

Advancing Health and Ability



Netherlands Leprosy Relief, Nepal

Support to Leprosy Control, Disabilities
Management & Inclusion in Nepal

Annual Report

2017

About NLR Nepal

NLR supports Governments & local NGOs in carrying out different project activities including leprosy control & disabilities inclusive development. The emphasis is primarily on changing of the behavior, relationships & actions of Boundary Partners through capacity building. NLR strives to work and coordinate activities consistently with other strategic partners or international organizations. NLR is a member organization of the International Federation of Anti-Leprosy Associations (ILEP).

Mission

NLR promotes and supports the health, ability and full inclusion in society of people affected by leprosy and persons with disabilities.

Vision

A world free of leprosy and exclusion due to disabilities

NLR Nepal, Annual Report 2017

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Message from the Country Director

It is my great pleasure to present Netherland Leprosy Relief Nepal (NLR Nepal) annual report for the year 2017. This year has been a great time of progress for us in implementing our programs owing to the marathon of local, provincial and federal elections held by the government of Nepal. The people of Nepal are optimistic that with the newly elected state structures in place, Nepal puts an end to political transition and marches towards economic prosperity.



NLR Nepal started to implement its projects through Boundary Partners (BPs) fulfilling the requirements set by the Government of Nepal Based on the new five-year project for the project period 2016-2020 with Outcome Mapping (OM) approach which got approval from Social Welfare Council (SWC) in June 2016.

Main activity targets were directed towards innovative approaches both in leprosy control and disability inclusive development. Leprosy post exposure prophylaxis project has been running well with over 45 thousand contacts giving Single Dose Rifampicin (SDR) of more than 2013 index cases enrolled. In the capacity development area, over 435 health workers and volunteers were provided training in leprosy. In service delivery 404 persons with leprosy and disabilities were provided with some sort of livelihood support and over 463 received medical and surgical help.

Mainstreaming of disabilities due to leprosy into general disabilities were continued with training activities; advocacy and lobbying at different areas; changing attitude, behavior, action/policies & relationships of BPs. Newly introduced approach of leprosy prevention, LPEP, will be continued whereas further expansion of the districts has been prepared. NLR Roundtable (RT) set four priority areas were fully considered and activities are planned accordingly.

I am pleased to note that we have achieved most of the set target for the year 2017 with tangible and improved results despite of internal and external factors especially delaying in agreement with Government of Nepal. For this achievement, I would like to extend my thanks to Mr. Chudamani Bhandari, former LCD Director for his generous support, Mr. Mohammad Daud (Current Director of LCD) and the entire team of NLR International Office for their continued technical and financial support for the smooth running of the projects in Nepal. My sincere appreciation goes to all the partners and staff members of NLR for their continued efforts and dedication towards bringing positive changes in the lives of people affected by leprosy and person with disabilities and making the society free of leprosy and exclusion due to disabilities.

I hope you enjoy reading about our progress and find this report helpful in gaining a clear understanding of NLR works in Nepal. We welcome any comments and suggestions about this report and our work.

Thank you.

Mr. Himalaya Dev Sigdel
Country Director
NLR Nepal

List of Abbreviation

CBR	Community-Based Rehabilitation
CDR	Case Detection Rate
DDC	District Development Committee
DG2	Disability Grade Two
DPO	Disabled People's Organization
DTLO	District TB Leprosy Officer
EDP	External Development Partner
EDR	Eastern Development Region
FWDR	Far West Development Region
GESI	Gender equity and social inclusion
GON	Government of Nepal
ILEP	International Federation of Anti-Leprosy Associations
LCD	Leprosy Control Division
MDT	Multi Drug Therapy
MOHP	Ministry of Health & Population
MoU	Memorandum of Understanding
MWASD	Ministry of Women, Children and Social Welfare
NFDN	National Federation of the Disabled Nepal
NGO	Non-Governmental Organization
NLCP	National Leprosy Control Program
NLR	Netherlands Leprosy Relief
POID	Prevention of Impairment and Disability
PWD	Persons With Disabilities
PWDL	Person With Disability due to Leprosy
RFT	Release from treatment
SWC	Social Welfare Council
ToT	Training of Trainer
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities
VDC	Village Development Committee
WHO	World Health Organization

Executive Summary

Since the commencement of the new five-year project for the period 2016-2020, the implementation of the program has been accelerated mostly through our boundary partners in line with Outcome Mapping (OM) approach.

With the structural changes in the country based on the constitution all the three level elections have been completed, formation of local level government in the name of Rural/Urban Municipalities is completed whereas formation of state as well as provincial government is in process.

