

<b>Key area</b>	<b>Issue</b>	<b>Strategy</b>	<b>Activity</b>
Epidemiology	Increase in number of new cases	Encouraging self referral	1. Enhance public awareness through mass media and health education programmes
		Promoting and ensuring early detection and treatment	1. Conducting Field clinics in identified pockets 2. Conducting house to house surveys 3. Conducting ring surveys 4. Contact tracing by dermatologist and/or public health staff 5. Develop a video to be shown at all OPDs in the country
		Strengthening services at delivery points	1. All identified delivery points should maintain minimum standards set by ALC
	Increasing proportion of MB cases	Emphasizing signs and symptoms of MB leprosy more than that of PB	1. Planning public awareness programmes and health worker training with more emphasis on MB leprosy 2. Conducting need analysis and developing lesson plans 3. Developing learning materials 4. Media products ( IEC)
	High proportion of child cases over last 10 years	Emphasizing screening for leprosy at SMI	1. Training of health staff to screen for leprosy at SMI
		Regularizing existing contact tracing mechanisms and making MOH	1. Conducting contact tracing clinics at Dermatology Clinic/ MOH offices on

		responsible for contact tracing	stipulated dates
High proportion of Grade 2 disabilities over last 10 years	<p>Encourage establishment of satellite dermatology clinics in high endemic areas</p> <p>Promote dispensing of the first dose of MDT and filling of IPF for all diagnosed cases at satellite clinics</p> <p>Encourage College of Dermatology to corporate with district health authorities to conduct satellite clinics</p> <p>Encourage external donors to provide logistical assistance to conduct satellite clinics in designated areas</p>		1. Conducting satellite dermatology clinics in high endemic areas
	<p>Promote studies to identify causes for delay in presentation and diagnosis</p> <p>Encourage college of dermatologists to conduct studies on causes for late detection</p> <p>Encourage external donors to provide assistance for conducting studies on causes for late detection</p>		1. Conducting of research on Delay in presentation
Existence of high endemic districts designated by ALC Colombo ,	Establish a special service delivery package for leprosy control activities in		1. Appointment of designated leprosy control PHI / Medical officer for NTD

	Gampaha, Kaluthara, Batticaloa, Kalmunai, Ampara, Kurunegala, Puttlam, Matara, Hambanthota Polonnaruwa, Anuradhapura	consultation with the health authorities of the concerned districts	2. Special training of health staff 3. Provision of additional resources
	Existence of pockets at sub district level where high transmission is prevalent	Encourage close monitoring of pockets by district health authorities	1. Using GIS mapping to identify pockets 2. Field screening clinics 3. Making MDT and IPFs available at screening clinics 4. Special SMIs for detection of child cases 5. Special awareness programmes using innovative methods e.g. : street drama, etc, poster competitions
	Possibility of leprosy among refugees returning from India and resettled communities	Encourage relevant district authorities to enforce the Ministry of Health circular regarding screening for leprosy	1. Conduct training for health workers on identification of leprosy
		Encourage relevant district authorities to conduct field screening clinics to cover newly settled communities	1. Conduct field screening clinics in newly settled areas on Public holidays and in evenings 2. Develop IEC materials in Tamil
	High risk populations ( slums, fishing community in the coastal belt, prison inmates, etc)	Establish coordination with relevant sectors	1. Intersectoral meetings with relevant authorities e.g.: Department of Fisheries

		Encourage formation of special teams to conduct field clinics and education programmes at special hours convenient to the target population	1. Conduct clinics and educational programmes in the evenings and on public holidays
	Low endemicity in several districts	Encourage continuous and active surveillance by RE	1. Training REs on active surveillance 2. Provision of monitoring tools
		Promote Ring Surveys by the local health staff	1. Training staff to conduct ring surveys and preparation of instruments
Assuring quality services at the delivery point	Issues of MDT availability	Streamline the MDT distribution and stock management	1. Issue a circular making chief pharmacist responsible for stock management
		Adopt National Treatment Guidelines prepared by SLCD / Ministry of Health on the duration of treatment	1. Disseminate information on treatment guidelines to all dermatologists/ pharmacists
	Use of clofazamine from blister packs	Discourage use of clofazamine form blister packs by ensuring adherence to reaction management guideline	1. Make available loose clofazamine 50mg and 100mg capsules by MSD
	Neurological assessment for early detection of early nerve damage	Encourage SLCD to provide standard guidelines for detection and recording of nerve damage	1. Training of medical officers in dermatology units to implement neurological assessment 2. Distribute neurological assessment forms to all dermatology units

