

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	<i>List the results (outputs, outcomes, or impact) of the best practice. 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	Name of organisation/office	NLR India
A2	Name of reporting officer	Dr Sanidhya Bhargava
A3	Address	Jaipur
A4	District	Jaipur
A5	State	Rajasthan
A6	Phone number	8826795525
A7	Email id	Sanidhya.bhargava@nlrindia.org
A8	Date of submission	15.12 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	Supporting service delivery to under treatment cases through Call center
<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</i>		
B2	When was the best practice implemented (tentative duration)?	Started in May 2021, continuing till date
<i>Do NOT report a best practice that was prior to year 2013</i>		
B3	Mention the category of the best practice	Other
<i>NLEP best practices will be presented in 2 broad domains: active case detection & service delivery.</i>		
B4	Level of service <i>(check all that apply)</i>	Community level 1. Primary (Y) 2. Secondary(Y) 3. Tertiary (Y) 4. Other
B5	Area(s) where the best practice was implemented <i>(Name the areas and the facilities)</i>	1. Urban (Y) 2. Peri-urban/semi-urban (Y) 3. Urban slums(Y) 4. Rural (Y) 5. Tribal (Y) 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 (People affected by Leprosy) (Y) 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? <i>(Please support the description with relevant data)</i>	It improved drug adherence to MDT for leprosy, promoted practice of self-care among new patients with disabilities, and promoted preventive chemotherapy among the household contacts of the new patients. From the start (May 2021) to April 2023, 2 years, a total of 218 cases were counselled, 34% were females. Only 1.8% discontinued the treatment. Out of 126 patients (58% of 218) who initially reported any adverse signs & symptoms due to MDT, after counselling 28 of them did not further report any such symptoms during follow-ups (22% decrease). 17 patients have started taking multi-drug therapy (MDT) regularly during follow-ups and counselling (10% increase). Out of them, 11 patients had stopped MDT for a longer period, 2 to 3 months who restarted after counselling.
<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	Who was most impacted by the problem?	The under-treatment cases have been most impacted by this problem as follow-up of under treatment cases of leprosy is always a challenge. It became more evident during the COVID-19 pandemic. With numbers of service providers reducing and having multiple workloads, the services to leprosy patients are often compromised. The needs and requirements of the patient often do not reach the service providers in time. The patients if not counselled properly can lead to defaulting from treatment.
C3	How did the problem impact the target population? <i>(Please support the description with relevant data)</i>	Leprosy patients are often poor and marginalized. They are prone to be misguided by the myths and misconceptions. In absence of proper counselling, even trivial issues can make them default from treatment and thus adding to reduction in treatment completion rates. If not aware of symptoms of leprosy reactions, the patient may not seek advice from health personal which may lead to disability. They may not be aware of selfcare practices, which is so important in prevention of disability. These all aspects affect the cases on treatment.
C4 	Which NLEP goals, targets, indicators, objectives, or priorities were getting impacted due to this problem? <i>(Please support the description with relevant data)</i>	Below mentioned are the 3 of the five pillars of the program that were getting impacted due to the problem 1. Provision of Quality Services 2. Enhanced measures for Prevention of Disease, Disabilities, Stigma, Discrimination and Violation of Human Rights