NLR Nepal generated concept on DID Model work, where leprosy (health) and disability are understood and dealt as development issues, is shared with some of the Rural/Urban municipalities, which is highly appreciated and they have shown their interest to work together. This has not only established better working relationship but also created a platform on sharing the resources from both sides.

Central level, districts level and municipality level Project Advisory Committee (PAC) meetings has been organized and action of the recommendations has already been taken.

The number of annual case detection nationwide was increased compared to last 2 years with 11.23 / 100,000 population which is the highest in last 7 years. Trend of child cases (<14 Years) and Grade II disabilities (visible impairments) is fluctuating and has decreased slightly in this year. Increased female proportion indicates the increase in accessibility of services as well as awareness in the communities. As usual, some hyper leprosy endemic clusters still exist in some of the plain areas (Terai districts), hence still new and more effective interventions are needed in those areas to reach the target of leprosy elimination at all levels.

After the endorsement of new constitution of Nepal and as per the provisions of the constitution, a new disability act that is "Disability rights act 2017" has been passed from Government of Nepal. This is now first time in Nepal where

persons with disabilities as well as the disability issues will be treated as right based prospective rather than charity. With the existence of the new constitution followed by such act for the rights of the persons with disability, a major achievement has been felt compared to other several countries in the world. NFDN is leading the disability community by advocating the various issues pertaining to persons with disability with the Government and other stakeholders including the implementation of act, policy and procedures.

In this fiscal year 2017, main activity targets were directed towards innovative approaches both in leprosy and disability inclusive development. Leprosy post exposure prophylaxis (LPEP) project that was initiated from three districts (Jhapa, Morang & Parsa) as piloting, has already taken the proper shape with appreciative results. Till December 2017, a total of 45,480 contacts of 2,013 index cases listed; out of those contacts 45,152 are screened and 42,801 provided with Single Dose Rifampicin (SDR). Out of the total contacts screened, a total of 213 new leprosy cases and 21 new TB cases are detected. In the year 2017, 592 people are trained whereas 1219 oriented from those piloting districts. In the same year 2017, NLR contributed to LPEP expansion in Ilam, Sunsari, Kailali, Kanchanpur and Achham. Among these five, LPEP in low endemic scenario is experienced in Ilam and Achham. In this approach of LPEP in low endemic areas, index cases of past ten years are included. About the coverage Ilam is fully covered but the activities are continuing in the remaining districts. Integrated approach of leprosy case detection and PEP has been planned to implement in one of the endemic district (Kailali) of province number 7 in earlier 2018.

Nepal hosted an international workshop on DID, where team of other NLR supported countries participated. As a part of the workshop, the team made the learning/sharing visit to the project area to observe the DID Model work that was initiated in Nepal a few years back. Participants from Brazil, Indonesia, Mozambique, India and Netherlands (NLR IO) participated in this event. For the documentation of experiences and learnings of such Model work as "Our Villages the Model villages" an evaluation has been carried out in later 2017.

Inspire2Care (I2C), a joint project with Karuna Foundation Nepal, which mainly focuses on prevention of birth related and other disabilities in children and adults and disability management, is still continuing in 4 VDCs (now wards of municipalities) of Jhapa. The project is after the restructuring of previous Village Development Committees to recent municipality structures, some modification for expansion are planned to be adopted in 2018. Together with those places, further expansion of I2C will be made in 9 other municipalities in 2018, as component of DID program.

The administrative and management functions of NLR Nepal remained the same in 2017. The organisation manual of NLR Nepal has been updated and the recommendation made during operational audit has been incorporated.

NLR Nepal had prioritized the fund-raising work in 2017 however the result has not been satisfactory as anticipated. But the relation with some of the donors and like-minded organisations has been built during the process. Coordination and networking with Government and I/NGO partners were continued with representing regular meetings and workshops. Some key staff have been capacitated through the training and international exposure.

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Introduction

General Information

Netherlands Leprosy Relief (NLR) is a non-profit, non-religious INGO which operates in 5 different countries; Nepal, Mozambique, India, Indonesia and Brazil through 5 country offices.

The history of NLR dates back to 1967 when Ms. F.M.J Antem and Dr. D.L. Leiker took the initiative to establish the organization being motivated by their real experience with the leprosy affected people. Leprosy affected people did not have adequate access to treatment and they had to undergo through horrible isolation, discrimination and stigmatization.