	Follow-up of cases	Encourage the follow up of all cases of leprosy up to 5 years of commencement of treatment	<ol style="list-style-type: none"> <li>1. Development and distribution of follow up register to all dermatology units</li> <li>2. Issuing of a circular giving the responsibility to Consultant Dermatologist / Ministry of Health</li> </ol>
	Referral system for complications and follow-up	Identification of specialists for the management of specific complications and establishment of a referral system	<ol style="list-style-type: none"> <li>1. Specialists responsibilities to be included in the circular under preparation</li> <li>2. Development of referral card/ form</li> <li>3. Development and printing of chronic ulcer care treatment handbook</li> </ol>
	Inadequate facilities for rehabilitation services, wound care, reconstructive surgeries	Establish disability management centres at least one in each district in base hospitals in OPDs	<ol style="list-style-type: none"> <li>1. Provide guidelines on expected role for the staff, provide training and necessary equipment</li> <li>2. Issue a circular to Hospital administrators requesting the establishment of such units</li> </ol>
		Develop a centre of excellence at the CLC for disability management	<ol style="list-style-type: none"> <li>1. Provision of equipment and training for CLC disability centre</li> </ol>
	Poor quality of record keeping	Development of standards for record keeping at individual level, clinic level, regional level and central level	<ol style="list-style-type: none"> <li>1. Providing reaction forms, disability assessment forms, contact tracing forms, referral information, clinic registers, district registers</li> </ol>
		Establish a computerized record keeping system at all	<ol style="list-style-type: none"> <li>1. Develop a computerized /web based information management system</li> </ol>

		dermatology units	for dermatology clinics
	Inadequate counseling at clinic and field level	Entrust a designated staff to engage in counseling of leprosy patients and families	<ol style="list-style-type: none"> <li>1. Provide hands on training in counseling to relevant staff</li> <li>2. Develop a counseling guide and flash cards</li> <li>3. Develop and publish a code of ethics for leprosy workers</li> </ol>
	Inadequate laboratory services	To assign at least one trained laboratory technologist for smear testing in all districts	<ol style="list-style-type: none"> <li>1. Training of laboratory technologists in skin smear testing</li> <li>2. Assuring the availability of necessary equipment</li> <li>3. Provision of a lab register (development and printing)</li> <li>4. Establish a system with a centre of excellence abroad to detect drug resistance among non responding cases and relapses</li> </ol>
	Lack of mechanism for surveillance	Strengthen the role of Regional Epidemiologist and PHILC in surveillance	<ol style="list-style-type: none"> <li>1. Provide orientation and guidelines</li> <li>2. Provide formats prepared by ALC to conduct surveillance activities</li> </ol>
	Problems in MDT supply and follow-up of migrant workers	All patients to be issued the full course of treatment by the treating dermatologist whilst informing the ALC.	<ol style="list-style-type: none"> <li>1. Providing notification form</li> <li>2. Ensure enough stocks of MDT to dispense</li> </ol>
Logistics	MDT supply record keeping feedback	Include MDT stock maintenance in the MSD network	<ol style="list-style-type: none"> <li>1. Negotiate with MSD to include MDT in their network and provide quarterly feedback to Director ALC</li> </ol>

			<ol style="list-style-type: none"> <li>2. To keep buffer stocks to be kept at the ALC</li> <li>3. Strengthening the flow of information from health care institutions to the MSD and ALC through monitoring forms ( MDT registers )on MDT utilization and remaining stocks</li> </ol>
	Physiotherapy appliances, ulcer care kits availability and distribution	Establish an official agreement with a relevant agency for production of appliances MCR shoes, etc	<ol style="list-style-type: none"> <li>1. Production and distribution of appliances, MCR shoes. etc</li> </ol>
	Inadequate transport facilities for monitoring activities for ALC staff	Encourage ministry of health to provide transport facilities for monitoring	<ol style="list-style-type: none"> <li>1. Purchase a vehicle for ALC</li> </ol>
	Lack of Facilities for contact tracing, defaulter tracing	Provision of motor cycles for PHI leprosy control	<ol style="list-style-type: none"> <li>1. Purchase and provision of motorcycles for PHILC</li> </ol>
		Strengthening the mechanism defaulter tracing	<ol style="list-style-type: none"> <li>1. Strengthening the mechanism to keep tract with patients and send them back for treatment before they default treatment</li> </ol>
	Inadequate facilities for data collection, analysis and reporting	Establish a up to date MIS system at the ALC	<ol style="list-style-type: none"> <li>1. Purchase of equipment</li> <li>2. Training Medical officers at skin clinics and PHI LC on record keeping and data collection</li> <li>3. Establish a online information management system</li> </ol>
Leprosy services within decentralized	Lack of uniformity in management of	Encourage SLCD and ALC to formulate operational guidelines / manual for leprosy	<ol style="list-style-type: none"> <li>1. Implementation of reaction guideline</li> <li>2. Development of guidelines and</li> </ol>