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)	An information, communication technology (ICT)-based strategy called VIKALP (or call center) is used to make sure that under treatment cases are being followed up fortnightly and feedback received are shared with district leprosy office for prompt action. The counsellor calls the undertreatment patients and enquires about his general wellbeing, availability of MDT, any new symptoms, where to go in case of emergency (lepra reaction), practice of selfcare, prophylaxis for his close contacts and about his mental wellbeing. The feedback received is shared with the concerned district official for follow up. The patient can also call back to counsellor.						
D2 	Goal(s) of best practice	To support the health system in better follow up of under treatment cases of leprosy						
<i>Align the goal(s) of best practice with NLEP priorities</i>								
D3 	Objectives (primary & specific) of best practice	<ol style="list-style-type: none"> 1. Improve drug adherence to Multi Drug Therapy (MDT) for leprosy. 2. Promote practice of self-care among the new cases with disabilities. 3. Promote preventive chemotherapy among the household contacts of the new cases. 						
<i>List the objectives; measurable/quantifiable objectives help measure effectiveness</i>								
D4	Main activities of best practice	<ul style="list-style-type: none"> - Establishing a call center - Hiring staff (counsellor and supervisor) - Receiving line list of under treatment cases from selected districts - Calling the patients fortnightly till completion of their treatment - Counselling the patient on various aspects of disease, treatment, new symptoms and what to do, prophylaxis, selfcare, mental well being etc - Documenting the calls as per the prescribed format - Feedback and reporting to district leprosy offices 						
D5 	When & where were the activities carried out?	Started in May 2021, call center was established at Jaipur in Rajasthan, initially received linelist from three districts, but now all districts of Rajasthan share the linelist of under treatment cases with call center for follow up. Lists were also received from other state/ district like Ranchi from Jharkhand.						
<i>Mention how community participation was solicited and for what purpose.</i>								
D6	What factors were considered while designing / implementing this practice? (endemicity, local norms, culture, etc.,)"	The follow up of under treatment cases during his treatment period is a challenge, also with reducing manpower and multiple work load for health workers, it is difficult for them to follow these patients. This results in patient defaulting; their needs not addressed in time and thus had a disconnect with the service providers. The call center provides a bridge between cases and service providers.						
D7 	Who were the key implementers & collaborators? (for each please mention name, type (Govt, NGO, private, philanthropy, community group, etc.), role)	<table border="1"> <thead> <tr> <th>Name</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>NLR India</td> <td>NGO</td> </tr> <tr> <td>Government</td> <td>District officials</td> </tr> </tbody> </table>	Name	Type	NLR India	NGO	Government	District officials
Name	Type							
NLR India	NGO							
Government	District officials							
<i>Emphasize upon the satisfactory & successful partnership with stakeholders</i>								
D8 	Tentative cost of implementing the best practice	Rs. 4.5 lacks for 2023						


		
<i>How much does it cost (men, money, material) to implement this practice? Can it produce results with reasonable level of resources?</i>		

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?	The Vikalp helpline is found effective in increasing treatment compliance, self-care practice and promotion of PEP. Additionally, it increased patient confidence, decreasing stress and self-stigma. The helpline may also be piloted for follow-up services to patients released from treatment (RFT). It can also be useful during times of emergencies, like during the COVID-19 pandemic the helpline project tracked 177 migrants and also guided for registration in COWIN application ¹ for covid vaccination
----	---	--


E2 	Was an assessment or evaluation of the best practice carried out? If yes, what were the results?	No. The assessment is being currently done under the guidance of technical committee chaired by the DDG, Central Leprosy Department, GoI
---	---	--

Validation and proof of success help determine potential for replication/scale-up


E3 	What worked well? What facilitated this?	Regular calls generated confidence in patients, they opened up with their issues with counsellor. Many issues raised by them (like lack of medicine) got promptly solved by the health system. The willingness of health system to act swiftly on the feedbacks received has been the most important aspect of follow ups.
--	---	--

E4 	What did not work? Why?	At times the contact details of the patients are not correct, sometimes the patient is not willing to accept calls or not willing to talk, sharing of line list from districts not regular. Also, the feedback shared with the health officials is based on verbal communication, so at times the actual things may be different from what is reported by the patient
---	--------------------------------	---


E5 	Please suggest programmes or places (countries, states, districts) or populations who have similar problem can consider replicating your best practice.	Every state in the country can replicate this model for the betterment for delivery of the NLEP program.
---	--	--


E6 	Please suggest disease (including neglected tropical diseases) programmes that can consider replicating your best practice.	Tuberculosis
---	--	--------------

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?	Sharing of linelist timely with as much correct contact details as possible, acting promptly on the feedbacks received from patients, selecting counsellors well versed with disease and also with the languages which beneficiaries speak.
---	--	---

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 <i>attach the document.</i>	https://fb.watch/oXRuhmRtgi/ The questions asked are attached in a separate word document
---	---	---

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)	 <p data-bbox="639 524 1318 551">The counselling of patients being done by the counsellor</p>
----	--	--

ⁱ Application of Government of India for getting appointment for COVID vaccination in nearby center