NLR works with governments, NGOs, research institutions and Disabled People's Organizations (DPOs) to promote the accessibility and quality of services via the provision of training, expert advice, research and innovations. NLR develops its policies and programs in accordance with National policies harmonizing with the programs guided by different UN

Conventions and other developmental agendas such as UNCRPD, SDG, CEDAW, CRC.

NLR lobbies to focus for "Inclusion (enhancing opportunities, ensuring equal rights and reducing barriers)" on policy agendas at all levels.

NLR in Nepal

NLR is a member organization of the International Federation of Anti- Leprosy Associations (ILEP).

NLR supports Governments & local NGOs in carrying out different project activities including leprosy control & disabilities inclusive development. The emphasis is primarily on changing of the behavior, relationships & actions of Boundary Partners through capacity building. NLR strives to work and coordinate activities consistently with other strategic partners or international organizations.

NLR started its operation in Nepal in 1977. The organization has evolved with various strategic phases in different course of time. NLR's operational

approaches in Nepal can be segregated into various strategic eras;

Establishment Era (1977- 1986):

NLR with a project office Biratnagar had a contact office in Kathmandu managed by one liaison officer. Functionally, NLR focused its support on leprosy services in eastern region of Nepal. As per the request of government of Nepal, it also constructed hospitals and health posts in different parts of Nepal such as Tehrathum, Taplejung, Panchthar, Dailekh, Rukum, Jajarkot, Rolpa.

Treatment Era (1986-2000):

Leprosy treatment initiatives were extensively launched and resources were consolidated for patient diagnosis, treatment and care through leprosy clinics, mobile camps as well as government health posts.

Structurally, NLR continued a liaison office in Kathmandu and started its operation in Far Western region in 1991 and at leprosy control division in 1994. NLR started its support to TB

control program in the Far western region in 1995.

Leprosy Control Era (2000- 2005):

In context of integration of leprosy control program into PHC system by the government, disease and disabilities prevention due to leprosy, awareness raising in the communities, training and capacity building of government staff in service, establishing and updating of self-care/self-help groups were the major supporting activities during this era. Disease & disabilities prevention due to leprosy, awareness raising in the communities, training & capacity building, establishing & updating of self-care/self-help groups were the major supporting activities during this era.

Transformation Era (2005-2010):

NLR Nepal underwent a paradigm shift both structurally and functionally. Structurally, NLR established its country office in Kathmandu and all individual regional projects were brought under the umbrella of NLR Nepal program. For the first time, NLR underwent its agreement with Social Welfare Council. NLR Nepal,

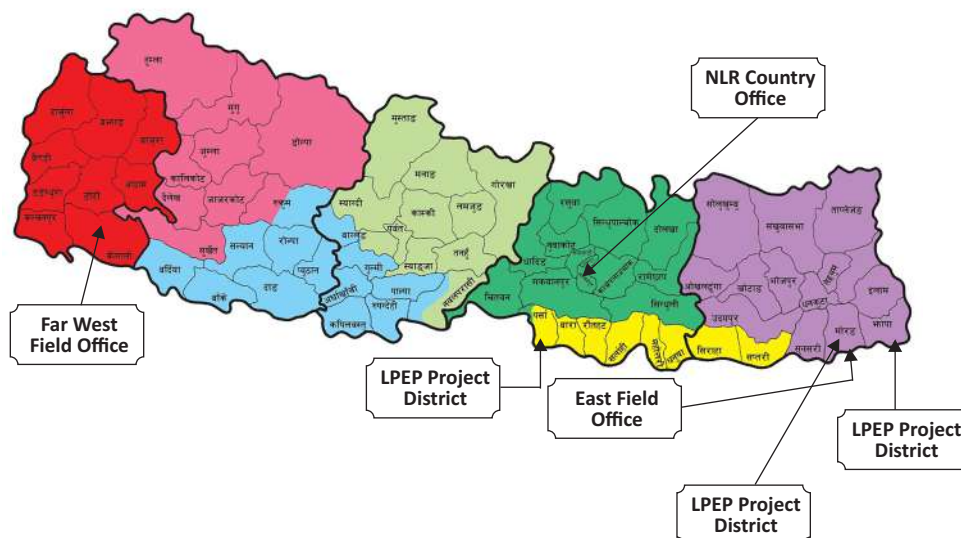
keeping leprosy control as its core business, widened its scope of intervention and prioritized mainstreaming of leprosy to general disabilities and then disabilities to holistic developmental perspective.

Development Era (2010 onwards):
NLR Nepal still keeping leprosy

control as one of its core business brought disabilities as another key business and further widened its areas of support to developmental issues such as comprehensive WaSH, NTDs, Inclusion, Inclusive Education, disabilities inclusive disaster, prevention of birth related disabilities through Inspire2Care and so on.

