi, Mumbai – 400 018.	MC GN 045	Mr. Tulsiram BLP	
	46	Kumbharwada HP , Kumbharwada, 90 feet Road, Dharavi, Mumbai – 400 018.	MC GN 046	Mr. Tulsiram BLP	
	47	Pilla Banglow HP , Sant Rohidas Marg, Dharavi Road, Dharavi, Mumbai – 400 018.	MC GN 047	Mr. Dhamale BLP	
	48	Shastri Nagar HP , Dharavi, Mumbai – 400 017.	MC GN 048	Mr. Dhamale BLP	

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II. EASTERN SUBURBS : (ES)

BMMC WARD	SR. NO.	NAME OF HEALTH POST (HP)	HP CODE NUMBER	SUPPORT TO HP (NAME OF NMA/ PMW)	WARD-SIS SUPERVISOR
M East	49	Bainganwadi HP , Nr. Mun. School No. 2, Govandi, Mumbai – 400 043.	ES ME 049	Mrs. Sangeeta LSS	Mrs. Dona Thakur
	50	Mankhurd HP , Deonar Maternity Hospital, Deonar Mun. Colony, Mumbai – 400 043.	ES ME 050	Mrs. Gokula LSS	
	51	Lotus Colony HP , Lotus Colony Garden, Shivaji Nagar, Govandi, Mumbai – 400 088.	ES ME 051	Mr. Mangesh LSS	
	52	Centenary HP , OPD No. 9, Waman Tukaram Patil Marg, Nr. Dukes Company, Govandi, Mumbai – 400 088.	ES ME 052	Mr. Sachin LSS	
	53	Cheeta Camp HP , Shivaji Nagar, Sion-Trombay Road, Mumbai – 400 088.	ES ME 053	Mrs. Gokula LSS	
	54	Deonar HP , Deonar Municipal Colony, Shopping Centre, Deonar , Mumbai – 400 043.	ES ME 054	Mrs. Asha LSS	
	55	Ayodhyanager HP , Vashi Naka, Chembur, Mumbai – 400 074.	ES ME 055	Mr. Mangesh LSS	
	56	Nimboni Baug HP , P.L. Lokhande Marg, Gaikwad Nagar, Govandi, Mumbai – 400 042.	ES ME 056	Mrs. Asha LSS	
	57	Shivaji Nagar HP , Urban Health Centre, Room No. 4, Shivaji Nagar, Govandi, Mumbai – 400 043.	ES ME 057	Mrs. Sangeeta LSS	
M West	58	Tilak Nagar HP , Shanta Jog Marg, Tilak Nagar, Chembur, Mumbai – 400 089.	ES MW 058	Mr. Anand LSS	Mr. Kolanji Thangaraj
	59	Chembur Naka HP , Ramkrishna Chemburkar Marg, Chembur Naka, Mumbai – 400 071.	ES MW 059	Mrs. Neetu LSS	

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M West	60	Chembur Colony HP , Chembur colony, Behind BJP Office, Gidwani Road, Chembur, Mumbai – 400 074.	ES MW 060	Mr. Anand LSS	Mr. Kolanji Thangaraj
	61	Pestom Sagar HP , Labour Camp Disp., P.L. Lokhande Marg, Nr. Fish Market, Chembur (W), Mumbai – 400 089.	ES MW 061	Mr. Kolanji Thangaraj LSS	
	62	Lal Dongar HP , Nr. Poonam Petrol Pump, Sion-Trombay Road, Chembur, Mumbai – 400 071.	ES MW 062	Mrs. Neetu LSS	
	63	Ghatla Village HP , Buddha Prasad Maidan, Opp. Subhash Nagar Mun. School, Mumbai – 400 071.	ES MW 063	Mr. Sachin LSS	
	64	Subhash Nagar HP , Opp. Subhash Nagar Mun. School, Buddha Prasad Maidan, Mumbai – 400 071.	ES MW 064	Mr. Kolanji Thangaraj LSS	
L	65	Buddha Colony HP , S.G. Barve Marg, Buddha Colony, Kurla (W), Mumbai – 400 070.	ES L 065	Mr. John LSS	Mrs. Shyamala Naidu
	66	Bail Bazar HP , Bail Bazar, Sandesh Nagar, Kurla (W), Mumbai – 400 070.	ES L 066	Mrs. Shyamala LSS	
	67	Mohili Village HP , Veer Savarkar Nagar, Ghatkopar Asalfa Link Rd., Saki Naka, Mohili Village, Mumbai – 400 072.	ES L 067	Mrs. Geeta LSS	
	68	Match Factory HP , S.G. Barve Marg, Mun. Dispensary Bldg., Buddha Colony, Kurla (W), Mumbai – 400 070.	ES L 068	Mr. John LSS	
	69	Neharu Nagar HP , Nr. Neharu Nagar Dairy, Opp. Bldg. No. 137, Neharu Nagar, Kurla, Mumbai – 400 024.	ES L 069	Mrs. Nirmala LSS	
	70	Kamgar Nagar HP , Qureshi Nagar Mun. Disp. Complex, Qureshi Nagar, Kurla, Mumbai – 400 070.	ES L 070	Mrs. Nirmala LSS	

