

ADVANCING HEALTH & ABILITY

ANNUAL REPORT OFFICE (ARO)

Nepal - 2014



22 March 2015
Dr K P Dhakal

1 Introduction

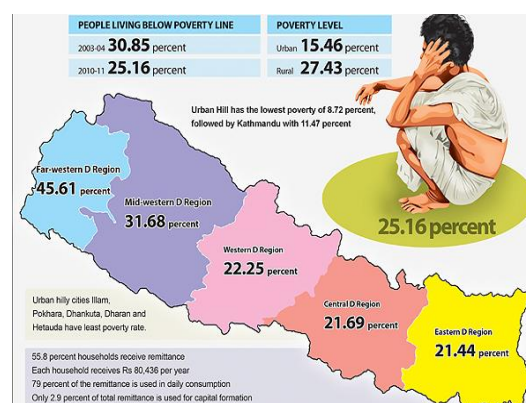
General Information

NLR support in Nepal in leprosy control and disability management covers Eastern & Far Western Regions of Nepal consists of 25 districts with covering the populations of 8,536,946.

According to the Nepal Human Development Report, 2014 of National Planning Commission (NPC) and United Nations Development Program (UNDP), the HDI for the whole of Nepal is 0.540. Nepal is among the poorest and least developed countries in the world, with about one-quarter of its population living below the poverty line. Nepal is heavily dependent on remittances, which amount to as much as 22-25% of GDP. Agriculture is the mainstay of the economy, providing a livelihood for more than 70% of the population and accounting for a little over one-third of GDP. Industrial activity mainly involves the processing of agricultural products, including pulses, jute, sugarcane, tobacco, and grain. Nepal has considerable scope for exploiting its potential in hydropower, with an estimated 42,000 MW of commercially feasible capacity, but political uncertainty and a difficult business climate have hampered foreign investment. Additional challenges to Nepal's growth include its landlocked geographic location, persistent power shortages, underdeveloped transportation infrastructure, civil strife and labor unrest, and its susceptibility to natural disaster. (CIA World Fact Book 2015)

Third Nepal Living standard Survey 2009/2010 shows that 25% of the total populations are below poverty level.

During the reporting year the 2nd constitutional assembly members were elected but the conflicts between political parties remained continue resulting no constitution declared on set time in the political arena of the countries. New health policy, collaborative framework & guidelines between Ministry of Health & ministry of local development are the new & major developments where NHSP III is still under processing.



Organization of leprosy, rehabilitation and disability services:

Leprosy control program as a division of Department of Health Services runs through the regular PHC service delivery system. NLR has, as usual, provided financial support as well as direct support through NGO partners including technical support as per need.

Self care/self help group concept is functioning well at village level taking appropriate steps for the rehabilitation of persons with disabilities including disabilities due to leprosy in CBR modalities and right based approach. NLR role as a facilitators and also providing need based financial support through NGO partners remained continued.

Some major changes happened at the policies concerning leprosy & disabilities are new health

policy of Nepal 2014 and accessibility guidelines. New health policy has clearly indicated to incorporate and follow UNCRPD that is already ratified by GON where as GON approved & published accessibility guidelines has given clear direction on easy access for persons with disabilities in different perspectives.

Status of the leprosy problem and disability

| Indicators | 2010 | 2011 | 2012 | 2013 | 2014 | Total of ER and FWR |
|------------------------|------|------|------|------|------|---------------------|
| New case | 1180 | 1185 | 1214 | 1108 | 1121 | 5808 |
| RFT | 1434 | 1150 | 1148 | 1183 | 1092 | 6007 |
| Child cases | 93 | 72 | 79 | 59 | 56 | 359 |
| DG II cases | 42 | 49 | 51 | 41 | 46 | 229 |
| Female cases among new | 453 | 384 | 387 | 380 | 397 | 2001 |

Numbers of annual new cases detected nationwide is decreased in 2009 but it is stable during the 5 years and the pattern is the same also in our working area. This means that the chain of transmission is still continuing. Trend of child cases (<14 Years) seems decreasing since last two years and Grade II disabilities is stable for last 5 years. . According to census 2011 the total numbers of persons with disabilities in Nepal is 111349 (1.92% of total population). On the basis of census figure the persons with disabilities due to leprosy is calculated as 2066 (10.16% among the detected new cases and 1.85% of total disabilities). Due to successful implementation of program as well as proper case management at activities at village level persons defaulting from treatment is ignorable.

2. NLR strategy and involvement within the program area

RO strategy

Routine leprosy control program as a part of disease control is already established at all levels with encouraging results. The major problem in this context is the continued presence of hyper endemic districts with high numbers of newly detected cases providing the evidence that disease transmission is not yet interrupted as expected. Hence, the major strategy of the leprosy control program is the interruption of disease transmission. Since last couple of years NLR only providing technical support to enhance the national leprosy control program including cases detection activities through only technical support to government funded regular activities. Additionally NLR, through its partners implemented some additional activities directed to community involvement in leprosy control as well as disability management such as active cases detection in the hyper endemic clusters, skin camps so on.

