# Supplementary File 1

## INFORMATION FOR CONSENT (Indonesia Site)

“A qualitative and participatory research to improve the management of leprosy reactions”

My name is Annisa Ika Putri and I am a researcher from Sutomo General Hospital in Surabaya. Under the supervision of DR. dr. M. Yulianto Listiawan, Sp.KK(K), FINS-DV, FAA-DV from the department of dermatology in Sutomo General Hospital, I will be carrying out a qualitative and participatory study aiming to understand how to improve the management of leprosy reactions in Indonesia. This study is important because there is a limited study on management of leprosy reactions and its impact on the people’s lives in which actively include the individuals living with the condition.

This research purposes to investigate the experience and perspective of people with leprosy reactions on the management of this condition by giving a voice to the people affected living in Indonesia. In order to do this, interviews, focus group discussions, and workshops will be conducted. The study involves people with leprosy reactions aged 17 years old and above, caregivers, family members, health workers, and decision makers. The diverse sample of participants permits to have a 360-degree view of this topic. You are selected as participant of this study because of your knowledge of and (lived) experience with leprosy reactions. During the data collection, you will be asked about your experience living with leprosy reactions, interactions with health workers at leprosy program, your needs and barriers on accessing a proper and timely treatment, and your recommendations for the program.

Your involvement and inputs are valuable for health care workers and policy makers to develop a better management of leprosy reactions which may enhance your interactions with leprosy control programme and impact to a better quality of life. Your participation is voluntary and you retain the right to withdraw from the study at any time without giving reasons and with no consequences also not on present or future treatment opportunities. Your participation in this activity will require 1-1,5 hours (for interviews) or 2-3 hours (for focus group discussions and workshops) of your time. The risk of this study to you is minimal. Some emotionally sensitive topics, such as negative experience living with leprosy reactions and stigma, are investigated and your health status will be known by researcher and health workers. You have the right to refuse to answer any question you do not want to answer and your data will be anonymised and treated with the maximum confidentiality.

All interviews, focus group discussions, and workshops will be audio-recorded with your permission and subsequently transcribed verbatim. Your personal data, such as sociodemographic information will also be taken and used only for this study. Some pictures will be taken with your consent. You will not be identified by your real or full name in the transcripts or in the publications and your face will be obscured in the taken pictures. Only the research team will have access to the data. All documents, pictures, and audio recordings will be treated with the strictest confidence in a secured external hard disk and will only be accessed by the research team. Your data could be removed at your request. Your views and opinions will be represented as accurately and fairly as possible by doing an iterative process of analysis and the preliminary results will be shown to you for a validation. Results of the study will be used for articles in academic journals and for presentations at conferences. In all such occasions your personal details will be omitted and all elements which may contribute directly or indirectly to identify you will be deleted.

The nature of this study is academic and there will be no or limited direct benefits to you from participating in this study. However, your participation will contribute to guide the implementation of future management of leprosy reactions. You will not receive any financial compensation for your participation in this study, but you will be given a refreshment during or after the data collection process to show our appreciation for your willingness to contribute to the study.

In the event that you have additional questions and concerns about the study, please contact any of the following persons: Annisa (+6281378787856)

Surabaya,………………………………

Signature or thumbprint of participant, Signature of interviewer,

(……………………………………………….) ………………………………………

Phone no.

**INFORMED CONSENT**

“A qualitative and participatory research to improve the management of leprosy reactions”

**Participant Consent**

I ………………………………who live at…………………………………………………………………………………, declare that:

* I have read the information and been thoroughly explained the aim of the study, data collection procedure, (physical, psychological, and social) risk, and benefits of this study for me and others;
* The investigator gave me opportunities to ask all my questions, which have been answered satisfactorily;
* I certify that I voluntarily agree to participate in the study.
* I understand that I am free to discontinue participation at any time of my choosing and my preference will not affect my treatment session in the future.
* I also agree for this discussion to be audio- and visually-recorded and I will receive a copy of the consent form for my personal records.
* I provide the consent for my statements to be used in articles and research papers produced in the context of the project, given they have been appropriately anonymised.

Surabaya/Purulia, date: .....................