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L	71	K.B. Bhabha Hospital HP , Belgram Road, Kurla (W), Mumbai – 400 070.	ES L 071	Mrs. Dona Thakur LSS	Mrs. Shyamala Naidu
	72	Chunabhatti HP , V.N. Purav Marg, Chunabhatti, Mumbai – 400 070.	ES L 072	Mrs. Dona Thakur LSS	
	73	Asalfa Village HP , Subhash Nagar, Asalfa Village Pipe Line, Nr. Mun. School, Kurla (W), Mumbai – 400 086.	ES L 073	Ms. Hema Kini LSS	
	74	Kajupada HP , Nr. Mun. School No. 2, Kajupada, Pipe Line, Kurla (W), Mumbai – 400 070.	ES L 074	Mrs. Geeta LSS	
	75	Amar Nagar HP , Amar Nagar Zopadpatti, Premier Road, Behind Holly Cross High School, Kurla (W), Mumbai – 400 070.	ES L 075	Mrs. Shyamala LSS	
	76	Tunga Village HP , Mohili Village Mun. Dispensary Complex, Veer Savarkar Nagar, Ghatkopar Asalfa Link Rd., Sakinaka, Mohili Village, Mumbai – 400 072.	ES L 076	Ms. Hema Kini LSS	
N	77	Varsha Nagar HP , Ambedkar Society, Near Dr. Ambedkar Nagar Mun. School, Varsha Nagar, Vikhroli (W), Mumbai – 400 079.	ES N 077	Ms. Ambika Konda ALERT-INDIA	Mr. Vincent
	78	Pant Nagar HP , Nr. Mun. School No. 3, Ghatkopar (E), Mumbai – 400 075.	ES N 078	Mr. Harshal Jadhav ALERT-INDIA	
	79	Parksite HP , Parksite Vasahat, Vikhroli (W), Mumbai – 400 079.	ES N 079	Ms. Ambika Konda ALERT-INDIA	
	80	Rajawadi HP , Ground Floor, Rajawadi Mun. School, Vidyavihar (E), Mumbai – 400 077.	ES N 080	Mrs. Namrata Tambde ALERT-INDIA	
	81	Ramabai HP , Ramabai Colony, Ghatkopar (E), Mumbai – 400 075.	ES N 081	Mr. Arjun Thakur ALERT-INDIA	

