



Format - NLR **Nepal** Annual Report 2020 [AR20]

Format by: Naomi – December 2020

Table of contents

1. Introduction	3
1.1. Elements of Annual Report 2020	3
1.2. The process	3
2. List of abbreviations	5
3. Programme	6
3.1. Country Analysis	6
3.2. Zero Transmission	8
3.2.1. Context Analysis.....	8
3.2.2. Project Analysis.....	9
3.2.3. Programme Analysis	11
3.3. Zero Disabilities.....	12
3.3.1. Context Analysis.....	12
3.3.2. Project Analysis.....	13
3.3.3. Programme Analysis	15
3.4. Zero Exclusion	16
3.4.1. Context Analysis.....	16
3.4.2. Project Analysis.....	17
3.4.3. Programme Analysis	19
3.5. Cross-cutting themes.....	20
3.5.1. Stigma	20
3.5.2. Gender	21
3.6. Indicators	21
3.7. Stories from the field	21
4. Organization.....	24
4.1. Quality Assurance	24
4.2. Security and Risk Management	25
4.3. Fundraising.....	25
4.4. Capacity Development.....	26
4.5. Process of transition to a national NGO	27
4.6. Cooperation/ support	28

1. Introduction

The Annual Report 2020 (AR20) describes the progress of the programme and the organisation in 2020 (January – December), and is produced under responsibility of the Country Director.

The AR20 is much in line with the AR19 format and structure. After the evaluation of the AR19, we made some changes to the documents based on your input.

- The country analysis is made in one section (instead of per Zero);
- The formats are submitted in December.

Text should be written in English language at the location where “[text]...” is indicated.

1.1. Elements of Annual Report 2020

The AR20 contains the following elements:

Topic			Max pages
Summary			1,5 page
Programme	Country Analysis		1,5 page
	Per Zero	Context analysis	1 page
		Project analysis (incl. outcome harvesting)	No maximum
		Programme analysis	1 page
	Progress on indicators per project	See Annex	No maximum
	Cross-cutting themes		1 page
	Two stories from the field + one COVID story		200 – 300 words + pictures per story
Organization reflection			4 pages

1.2. The process

	Process	Activity	By	Deadline
1	Narrative reporting	Submission of narrative formats and instructions to Country Directors	Gerrit de Vries and Naomi de Bruijne	23 December
2	Stories from the field	Submission of documents and	Stephen Labib	15 January

		instructions to Communication Officers		
3	Narrative reporting	Face to face instructions via Teams to Country Directors and staff	Naomi de Bruijne	22 January
4	Narrative reporting	Submission of Annual Report 20 to PO and Gerrit	Country Directors	28 February
5	Stories from the field	Submission of stories from the field to Stephen Labib	Country Directors	28 February
6	Narrative reporting	Review of reports	POs	19 March
7	Narrative reporting	Face to face discussion of reports	Country Directors, staff and POs	18 April

If you have any questions please contact your PO.

For specific question related to the process or formats, please contact:

- Narrative reporting: Naomi de Bruijne n.debruijne@nlrinternational.org
- Stories from the field: Stephen Labib s.labib@nlrinternational.org

2. List of abbreviations

Please list the abbreviations used in this document in alphabetical order.

Abbreviation	Full
CBRF	Community Based Rehabilitation Facilitator
APO	Annual Plan Office
ARO	Annual Report Office
DDC	District Development Committees
DID	Disability Inclusive Development
DPO	Disabled People's Organization
EDCD	Epidemiology and Disease Control Division
LCDMS	Leprosy Control and Disability Management Section
LPEP	Leprosy Post-Exposure Prophylaxis
MB	Multi Bacillary
NCDR	New Case Detection Rate
NTDs	Neglected Tropical Diseases
PAC	Project Advisory Committee
PB	Pauci Bacillary
PEP	Post-Exposure Prophylaxis
SDR	Single Dose Rifampicin
SWC	Social Welfare Council
WHO	World Health Organization

3. Programme

3.1. Country Analysis

[Maximum 1,5 pages]

This section of the Annual Report is aimed to give a general analysis of the situation regarding leprosy in your country.