NLR Nepal Working Area

NLR Nepal covers all the districts of Eastern and Far western regions with an extension to Parsa for Leprosy Chemoprophylaxis project (LPEP) and in Gorkha for a small scale Disability Inclusive Development project.



Major Program Targets and Achievements, 2017

S.N	Target	Targets Achieved
1	Continuation of LPEP as innovative approaches to promote early case detection & prevention of leprosy and then to continue reduce disease burden due to leprosy	LPEP as innovative approach for stopping transmission has been expanded to 6 more districts on top of 3 pilot districts, altogether 9 districts, out of which 5 are in NLR project area. In 4 out of NLR area districts we provide the technical inputs for training and monitoring.
2.	Mainstreaming of leprosy to general disabilities and then disabilities to cross cutting issues of holistic development	Most of the DPOs in eastern region and many in far west region are now involved leprosy affected persons in their board. Many leprosy affected persons are now members in local cooperatives, consumer groups etc. The achievement is that at least 65% target of DPOs involve leprosy affected in their board
3.	Establish disabilities friendly model villages with the focus that WASH to reduce NTDs	Now there are 4 VDCs established as disability friendly model villages, but are at different stages of development. Two out of 4 VDCs are progressing well and other two are following them.
4.	Explore new approaches on rights (human, socio economic & cultural) of target groups	The new approaches this year we decided to implement all activities on outcome mapping approach and the strategy used to enhance the rights of persons with disabilities is based on lobby and advocacy campaigns targeted to 12 districts. Till date the initial organizational assessments on good governance, training of district DPOs and

		microplanning has been conducted in 12 districts.
5.	Support boundary partners on innovative approaches and then to strengthen them for the proper implementation of leprosy and disabilities related activities (OM Approach)	Eleven Boundary Partners of major Municipalities were provided with trainings on outcome mapping, good governance and financial management, so that they implement the program activities properly.

Major Projects of 2017

Leprosy Control

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 boundary partners including technical support as per need.

Leprosy situation in NLR working area during 2017	
New cases detected	934
Released from treatment	887
Child cases	46
DG II cases	26
Female cases among new	387

The developments in the field of health services such as new long term health plan, post MDG strategies for sustainable development, new 5 years strategic plan for leprosy program, 10 years strategy for disability prevention and rehabilitation, development of CBR guidelines, approval of new education act, endorsement of new disability act are some of the policy development works done in leprosy and disability areas in Nepal where NLR had inputs.

NLR renders support to Leprosy control services through the national level Control Division (LCD). To strengthen the national leprosy control unit, NLR provides

technical expertise in the form of expert staff, and training of health workers in the field.

NLR also provides funds to implement active case detection activities, monitoring of the program activities and drugs for complication management. In addition, NLR provides support in research and studies to ensure evidence based practices. Besides this, NLR provides technical expertise, HR and other essential support to the two leprosy referral centers conducted by Koshi and Seti zonal Hospitals in Eastern and far western regions respectively.

The leprosy chemoprophylaxis (LPEP) program which was initiated by NLR Nepal in three districts with National Leprosy Control Program continued to progress in 2017 as well. Its achievements have been appreciated in national and international forum; so that; supporting activities through GON/NGO partners are designed accordingly. Currently this prophylaxis program has been

expended by government and other ILEP partners including NLR to five more districts.



Numbers of annual new cases detected nationwide was decreased in 2009 but it is stable during the 5 years and the pattern is the same also in our working area however a slight decrease has been observed in the reporting year 2017. This means that the chain of transmission is still continuing. Trend of child cases (<14 Years) and Grade II disabilities has decreased in this year. These two indicators are now hardly to forecast because of the fluctuation year to year.

National and Regional Level Indicators-2017

The following table gives the glimpse of the national and regional level leprosy control program indicator, however, additional information may be required for micro analysis and future planning.

Region	New Case Detection Rate/100,000 population	Prevalence Rate/ 10,000 population	MB % among new	Child % among new	G2D % among new	Default %	Female % among new	PD ratio
Eastern	11.40	0.89	58.20	5.14	1.57	0.53	45.51	0.78
Central	11.14	0.84	46.58	9.70	3.21	0.72	36.12	0.75
Western	8.18	0.66	63.68	3.54	1.65	0.23	51.65	0.81
Midwest	17.97	1.66	43.25	6.75	3.45	0.73	45.55	0.93
Farwest	7.51	0.71	65.55	3.35	3.35	3.05	37.32	0.95
National 2016/17	11.23	0.92	51.88	6.84	2.71	0.78	42.33	0.82

Leprosy Referral Clinic Data of Eastern and Far Western Region

The below contains the data from two zonal hospitals which is functioning well with the support from NLR Nepal.