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N	82	Sainath Nagar HP , C/o. Mata Ramabai Maternity Home, Sainath Ngr. Road, Ghatkopar (W), Mumbai – 400 086.	ES N 082	Mrs. Sangeeta ALERT-INDIA	Mr. Vincent
	83	Sarvodaya Nagar HP , Golibar Road, Ghatkopar (W), Mumbai – 400 086.	ES N 083	Mrs. Sangeeta ALERT-INDIA	
	84	Kirol Village HP , Nr. Parsiwadi Mun. Dispensary, Behind Police Station, Ghatkopar (W), Mumbai – 400 086.	ES N 084	Mr. Shahaji Bhosale ALERT-INDIA	
	85	Sant Muktabai Hospital HP , OPD No. 13, S. G. Barve Nagar, Bhatwadi, Ghatkopar (W), Mumbai – 400 086.	ES N 085	Mr. Shahaji Bhosale ALERT-INDIA	
	86	Ganesh Nagar/Laxmi Nagar HP , Nr. Mun. School, Laxmi Baug, Ghatkopar (E), Mumbai – 400 075.	ES N 086	Mr. Harshal Jadhav ALERT-INDIA	
S	87	Bhandup HP , Nr. Savitribai Phule Maternity Home, L.B.S. Marg, Bhandup (W), Mumbai – 400 078.	ES S 087	Mr. Praveen Talashilkar ALERT-INDIA	Mr. Kailash
	88	Tagore Nagar HP , Ambedkar Hosp., OPD No. 18, Vikhroli (E), Mumbai – 400 083.	ES S 088	Mr. Ratnakant Parab ALERT-INDIA	
	89	Tulshetpada HP , Lake Road, Nr. Mun. School, Tulshetpada, Bhandup (W), Mumbai – 400 078.	ES S 089	Mr. Arjun Thakur ALERT-INDIA	
	90	Kanjur Village Health Post , Nr. Police Station, Neharu Nagar, Kanjur Village (E), Mumbai – 400 042.	ES S 090	Mrs. Anita Shirsat ALERT-INDIA	
	91	Shivaji Talao HP , J.M. Road, Nr. Shivaji Talao, Bhandup (W), Mumbai – 400 078.	ES S 091	Mr. Vishwanath Chavan ALERT-INDIA	
	92	Subhash Nagar HP , Nr. Ceat Tyre Company, Subhash Nagar, Bhandup (W), Mumbai – 400 078.	ES S 092	Mr. Praveen Talashilkar ALERT-INDIA	

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S	93	Kannamwar Nagar HP , Kannamwar Nagar, Jyotiba Phule Hospital, Vikhroli (E), Mumbai – 400 083.	ES S 093	Mr. Ratnakant Parab ALERT-INDIA	Mr. Kailash
	94	Tembipada HP , J.M. Road, Tembipada, Bhandup (W), Mumbai – 400 078.	ES S 094	Mr. Vishwanath Chavan ALERT-INDIA	
	95	Hiranandani Garden HP , Hiranandani Complex, Next to I.I.T. Powai, Mumbai – 400 076.	ES S 095	Mr. Umesh Sarang ALERT-INDIA	
	96	Morarji Nagar Paspoli Village HP , NITTI, Powai, Mumbai – 400 076.	ES S 096	Mr. Umesh Sarang ALERT-INDIA	
T	97	Veer Savarkar Hospital HP , M.P. Road, Mulund (E), Mumbai – 400 081.	ES T 097	Mrs. Gulbanu Khan ALERT-INDIA	Mr. Kailash
	98	Nanepada HP , Mithaghar Road, Mulund (E), Mumbai – 400 081.	ES T 098	Mrs. Gulbanu Khan ALERT-INDIA	
	99	D.D.U. Marg HP , Dumping Road, Mulund (W), Mumbai – 400 080.	ES T 099	Mr. Vijay Pounikar ALERT-INDIA	
	100	Agrawal Hosp. HP , R.P. Road, Mulund (W), Mumbai – 400 080.	ES T 100	Mr. P. P. Tawade ALERT-INDIA	
	101	P.J.K. Mun. Maternity Home HP , M.G. Road, Mulund (W), Mumbai – 400 080.	ES T 101	Mr. Vijay Pounikar ALERT-INDIA	
	102	Mulund Colony HP , Zulelal Marg, Mulund Colony, Mulund (W), Mumbai – 400 082.	ES T 102	Mr. P. P. Tawade ALERT-INDIA	

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III. WESTERN SUBURBS : (WS)