Mainstreaming of leprosy related disabilities to general disabilities are quite relevant in the existing context of Nepal and hence this is another strategic approach of NLR support. Due to deeply cited social stigma against leprosy self esteem, respect & personal dignity of the person affected by leprosy has resulted injustice & discriminations. Facilitate to access of leprosy affected and other persons with disabilities to the government provisions starting from obtaining disability ID card and through this to social security allowances, free education and scholarships, free health services, discounts in transportation, tax discounts etc to quota and reservation for jobs is essential. To achieve this awareness rising activities, advocacy, networking & lobbying for adaptation in the policies, rules & regulations is continuing through partners as priority of NLR support.

Partners and stakeholders

The major stakeholders involved in the NLR program are persons effected by leprosy & their families, persons with disabilities & their families, self care & self help groups, community based organizations (CBO), Disabled people organizations (DPOs), CBR organizations, Community consumer groups, Government & non Governmental organizations. Specially there are strong linkage with NLR between leprosy & disability related organizations but in some cases need based coordination is made with other sectors such as education & developmental organizations.

NLR is one of the members of different Networks such as AIN at National & Regional level, NLN at National level, AIN Health Working Group and Disability Working Group at National level, Regional health taskforce at regional level. Further, NLR is frequently invited as a member in some of the event wise networks of education, health & disabilities. The potential partners of NLR are National Federation of the Disabled Nepal (NFDN) for disabilities and Nepal Leprosy Fellowship (NLF) for leprosy control & rehabilitation activities. NLR also promotes involvement of other local NGOs, CBOs and DPOs in its works in leprosy as well as disability management.

NLR in Amsterdam is the major donor for NLR in Nepal in the last fiscal year. Beside this some NLR planned activities were implemented in cost sharing with Plan Nepal, with the partnership of NFDN and NLF in the past fiscal year. Some of the activities for the DPO are funded through government budget at local level.

3. Activities and results 2014

Main successes 2014

1. Leprosy Chemoprophylaxis project is started in order to reduce the incidence of the disease. Three districts are selected as a pilot project, two in Eastern region Jhapa and Morang and one in Parsa district of Central region.
2. Inspired to care project started in two districts of Eastern Region. The objectives of the project is to prevent the disability in a comprehensive way by strengthening the MCH activities through CBR approach.
3. Refer severely complicated cases to tertiary level: Both the support from NLR and GON resulted that adequate coverage with quality services.
4. Meeting with hospital authority & hospital board: Quite many advocacy and lobby meetings were enough on convincing the authorities of KZH and SZH so that handing over the ownership of RLRC was achieved in both regions.
5. Orientation on causes & consequences of leprosy to CBOs, DPOs, VDMC & HFOMC: This helped to create the environment for the proper inclusion of leprosy to general disabilities.
6. TOT for schoolteachers on disability & inclusive education: This activity is not only helpful to increase access on education but also contributed to promote inclusion through education of persons with disabilities to general development initiatives.
7. Support to provide vocational training for PWDL/PWD including seed money support for small IGP scheme: This activity has given good result on improving economic & social status of the individuals
8. Capacity enhancement of partners through training in good governance gave very good results in the functioning of DPOs at district and regional levels.

Note: The achieved numbers are mentioned in data table

Projects/things that went wrong in 2014 (and what did you do to solve the problem)

1. Conduct index case approach: This activities was originally planned for cases notifying VDCs of low endemic districts but due to timely reporting problem of districts achievement was quite low. Later on this was modified to implement in hyper endemic clusters of hyper endemic districts. This

| |
|--|
| is modified because of better reporting system in hyper endemic districts and the effectiveness of this approach also seems very low in mountain and hilly area. |
| 2. Proper management of reaction and other complications at all level: This activity was planned to supply other drugs & equipment to POID centres. Since, the demand was very low from peripheral level due to distance and communication resulting very low achievement. Later NLR advocated negotiated with district authorities so that POID centres started to utilize the existing system of free supply of essential drugs through GoN system to fulfil the gap. |
| 3. Organize stakeholders meeting for social auditing: Due to quite minimum target populations (leprosy & disabilities only) it was quite difficult to get involvement of other community groups because of lack of interest for marginalised population. We then started to organize sharing meetings with civil society organizations on our support & activities to their communities and hence they started to interact with our targets groups and after that meetings were organized for social auditing. |
| 4. The detailed data related to disability is not available in the region however cases reported to concern Government authority have the number who have taken the identity card just for receiving the facilities and monthly support allowances. The data gathering activities is planned in 2015. |
| 5. The functioning of one of the main partner of NLR to implement the CBR activities was almost nil and the project managed to implement vocational training, income generation and sharing workshop was conduct by local/district level organizations. |

Result against set target:

Disease control

| SN | Activities | Unit | Target | Achievement | Reason for deviation |
|----|--|--------|--------|-------------|---|
| 1 | Conduct index case approach at cases notifying VDCs | VDC | 25 | 22 | |
| 2 | Orientation for FCHV and other community volunteers on leprosy and disabilities issues per group 15 person | Group | 10 | 10 | |
| 3 | Active contact examination (family & neighbours) during case validation during case validation | Day | 90 | 71 | Due to staff problem in FWR, this could not be done as planned. |
| 4 | Supply of material, equipment & other drugs | Time | 8 | 13 | |
| 5 | Proper management of reaction and other complications at all level | Centre | 50 | 70 | |
| 6 | Refer severely complicated cases to tertiary level | Person | 55 | 108 | |
| 7 | Cost for shelter patients | Person | 70 | 65 | |
| 8 | Refer PWDL/PWD for reconstructive surgery to tertiary centres | Person | 36 | 16 | Due to the surgery camp in Dhangadhi patients are not referred. |
| 9 | Promote KZH/SZH for reconstructive surgery | Person | 35 | 10 | Surgery cam organized but only lower number turned up due to strikes. |
| 10 | Development & supply of self care materials including postures & | Set | 30 | 23 | No new SCG this year |

| | | | | | |
|----|--|--------|-----|-----|--|
| | booklets | | | | |
| 11 | Provision of protective shoes/sandals to PWDL/PWD | Pair | 500 | 555 | |
| 12 | Provision of eyeglass/magnifying glass to PWDL/PWD | Person | 105 | 60 | Less demand |
| 13 | Assist PWDL/PWD in need in gaining access to community based rehabilitation through DPOs and other community based organizations | Group | 15 | 16 | |
| 14 | Training / follow up training for self care activities to PWDL/PWD | Group | 23 | 19 | No new groups this year |
| 15 | Orientation on leprosy to focus group /area | Place | 15 | 12 | |
| 16 | Celebration of world leprosy day | Place | 11 | 7 | |
| 17 | Orientation on causes & consequences of leprosy to CBOs, DPOs, VDMC & HFMC | Group | 15 | 15 | |
| 18 | Celebration of world disability day by DPOs & CBR organizations | Time | 2 | 5 | |
| 19 | Organize stakeholders meeting for social auditing | Place | 7 | 7 | |
| 20 | Visits to attend meetings with RD, D/PHO | Day | 44 | 11 | Most of the meetings were done in Dhangadhi and Biratnagar |
| 21 | Visits to district headquarters by senior staff | Day | 113 | 110 | |
| 22 | Supervisory visits to PHC/HP/SHP of endemic district | Day | 190 | 163 | Combine visit of 24 & 25 |
| 23 | Monitoring visits to SCG/SHG/DPO | Day | 185 | 144 | Combine visit of 24 & 25 |
| 24 | Monitoring visits to POID & referral centres | Day | 70 | 38 | Combined with 24 & 25 |
| 25 | Visit to assist & facilitate training, orientations at different level | Day | 80 | 39 | Combined with activity 23 |
| 26 | CR/PC/FC visit to Pokhara, Nepalgunj, Dhangadhi or elsewhere to attend meetings, workshop and seminars | Day | 110 | 253 | More visits occurred because of extra projects like I2C and LPEP |
| 27 | Visits to attend quarterly/annual review meetings of community stakeholders | Day | 55 | 24 | Combined with 30 |
| 28 | Visits to attend workshop, seminars and meetings at different level | Day | 20 | 64 | |
| 29 | Monitoring visits to low endemic districts | Day | 109 | 108 | |
| 30 | Other staff visit to Kathmandu, Pokhara or else where | Day | 50 | 221 | Extra meeting such as planning and strategic meetings in Ktm |
| 31 | PAC Meeting | Time | 9 | 6 | DDC & D/PHO could |

| | | | | | |
|----|--|------|---|---|---------------------------------|
| | | | | | not organize this meeting in ER |
| 32 | Membership fee and some other support to AIN/NLN/others meetings and workshops | Time | 7 | 6 | |

Disability and Inclusion

| SN | Activities | Unit | Target | Achievement | Remarks |
|----|--|-------|--------|-------------|--|
| 1 | Support to provide vocational training for PWDL/PWD including seed money support for small IGP scheme | Group | 101 | 101 | |
| 2 | Organize workshop of DPO members to share the activities and progress on disability management issues in Morang | Times | 11 | 11 | |
| 3 | Follow up of SCG and SHG during their monthly meetings aiming to active & make them proper functioning | Days | 160 | 100 | Hampered due to road blocks & strikes Not asked because of NFDN and partner's problem |
| 4 | Support to Monthly meetings of DPO & SCG in Jhapa & Morang | Time | 435 | 209 | Not asked because of NFDN and partner's problem |
| 5 | Production of books, booklets, souvenir and distribute | Times | 4 | 3 | |
| 6 | Supervisory visits by partners to assist rehabilitation activities at different districts including VDC level activities | Days | 270 | 189 | Hampered due to road blocks & strikes Not asked because of NFDN and partner's problem |
| 7 | Training for district level DPO representative on developing basic proposals and Institutional Fund raising | Time | 1 | 1 | |
| 8 | TOT for UNCRPD promoters at districts on UNCRPD and reporting | Time | 1 | 1 | |