S.N	Patient Data	Seti Zonal Hospital	Koshi Zonal Hospital	Total
1	Total New Case Detection	69	305	374
2	Child among New cases	2	23	25
3	Grade II Disability	7	23	30
4	Female among new cases	29	129	158
5	Complication Management	287	335	622
5a	Reaction Management	161	85	246
5b	Ulcer Management	126	250	376
5c	Hospital admitted	15	22	37
5d	Surgeries done	10	17	27

As Nepal is divided into three topographical regions, the caseload is almost negligible in 6 mountain districts and lower in 51 hilly districts with Registered Prevalence less than one per 10,000 populations. In 2016 there are 18 districts with Registered Prevalence Rate more than 1 per 10,000 populations. Out of these 5 districts lies in NLR project area and unless an innovative approach is introduced, it is hard to get this figure down. This shows that immediate efficient interventions are necessary in order to reduce the burden of disease.

Disability Inclusive Development

Inspire2Care Project



Around 25% of newly born children get some sort of impairment in rural areas of Nepal. Among those, many of them face different types of disabilities. Community people need to be aware about birth

related impairment & disabilities. Moreover, persons with disabilities face livelihood hardships as proper disabilities management services are lacking. Socially, Persons with

Disabilities are stigmatized and discriminated which is coupled with feeble implementation of existing policies and provisions at the broader national level. As per the post-2015 agenda and the SDGs' commitment to 'leave no one behind', 'no goal should be met unless it is met for everyone' including the persons with disabilities.

Highlights	
Number of DPOs receiving assistance	72
Number of PWD oriented on their rights	600
Number of people provided with assistive device	674
Number of people provided with micro credit	40

NLR executes Inspired2Care project focusing on Disability Management and Prevention in Jhapa and Ilam districts of Nepal. Inspire2care is a program that focuses on prevention of childhood disabilities, (birth defects and preventing early impairments from developing into secondary

complications) and Community based Rehabilitation of Children/ Adults with disabilities keeping families at centre. The first one focuses on activities concerning improvement of maternal and child health i.e. promotion of registration of pregnancy in health institution, pregnancy care including nutrition, immunization and regular antenatal check-up, delivery planning and institutional delivery, awareness activities, screening at ECD (Early Childhood Development) centres and primary school. The second one emphasizes on identifying Children and Adults With Disabilities, carrying out their assessment and develop individual rehabilitation plan; and providing intervention as per the plan for each child /adult based on the individual assessment. This sets out the social, medical and educational goals of the child and how to achieve them. Government agencies & other stakeholders establish better coordination and allocate equitable resources for disability issues.



Regarding the baseline assessment and rationale of the project districts, the project is implemented in rural areas of Jhapa and Ilam districts in Nepal. Ethnic, linguistic, geographical, socio-economic and cultural diversities are predominant in those communities. Many villages of Ilam and few villages of Jhapa are inaccessible during monsoon. Government structures & framework for health, education & livelihood already exist. There are health institutions & schools in every village with trained health workers & teachers. HFOMC (health facility operation & management committees) and SMC (School Management Committee) are established as governing bodies. Despite of the tangible existence of the regulatory bodies and government

infrastructures, the results and developmental indices of health and education among the community are not up to the mark.

This project aims to strengthen the existing integrated health system ensuring the pragmatic implementation of disabilities management provisions and also promote inclusive education.

Leprosy Chemoprophylaxis Project



Based on the trend in case detection especially in endemic countries, an additional tool was felt necessary in reducing the disease burden as there is quite a long way to go with current activities. Because of the evidence of continuing transmission of leprosy, the LPEP project has been formulated with the specific objective as “to reduce the

incidence of leprosy in pilot populations of seven countries within 3 years after the start of the pilot projects” with the following assumptions;

- Contact-based strategies is effective
- PEP with SDR effective under trial conditions
- Impact on incidence if implemented in routine programme not known
- Feasibility, acceptability and cost-effectiveness of PEP to be demonstrated
- Initial operational evidence available from pilots in Eastern Indonesia.

