

# NATIONAL LEPROSY ERADICATION PROGRAMME







## Best Practice Documentation (DRAFT)

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
 <b>Effectiveness</b>	This is a fundamental criterion implicit in the definition. The practice must work and achieve results that are measurable
 <b>Relevance</b>	Must address NLEP priorities
 <b>Sustainability</b>	Must be implementable over a long period with the use of existing resources
 <b>Efficiency</b>	Must produce results with a reasonable level of resources and time
 <b>Possibility of replication</b>	Must be replicable elsewhere in India or other leprosy endemic countries
 <b>Community involvement</b>	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	<i>List the results (outputs, outcomes, or impact) of the best practice.</i> <i>This section will help determine the potential for replication/scale-up.</i>

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	<b>Name of organisation/office</b>	NLR India
A2	<b>Name of reporting officer</b>	Dr. Prasun Kumar Mitra & Bijoy Kumar Ghosh
A3	<b>Address</b>	30/5, Hedar Haat, Santoshpur, Kolkata-99
A4	<b>District</b>	South 24 Praganas
A5	<b>State</b>	West Bengal
A6	<b>Phone number</b>	+91-9433228141, +91-9583071568
A7	<b>Email id</b>	Pk.mitra@nlrindia.org bijoy.ghosh@nlrindia.org
A8	<b>Date of submission</b>	21 <sup>st</sup> November 2023



### Categories of Best Practices

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

SECTION B. BEST PRACTICE BASIC INFORMATION		
B1	<b>Name of the best practice</b>	Home Based Self Care in West Bengal
<i>A good title is brief (10-15 words), mentions the problem, solution, population, &amp; time, e.g., Leveraging mobile schools to improve measles vaccination coverage among nomads, Karnataka, 2005</i>		
B2	<b>When was the best practice implemented (tentative duration)?</b>	Since January 2019. It's an ongoing programme
<i>Do <b>NOT</b> report a best practice that was prior to year 2013</i>		
B3	<b>Mention the category of the best practice</b>	Self-care
<i>NLEP best practices will be presented in 2 broad domains: active case detection &amp; service delivery.</i>		
B4	<b>Level of service</b> <i>(check all that apply)</i>	<ol style="list-style-type: none"> <li>1. Community level</li> <li>2. Primary</li> <li>3. Secondary</li> <li>4. Tertiary</li> <li>5. Other</li> </ol>
B5	<b>Area(s) where the best practice was implemented</b> <i>(Name the areas and the facilities)</i>	<ol style="list-style-type: none"> <li>1. Urban</li> <li>2. Peri-urban/semi-urban</li> <li>3. Urban slums</li> <li>4. Rural</li> <li>5. Tribal</li> <li>6. International border</li> <li>7. Other</li> </ol>
B6	<b>Any target population?</b>	<ol style="list-style-type: none"> <li>1. Children</li> <li>2. Women</li> <li>3. Elderly</li> <li>4. Institutionalised people (prisoners, old age home, orphanage, etc.)</li> <li>5. <b>Other (persons affected by leprosy living in their homes)</b></li> <li>6. <b>All population groups</b></li> </ol>