Table 1: Indicators on country level

Indicator on country level				
Annual new case detection rate in 2020	#	1853	Rate per 1,00,000	6.22
New child leprosy cases in 2020	#	141	Rate per 1,000,000 population of children	4.73
New grade 2 disabilities cases in 2020	#	101	Rate per 1,000,000 population	3.39
Does your country have a Zero Leprosy Roadmap?	Yes			

Please reflect on these indicators. Also describe how these numbers compare to 2019.

New cases detected, NCDR, Child cases, cases with Grade II disability all are decreased in 2020 compared to previous years. Whether due to COVID because of travel restriction and/or fear is still needs to explore but new cases detection of 2020 is least value since the last many years, which is drastically decreased from around 3000 new cases per year compared to last 10 years.

Please describe the leprosy situation on country level by referring to:

- The quality of the National Leprosy Program (successes, obstacles etc...);
- Implementation of SDR-PEP (by whom, its change compared to 2019 and NLR's contribution);
- Roll out/ uptake of ideas piloted/ researched by NLR by others in 2020 and its results;
- Development of a Zero Leprosy Roadmap by the National Leprosy Program (its change compared to 2019 and NLR's contribution);
- The impact of COVID-19;
- Any other relevant context factors.

The quality of National Leprosy Program is satisfactory. Government of Nepal has considered Leprosy as priority program of the country and hence has allocated proper resources proportionately depending upon disease burden and endemicity. Preventive measure of leprosy as the form of SDR PEP is one of the top successful attempt of leprosy control strategy in Nepal. Together with successful attempts there are certain limitations too, which needs to overcome in the days to come. Traditional approaches on leprosy control program on designing activities & budget allocation accordingly is one of the major drawbacks that leads to unnecessary duplications of the program activities and less productive implementations. Lacking of proper monitoring from federal to all level, as well as analysis of targets & achievements, effectiveness of the programs, results etc are other obstacles on yielding expected results of leprosy in Nepal.

SDR PEP and its implementation is continued from and onward 2015 in Nepal. The expansion or replication is aggressive in NLR supported areas in two provinces out of seven provinces in total.

Government has allocated budget for SDR PEP in all leprosy endemic Municipalities of leprosy endemic districts. Budget allocation for Rifampicin is also managed at the provincial level. The main progress or differences compared to 2019 is the SDR PEP Guideline published in 2020 by the Government initially drafted by NLR Nepal. There are certain drawbacks too that has hampered for proper execution of SDR PEP in the country such as; timely purchasing of Rifampicin from provincial Government, other ILEP partners has not supported on replicating PEP in their supporting areas, ministry of finance is not happy with budget consumption of 2019 so that there is a possibility of budget cut for the coming years.

Despite of unfavourable situation in 2020, NLR Nepal has initiated one research/study in 2020, that is 'Cor NTD GIS Mapping on leprosy'. Nepal Government and all other partners are quite enthusiastic & appreciative on this research and found very interested on its findings.

Zero leprosy roadmap initiated in 2019 and later approved by Ministry of Health in 2020 with the joint effort of GPZL/WHO and the ILEP and non-ILEP organisations working in Nepal including NLR Nepal. On the basis of this Road-map, the Government of Nepal is planning to develop the strategy and long-term action plan supported by WHO and GPZL. No major changes have been observed on this in the year 2020 rather than a couple of the virtual sharing meetings with related partners which is basically due to COVID pandemic.

COVID 19 created a big gap in leprosy as in the other sectors of the country in 2020. Planned activities are not properly executed and the budget allocated has been diverted for COVID and its associated factors. Together with gained understanding and need based learning, second half of the year remained comparatively comfortable for program execution.

3.2. Zero Transmission

3.2.1. Context Analysis

[Maximum 1 page]

This paragraph is aimed to give an overview of the leprosy situation regarding Zero Transmission in your intervention areas.