Policy influencing, lobby and advocacy

| SN | Activities | Unit | Target | Achievement | Remarks |
|----|---|--------|--------|-------------|---------|
| 1 | TOT for school teachers on disability & inclusive education | Group | 6 | 6 | |
| 2 | Lobbying workshop with GON, DPO, NGO & other related stakeholders at district level to promote implementation of existing policies during | Time | 2 | 3 | |
| 3 | Messages through FM/Radio, newspapers | Months | 24 | 23 | |
| 4 | Training for DDC chairpersons on organizational management and | Group | 1 | 1 | |

| | | | | | |
|---|--|------|---|---|---|
| | good governance | | | | |
| 5 | Coordination meeting with DDC, DPHO, WDO, NFDN & other CBR organizations | Time | 2 | 2 | |
| 6 | Meeting with hospital authority & hospital board | Time | 2 | 6 | More meetings organised for handover process. |

External factors that influenced the outcome of our work in 2014? (e.g. political situation)

1. Strike & roadblocks: This hampered for the proper implementation of some of the field visits and related activities

2. Delay budget released of GON activities: Hampered to implement some of the activities that were planned to go jointly (side by side)

3. Frequent staff transfer (GON): Some of the activities such as POID centers were hampered due to the deputation of trained staff and the presence of untrained

Main challenges short term within the ROs sphere of influence (and reaction by RO)

1. Partners capacity of program implementation is still inadequate. Partner in far west had its internal turmoil affecting the implementation of our planned disability management activities. RO decided to implement these activities through smaller local NGOs and DPOs providing additional technical support. We planned a number of capacity enhancing activities for coming year.

2. Reports of NLR supported activities and budget through Redbook system is not timely submitted. Repeated reminding and discussion with related authorities has not yet been succeeded to get the expected result

3. Hospital ownership of Regional Leprosy Referral Centers (RLRC) is not yet well functioning. Technical support from NLR is still continuing in order to ensure the quality of services. Regular meetings and discussions are taking place.

Main challenges long term within the ROs sphere of influence (and reaction by RO)

1. Clear outcomes of some of the NLR supported program activities with tangible changes in the communities as per target and expectations are still doubtful due to attribution from number of agencies such as DDC and DHO etc We have proposed to create less tangible indicators for example system change

2. Program sustainability of supported events when NLR support will not be there is still questionable. Our strategy now is more community participation and contribution and include these events into government program to ensure sustainability

3. Lacking of clear Government strategies and approaches on disabilities management such as welfare / charity or right based or mixed and so on, now it is more right based with only some provision for emergency relief.

Organisational quality and development

Many attempts are made in the past fiscal year for organizational quality and development. Periodic review meeting of partners and project staff were held to analyze and review of progress made. At the beginning of the year 2014 planning meeting between staff & partners is organized to prepare the micro planning with deadlines as well as to orient all about the actual meaning of the targeted activities & implementation strategies with desired outcomes.

Our involvement in TB program with GFATM funds through government was discontinued. In January 2014 the previous program coordinator of our far west project resigned from his post. Subsequently there were some unwanted activities within the project office far west by the staff

involved in TB laboratory. Later they were adjusted in our existing leprosy and disability management programs. The situation temporarily improved and functioning of the project continued.

For the improvement of the office management, specific database system is developed and updated and then staffs trained on it to ensure its optimum utilization. To facilitate on NLR adopted RBM system and on improving its status already developed database is updated and few of the related senior staffs were trained on it. Briefing meetings and orientation were periodically conducted about NLR Nepal security system and then some updates were made in the security document as per country specific situations.

Strategy, efforts and achievements in Fundraising in 2014

The strategy we chose for fund raising was to try for Institutional Funds. Follow up workshop after IF training by IF advisor in 2013 was conducted for RO staff, which a draft road map for IF by the existing staff to look for the opportunities but this did not bring desired result. Selection of Nepal in the international LPEP project supported by Novartis Foundation was the result of our long and continuous lobby to the national program.

For Inspire2Care program in three VDCs of Jhapa specific concept note (as a small proposal) is designed and developed and then frequent lobbying meetings held with related stakeholders. This has resulted in allocation of budget by VDCs to cover 20% of total project cost as community contribution & their ownership. District Development Committee (DDC) also allocated certain amount to those VDCs. Both of these contributions will gradually increase in the year wise manner where as project support will continually decreases and then community will take the overall support after three years with small technical support from project side. This is one of the achievements for cost-saving in 2014.

For partner organizations and DPOs proposal writing training is conducted at regional level. They are further assisted by NLR Nepal to write proposals and Abilis Foundation accepted some of the proposals submitted on livelihood and income generation activities for these partners. In addition to this some of the proposals on innovative ideas were developed and submitted to NLR HO such as “Disability friendly model villages”, “Disability inclusive WASH”. At the same time NLR generated innovative project of “Disability friendly model villages”.