### 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 	<b>Which problem did this best practice address?</b> <i>(Please support the description with relevant data)</i>	<ol style="list-style-type: none"> <li>1. In the health system regular services for leprosy disable patients are not available.</li> <li>2. Government DPMR camps are organised in blocks once a year. Due to distance, cost of travelling, loss of wage, and other frustrations, there was less attendance or participation by the persons with disabilities (PWD) due to leprosy in the camps.</li> <li>3. There was irregularity in providing self-care materials, MCR foot ware and other necessary needs of those patients.</li> <li>4. There were no records or documents to trace the patients and do follow up of the patients.</li> </ol>
<i>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.</i>		
C2	<b>Who was most impacted by the problem?</b>	The persons with disabilities due to leprosy were most impacted by this problem
C3	<b>How did the problem impact the target population?</b> <i>(Please support the description with relevant data)</i>	Because of the above problems as mentioned in section C1, only 15 to 20% patients attended the DPMR camps. This led to deprivation of services which further deteriorated the conditions of the affected persons. To add to this, there was no monitoring mechanism of the health system to follow up with the disabled patients to know whether they were practicing self-care or not. As a result, the leprosy disabled patients suffered the most and were found to be the most vulnerable group.
C4 	<b>Which NLEP goals, targets, indicators, objectives, or priorities were getting impacted due to this problem?</b> <i>(Please support the description with relevant data)</i>	<p><b>Target/Goal:</b> Zero Disability, Zero Exclusion</p> <p><b>Indicators:</b> Proportion of patients practicing self-care Proportion of patient showing improvement</p> <p><b>Objective:</b> To Established a sustainable service delivery mechanism for disabled leprosy patient within the government health system.</p>






### 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	<b>Please give a summary of the best practice (less than 100 words)</b>	19,000 persons with disability due to leprosy live in West Bengal. Government DPMR camps are organised in blocks once a year where only 15 to 20% patients attend. During these camps patients are trained to take care of their disability, and footwear are supplied. Even if training is given, it was not possible to know if the affected persons were practicing self-care regularly. NLR India had advocated with the government of West Bengal for the home-based self-care (HBSC). This has brought significant change in the condition of disabled persons .
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D2 	<b>Goal(s) of best practice</b>	Provide regular services to the leprosy disable patients at their doorsteps, and improve their conditions through practice of regular self-care
<i>Align the goal(s) of best practice with NLEP priorities</i>		
D3 	<b>Objectives (primary &amp; specific) of best practice</b>	<ol style="list-style-type: none"> <li>1. Improve the physical conditions of persons with disabilities due to leprosy by promoting regular self-care</li> <li>2. Capacity building of Govt. health staff and infrastructure to promote self-care</li> <li>3. Develop a monitoring system for tracking this practice</li> <li>4. Establish a service delivery system from the sub-centres with proper documentation</li> </ol>
<i>List the objectives; measurable/quantifiable objectives help measure effectiveness</i>		
D4	<b>Main activities of best practice</b>	<ol style="list-style-type: none"> <li>1. Advocacy and sharing of a plan with the West Bengal government to include HBSC into health care system</li> <li>2. Capacity building of government health staff</li> <li>3. Regular follow up with the leprosy disabled person by ASHAs in their respective villages and the reporting to their ANMs</li> <li>4. ASHAs deliver self-care materials to patients every month (gauze, bandage, antiseptic lotion etc)</li> <li>5. Also, a tumbler, and one pumice stone in a year to patients with insensitive foot/hand.</li> <li>6. A pair of protective shoes for every 6 months and a pair of glasses to patients with eye problems</li> </ol>
D5 	<b>When &amp; where were the activities carried out?</b>	This initiative was taken up in the year 2019, across the state
<i>Mention how community participation was solicited and for what purpose.</i>		
D6	<b>What factors were considered while designing / implementing this practice? (endemicity, local norms, culture, etc.,)"</b>	It was felt that there was a need to improve the service delivery system so that the most vulnerable get home-based services that are sustainable. ASHAs were considered to be the best drivers of this change. They regularly visit the households for different health services. The approach had a potential to address community stigma and discrimination.
D7 	<b>Who were the key implementers &amp; collaborators?</b> <i>(for each please mention name, type (Govt, NGO, private, philanthropy, community group, etc.), role)</i>	<p><b>Name:</b> ASHA and ANMs, ANM supervisors, leprosy disable patients, NLR India.</p> <p><b>Type:</b> <b>The collaborators were from the government, affected persons and the NGO (NLR India)</b></p> <p><b>Role:</b> <b>While the government provided training and</b> self-care materials to patients every month, NLR India facilitated the model by training and monitoring</p>
<i>Emphasize upon the satisfactory &amp; successful partnership with stakeholders</i>		
D8 	<b>Tentative cost of implementing the best practice</b>	<p>A plan was submitted with a zero cost to the government. However, a minimum cost was required for giving training to GHCs staff on regular intervals with monitoring and supervision by the supervisors.</p> <p>As a cost of Government: Logistics support, Dressing Materials, Infrastructure support.</p> <p>As a cost from NLR India: Manpower for advocacy, Training &amp; Monitoring.</p>