Please describe the progress with regard to Zero Transmission of leprosy in your intervention areas by referring to:

- Relevant changes/ developments in the context in 2020 and its effect on NLR's programme.
- Implementation of the National Leprosy Programme (change compared to 2019 and NLR's contribution);
- Implementation of SDR-PEP (by whom, change compared to 2019 and NLR's contribution);
- Roll out/ uptake of ideas piloted/ researched by NLR in earlier years by others in 2020 and its results;
- Any other relevant context factors.

Nepal is one of the leprosy endemic country in the world. Nepal achieved the target of leprosy elimination at national level in 2009 and declared in 2010. Even after the leprosy elimination as public health program in Nepal, the new cases detection didn't decline and almost remain same however a significant reduction is seen at the end of 2020 but this to be reviewed whether this is true. This clearly indicated need of additional strategies and therefore, LPEP piloting started in Nepal in 2015. Leprosy program including PEP interventions as a part of 'Stop Transmission of Leprosy' aims for a true break in transmission, overcoming the stagnation in occurrence of new cases of leprosy, to address the ongoing transmission of *M. leprae* and promoting active case finding activities.

During country lockdown and mostly during the virtual scenario in 2020, LCDMS initiated SDR PEP guideline in line with WHO and published. NLR Nepal, as given responsibility because of its recognized experts & expertise in the country, contributed on drafting this manual. This has not only provided legal provision for the promotion & continuation of SDR PEP interventions in the country but also created the sustainable environment to promote preventive measure in leprosy.

SDR PEP interventions remained continue in 2020 but comparatively less than 2019. The detail status of SDR PEP has been furnished as follows;

Item	Unit	Sub unit	2015	2016	2017	2018	2019	2020	Total
Numbers of Index cases Covered	Gender	Male	299	298	322	399	589	316	2223
		Female	220	226	264	311	406	227	1654
		Total Gender	519	524	586	710	995	543	3877
Numbers of the districts covered	Number	Number	2	2	5	8	18	9	18

Numbers of the Municipalities covered	Number	Number	0	30	55	59	122	30	122
Numbers of the contacts listed	Gender	Male	5791	6153	6864	8303	8569	5386	41066
		Female	6071	6139	6999	8897	9197	5577	42880
		Total Gender	11862	12292	13863	17200	17766	10963	83946
Numbers of absent & refusals	Number	Absent	10	48	465	1306	1940	1435	5204
		Refusals	0	0	7	23	65	6	101
		Total	10	48	472	1329	2005	1441	5305
Numbers of the contacts screened	Number	Number	11852	12244	13391	15871	15761	9522	78641
Numbers of contacts with SDR administration	Numbers	Number	11538	11676	12233	13775	14085	8763	72070
Numbers of Leprosy Detected	Numbers	HH	14	16	17	15	0	2	64
		N	47	26	24	22	5	2	126
		S	0	3	0	0	0	0	3
		MB	19	10	10	12	3	2	56
		PB	42	35	31	25	2	2	137
	Total	Total	61	45	41	37	5	4	193

Despite of unfavourable situation in 2020, NLR Nepal has initiated one research/study in 2020, that is 'Cor NTD GIS Mapping on leprosy'. Nepal Government and all other partners are quite enthusiastic on this research and interested on its findings.

3.2.2. Project Analysis

[No maximum page for this section]

This paragraph is aimed to give detailed insight in progress of NLR's work related to Zero Transmission by describing the progress per project.

Table 2: Projects under Zero Transmission

Project code	Name project related to Zero Transmission in 2020
NP001	Leprosy Program