The general objective of this project is to demonstrate:

- The impact of post-exposure prophylaxis (PEP) on the incidence of leprosy in a population
- The operational feasibility of PEP under routine programme conditions

Highlights

Total no of index cases approached	2074
No of direct contacts of new patients given single dose rifampicin (SDR)	47184
No of new cases detected during SDR intervention	Leprosy:219 TB: 25
No of people trained by LPEP project till 2017	Health Workers: 591 Volunteers: 4655

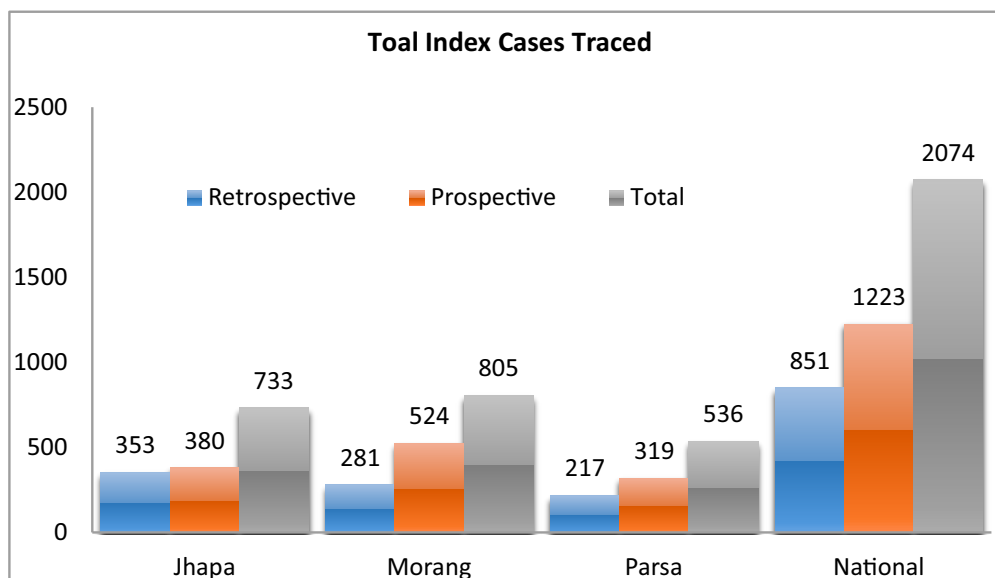
Target groups of this project are contacts (household members, neighbours and social contacts) of leprosy affected persons who were diagnosed since July 2013. SDR distribution to contacts of leprosy patients is done through the routine contact examination programme. SDR is given after complete screening for exclusion criteria such as persons with leprosy or TB, who are <2 year of age, pregnant, have rifampicin allergy, kidney or liver disease.

A single dose of rifampicin (SDR) is given to contacts of leprosy patients, based on age and body weight (150 mg, 300 mg, 450 mg, 600 mg) , through the leprosy

control programme in three districts in Nepal with a total population of 2,511,296.

The main expected outcomes of the project are an assessment of the feasibility on the basis of which guidelines can be formulated on integrating SDR distribution into the routine leprosy control programme and a reduction in the number of new leprosy patients detected annually in the intervention districts. The latter is expected to be visible 3 years after the start of the intervention.

At an international level, technical (NLR, Fairmed, ALM and GLRA) and academic (Swiss Tropical and Public Health Institute and Erasmus Medical Center) partners have been commissioned to support the implementation of the project. The support from Netherlands Leprosy Relief and Erasmus MC to Nepal has included the development of the country specific implementation protocol, support to the training of the staff which is involved in the implementation, and the monitoring of the project.



The Leprosy Control Division has already taking ownership of the project for 3 piloting districts and planning to roll out the approach in five other districts in 2017 making use of the LPEP Strategic Document.

Towards the model villages (OVMV)

Eighty percent of total population in Nepal lives in rural areas (CBS estimation of 2016). This number is expected to fall in the coming years, it can still be estimated that more than half of populations will be rural even in coming 10-20 years. There are many development parameters showing there is still a significant gap between rural and urban places of Nepal. Health and other services including sanitation & hygienic behavior of the rural population is still below standard and due to the stereotyping & traditional practices discrimination, violence are still higher against marginalized populations such as women, persons with disabilities, persons affected by leprosy resulting them as vulnerable groups with low quality of life.

- Eastern Region: Initiated in 3 VDCs (Jante, Keraun, Baklauri)
- Far-western Region: 1 (Baise Bichuwa).

Overall objective of the project:

Model Villages as an exemplary of inclusive development established

Specific objectives:

- Friendly physical structures
- Comprehensive/disabilities inclusive WASH
- Reduction of the incidence of NTDs and disabilities

The “Model Village” concept addresses these challenges comprehensively. It can address resource deficits, attitudinal changes, changes in their practices of total sanitation, empower them on equity & social justice, increase the opportunities on services & livelihood, eliminate the discrimination practices and assist to promote community based inclusive development as “Model” whereas Government & others

stakeholders will be impressed to replicate to other places.