health system	leprosy patients	and implement them	manual for leprosy
	Issues in monitoring of quality of services	Standard monitoring indicators and tools to be developed by ALC	1. Preparation of reaction forms, disability assessment forms, contact tracing forms, clinic registers, district registers, referral forms, supervision forms, etc
	Focal point at district level for leprosy control	Encourage the appointment of medical officer for NTDs at the district level as the focal point	1. Lobbying for appointment of MO for NTDs at district level
		Formation of District teams / task force for leprosy control	1. Preparation of TOR for district teams
		Provide training / refresher training for district PHIs / REs every 2 years	1. Preparation of curriculum and a calendar for training
	Provision of appliances and mechanism to dispense at district level	Focal point to be established for provision of disability management at district level	1. Circular to be issued making RE/ MO NTD responsible
		Establishment of mechanism for referral and provision of appliances at district level	1. Provide guidelines to dermatology units regarding referrals for disabilities
		Linking up with district level disability centres	1. Monitoring of district disability centres by district staff and ALC



	Diminished importance given to leprosy at district level	Regularizing reviews at district level	<ol style="list-style-type: none"> <li>1. Check list to be developed for conducting district reviews</li> <li>2. Conducting Quarterly review meetings</li> <li>3. Conducting Provincial/ District monitoring meetings with key stakeholders</li> </ol>
		Returns on district leprosy situation to be disseminated to RDHS, RE	<ol style="list-style-type: none"> <li>1. Sending of Quarterly / Annual bulletin to districts</li> </ol>
	Inadequate human resource at peripheral level	Lobbying for appointment of district level staff and training	<ol style="list-style-type: none"> <li>1. Appointing of more staff by Ministry of Health and provinces</li> </ol>
Human Resources in Leprosy Services and Control	Lack of resource pool for capacity building in leprosy control	Develop a Human resource development plan for ALC and districts	<ol style="list-style-type: none"> <li>1. Official approval of HRD plan</li> </ol>
	Inadequate technical competence of all categories of health staff	Identify urgent needs and arrange local training programmes	<ol style="list-style-type: none"> <li>1. Conducting need analysis</li> <li>2. Arranging TOTs Arranging local and foreign training programmes</li> <li>3. Facilitate updated knowledge of Dermatologists by providing overseas training</li> </ol>
	Non availability of expertise in deformity care, Community based rehabilitation, prevention of disability , IT, planning and monitoring	Liaise with professional Colleges and organizations to develop training programmes	<ol style="list-style-type: none"> <li>1. Arranging local and foreign training programmes</li> </ol>
		Seek assistance of foreign experts to develop local training programmes	<ol style="list-style-type: none"> <li>1. Identify foreign experts</li> </ol>

	Non availability of trained staff for laboratory services	Development of practical skills in skin smear testing among MLT/ PHLTs	<ol style="list-style-type: none"> <li>1. Arrange with DDG laboratory services to include testing slit skin smears for training</li> <li>2. Manual / Guides for Skin smear examination to be published in print / Web based</li> </ol>
Prevention of Disabilities and Disability care	Non availability of national centre of excellence for disability care in leprosy	Develop national centre of excellence for disability care at Hendala	<ol style="list-style-type: none"> <li>1. Prepare a development plan with a budget for disability care centre</li> <li>2. Relocation Upgrading the Central Leprosy Clinic by providing furniture, equipment</li> <li>3. Logistical support for anti Leprosy Campaign by providing desktop computers laptop and photocopier and other equipment</li> <li>4. Strengthening facilities for Leprosy Hospital Hendala</li> </ol>
		Improving facilities at NHSL for reconstructive surgeries by providing training	<ol style="list-style-type: none"> <li>1. Identify a training location in India/ region</li> <li>2. Identifying and training a surgeon who could commit his services to ALC</li> </ol>
	Poor Defaulter tracing	Strengthen counseling services and health education	<ol style="list-style-type: none"> <li>1. Prepare a guide emphasizing causes for defaulting and possible remedies</li> </ol>

		Strengthen the mechanism for defaulter tracing	<ol style="list-style-type: none"> <li>1. District register to be introduced to trace patients missing a dose to be updated monthly</li> <li>2. Develop SMS reminder system for patients missing doses</li> <li>3. Follow up mechanism to be introduced utilizing PHI with adequate emphasis on privacy / confidentiality issues</li> <li>4. Develop a mechanism to inform the relevant MOH regarding the defaulters in his area, defaulter notification form to be developed</li> <li>5. Quarterly returns on defaulter tracing</li> <li>6. Incentive scheme for defaulters returning to treatment</li> </ol>
Monitoring, Programme Planning and Policy Making	Generation of inadequate information at district level, timeliness of returns	Develop a web based system to collect data from district level	<ol style="list-style-type: none"> <li>1. Develop and implement a Web based Information Management System</li> <li>2. Provide training for district level staff</li> </ol>
	Inadequate trained human resource for data management at district and national level	Provide IT exposure to all staff involved in data management	<ol style="list-style-type: none"> <li>1. Training of staff by IT agency</li> <li>2. Providing desktop computers to maintain leprosy database to RE / PHILC</li> </ol>
	Deficiencies in dissemination of information and feedback at district and central level	Publishing a printed / electronic newsletter quarterly to disseminate information to ministry institutions and districts	<ol style="list-style-type: none"> <li>1. Designing and printing newsletter</li> </ol>