Other relevant info/comments (optional)

Encouraging achievements are continued on mainstreaming leprosy to general disabilities. Many of the NFDN member organizations & DPOs have incorporated disabilities due to leprosy as their priority agendas all over the region. Further, better access on the provision of disability ID cards & then the GON provisions associated with this are in place for eligible leprosy affected persons. NLR support expansion to holistic development perspective such as; inclusive education, disability prevention, health and hygienic issues, human rights, socio economic rights, gender & equity, inclusion etc with the strategy that targeted groups (leprosy & disability) at the nucleus of concentric circle as a whole community; has created better options on achieving the aim of community based inclusive development.

4. Achievements in output

| Item | Number | Details |
|--|--------|---|
| Number of new cases found through active case finding, by support (financial/logistical/organisational/technical) of NLR | 169 | <i>These cases are detected through contact examination as well as other active case detection methods. This is</i> |

| | | |
|--|------|--|
| | | <i>not only due to direct support from NLR but also with NLR contributions.</i> |
| Number of health centre staff trained for leprosy | 70 | <i>These staff are trained on basic leprosy for two days</i> |
| Number of medical non-health centre staff (Medical doctors/specialists) trained in leprosy | 4 | <i>This training was provided through GON/LCD</i> |
| Number of non-medical staff (e.g. health volunteers) trained in leprosy | 110 | <i>These are FCHV (female community health volunteers) provided with one day orientation on leprosy</i> |
| Number of people from communities informed/educated on leprosy | 703 | <i>This number includes persons with disabilities and their families, Govern & NGO people at village level and other community peoples</i> |
| Number of people from communities informed/educated on causes and consequences of (general) disability | 1304 | <i>This number includes persons with disabilities including leprosy and their families, Govern & NGO people at village level and other community peoples</i> |
| Number of people affected educated/trained on prevention, causes and consequences of disability (define) | 473 | This number includes persons with disabilities due to leprosy, their families from village level |
| Number of beneficiaries trained in self care | 168 | These are the peoples affected by leprosy and other disabilities |
| Number of health staff and non-health staff trained in self care | 82 | These are the peoples from DPO and self help groups |
| Number of Disabled Peoples Organisations receiving assistance from NLR (define type of assistance) | 301 | Monthly meeting, IGP/vocational, DPOs representative, follow-up support |
| Number of contacts of patients examined | 666 | This was done during case validation visits. |
| | | |
| Number of people provided with orthopaedic footwear | 557 | All needy people received the support |
| Number of people provided with reconstructive surgery | 32 | It was done through surgery camps and referrals. |
| | | |
| Number of people provided with sunglasses | 81 | All needy people received the support |
| Number of people provided with vocational training | 156 | On the basis of assessment some were sent to special training centres and also at the field level. |
| Number of people provided with microcredit's/loan | 132 | This is done through DPOs facilitated by NLR in Eastern region. |
| Number of workshops organised (define) | 32 | DPO sharing workshops, review workshops and proposal writing workshops for DPOs |
| Number of PWD that received empowerment/leadership skill training | 58 | This is organised for DPOs leaders and members in Eastern region. |
| Number of PWD that has been oriented on their rights | 806 | UNCRPD and good governance. |
| Number of supervision visits executed | 1398 | Includes visits by partners and NLR staff for leprosy and disability management. |

Annexes

□ ANNEX 1: INDICATOR LIST

BASIC INDICATORS FOR RESULT AREA 55. 'REPRESENTATIVE OFFICE'

| Result | No. | Indicators | Target (if set) | Achievement |
|--|-------------|--|-----------------|-------------|
| Allocated budget for functioning of RO utilized | 55.1 | % of NLR programme budget utilized for the functioning of the RO | | 90.79 |
| Adequate human resource management | 55.2 | % of NLR programme budget spent on the RO human resources | | 42.36 |
| Infrastructure of office and means of transport is complete and well-maintained | 55.3 | % of NLR programme budget utilized on all other office running costs | | 6.27 |
| Adequate financial management ensured | 55.4 | External Audit Rating** | | |

* This indicator is calculated at HO as it concerns a rating of all Representative Offices, compared to each other.

BASIC INDICATORS FOR RESULT AREA 60. 'PROGRAMME SUPPORT'

| Result | No. | Indicators | Target (if set) | Achievement |
|--|--------------|---|-----------------|-------------|
| Planning, and reporting on projects, and provision of other key data (notably impact) is done according to NLR guidelines | 60.1 | % of plans and reports of all projects received in time by RO | 100 | 100 |
| | 60.2 | % of plans and reports of all projects meeting NLR standards | 100 | 100 |
| | 60.3 | Number of planned project formulation workshops implemented according to (long-term) planning | 1 | 1 |
| | 60.4 | Number of internal audits implemented according to planning | 2 | 1 |
| Technical management of programme and individual projects enhanced | 60.5 | Number of monitoring visits by technical staff/consultants planned | 290 | 287 |
| | 60.6 | Number of monitoring visits by technical staff/consultants implemented | | 287 |
| | 60.7 | Number of monitoring visits about which a report has been produced, timely and according to standards | | |
| | 60.8 | Number of project reviews and (mid-term and end) evaluations implemented | 1 | 1 |
| | 60.9 | Number of review and/or evaluation reports sent to RO in time and according to standards | 1 | 1 |
| | 60.10 | % of projects that were implemented satisfactorily (as judgement by RO) | 100 | 100 |