The project promotes community based inclusive development in 7 rural municipalities of Eastern & Far Western Regions of Nepal. With the joint effort of Governmental & Non-Governmental agencies, the project aims to achieve equal access and equal opportunities for persons with disabilities and others in their communities, by reducing barriers for inclusion and ensuring that all entertain equal rights as

per existing policies and provisions of the country.

The "Model Village" concept addresses resource deficits, attitudinal changes, changes in practices of total sanitation, empowerment for equity & social justice, increases the opportunities on services & livelihood, eliminates the discrimination practices and assists to promote inclusive development as "Model" for Government & others stakeholders to replicate to other places.



Major Activities of 2017

Orientation to DPO members at SULIKOT Rural Municipality, Gorkha

A 3-day long orientation program was organized in Gorkha in November 2017 among the representatives of rural municipality and persons with disabilities. There were altogether 50 participants. The participants came up with conclusion that a new DPO has to be registered at



Sulikot Rural municipality so that they can proactively work for their rights and obtain adequate support and resources from the municipality.

Post-disaster Response



The “Disability Inclusive Relief and Rehabilitation” (DIRR) project was implemented to support the Nepal Government's “Health Sector Recovery Plan” and was completed in 2017. Within the project, NLR Nepal had signed MoU with MoH for a Health Post reconstruction in Mirkot VDC of Gorkha district which has been completed and has been handed over to the District health Office.

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. Especially 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.

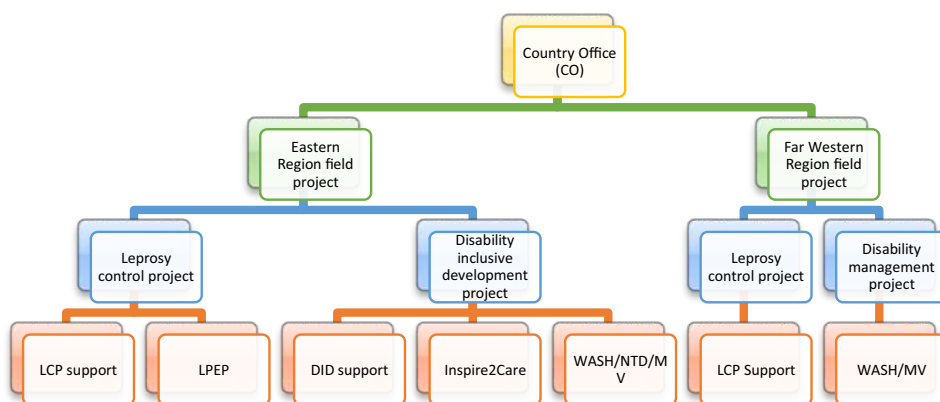
Further, NLR is frequently invited as a member in some of the event wise networks of education, health & disabilities.

NLR works worked with the following boundary partners during the reporting year;

The boundary partners of NLR are National Federation of the Disabled Nepal (NFDN) for disabilities and Nepal Leprosy Fellowship (NLF) for leprosy control & rehabilitation activities. NNSWA (Nepal National Social Welfare Association), NLF (Nepal Leprosy Fellowship) and KZH (Koshi Zonal Hospital), SZH (Seti Zonal Hospital) and TLMN (The Leprosy Mission Nepal). NLR also promotes involvement of other local NGOs, CBOs and DPOs in its works in leprosy as well as disability management.

Organizational Structure

NLR Nepal office is led by Country Director. NLR Nepal have two field offices one in Biratnagar and other in Dhangadhi.



The coordination and communication among the Government authorities and boundary partners has been continued and NLR Nepal has been able to convince the Government authorities about the Outcome mapping approach and introduce it fully from the year 2016.

The project has run smoothly with the revised structure making the country office more strong and small field offices have been placed in two regions where a team of one leprosy supervisor and one CBR supervisor and one driver with vehicle are placed. For fundraising and communication work a new staff has been recruited and has been working proactively as a part of NLR 2020 project. The newly recruited staffs are motivated and taking the momentum based on their Job description including implementation the OM approach.

The two leprosy referral clinics are running as per their capacity although there was some lacking in quality of service delivery and has been a concern of us as

well as Leprosy Control Division. The recent review showed a considerable progress in both the clinics.

