NATIONAL LEPROSY ERADICATION PROGRAMME
Best Practice Documentation

The National Leprosy Eradication Programme (NELP) has significantly accelerated the progress towards leprosy elimination nationwide. Achieving the new goal of "Interruption of leprosy transmission by 2027" requires a probing look into how states are harvesting new ideas and the results they are getting. The first step towards this is creating a precedent for cross-learning and inter-regional knowledge sharing, which can motivate implementation partners across all regions to replicate that learning in their respective settings and firm up their approach towards achieving zero transmission, zero disability, and zero discrimination innovatively. The purpose of this documentation of best practices is to not only recognize & reward leprosy best practices but also to facilitate knowledge sharing across states and countries.

Please use the attached reporting template to share your best practice. While identifying a best practice, please note the following:

- A best practice is defined as a technique or methodology that through implementation has proven reliably to lead to the desired result.
- We encourage you to share a best practice that was implemented between 2013-2023
- In one reporting template, please share information about only 1 best practice. You can report more than one best practice.

Following criteria will be applied to ascertain leprosy best practices

	Criterion	Description
	Effectiveness	This is a fundamental criterion implicit in the definition. The practice must work and achieve results that are measurable
	Relevance	Must address NLEP priorities
	Sustainability	Must be implementable over a long period with the use of existing resources
	Efficiency	Must produce results with a reasonable level of resources and time
	Possibility of replication	Must be replicable elsewhere in India or other leprosy endemic countries
	Community involvement	Must involve participation of the affected communities

The reporting template has 5 sections (A-E), a brief description of each section is as follows:

Section	Description
A	Please provide information about yourself and your office/organisation
B	Please provide basic information about the best practice
C	Describe the PROBLEM in context of NLEP goals, targets, objectives, and/or priorities to demonstrate how the best practice supported NLEP. This will help determine the effectiveness & relevance of the best practice.
D	Describe the best practice in detail. This section focuses on several criteria, including effectiveness, relevance, community involvement, and efficiency.
E	*List the results (outputs, outcomes, or impact) of the best practice. This section will help determine the potential for replication/scale-up.*

In each section, the symbols indicate the criteria that applies to the reported best practice. Rows that are shaded grey have additional information about the question being asked.

At the end of the template, please feel free to add other details about the best practice. We also request you to share any published reports/news/articles about the best practice.

If you have any questions, please contact XXX email id: XXX, phone number: XXX.

Please email the template and additional documents to xxx by DDMMYYYY. Thank you for your participation!

REPORTING TEMPLATE

SECTION A. IDENTIFYING INFORMATION		
A1	**Name of organisation/office**	NLR India, West Bengal unit
A2	**Name of reporting officer**	Dr.P.K.Mitra
A3	**Address**	Samrat Apartment, Flat No. 1, 1st Floor, 30/5 Hedar Hat, Kolkata – 700099 Phone: - 7980874880
A4	**District**	Kolkata (South)
A5	**State**	West Bengal
A6	**Phone number**	91-9433228141
A7	**Email id**	pk.mitra@nlrindia.org
A8	**Date of submission**	30/11/2023

Categories of Best Practices

Awareness Creation	Diagnosis	Treatment
Case detection	Disability prevention & management	Drug delivery
Training	Psychosocial support	Assistive devices
Self-care	Reduction of Stigma & Discrimination	Socio-economic Empowerment
Resource mobilization	Other	

SECTION B. BEST PRACTICE BASIC INFORMATION		
B1	**Name of the best practice**	**Strengthening leprosy service delivery in urban areas of West Bengal**
I.	*A good title is brief (10-15 words), mentions the problem, solution, population, & time, e.g., Leveraging mobile schools to improve measles vaccination coverage among nomads, Karnataka, 2005*	
B2 ⏱	**When was the best practice implemented (tentative duration)?**	Started in 2019. (3 years).
*Do **NOT** report a best practice that was prior to year 2013*		
B3	**Mention the category of the best practice**	Case detection, Diagnosis, Treatment
NLEP best practices will be presented in 2 broad domains: active case detection & service delivery.		

B4	**Level of service**
	 (check all that apply)
		1. Community level
		 2. Healthcare System
		    I. Primary
		    II. Secondary
		    III. Tertiary
		 3. Other

B5	**Area(s) where the best practice was implemented** *(Name the areas and the facilities)*	**1. Urban: Urban areas covered by municipalities in West Bengal** **2. Peri-urban/semi-urban** **3. Urban slums** 4. Rural 5. Tribal 6. International border 7. Other
B6	**Any target population?**	1. Children 2. Women

		3. Elderly
		4. Institutionalised people (prisoners, old age home, orphanage, etc.)
		5. Other
		6. All population groups

SECTION C. PROBLEM DESCRIPTION

In this section, please focus on the problem.
While describing the problem please refer to NLEP goals, targets, objectives, and/or priorities to demonstrate how the best practice supported NLEP.
Information will help determine the effectiveness & relevance of the best practice.
The practice must offer to solve a problem which is measurable & is aligned with NLEP.

C1	**Which problem did this best practice address?** *(Please support the description with relevant data)*	• Urban population >30% of the state population • But due to the non-involvement or non-existence of the urban field level workers, – Patients used to report to the large tertiary hospitals voluntarily. – Good number of new cases are missed. – High disability rate as patients report late (>10%). – High defaulter rate as no follow-up mechanism (>30%). – Absence of awareness generation. – Poor services for disabled patients. Thus, it was pertinent to strengthen the leprosy service delivery to the urban population so that the cases can be detected early, treatment started early, prophylaxis administered to contacts and follow up of patients ensured.

Please describe the problem or the challenge that the best practice addressed or solved. In the description, please provide details of NLEP component which was not being delivered optimally or the population that was not being served optimally.