Signature or thumbprint of witness, Signature of participant,

(relation to the research subject) ………………………………………

## INFORMATION FOR CONSENT (India Site)

“A qualitative and participatory research to improve the management of leprosy reactions”

My name is Annisa Ika Putri, and I am a researcher from Vrije Universiteit Amsterdam. Under the supervision of Dr. Joydeepa Darlong from the Leprosy Mission Trust India, I will carry out a qualitative and participatory study aiming to understand how to improve the management of leprosy reactions in Indonesia. This study is important because there is a limited study on the management of leprosy reactions and its impact on the people’s lives in which actively include the individuals living with the condition.

This research purposes of investigating the experience and perspective of people with leprosy reactions on the management of this condition by giving a voice to the people affected living in Indonesia and India. This study will involve people with leprosy reactions aged 16 years old and above, caregivers, family members, health workers, and decision-makers. The diverse sample of participants permits to have a 360-degree view of this topic. You are selected as a participant of this study because of your knowledge of and (lived) experience with leprosy reactions.

Interviews, focus group discussions, and workshops will be conducted. **In the interviews**, the questions will be classified into two main topics. The first topic is about the impact of leprosy reactions on your life, activities that you are able or unable to do when the reactions recur, the challenges you faced, and your feeling of having this condition. The second topic comprises your experience on accessing the healthcare services related to the leprosy reactions, particularly on the experience of misdiagnosis of leprosy reactions, your trust on and communication with the healthcare workers and caregivers, perceived barriers and facilitators on having a timely and proper treatment, and your recommendation for the program. **In the focus group discussions**, the caregivers or family members will be asked about their story on nursing the patients with leprosy reactions, their feelings, changes on their family life and interaction due to leprosy reactions, and the support given to the patients. Meanwhile, the healthcare workers will be interviewed about their experience on diagnosing and treating people with leprosy reactions, their interactions with patients, their needs and challenges on giving a proper treatment, and their recommendations for the program. **In workshops**, patients and family members will be invited to discuss the preliminary results of the study and discuss the possible action that can be executed together to improve the management of leprosy reactions.

Your involvement and inputs are valuable for health care workers and policymakers to develop better management of leprosy reactions, which may enhance your interactions with leprosy control program and impact to a better quality of life. Your participation is voluntary, and you retain the right to withdraw from the study at any time without giving reasons and with no consequences on your present or future treatment opportunities. Your participation in this activity will require 1-1,5 hours (for interviews) or 1,5-2 hours (for focus group discussions and workshops) of your time. The risk of this study to you is minimal. Some emotionally sensitive topics, such as negative experience living with leprosy reactions and stigma, are investigated, and your health status will be known by researcher and health workers. You have the right to refuse to answer any question you do not want to answer, and your data will be anonymised and treated with the maximum confidentiality.

All data collection process will be commenced after obtaining your consent and permission. Parental consent will be sought for participants aged between 16 and 18 years old. A witness will also be needed to attest the consent process for participants with limited literacy. All interviews, focus group discussions, and workshops will be audio-recorded with your permission and subsequently transcribed into a written document. Your data, such as sociodemographic information will also be taken and used only for this study. Some photos will be taken with your consent. You will not be identified by your real or full name in the transcripts or the publications, and your face will be obscured in the taken pictures. Only the research team will have access to the data.

All documents, pictures, and audio recordings will be treated with the strictest confidence in a secured external hard disk and will only be accessed by the research team. Your data could be removed at your request. Your views and opinions will be represented as accurately and fairly as possible by doing an iterative process of analysis, and the preliminary results will be shown to you for validation. Results of the study will be used for articles in academic journals and presentations at conferences. In all such occasions, your details will be omitted and all elements which may contribute directly or indirectly to identify you will be deleted.

The nature of this study is academic, and there will be no or limited direct benefits to you from participating in this study. However, your participation will contribute to guide the implementation of future management of leprosy reactions. You will not receive any financial compensation for your participation in this study.

If you have additional questions and concerns about the study, please contact any of the following persons: Annisa (7428642664)

Purulia,………………………………

Signature or thumbprint of the participant, Signature of the interviewer,

(……………………………………………….) (………………………………………)

Phone no:

Signature or thumbprint of witness,

(……………………………………….)