BMMC WARD	SR. NO.	NAME OF HEALTH POST (HP)	HP CODE NUMBER	SUPPORT TO HP (NAME OF NMA/ PMW)	WARD-SIS SUPERVISOR
H East	103	Kherwadi HP , Kherwadi, Ram Mandir Road, Bandra (E), Mumbai – 400 051.	WS HE 103	Mr. V. John BLP	Mrs. Girija
	104	Government Colony HP , Kherwadi Maternity Home, Kherwadi, Bandra (E), Mumbai – 400 051.	WS HE 104	Mr. V. John BLP	
	105	Bharat Nagar HP , Bandra Kurla Complex, Bandra (E), Mumbai – 400 051.	WS HE 105	Mr. V. John BLP	
	106	V.N. Desai Hospital HP , Room No. 7, T.P.S. III, 11 th Road, Santacruz (E), Mumbai – 400 055.	WS HE 106	Mrs. Janet Das MLSM	
	107	S.V. Nagar HP , Datta Mandir Road, Vakola, Santacruz (E), Mumbai – 400 055.	WS HE 107	Mrs. Leelamma Joseph MLSM	
	108	Kalina HP , Vakola Market Bldg., 1 st floor, Santacruz (E), Mumbai – 400 055.	WS HE 108	Mr. Janardhan Kinlekar MLSM	
	109	Vakola HP , Vakola Market Bldg., 1 st floor, Santacruz (E), Mumbai – 400 055.	WS HE 109	Mrs. Leelamma Joseph MLSM	
	110	Golibar HP , Nr. Fish Market, Golibar Road, Mumbai – 400 055.	WS HE 110	Mrs. Janet Das MLSM	
H West	111	Bandra Bhaba Hospital HP , 1 st floor, Room No. 44, R.K. Patkar Marg, Opp. Ramdas Nayak Rd., Bandra (W), Mumbai – 400 050.	WS HW 111	Mrs. Ranjana BLP	Mrs. Ranjana (Jayanti)
	112	Dr. Ambedkar HP , Guru Nanak Mun. Dispensary, Dr. Ambedkar Road, Khar (W), Mumbai – 400 052.	WS HW 112	Mrs. Ranjana BLP	
	113	Shastri Nagar HP , Nurses Staff Quarters, Link Road, Santacruz (W), Mumbai – 400 054.	WS HW 113	Mr. V. John BLP	

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H West	114	Sherli Rajan HP , Turner Road, Sherli Rajan, Bandra (W), Mumbai – 400 050.	WS HW 114	Mrs. Ranjana BLP	Mrs. Ranjana (Jayanti)
	115	Khotwadi HP , Sambhaji Garden, Santacruz (W), Mumbai – 400 054.	WS HW 115	Mr. V. John BLP	
	116	S.V. Road HP , S.V. Road, Khar (W), Mumbai – 400 052.	WS HW 116	Mrs. Ranjana BLP	
K East	117	Shirodkar HP , Paranjpe ‘B’ Scheme, Vile Parle (E), Mumbai – 400 057.	WS KE 117	Mr. V. J. Raut SULU-III	Mr. B. P. Devkar
	118	Neharu Road HP , Neharu Road, Vile Parle (E), Mumbai – 400 057.	WS KE 118	Mr. P. L. Pawar SULU-III	
	119	Sarvodya Nagar HP , Opp. Hema Industries, Sarvodya Nagar, Andheri (E), Mumbai – 400 069.	WS KE 119	Mrs. M. M. Jadhav SULU-III	
	120	Squatters Colony HP , Caves Road, Jogeshwari (E), Mumbai – 400 060.	WS KE 120	Mr. V. K. Abnave SULU-III	
	121	Natwar Nagar HP , Shreejeet Appartment, Rd. No. 5, Natwar Nagar, Jogeshwari (E), Mumbai – 400 060.	WS KE 121	Mr. A. N. Bavangade SULU-III	
	122	Ajagaonkar Plot HP , Jogeshwari (E), Mumbai – 400 060.	WS KE 122	Mr. P. K. Wanjare SULU-III	
	123	M.I.D.C. HP , K/W Ward Office, Gr. Floor, Azad Road, Andheri (E), Mumbai – 400 069.	WS KE 123	Mr. C. S. Gaikwad SULU-III	
	124	Marol HP , Marol Maternity Home, Gr. Floor, Marol, Andheri ((E), Mumbai – 400 059.	WS KE 124	Mr. P. K. Salve SULU-III	
	125	Tarun Bharat HP , Islampura, Chakala, Andheri (E), Mumbai – 400 099.	WS KE 125	Mr. V.J. Raut SULU-III	
	126	Sambhaji Nagar HP , Shivaji Chowk, Andheri (E), Mumbai – 400 069.	WS KE 126	Mr. K. R. Bandkar SULU-III	

