NLR INDIA until No Leprosy Remains

Supporting service delivery to under treatment cases through Call center: A best practice under NLEP

Which problem did this best practice address?

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.

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.

How did the problem impact the target population?

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.

Which goals, targets, indicators, objectives, or priorities of the National Leprosy Eradication Programme (NELP) were getting impacted due to this problem?

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.

summary of the best practice : 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.

Goal of the best practice -To support the health system in better follow up of under treatment cases of leprosy

Objectives (primary & specific) of best practice

1. Improve drug adherence to Multi Drug Therapy (MDT) for leprosy.
2. Promote practice of self-care among the new cases with disabilities.

Promote preventive chemotherapy among the household contacts of the new cases.

Main activities of best practice

- 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

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.

What factors were considered while designing / implementing this practice?

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.

NLR India and Government including the District officials were the key collaborators. Tentative cost of implementing the best practice was Rs. 4.5 lakhs for 2023

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[i] for covid vaccination. An assessment is being currently done under the guidance of technical committee chaired by the DDG, Central Leprosy Department, GoI.

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.

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. Every state in the country can replicate this model for the betterment for delivery of the NLEP program. Tuberculosis programmes that can consider replicating your best practice.

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.

Please visit to learn more about this best practice: https://fb.watch/oXRuhmRtgi/

The counselling of patients being done by the counsellor

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