**INFORMED CONSENT**

“A qualitative and participatory research to improve the management of leprosy reactions”

**Participant Consent**

I ………………………………who live at…………………………………………………………………………………, declare that:

* I have read the information and been thoroughly explained the aim of the study, data collection procedure, (physical, psychological, and social) risk, and benefits of this study for me and others;
* The investigator gave me opportunities to ask all my questions, which have been answered satisfactorily;
* I certify that I voluntarily agree to participate in the study.
* I understand that I am free to discontinue participation at any time of my choosing, and my preference will not affect my treatment session in the future.
* I agree with this discussion to be audio-recorded, and I will receive a copy of the consent form for my records.
* I have been explained and fully understood that some of my photos will be taken for the research purposes, and I **agree/disagree** to be visually recorded in photographs by the researcher.
* I provide the consent for my statements to be used in articles and research papers produced in the context of the project, given they have been appropriately anonymised.

Purulia, date: .....................

Signature or thumbprint of witness, Signature of participant,

(…………………………………………..) (………………………………………)

Case study code: .....................

**CONSENT FORM FOR DOCUMENTATION PURPOSES**

It has been explained to me about how my photographs, video and/or audio and biography will be used by the researcher, and I have fully understood it. I hereby give my consent to use them by the research team for use in reports and publications and waive any rights of compensation or ownership thereto.

Signature or thumbprint of Participant/ Interviewee/Provider of assets: .....................................

Date (DD/MM/YYYY): ................................

Additional information (required for subjects under the age of 18) If this consent form is obtained from a subject under the age of 18, then the signature of that subject’s parent or legal guardian is also required:

Age of minor participant: ........................

Name of parent/guardian: ..............................................

Parent/guardian’s signature or thumbprint: .......................................

Date (DD/MM/YYYY): .......................

Name of the project: A qualitative and participatory research to improve the management of leprosy reactions

Project area: ..............................................................................................

Date: ..................................

**PARENTAL CONSENT FORM**

We ask for permission that your child is allowed to participate in a research study called “A qualitative and participatory research to improve the management of leprosy reactions.” This research is aimed to investigate the experience and perspective of people with leprosy reactions on the management of this condition by giving a voice to the people affected living in Indonesia and India. You have the right to be informed about the study procedures so that you can decide whether you want to consent for your child to participate in this research study. This form may contain words that you do not know. Please ask the researcher to explain any words or information that you do not understand.

You have the right to know what your child will be asked to do so that you can decide whether or not to include your child in the study. Your child’s participation is voluntary. They do not have to be in the study if they do not want to. You may refuse for your child to be in the study, and nothing will happen. If your child does not want to continue to be in the study, they may stop at any time without penalty or loss of benefits and treatment to which they are otherwise entitled.

We ask that you read this form and ask any questions that you may have before allowing your child to participate in this study. Your child has been invited to be in this study because of their knowledge of and (lived) experience with leprosy reactions.

If you agree to have your child be a part of the study, they will be asked about their details and interviewed about two main topics. The interview questions will be classified into two main topics. The first topic is about the impact of leprosy reactions on the child’s life, activities that the child is able or unable to do when the reactions recur, the challenges that the child faced, and the child’s feeling of having this condition. The second topic comprises the child’s experience on accessing the healthcare services related to the leprosy reactions, particularly on the experience of misdiagnosis of leprosy reactions, the child’s trust on and communication with the healthcare workers and caregivers, perceived barriers and facilitators on having a timely and proper treatment, and recommendation for the program.

Your child involvement and inputs are valuable for health care workers and policymakers to develop better management of leprosy reactions, which may enhance your interactions with the leprosy control program and impact to a better quality of life. Your child participation in this activity will require 1-1,5 hours (for interviews) or 1,5-2 hours (for focus group discussions and workshops) of his/her time. The risk of this study to your child is minimal. Some emotionally sensitive topics, such as negative experience living with leprosy reactions and stigma, are investigated, and your child’s health status will be known by researcher and health workers. Your child has the right to refuse to answer any question he/she does not want to answer, and his/her data will be anonymised and treated with the maximum confidentiality.

All data collection process will be commenced after obtaining your and your child’s consent and permission. All interviews, focus group discussions, and workshops will be audio-recorded with your permission and subsequently transcribed into a written document. Your data, such as sociodemographic information will also be taken and used only for this study. Some photos of your child will be taken with your consent. Your child will not be identified by his/her real or full name in the transcripts or the publications, and his/her face will be obscured in the taken pictures. Only the research team will have access to the data.