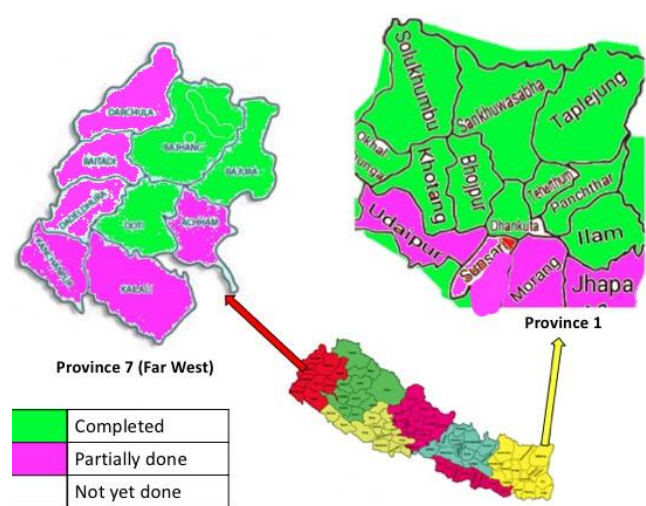
Please create a separate paragraph for each project related to Zero Transmission. For each project describe its progress in 2020 by referring to:

- What are the main results achieved by this project in 2020?
- What are the main changes in behaviour of actors as a result of this project in 2020?
- Which interventions/ activities proved to be most successful in 2020 and why?
- Which interventions/ activities proved to be less/ not successful in 2020 and why?
- Which outcomes can be harvested? Harvest at least one outcome per project by using “Annex A. Outcome Harvesting, Introduction + Sheet.” Please fill in this form for each outcome harvested separately.

Project NP001. Leprosy program

The main result achieved concerning ‘Zero transmission’ in 2020 are: despite COVID pandemics, 9 districts & 30 Municipalities reached with PEP interventions, a total of 9522 contacts screened & 8763 contacts of 543 index cases provided with SDR PEP. The coverage status of SDR PEP interventions till 2020 is as follows;

SDR PEP Scaled up areas till 2020 in Nepal



NLR strategy on supporting innovative or need based activities rather than regular leprosy control activities for stop transmission remained the same in 2020. SDR-PEP and establishing leprosy inventory in province 1 & Far West province were the major planned events for 2020 and both of them have been successfully executed. This has clearly convinced LCDMS & ministry of health on to change future leprosy strategies.

NLR Nepal has main focus on SDR PEP interventions in 2020, which proved to be most successful. Some other Government planned activities in Leprosy such as skin camp were not executed. Due to NLR new strategy of integrating other activities with COVID, such as SDR PEP, leprosy inventory of persons affected, GIS mapping and so on were found relevant in 2020.

Project 2. [name]

[text]...

Project 3. [name]

[text]...

3.2.3. Programme Analysis

[Maximum 1 page]

This paragraph is aimed to give a general analysis related to the work on Zero Transmission. Please do not repeat progress/ results mentioned above, but focus on main conclusions and your general analysis on programme level.

Based on the Project Analysis of Zero Transmission what are your main reflections on the progress of the programme?

- Main results achieved by the programme (and its sustainability);
- Main results expected to occur in 2020 that did not occur and why;
- Most successful projects/ interventions of the programme and why;
- Less/ not successful projects/ interventions of the programme and why.

We reached to all 23 districts of our supporting areas of provinces 1 & 7 through SDR PEP interventions by year 2020. Out of those, all reported index cases & their contacts covered in all low endemic districts (11) of province 1. It is expected that all the remaining districts our supporting areas will be covered through such approach, that is PEP interventions of the index cases detected since the last 10 years or more, by 2021. Similarly, more than 90% of detected cases updated in leprosy inventory along with GIS mapping which is considered to be one of the significant achievement of NLR Nepal's program under Stop Transmission.

The major interventions contributing to these results are;

Lobby & advocacy meetings: Such meetings were held at different level (federal, provincial, municipality) to identify the needs/gaps and to manage the resources accordingly. Since, government ownership and support from all related stakeholders is essential, these interventions were executed with high priority.

Capacity enhancement of health workers & related stakeholders: Trainings and orientation sessions on leprosy and LPEP were conducted at different places in 2020. The technical as well as managerial issues were discussed and clarified so that health workers, volunteers & related others understood the steps as well as the methodologies for proper execution of the interventions.

Planning workshops & review meetings: Planning & review are the continuous interventions that helps to encourage the BPs and others to analyze the progress against the set targets. Meetings were conducted at Federal, Provincial and Municipality level as per the identified needs.