	Yes, it can produce immense result with proper utilization of Health infrastructure with reasonable resources.
<i>How much does it cost (men, money, material) to implement this practice? Can it produce results with reasonable level of resources?</i>	

<b>SECTION E. RESULTS OF BEST PRACTICE</b>		
<i>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</i>		
<i>Quantifiable results help determine efficiency</i>		
E1	<b>List out the benefits that the best practice had on the target population?</b>	<ol style="list-style-type: none"> <li>1. More or less all the disabled patients are receiving regular services.</li> <li>2. Regular visits by the FLWs to the house of the patient has helped to reduce the stigma and improve the psychological support.</li> <li>3. Improvement in physical condition of the disabled leprosy patients.</li> </ol>
E2	 <b>Was an assessment or evaluation of the best practice carried out? If yes, what were the results?</b>	<p><i>Internal evaluation was taken up in the first quarter of 2021</i></p> <ol style="list-style-type: none"> <li>1. Reach to disabled leprosy patients increased more than 10 times.</li> <li>2. The number of self-care kit (materials) and protective footwear supplied and users also increased many folds.</li> <li>3. 67% of the patients expressed happiness as someone was reaching their homes every month.</li> <li>4. 54% of patients with ulcer on foot showed improvement, either healed or decrease in recurrence.</li> <li>5. Improvement in skin condition like softening was noticed in 68% of patients.</li> <li>6. As the service delivery system is done at the doorstep within the community by the health worker, this practice itself reduces stigma from the community.</li> </ol> <p><i>External evaluation is being currently done under the guidance of technical committee chaired by the DDG, Central Leprosy Department, Gol</i></p>
<i>Validation and proof of success help determine potential for replication/scale-up</i>		
E3	 <b>What worked well? What facilitated this?</b>	Involvement of front-line health workers like ASHA and ANMs. Regular follow up of ulcer and leprosy disable patient. Regular training and capacity building of GHC staff was also a contributor. The ASHAs are also able to deliver the self-care services in the leprosy colonies.
E4	 <b>What did not work? Why?</b>	<ol style="list-style-type: none"> <li>1. Regular supply of self-care materials in all areas.</li> </ol>
E5	 <b>Please suggest programmes or places (countries, states, districts) or populations who have similar problem can consider replicating your best practice.</b>	It can be implemented all across the country. Can be replicated in other count also where health system has frontline health workers.
E6	 <b>Please suggest disease (including neglected tropical diseases) programmes that</b>	Filariasis




	<b>can consider replicating your best practice.</b>	
<i>This information will facilitate targeted sharing of your best practices nationally, globally, &amp; with other disease programmes.</i>		
E7 	<b>What recommendations can be made for those intending to adopt this best practice?</b>	A policy decision to use Front line workers (FLWs) for promotion of self-care Capacity building of health staff & development of monitoring system and supply of logistics.
<i>Share 3-4 pre-requisites that will improve the success of the best practice</i>		
E8 	<b>Any report/document that can be shared to learn more about this best practice?</b> <i>Please attach the document.</i>	Attached
E9	<b>Please submit photographs related to the best practices.</b> (Minimum file size of each photo should be 1 MB. Photographs without captions will not be accepted)	Attached along with this document  
		Figure 1: ASHA guiding self-care of leprosy ulcer at home



Figure 2 : Self-care being demonstrated by ASHA in leprosy colony