All documents, pictures, and audio recordings will be treated with the strictest confidence in a secured external hard disk and will only be accessed by the research team. Your child’s data could be removed at your request. Your child’s views and opinions will be represented as accurately and fairly as possible by doing an iterative process of analysis, and the preliminary results will be shown to you and your child for a validation. Results of the study will be used for articles in academic journals and presentations at conferences. In all such occasions, your child’s details will be omitted, and all elements which may contribute directly or indirectly to identify your child will be deleted.

The nature of this study is academic, and there will be no or limited direct benefits to your child from participating in this study. However, your participation will contribute to guide the implementation of future management of leprosy reactions. Your child will not receive any financial compensation for your participation in this study.

If you have additional questions and concerns about the study, please contact any of the following persons: Annisa (7428642664)

**Consent**

I have read this parental consent form and have been allowed to ask questions. I give my permission for my child to participate in this study*.* I understand that, in order to for my child to participate, they will need to be able to give their consent also. I understand that participation is voluntary, and I can withdraw my child at any time without penalty or loss of benefits. I will be informed of any significant new findings discovered during this study that might influence my child’s health, welfare, or willingness to continue participation in this study.

“By signing below, I agree to allow my child to participate.”

Signature ………………………………………………………………………….

Name ……………………………………………………………………………….

Name of Child …………………………………………………………………..

Address …………………………………………………………………………….

Phone no. …………………………………………………………………………

Date ………………………………………………………………………………….

## SOCIO-DEMOGRAPHIC DATA (ENGLISH VERSION)

**QUESTIONNAIRE ID □□□□**

|  |
| --- |
| Instructions  Thank you for your participation.  Please read the information sheet and sign on the consent form before answering.  Please read the question carefully before answering. |

**Section 1. General information**

1. **Name:** …………………………………………
2. **Age:** …………………………………………
3. **Area of residence:** ………………………………
4. **What is your Gender?**

a. Male b. Female

1. **What is your ethnic group?**

a. Javanese b. Madurese c. Sundanese d. Other, specify………………

1. **What is your Religion?**

a. Islam b. Christian c. Catholic d. Buddhist e. Hindu f. Confucianism

1. **What is marital status?**

a. Married b. Single c. Divorced

1. **What is the highest level of education you achieved?**
2. No education b. Level of education………………………………
3. **What is your occupation?** (may circle more than one option)
4. Housewife b. Farmer c. Self-employed d. Office worker
5. Student f. Hard labor g. Seller h. Others. Specify…………………………………
6. If you are employed, **please indicate your monthly income**……………………………
7. **Who do you live with?**
8. Parents b. Spouse c. Children d. Alone f. Relatives

\*\*\*Thank you very much for your response\*\*\*

## INTERVIEW GUIDE FOR PEOPLE WITH LEPROSY REACTIONS

*This is a part of the probing interviews to explore and understand the impact of leprosy reactions on people affected in Indonesia and India. Follow the following questions, use the graphic tools and probe further until response saturation is elicited:*

1. **General questions**
   1. When did you notice your **first symptoms** of leprosy?
      1. What were they?
      2. Can you show me in which part of your body it occurred? (show the body chart)
      3. How did you think you got this disease?
      4. What did you do?
      5. Did you know that symptom is leprosy?