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K East	127	Sahar HP , Koldongri, Sahar Rd, Opp. Garware Plastic, Andheri (E), Mumbai – 400 069.	WS KE 127	Mr. L. D. Bodke SULU-III	Mr. B. P. Devkar
	128	Bhardawadi HP , J.P. Road, Bhardawadi Hospital Bldg., Bhardawadi Road, Andheri (W), Mumbai – 400 058.	WS KW 128	Mr. Austin VDC	Mr. Vinod Dudhmal
129	Oshiwara HP , Behind Ajit Glass Works, Oshiwara, S.V. Rd., Jogeshwari (W), Mumbai – 400 102.	WS KW 129	Mr. Mohan VDC		
130	Tata Compound HP , Tata Compound, S.V. Road, Vile Parle (W), Mumbai – 400 056.	WS KW 130	Mr. Mohan VDC		
131	Mumbadevi HP , Mumbadevi Homeopathic College, Ram Ganesh Gadkari Marg, Vile Parle (W), Mumbai – 400 056.	WS KW 131	Mr. Ranjit VDC		
K West	132	N.J. Wadia HP , S.V. Road, Near Andheri Station, Andheri (W), Mumbai – 400 058.	WS KW 132	Mr. Austin VDC	
	133	Anand Nagar HP , Oshiwara, Link Road, Jogeshwari (W), Mumbai – 400 102.	WS KW 133	Mr. Mohan VDC	
	134	Neharu Nagar HP , Vaikunthlal Mehta Road, Opp. Mithibai College, Vile Parle (W), Mumbai – 400 058.	WS KW 134	Mr. Vinod VDC	
	135	Lokandwala HP , 4 Bungalows, Andheri (W), Mumbai – 400 056.	WS KW 135	Mr. Ranjit VDC	
	136	Juhu HP , Juhu Link Road, Vile Parle (W), Mumbai – 400 056.	WS KW 136	Mr. Vinod VDC	
	137	Varsova HP , Yari Road, Nr. Mun. School, Varsova, Andheri (W), Mumbai – 400 061.	WS KW 137	Sr. Leela VDC	

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P South	138	Pahadi HP , Goregaon Maternity Home, Goregaon (W), Mumbai – 400 063.	WS PS 138	Mrs. Roseleen Fred MLSM	Mr. Romel
	139	Pandurang Wadi HP , Road No. 4, Opp. Sneha Bldg, Goregaon (W), Mumbai – 40 063.	WS PS 139	Mr. D. C. Mukadam MLSM	
	140	Teen Dongri/Yashwant Nagar HP , Opp. Apna Bazar, Goregaon (W), Mumbai – 400 062.	WS PS 140	Mrs. Roseleen Fred MLSM	
	141	Chincholi HP , Opp. Squatters Colony, Goregaon (E), Mumbai – 400 063.	WS PS 141	Mr. D. C. Mukadam MLSM	
	142	Siddharth Nagar HP , Siddharth Nagar Hospital, Gr. Floor, Goregaon (W), Mumbai – 400 104.	WS PS 142	Mrs. Mita Bose MLSM	
P North	143	Malwani No. 1 HP , Gate No. 7, Abdul Hamid Road, Malad (W), Mumbai – 400 095.	WS PN 143	Mrs. Jenny Alphonso MLSM	Mr. Domnic Mukadam (Sr.)
	144	Malwani No. 2 HP , Gate No. 6, Abdul Hamid Road, Malad (W), Mumbai – 400 064.	WS PN 144	Mrs. Jenny Alphonso MLSM	
	145	Nemani HP , S.V.Road, Somwar Bazar, Malad (W), Mumbai – 400 064.	WS PN 145	Mrs. Dora Baretto MLSM	
	146	Valnai HP , Hutmit Colony, Nr. Mun. School, Opp. Orlem Church, Malad (W), Mumbai – 400 087.	WS PN 146	Mrs. Dora Baretto MLSM	
	147	M.W. Desai HP , Mlad General Hospital, Dayabhai Patel Road, Govind Nagar, Malad (E), Mumbai – 400 087.	WS PN 147	Mr. Domnic C. Mukadam MLSM	
	148	Tank Lane HP , Daftari Road, Malad (E), Mumbai – 400 097.	WS PN 148	Ms. Sarojini MLSM	
	149	Kurar Village HP , Nr. Ramesh Hotel, Malad (E), Mumbai – 400 097.	WS PN 149	Ms. Sarojini MLSM	