C2	**Who was most impacted by the problem?**	Leprosy patients in general living in urban areas
C3	**How did the problem impact the target population?** *(Please support the description with relevant data)*	As mentioned, absence of awareness generation, case detection, follow up support activities, cases reported late, many a times with disability, defaulter, and a good number going to private sector from non-qualified to specialist.
C4	**Which NLEP goals, targets, indicators, objectives, or priorities were getting impacted due to this problem?** *(Please support the description with relevant data)*	**Target/Goal:** Since cases were being missed, so timely case detection and treatment start was compromised, also since no follow up of confirmed new cases who started MDT, so the treatment completion rate was also low. Similarly, the cases reported late meant increased grade 2 disability in the population. **Indicators being impacted:** 1. **New case detection rate** 2. **Disability rate** 3. **Treatment completion rate**

SECTION D. DETAILS OF BEST PRACTICE

In this section, please describe the best practice in detail.
Information from this section will be used to determine effectiveness, relevance, community involvement, and efficiency.

D1	**Please give a summary of the best practice (less than 100 words)**	The Government of West Bengal, after advocacy of NLR India with the state officials and policy makers, involved the infrastructure and manpower of National Urban Health Mission (NUHM) to improve the leprosy service delivery in urban areas. NLR India facilitated training and capacity building of district officers, urban Medical Officers (MOs) and other responsible staff. The staff were capacitated on how to identify suspects and their referral, while the MOs were trained on diagnosis and treatment. The MOs & staff referred complicated cases to medical colleges and tertiary hospitals.
D2	**Goal(s) of best practice**	Early detection, treatment completion
Align the goal(s) of best practice with NLEP priorities		
D3	**Objectives (primary & specific) of best practice**	Primary: Improving leprosy services delivery to urban population Secondary: Early detection, treatment completion of all cases. Prophylaxis of contacts.
List the objectives; measurable/quantifiable objectives help measure effectiveness		
D4	**Main activities of best practice**	Identification of available urban infrastructure/ urban health clinics, motivate to involve in Leprosy programme, advocacy for policy decision of government, training and sensitisation of different category of staff, equip health centres with medicines, supplies and logistics
D5	**When & where were the activities carried out?**	It started in late 2019 in the state of West Bengal to cover a population over 30 million.
Mention how community participation was solicited and for what purpose.		
D6	**What factors were considered while designing / implementing this practice? (endemicity, local norms, culture, etc.,)"**	Poor health infrastructure in urban areas compared to rural areas; increased grade 2 disability cases from urban area, low treatment completion rate in urban areas; patients reporting to medical colleges/hospitals where diagnosis and treatment is done without any support from field workers and patients did not complete their treatment. Absence of IEC activities and follow-ups resulted late reporting and huge defaulters.
D7	**Who were the key implementers & collaborators?** *(for each please mention name, type (Govt, NGO, private, philanthropy, community group, etc.), role)*	**Name** 1. Government of West Bengal **Type** 1. Government Health system 2. NUHM 3. Corporations and Municipalities
Emphasize upon the satisfactory & successful partnership with stakeholders		
D8	**Tentative cost of implementing the best practice**	A plan was submitted by NLR India, West Bengal Unit for Rs 7 million for 1 year from the allocated budget of Rs 8 million (INR) of Urban NLEP of the West Bengal Government. NLR India spent Rs 5.6 lacks for supporting this project in 2023
How much does it cost (men, money, material) to implement this practice? Can it produce results with reasonable level of resources?		

SECTION E. RESULTS OF BEST PRACTICE
In this section, please share the results of the best practice. The results can be outputs, outcomes, or impact. Quantitative data encouraged. Link the result to NLEP goals/targets. The results can be anticipated or projected results. Information from this section will help determine the potential for replication/scale-up

Quantifiable results help determine efficiency		
E1	**List out the benefits that the best practice had on the target population?**	Improvement in disability rate (from 10% of new cases before initiation of this practice decreased to just over 1% at present), Improved treatment completion rate (from 70% before initiation of this practice increased to over 90%) Better services to persons with disease.
E2	**Was an assessment or evaluation of the best practice carried out? If yes, what were the results?**	Not as such, but monthly and yearly reports show decrease in disability which indicates early detection and improved treatment completion. A formal external evaluation is being currently done under the guidance of a technical committee chaired by DDG, CLD
Validation and proof of success help determine potential for replication/scale-up		
E3	**What worked well? What facilitated this?**	Involvement of service delivery through the infrastructure and manpower of NUHM, staff and MOs got capacitated, better program ownership. The government facilitated all this with technical support from NLR India.
E4	**What did not work? Why?**	Support from district to NUHM is still to be strengthened.
E5	**Please suggest programmes or places (countries, states, districts) or populations who have similar problem can consider replicating your best practice.**	Throughout the country in all urban areas.
E6	**Please suggest disease (including neglected tropical diseases) programmes that can consider replicating your best practice.**	Lymphatic Filariasis
This information will facilitate targeted sharing of your best practices nationally, globally, & with other disease programmes.		
E7	**What recommendations can be made for those intending to adopt this best practice?**	Identification of available infrastructure, holding discussion on why the program needs to implemented and include all the related stakeholders
Share 3-4 pre-requisites that will improve the success of the best practice		
E8	**Any report/document that can be shared to learn more about this best practice?** *Please attach the document.*	PowerPoint Presentation attached
E9	**Please submit photographs related to the best practices.** (Minimum file size of each photo should be 1 MB. Photographs without captions will not be accepted)	Figure 1 A suspect being examined at urban health centre

Figure 2 A patient being given SDR-PEP by staff of an urban health centre

NLEP Best Practice Reporting Template