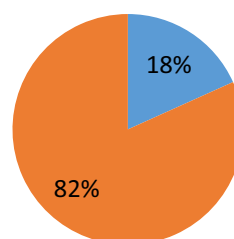
Financial Statement

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

The total budget expenditure for the year 2017 amounted to Rs. 51,538,079

Admin and Program Cost

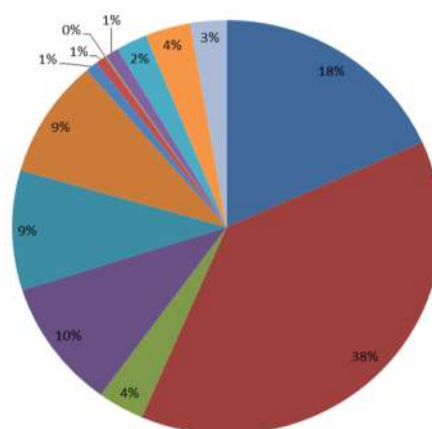
■ Administrative Cost
■ Program Cost



Project Wise Expenditure

Project Wise Expenditure

- NLR Operations project
- Technical support project NLR
- Leprosy Control Program Support Project
- LPEP project TLMN/NLF/NLR
- Disabilities management project NFDN
- Disabilities inclusive development project
- Disability inclusive relief & rehabilitation project
- SHO Project
- LRI Project
- KPP 1
- HP Construction Hand Over of Gorkaha
- Stop Transmission in Leprosy
- DID Planning



Case Studies

Case Study 1

Supply of arsenic free water made possible through technology

Challenges

People of Laljhadi Rural Municipality of Kanchanpur district have been gravely facing various health problems, specifically water borne diseases. People have been using tube well water or river water for drinking which is actually unsafe.

As people are unaware of water purification technologies, they are inflicted with various skin infections. Moreover, the water they use for drinking contains high amount of iron and arsenic which can cause even cancer in the long run.

High amount of iron and arsenic in drinking water can possibly develop disability in the neonates. Even health workers of nearby health post are accustomed to drinking such water due to lack of purification utilities.

Initiatives

NLR Nepal has been executing “Our Village, Model Village” project in partnership with NNSWA (Nepal National Social Welfare Association) at that locality. As a WaSH initiative of the project, NNSWA installed a water purifier in the health post located at Naurganga of Laljhadi Rural Municipality.

Results

Staff and patients visiting the health post no longer rely on water containing arsenic. Threats of water borne disease have been minimized. The water purifier has been placed in an accessible place so that persons with disabilities can still use it properly. This facility has also helped health workers to sensitize general public on importance of safe drinking water.

Case Study 2

Immunization Centre established at DHO, Laljhadi Rural Municipality, Kanchanpur

Challenges

In the absence of functional physical structure, inhabitants of Laljhadi Rural Municipality Dadabichuwa 1 of Kanchanpur district had to receive immunization/vaccination services in open places or under the shade of trees. But it was actually not their choice at all. If it rained, the immunization program had to be cancelled.

Initiatives

An immunization center has been established at that locality in partnership between district health office, Laljhadi rural municipality, NLR Nepal and NNSWA (Nepal National Social Welfare Association). The immunization Center is fully furnished with ramp, furniture, beds, toilets, water tanks, and electric motor pump.

Results

Service seekers no longer have to stay under the shade of tree to get immunized. Persons with disability and other persons are taking immunization and primary health services from the center quite satisfactorily.

The ramp constructed in the center has enabled persons with disability to access services. Toilets and drinking water supply has decreased dependency of patients upon local people. Adequate awareness has been generated against open defecation. The municipality has been declared as full immunization area.

Case study 3

Inclusion of PWD caused by Leprosy at DPO, Jante VDC, Morang

Challenges:

At Jante VDC (then) the persons affected by Leprosy were not included as a member of the Disable Person's Organization. The persons affected by Leprosy lacked participation in the form groups and organization, and hence lacked information regarding services and benefits. The persons affected by Leprosy were not accessing services and benefits, and were facing discrimination and tormented by the villagers.

Initiatives:

Joint partnership of NFDN and NLR Nepal implemented the project "Our Village Model Village" and under the project's strategy the Disable People's Organization was formed. During the reformation of the DPOs, with the consensus of all members, persons affected by Leprosy are also included in the organization as a member.

Results

The DPO of Jante VDC has included Lal Bir B.K, a Leprosy affected person as a committee member. As being a committee member, he is well aware about the available services and benefits. The inclusion of the Persons with disability in the committee has changed the attitude into positive perspectives towards the persons affected by Leprosy.