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P North	150	Appapada HP , Maharashtra Nagar, Malad (E), Mumbai – 400 097.	WS PN 150	Mr. Amrit Dungdung MLSM	Mr. Domnic Mukadam (Sr.)
	151	Pathanwadi HP , Pathanwadi, Malad (E), Mumbai – 400097.	WS PN 151	Mrs. Ira Medha MLSM	
	152	Dindoshi Vasahat HP , Santosh Nagar, Juli Aunty Chawl , Malad (E), Mumbai – 400 097.	WS PN 152	Mrs. Clara Xalxo MLSM	
R South	153	Dahanukarwadi HP , M.G. Road, Kandivali (W), Mumbai – 400 067.	WS RS 153	Mr. P.S. Dalvi SULU-II	Mr. Khadtare M. S.
	154	Akurli Road HP , Akurli Road, Main Station Road, Kandivali (E), Mumbai – 400 101	WS RS 154	Mr. B.E. Kadam SULU-II	
	155	Charkop HP , Charkop Sector -1, Nr. Municipal School, Kandivali (W), Mumbai – 400 067.	WS RS 155	Mrs. S.S. Sathe (Addl. Charge) SULU-II	
	156	Babrekar Nagar HP , Babrekar Nagar, Hindusthan Naka, Kandivali (W), Mumbai – 400 067.	WS RS 156	Mrs. S.S. Sathe SULU-II	
	157	Dhamupada/Samata Nagar HP , Bus Depot, Samata Nagar, Kandivali (E), Mumbai - 400 101.	WS RS 157	Mrs. Nirmala Pujari SULU-II	
	158	Centenary HP , Parikh Nagar, S.V. Road, Opp. Kandivali Police Station, Kandivali (W), Mumbai – 400 067.	WS RS 158	Mr. A.M. Gosavi SULU-II	
	159	Hanuman Nagar HP , Thakur Complex, Nr. Highway, Kandivali (E), Mumbai – 400 101.	WS RS 159	Mrs. Saliyan SULU-II	
R Central	160	Charkop Sec. 5 HP , Kandivali (W), Mumbai.	WS RC 160	Mr. Gurav V. J. (Addl. Charge) SULU-I	Mr. B. V. Wagh
	161	Rajda HP , Nr. Jaya Cinema, S.V.Road, Borivali (W), Mumbai – 400 092.	WS RC 161	Mr. B. D. Bandivadekar SULU-I	

AMHL : Acworth Mun. Hosp. for Leprosy; **SULU** : Supervisory Urban Leprosy Unit, GOM.; **SEL** : The Society for the Eradication of Leprosy; **ALERT-INDIA** : Association for Leprosy Education, Rehabilitation and Treatment; **BLP** : Bombay Leprosy Project; **LSS** : Lok Seva Sangam; **MLSM** : Maharashtra Lokhita Seva Mandal; **VDC** : Vimala Dermatological Centre, **CCDT** : Committed Community Development Trust.

R Central	162	Eksar Road HP , Nr. Mun. School, Eksar Talao, Eksar Road, Borivali (W), Mumbai – 400 092.	WS RC 162	Mr. B. D. Bandivadekar (Addl. Charge) SULU-I	Mr. B. V. Wagh
	163	Babhai HP , M.H.B. Colony, Nr. Datta Mandir, Borivali (W), Mumbai – 400 092.	WS RC 163	Mr. S. S. Pathak SULU-I	
	164	Gorai HP , Sector No. 1, Gorai Road, Borivali (W), Mumbai – 400 092.	WS RC 164	Mr. S. S. Pathak (Addl. Charge) SULU-I	
	165	Borsa Pada HP , Saibaba Nagar, Nr. Kale College, Borivali (W), Mumbai – 400 092.	WS RC 165	Mr. V. J. Gurav SULU-I	
	166	Rajendra Nagar HP , Nr. Ration Office, Rajendra Nagar, Borivali (E), Mumbai – 400 066.	WS RC 166	Mr. S. M. Sakharkar SULU-I	
	167	Tata Power HP , Nr. Magathane Bus Depot, Borivali (E), Mumbai – 400 066.	WS RC 167	Mrs. V. G. Karjivkar SULU-I	
R North	168	Navagaon HP , Navagaon, Michael Wadi, Laxman Mhatre Road, Dahisar (W), Mumbai – 400 068.	WS RN 168	Mr. P. B. Gawde SULU-I	Mr. P. B. Gawde
	169	Ashokvan HP , Ashokvan, Hanuman Tekadi Road, Nr. Saibaba Mandir, Dahisar (E), Mumbai – 400 068.	WS RN 169	Mr. S. S. Bhowar (Addl. Charge) SULU-I	
	170	Y.R. Tawade HP , Hari Shankar Joshi Road, Nr. Dahisar Rly. Station, Dahisar (E), Mumbai – 400 068.	WS RN 170	Mr. S. S. Bhowar SULU-I	
	171	Anand Nagar HP , Anand Nagar, Dahisar (E), Mumbai – 400 068.	WS RN 171	Mrs. S. P. Gawde SULU-I	
	172	CCD HP , C/o. L.T. Road Mun. Disp., 1 st Floor, Dahisar (W), Mumbai – 400 068.	WS RN 172	Mr. Ashok Maingade CCDT	

