



until
No Leprosy Remains

Strengthening leprosy service delivery in urban areas of West Bengal

The best practices of the strengthening leprosy service delivery in urban areas of West Bengal pertains to the Primary, Secondary and Tertiary services of the to the Healthcare System. The programme/practice is being implemented since 2019. The best practice was implemented in the urban areas covered by municipalities in West Bengal, Peri-urban/semi-urban and urban slums. All population groups were the target population.

This best practice addresses the following problems:

- 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.

Leprosy patients in general living in urban areas were most impacted by the problem. the problem impacted the target population in many ways: absence of awareness generation, case detection, follow up support activities, late reporting of cases, and also visit by a good number of affected persons to the private sector/non-qualified people. 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.

The best practices are important contributors to the National Leprosy Eradication Programme. The NLEP Indicators which were being impacted due to the problems were:

- 1. New case detection rate**
- 2. Disability rate**
- 3. Treatment completion rate**

DETAILS OF BEST PRACTICE:

Summary of the best practice:

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.



The goals of best practice were early detection, treatment completion. The primary objective of best practice was to improve leprosy services delivery to urban population. The secondary objective was early detection, treatment completion of all cases. Prophylaxis of contacts.

Main activities of best practice were 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. The activities were started in late 2019 in the state of West Bengal to cover a population over 30 million.

There were several factors considered while designing/ implementing this practice. These were 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.

the key implementer/collaborator was the Government of West Bengal. It involved Government Health system, NUHM, Corporations and Municipalities. 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 as the cost of implementing the best practice. NLR India spent Rs 5.6 lakhs for supporting this project in 2023

RESULTS OF BEST PRACTICE:

The benefits that the best practice had on the target population included the following:

- 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.

There was no assessment or evaluation of the best practice carried out, 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.

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.

This best practice should be replicated throughout the country in all urban areas. The programmes on Lymphatic Filariasis can also consider replicating your best practice. An important lesson is that support from district to NUHM is still to be strengthened.

Those intending to adopt this best practice are recommended: Identification of available infrastructure, holding discussion on why the program needs to be implemented and include all the related stakeholders



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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