Show the picture of signs of leprosy reactions

* 1. Can you tell me about your **story on leprosy reactions**?
     1. When did they start? (before, during, or after taking MDT)
     2. Where did they appear? (show the body map)
     3. Do you know how do you get the leprosy reactions?
     4. Did you talk about the fact of having leprosy reactions with others?
     5. With whom did you talk about it?
  2. How **many times the reaction recurs**? Show the timeline bar
     1. When did it happen? How frequent did it recur (in a day/ in a week/ in a month)?
     2. Where did you feel the reactions? Are they painful? Do they itch? How do they look?
     3. What did you do when they recur?
     4. Did you come to the healthcare facilities?
     5. What did the doctors tell you?
  3. Have you ever felt angry, stress or not comfortable with the reactions? Why?
  4. How **visible** are the reactions?
     1. Did anybody ask about the visible reactions?
     2. What did you tell them?
  5. What **medication** do you take?
     1. How many drugs that you have to take in a day?
     2. Have you ever forgot to take the drugs? Why/why not?
     3. Where did you get the medicines? Are they easy to find?
     4. How long did you have to wait for purchasing the medicines?
     5. Have you ever tried to purchase the medicine over the counter? Why?
     6. Do you use herbal medication/home remedy in addition? What is it? Why do you use it?
     7. Did you have any problems or side effects with the medications? What were they?
  6. Were there any **drugs that given no effect** to your leprosy reactions?
     1. What did you feel when they had no effect your disease?
  7. Have you or do you have any **other disease** or illness than leprosy?
     1. If so, How did/do they affect to your leprosy reactions?

1. **Impact of leprosy reactions**
   1. How do you do your **daily activities** when the reactions occur?
      1. Could you still go to work/school? Why/why not?
      2. What activities are you still able to do? Why?
         * Can you hold a pen/spoon?
         * Can you eat by yourself?
         * Can you bath yourself?
         * Can you go to the toilet by yourself?
         * Can you walk without hassle?
         * Can you read clearly?
         * Can you sit comfortably?
         * Can you stand comfortably in 10 minutes?
         * Can you prepare your own food?
         * Can you sleep well?
      3. What activities are you not able to do? Why are you not able to do those?
      4. Does anyone help you to do your daily activities? Who does usually help you? What do they do?
      5. Could you go around by yourself? Why/why not?
   2. Has any **change happened on your daily life** after living with leprosy reactions?
      1. When the reactions occur, do you still frequently go to church or worship place?
         * What are the changes?
   3. Do **your family know** that you have/had leprosy reactions?
      1. What do your family (spouse, children or parents) think about living with the reactions?
      2. How do they approach you after living with the reactions?
   4. Are you still actively **communicating with your friends**?
      1. Do they know that you have/had leprosy reactions?
      2. How do you interact with them? (WhatsApp/call/talk-in-person)
      3. What do your friends/colleagues think about living with the reactions?
   5. Do **your neighbours know** that you have/had leprosy reactions?
      1. What do your neighbours think about living with the reactions?
      2. How do they behave to you after living with the reactions?
   6. Have you had to miss work/study because of leprosy reactions? Why?
   7. How do leprosy reactions affect your **financial condition**?
      1. If you are not working due to leprosy reactions, how do you live?
      2. How much does the treatment for leprosy reactions cost? Is it cheap for you?
      3. Do you have any insurance that cover the medication cost?
      4. Are you financially supported by someone? Who?
   8. How do you **go to the healthcare facilities**?
      1. How far is your home from here?
      2. Is it cheap for you? If it is not, how do you manage it?
   9. What **problems** do you encounter living with leprosy reactions?
      1. How do you manage to solve the problems?
   10. What are your **worries** after experiencing leprosy reactions?
   11. What are your **needs** as people living with leprosy reactions?
2. **Management of leprosy reactions**
   1. Do you **directly go to the healthcare facilities** when feeling any pain owing to leprosy reactions?
      1. Which healthcare facilities do you visit?
      2. Why do you directly go/not go to the healthcare facilities?
      3. What did you do to cure your before knowing your leprosy reactions status?
      4. How much do you believe in healthcare providers in treating your leprosy reactions?
   2. **How often** do you visit the healthcare facilities to treat your reactions?
      1. What worries do you feel when routinely visiting the health care?
   3. **With whom do you visit** the hospital and pick up the prescriptions?
      1. How did they help you?
      2. Why did this person support you?
   4. Did you ever **get any treatment from the doctor that makes** **you feel not better** because of the swollen skin, aching, joint, fever, stiffness, or other **leprosy reactions symptoms**?
      1. What did the doctor tell you?
      2. Did they check your body thoroughly?
      3. Did they take any sample from your body?
      4. How did you feel when there was no change after being treated by the doctor?
   5. When the **doctors finally found that you had leprosy reactions,** **what did they tell you**?
      1. What did they do to confirm your disease?
      2. Did the doctors also inform your companion at that time? What did they tell?
      3. How did you feel about this?
   6. What **steps do you have to follow** when you are at healthcare facilities to treat leprosy reactions?
      1. How do you feel about the healthcare services where you treat the reactions?
      2. Did you find any difficulties when using the healthcare service? What were they?
      3. How long do you have to wait?
   7. How do you **explain your condition** to the healthcare workers?
      1. What complaints do you usually tell to the healthcare workers?
      2. Do you feel comfortable when communicating the complaints?
   8. Have you ever been **stopped taking any medicine or visiting doctors to treat your** leprosy reactions?
      1. How did you restart your treatment of leprosy reactions?
   9. How do the hospital staffs **support you** during your treatment of leprosy reactions?
   10. Have you ever **stayed in the hospital due to your reactions**? Can you tell me your experience?
       1. Do you prefer to stay in the hospital or come every week? Why?
       2. How long did you stay? What kind of treatment did you get?
   11. Besides from the hospital, did you **seek any information** about leprosy reactions from other sources?
       1. How did you find it? What kind of information did you find?
   12. Have the healthcare workers **involve you to find another people with** leprosy in your neighbourhood?
   13. Do you join **leprosy-related groups**, such as self-care or wound-care groups? What do you do in the group?
3. **Recommendation**
   1. What will **you suggest** to improve the treatment of leprosy reactions?
   2. What **type of activity** is important to be conducted to achieve better management of leprosy reactions?