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India's strategy for Leprosy Elimination

“Thanks to good planning and efficient implementation, the NLEP by and large succeeded in controlling leprosy.

The prevalence rate fell from 57.6 cases per 10,000 population during 1981, to 3.23 per 10,000 population in March 2003.

Fifteen States/UTs achieved the status of leprosy elimination (PR <1/10,000), while six more States/UT are very close to this goal (PR 1-2/10,000).

Some highlights of India's strategy for leprosy elimination :

- decentralization ;
- integration of leprosy services with general health services ;
- training of GHC and NLEP staff ;
- surveillance for early detection and prompt MDT treatment ;
- special projects for urban slums, remote areas etc. ;
- information campaigns through selected and mass media ;
- disability prevention and care ;
- monitoring and evaluation”.

Dr. G. P. S. Dhillon, Dy. Director - General of Health Services (Leprosy),
Govt. of India. (*in Leprosy Elimination Alliance, January-June 2004*)

NLEP Institutions in Mumbai

AMHL : Acworth Mun. Hosp. for Leprosy	Hospital : Wadala, Mumbai – 400 031. Ph. : 24150355, 241472576
SULU-I : Supervisory Urban Leprosy Unit-I Mumbai	Field Office : K. K. Municipal Dispensary, 1 st Floor, S. V. Road & S. V. P. Road Junction, Near Telephone Exchange, Borivali (W), Mumbai – 400 092.
SULU-II : Supervisory Urban Leprosy Unit-II Mumbai	Field Office : Akurli Road Municipal Dispensary, Akurli Road, Kandivali Station Road, Kandivali (E), Mumbai – 400 101.
SULU-III : Supervisory Urban Leprosy Unit-III Mumbai	Field Office : Gundavali Municipal Dispensary, K/East, Ward Office, Ground Floor, Azad Road, Near Vaikunth Park, Andheri (E), Mumbai – 400 069.
SULU-IV : Supervisory Urban Leprosy Unit-IV Mumbai	Field Office : Wal Pakhadi Municipal Dispensary, Walpakhadi Mun. Colony, A Block, M. B. Road, Dongari, Mumbai – 400 008.
SEL : The Society for the Eradication of Leprosy	Contact and Referral Centre : St. George's Hospital, Skin OPD No. 2, Mumbai – 400 001. Ph. : 22620242
ALERT-INDIA : Association for Leprosy Education, Rehabilitation and Treatment – INDIA	Field Office : 112, Shree Diamond Centre, L.B.S. Marg, Vikhroli (W), Mumbai – 400 083. Ph. : 25790285
BLP : Bombay Leprosy Project	Head Office : Vidnyan Bhavan, 11, V. N. Purav Marg, Sion-Chunabhatti, Mumbai – 400 022. Ph. : 25220608, 25223040
LSS : Lok Seva Sangam	Head Office : D/1, Everard, Nagar, Sion-Chembur Highway, Mumbai – 400 022. Ph. : 24070718
MLSM : Maharashtra Lokhita Seva Mandal	Field Office : 1/1 Himalaya Apts., Opp. R. K. Hospital, Santacruz (E), Mumbai – 400 055. Ph. : 56682050
VDC : Vimala Dermatological Centre	Hospital : Yari Road, Versova, Andheri (W), Mumbai – 400 061. Ph. : 26331817, 26331816
CCDT : Committed Community Development Trust	Head Office : R. No.8, Pali Chimbai Municipal School, St. Joseph Road, Bandra (W), Mumbai – 400 050. Ph. : 26443345