BASIC INDICATORS FOR RESULT AREA 10. 'CASE FINDING'

| Result | No. | Indicators | Target (if set) | Achievement |
|--------|-------------|--|-----------------|-------------|
| | 10.1 | Number of new cases detected in reporting year | | 1121 |

| | | | | |
|--|--------------|--|--|------|
| | 10.2 | Rate of new cases (per 10,000) detected in reporting year | | 1.3 |
| | 10.3 | Number of new cases with grade-1 disability | | N/A |
| | 10.4 | Number of cases with grade-2 disability | | 46 |
| | 10.5 | Proportion of new cases presenting with grade-2 disabilities | | 4.1 |
| | 10.6 | Rate of new cases with grade-2 disabilities per 1,000,000 population | | 5.39 |
| | 10.7 | Number of new child cases | | 56 |
| | 10.8 | Proportion of child cases among new cases | | 5 |
| | 10.9 | Number of new female cases | | 397 |
| | 10.10 | Proportion of female patients among new cases | | 35.4 |
| | 10.11 | Number of new MB cases | | 432 |
| | 10.12 | Proportion of multibacillary (MB) cases among new cases | | 51.5 |

BASIC INDICATORS FOR RESULT AREA 15. 'CASE MANAGEMENT'

| Result | No.-15 | Indicators | Target (if set) | Achievement |
|--|--------------|---|-----------------|-------------|
| Improved Case Management | 15.1 | Proportion of leprosy patients who develop new/additional disability during multidrug therapy (MDT) | <1 | 0.81 |
| Increased Treatment Compliance | 15.2 | Treatment completion rate among PB | >95% | 92 |
| | 15.3 | Treatment completion rate among MB | >90% | 94 |
| | 15.4 | Number of patients who completed treatment | | 93 |
| Drug and Supply Management According to Programme Standards | 15.5 | Number of reported stock outs (no drugs available) of MDT per year | | 0 |
| | 15.6 | Number of reported stock outs (no drugs available) of reaction drugs per year | | 0 |
| Improved Management of Reaction Cases | 15.7 | Number of reaction cases that are treated | | 148 |
| Improved Self-Care by People Affected by Leprosy | 15.8 | Number of people trained in self-care | | 88 |
| | 15.9 | Proportion of self-care trained persons whose impairment did not increase. | | N/A |
| | 15.10 | Number of self care groups functioning through intervention by NLR (by the end of the year) | | 28 |
| | 15.11 | Number of self care groups established through NLR support/facilitation (during the year) | | 0 |

BASIC INDICATORS FOR RESULT AREA 25. 'MEDICAL REHABILITATION'

| Result | No.-25 | Indicators | Target (if set) | Achievement |
|---|-------------|---|-----------------|-------------|
| Improved Access to Medical Rehabilitation Services | 25.1 | Total number of People Affected by Leprosy that have been provided with medical rehabilitation services through intervention by NLR | | 475 |
| | 25.2 | Proportion of People Affected by Leprosy that have been provided with medical rehabilitation services through intervention by NLR | 100 | 98 |

| | | | | |
|--|-------------|---|---|---|
| | 25.3 | Number of partners that provide medical rehabilitation services to People Affected by Leprosy that are supported by NLR | 4 | 4 |
|--|-------------|---|---|---|

BASIC INDICATORS FOR RESULT AREA 30. 'NON-MEDICAL REHABILITATION'

| Result | No. | Indicators | Target (if set) | Achievement |
|--|-------------|---|-----------------|-------------|
| Improved social well-being among PAL | 30.1 | Total number of persons that received basic amenities (housing, food) through intervention by NLR | 0 | 0 |
| | 30.2 | Number of partners providing social rehabilitation supported by NLR | 8 | 8 |
| Improved Education of PAL and their household members | 30.3 | Total number of people who received education through intervention of NLR | | 431 |
| | 30.4 | Total number of people who started education through intervention of NLR and who passed to next level | | N/A |
| Livelihood self-reliance of PAL and their household members | 30.5 | Total number of Self Help Groups formed through intervention by NLR | | 0 |
| | 30.6 | Total number of people that received services aiming at economic self reliance ¹ through intervention by NLR | 96 | 96 |

¹ (re) Entering the work force, starting a business, start activities to earn income, etc. I.e. capital to start business, micro-credit, loan, animals or other products for farming, vocational training, etc.