[Note: This guide only provides a brief outline of the main question categories. Questions will be open and subject to flexible probing, refinement and iteration. Changes will be made to the guide to make sure the questions are appropriate and respectful.]

## FGD GUIDE FOR HEALTH CARE PROVIDERS

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Study site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of facilitator: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Respondent ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Start time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

End time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*This is a part of the probing FGD to explore and understand the impact of leprosy reactions on people affected in Indonesia and India, and an in-depth exploration of people experience and recommendation of management of leprosy reactions in their countries. Follow the following main topics and probe further until response saturation is elicited:*

1. General questions
2. Please tell us about your experience on diagnosing leprosy reactions? How do you diagnose leprosy reactions? How do you communicate the diagnosis of leprosy reactions to the patients?
3. How do you choose treatment for patients with leprosy reactions? How do you make decision for patients with leprosy reactions? How do you communicate the choice of treatment to patients with leprosy reactions? Do you try to understand and consider the patients’ social economic background and possibility of spending in making your decision for their treatment? How does it change your way?
4. How do you treat people with leprosy reactions?
5. Impact of leprosy reactions
6. How do people with leprosy reactions see themselves? What are the impacts of living with leprosy reactions for the patients?
7. How do the patients with leprosy reactions adhere the multidrug therapy?
8. What are the barriers of adhering treatment for the patients? How do financial barriers affect the treatment adherence? How about the geographical barriers? Does stigma affect the adherence? Why/why not? In your opinion, what things that we could do to reduce the barriers?
9. What factors do facilitate patients to adhere the treatment?  
   Probe: Insurance, counselling, or other factors
10. Management of leprosy reactions
11. Please tell us about the current management of leprosy reactions in your healthcare facility?
12. Probe: referral system, resources, program financing, case reporting system, active case findings, diagnostic tools, integrated service
13. How confident are you on diagnosing and treating leprosy reactions?
14. How comfortable are you with the current management of leprosy reactions?
15. What difficulties do you encounter in conducting the management of leprosy reactions? How do you solve it?
16. How do you coordinate with other stakeholders, such as primary health care and district health office, in finding and managing leprosy reactions cases?
17. How adequate is the drug supply in covering the needs of patients with leprosy reactions?
18. How well are the resources of your healthcare facility in supporting management of leprosy reactions?
19. How well does the mandatory health insurance cover the treatment cost of leprosy reactions?
20. What problems often occur in the current management of leprosy reactions?
21. What can be improved from the current management of leprosy reactions?
22. If you only allow to choose one problem, what is the most urgent and important thing to be improved in the management of leprosy reactions?

[Note: This guide only provides a brief outline of the main question categories. Questions will be open and subject to flexible probing, refinement and iteration. Before the data collection starts, the interview guide will be discussed with a small group of experts (including members of the target group). Changes will be made to the guide to make sure the questions are appropriate and respectful.]