	Inadequate government circulars to promote participation of district level staff in training programmes and leprosy control activities	Government circulars to be drafted to ensure participation in training and leprosy control activities	1. Drafting of circular
		Deploy certification process for different levels of leprosy workers	1. Development of curriculum and certification process
		Web based training programmes in leprosy management , control	1. Development of Web portal for training
Stigma Reduction, Awareness and Public Policy	Defaulting	Develop mechanisms to promote privacy and confidentiality of patient information	1. Develop a Patient Information Card
	Issues in contact tracing	Incentive scheme for families bringing all contacts for contact examination	1. Develop of incentive system for patients bringing contacts for screening
	Leprosy ordinance and Reference in Establishment Code regarding leave	Repealing the leprosy ordinance by working with Attorney general	1. Repealing the leprosy ordinance
		Amending the Establishment Code by working with Ministry of Public Administration	1. Amending the Establishment Code
	Issues related to social allowance	Promote appropriate income generation activities for PALs	1. Involve relevant NGOs, CBOs , government organizations to assist PALs in income generation projects
		Develop a mechanism to coordinate welfare to PALs with SSO / social services department	1. List government assistance available for PALs and make that information available for PALs

	Poor awareness among general public and health staff	Declare month of January each year as a month for Leprosy awareness	<ol style="list-style-type: none"> <li>1. Celebrate leprosy day at the national level</li> <li>2. Display material to be distributed to all MOHs, Hospitals, RDHS and private hospitals</li> <li>3. Involve donors and NGOs</li> <li>4. Develop IEC for public, target groups eg:- school children, migrants</li> </ol>
	Lack of IEC material in all three language	Development of new IEC material in local languages to counter stigma issues	<ol style="list-style-type: none"> <li>1. Develop and print IEC material</li> </ol>
Community based activities	Participation of PALs at leprosy control activities	Create PAL groups at district level	<ol style="list-style-type: none"> <li>1. Formation of PAL groups and provide training to PALs to improve public awareness and to secure their rights</li> <li>2. Engage PALs in Community Based Rehabilitation</li> </ol>
		Community self help groups	<ol style="list-style-type: none"> <li>1. Community groups to assist PALs involving community leaders, religious leaders, philanthropists</li> </ol>
Integrated services for ulcer care, foot care	Inadequate facilities and services for ulcer/foot care at the central and district level	Establish integrated disability centres at base hospitals	<ol style="list-style-type: none"> <li>1. Provide guidelines on expected role for the staff, provide training and necessary equipment</li> <li>2. Issue a circular to hospital administrators requesting the establishment of such units</li> </ol>

	Poor integrated services for rehabilitation such as neurology, rheumatology, physiotherapy and occupational therapy		1. Training of physiotherapists to assess and follow the patients up in regular intervals Provision of splints and gutters
Referrals	Poor referral and back referral system for suspected cases, neurological, ophthalmological complications, rehabilitation services	Identification of specialists for the management of specific complications and establishment of a referral system	1. Specialists responsibilities to be included in the circular under preparation
		Define Pathways for referrals for different kinds of problems	1. Development of referral card/ form
	No established system for private sector referrals and no feedback mechanism	Establish a mechanism for private sector referrals	1. Development of referral forms for private sector referrals
	MDT not available in private sector	Establish a mechanism to make MDT available in private sector with the collaboration of consultant dermatologists	1. Develop mechanism for dermatologist to be maintain MDT stocks and returns
Research	No health system research on leprosy	Promote research on leprosy	1. Identify research priorities 2. Allocate funds for research 3. Identify individuals and institutions
Cost effectiveness of interventions	Inadequate cost effectiveness in interventions	Encourage cost effective methods of intervention and promote results based financing	1. Re evaluate cost effectiveness of interventions
Networking with partners	Poor networking with partners ( SLCD, district	Establish networks with all partners involved in leprosy	1. Conduct intersect oral meetings with all partners

	authorities, NGO, Department of social services, education, CBO, IMPA, GP Organizations SLCOGP, private hospitals, Estate trust, Ayurvedic sector )	control	
Financing	Inadequate financial resources for leprosy control activities	Persuade Ministry of Health to increase the annual budget	1. Discuss with planning unit to increase the budgetary vote for Anti Leprosy Campaign
		Convince donors for increased contributions	1. Seek commitments for support within the overall plan of action