BASIC INDICATORS FOR RESULT AREA 70. 'RESOURCE MOBILIZATION/FUNDING'

| Result | No. | Indicators | Target (if set) | Achievement |
|--|-------------|--|-----------------|-------------|
| Increased funding through individual donors | 70.1 | Funds generated from Individual fundraising | 0 | 0 |
| Increased funding through corporates | 70.2 | No. of proposals submitted for Corporate funding | 0 | 0 |
| | 70.3 | No. of projects funded by Corporates | 0 | 0 |
| | 70.4 | No. of proposals submitted for Government schemes | 0 | 0 |
| | 70.5 | No. of projects funded by Government schemes | 0 | 0 |
| Funding increased through Institutions | 70.6 | No. of proposals submitted for institutional Funding | 2 | 2 |
| | 70.7 | No. of projects funded by Institutions | 2 | 2 |

OTHER INDICATORS FOR RESULT AREA 10. 'CASE FINDING'

| Result | No. | Indicators | Target (if set) | Achievement |
|------------------------------|--------------|--|-----------------|-------------|
| Improved case finding | 10.13 | Proportion of new cases detected through contact examination | | 11 |
| | 10.14 | Proportion of new cases detected through active case finding methods, other than contact | | 3 |

| | | | | |
|-------------------------------------|-------|--|--|----------|
| | | examination | | |
| | 10.15 | Proportion of patients that self reported to the health services | | 89 |
| Reduced Health Service Delay | 10.16 | Proportion of suspects referred to health centres that proved to be leprosy cases | | 91 |
| | 10.17 | Proportion of cases verified as diagnosed correctly | | 100 |
| Reduced Patient Delay | 10.18 | Average time between observation of symptoms by the patient and reporting to health services | | 5 months |
| | 10.19 | Average time between reporting to the health services and correct diagnosis | | 1 month |

OTHER INDICATORS FOR RESULT AREA 15. 'CASE MANAGEMENT'

| Result | No. | Indicators | Target (if set) | Achievement |
|---|-------|---|-----------------|-------------------|
| Improved Case Management | 15.12 | Proportion of cases who developed (additional) disability after treatment during surveillance period | | No data available |
| | 15.13 | Proportion of Health Centres that should perform VMTST actually do | | <5 |
| Increased Treatment Compliance | 15.14 | Proportion of treatment defaulters | <5 | 1 |
| | 15.15 | Proportion of clients that were satisfied with their treatment/care procedure | | Not available |
| Improved Referral of patients to Specialist Medical Services | 15.16 | Number of patients that have been referred from primary health care level to higher level | | 133 |
| | 15.17 | Proportion of patients in need (of referral) that have been referred from treatment level to specialist care | | 95 |
| | 15.18 | Proportion of referred cases that reported to the referral level | | 98 |
| | 15.19 | Proportion of referred cases that were refused at the referral level | | 0 |
| Improved Management of Reaction Cases | 15.20 | Proportion of reaction cases that are treated | | 100 |
| Improved Self-Care by People Affected by Leprosy | 15.21 | Proportion of persons in need (with grade-1 and grade-2 disability) trained in self-care | | 100 |
| | 15.22 | Proportion of persons in need trained in self-care practising this regularly after training (e.g. 6 or 12 months) | | 100 |

OTHER INDICATORS FOR RESULT AREA 25. 'MEDICAL REHABILITATION'

| Result | No. | Indicators | Target (if set) | Achievement |
|---|------|--|-----------------|-------------|
| Improved Quality of Medical rehabilitation Services Provided | 25.4 | % of People Affected by Leprosy who received medical rehabilitation that perceived this service as useful (can be measured with different tools, e.g., survey, interview, MSC, etc.) | | N/A |

| | | | | |
|--|-------------|--|--|-----|
| | 25.5 | % of People Affected by Leprosy who received assistive devices that still uses this device one year after the intervention | | 100 |
|--|-------------|--|--|-----|

OTHER INDICATORS FOR RESULT AREA 30. 'NON-MEDICAL REHABILITATION'

| Result | No. | Indicators | Target (if set) | Achievement |
|--|--------------|---|-----------------|---------------|
| Empowerment of PAL | 30.7 | Number of relevant meetings/workshops in which People Affected by Leprosy participated | | 24 |
| Livelihood self-reliance of PAL and their household members | 30.8 | % of total people supported that earned an adequate income one year after the intervention (adequate = able to provide in primary living needs for him/herself and dependants). | | 35 |
| | 30.9 | % of People Affected by Leprosy of which Quality of Life (QoL) improved after the intervention (e.g. measured with QoL scale, P-scale, MSC, outcome mapping, interviews, etc.) | | Not available |
| | 30.10 | % of People Affected by Leprosy who received interventions of which the level of social participation increased one year after intervention | | Not available |

OTHER INDICATORS FOR RESULT AREA 35. 'STIGMA'

| Result | No. | Indicators | Target (if set) | Achievement |
|--|-------------|--|-----------------|---------------|
| Reduction in Discriminatory Legislation and Policies | 35.1 | Number of discriminatory policies and laws that have been repealed or amended | | 0 |
| Reduced self stigma among People Affected by Leprosy | 35.2 | % of People Affected by Leprosy with increased self-esteem after intervention to reduce stigma (e.g. measured with ISMI, Most Significant change or other qualitative methods) | | Not available |
| Reduction of stigma towards People Affected by Leprosy in the community | 35.3 | % decrease in stigma towards People Affected by Leprosy in the community after intervention to reduce stigma (e.g. measured with EMIC scale) | | Not available |

OTHER INDICATORS FOR RESULT AREA 45. 'PROJECT SUPPORT'

| Result | No. | Indicators | Target (if set) | Achievement |
|--|-------------|--|-----------------|-------------|
| Technical management of projects enhanced | 45.8 | % of supervisory visits where a supervisory checklist was used | | 40 |
| Increased integration of leprosy services | 45.9 | % of service providers in case finding and case management of leprosy that officially have the responsibility to contribute to these result areas, that truly provide for case finding and case management of People Affected by Leprosy | | 100 |

| Result | No. | Indicators | Target (if set) | Achievement |
|---|-------|---|-----------------|-------------|
| | 45.10 | % of service providers in medical rehabilitation of People Affected by Leprosy that officially have the responsibility to contribute to this result area, that are truly contributing to the medical rehabilitation of People Affected by Leprosy | | 100 |
| | 45.11 | % of service providers in non-medical rehabilitation that officially have the responsibility to contribute to this result area that truly are contributing to the non-medical rehabilitation of People Affected by Leprosy | | 100 |
| | 45.12 | Number of leprosy specific institutions/services that provide services to clients not-affected by leprosy | | 2 |
| Increased ownership of stakeholders for leprosy programme | 45.13 | % of total leprosy budget that comes from NLR | | 100 |
| | 45.14 | % of official staff positions in leprosy control filled (of counterpart) | | 92 |

OTHER INDICATORS FOR RESULT AREA 60. 'PROGRAMME SUPPORT'

| Result | No. | Indicators | Target (if set) | Achievement |
|---|-------|--|-----------------|-------------|
| Increased ownership of stakeholders for leprosy programme | 60.12 | % of total programme budget that comes from NLR | | 100 |
| | 60.13 | % of official staff positions in leprosy control filled (of counterpart) | | 92 |
| Enhanced programme funding | 60.14 | % of NLR RO managed budget covered by locally raised funds | | 0 |
| | 60.15 | % of NLR RO managed budget covered by institutional funding | | 0 |

□ Annex 2: Map



Case study

- Name: Chhukiya Chaudhay
- Age: 48 years
- Sex: Male
- Address: Baisibichuwa VDC – 5, Kanchanpur
- Number of family members = 7



Background:

I migrated from Dang district of Mid-west region of Nepal to Simri village of Kanchanpur District when I was 15 years old. I worked as bounded labor in landlord house for 3 years. After that I worked in another person's land as a labor for 14 years in Laurang village of Baisebichuwa Village. During the work, rough hypo pigmented non-itchy patch had been appeared in my right leg and also I had been feeling of tingling sensation in the same leg.

We had bought 3 Kattha of land in Baisibichuwa in 1997 AD and have been living there. Because of increasing and spreading size of patch I visited to traditional healer, he said it is swollen and advised me to locally use powder of chilly on it. I did but it did not work. After few days, I visited another Doctor (Quake) he also said it is swollen and need to take out some impure blood and it will heal. I did and paid NRs. 250 for it, but it did not work, it increased more, instead.

When the patch appeared on my left leg my wife forced me to go health post for the check up. I used to say to her that I have no problem, it does not hurt me and it will recover itself. But when I felt weaker and saw spreading of patches, I went to health post to check up.

After the check up health worker said you have got different type of disease if you do not do treatment in time your legs will worse. I was very afraid. According to him, instantly I went to Leprosy Hospital Dhangadhi. Doctor checked me diagnosed as Leprosy. When I knew about Leprosy, I became very sad and hopeless because I thought; it won't be easily accepted by community people.

Doctor and Nurse counseled me that it is curable disease. It is due to bacteria so full course of regular treatment it will be completely cured and cannot transmit others; it won't be develop deformity after having treatment. After listening it I got dare and decide to take medicines. I took regular treatment. Finally I completed my treatment and I was saved being worse.

I had problem to walk due to Right foot drop. It is operated and corrected foot drop problem in Seti Zonal Hospital Dhangadhi. Now I can walk without problem.

I am coordinator of self care group and member of Disabled Peoples Organization at Baisibichuwa VDC. We organize meeting once a month and share physical problems. We teach and learn each other to prevent and minimize disabilities and deformities.

We advise to go health institution to people who are suspected Leprosy. Because of treatment in time, we can save from being worse and we did not have to face stigma in the society.

I have only a house in small piece of land. I do not have other source of income. So I needed to work in another's land as a labor for the living. 3 years ago, NLR had supported me for grocery shop through DPO. Since I received support, I have been managing our daily expenses from the grocery shop. My family members also help in land-work. Now we are happy. I would like to thank health staff, NLR and other peoples who helped me providing treatment, surgery and Income Generation program.