Logistics & management: Recording and reporting forms/formats & associated documents together with Rifampicin were managed to be available at all places. Government provides the Rifampicin whereas supply system is managed by NLR and its partners.

Monitoring as action learning: Monitoring visits together with on the spot training remained continue process during this period. Sharing of learnings & providing feedbacks at program implementation level helped the program execution in effective way & keeping in a proper track.

Utilization of IT: For proper recording/reporting as well as to update GIS mapping, we developed Mobile Apps, which is another important achievement of 2020.

SDR PEP program expansion was expected to cover all hyper endemic districts of other provinces throughout the country. Federal Government has allocated the budget for this expansion but due to COVID pandemics, the local governments could not utilize the available budget so that SDR-PEP expansion to those districts is hampered.

3.3. Zero Disabilities

3.3.1. Context Analysis

[Maximum 1 page]

This paragraph is aimed to give a general analysis of changes with regard to Zero Disabilities in your intervention areas.

Please describe the progress with regard to Zero Disabilities in your intervention areas by referring to:

- Relevant changes/ developments in the context in 2020 and its effect on NLR's programme;
- Implementation of the National Leprosy Programme (its change compared to 2019 and NLR's contribution);
- Roll out/ uptake of ideas piloted/ researched by NLR in earlier years by others in 2020 and its results;
- Any other relevant context factors.

Disability prevention (Inspire2Care) is a project that focuses on prevention of birth related impairments/disabilities (by birth & during birth). This 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 checkup, delivery planning and institutional delivery, awareness activities. This project emphasizes on identifying children with impairment/disabilities with their detail assessment and develop individual rehabilitation plan to provide intervention as per the plan for each child based on the individual assessment.

Maternal child health is priority program in every part of the world but due to ignorance & accessibility majorities of target groups and mainly vulnerable groups of people do not have equal access to such services in Nepal. That has resulted higher birth related impairments/disabilities with newly born children. Health practices, immunization & nutrition are other areas, which has direct effect for the wellbeing as well as preventing measures for several diseases in future. Even for the disease like leprosy, BCG can play specific role for preventive measure. Hence, creating awareness for right holders in one hand and enhancement of accessibility with policy provisions for easy access to services are the major strategy of this project.

Disability prevention project focuses all reproductive age group but more focus will be put on persons affected by leprosy and persons with disabilities, this is because of the social contextual factors such as stigma related with leprosy and disability. Reducing birth related impairment is the main aim of this project but it is further associated with reducing different disease & impairments caused by such diseases due to BCG, nutritional status & or other courses of immunization

coverages. Strengthening of PHC/ORC, birthing centers, capacity enhancement of health workers are the major activities to improve services providers whereas awareness rising & sensitization to community members to entertain the existing services is equally applicable to balancing the utilization of services.

COVID 19 impact remained higher in disabilities prevention projects and its components in 2020. Due to restricted mobilities as well as distancing approach, pregnancy tracking, home visits by CBRF, school related activities, institutional delivery and others were mostly hampered. All the indicators related to maternal child health program gone down. Front line health workers remained busy with COVID related activities in most part of the year and community people scared to visit & consult health institutions & health workers.

3.3.2. Project Analysis

[No maximum page for this section]

This paragraph is aimed to give detailed insight in progress of NLR's work related to Zero Disabilities by describing the progress per project.

Please note that projects on mental wellbeing are mentioned under this Zero.

Table 3: Projects under Zero Disabilities

Project code	Name project related to Zero Disabilities in 2020
NP002	Disability prevention through I2C (Inspire2Care)

Please create a separate paragraph for each project related to Zero Disabilities. For each project separately describe its progress in 2020 by referring to:

- What are the main results achieved by this project in 2020?
- What are the main changes in behaviour of actors as a result of this project in 2020?
- Which interventions/ activities proved to be most successful in 2020 and why?
- Which interventions/ activities proved to be less/ not successful in 2020 and why?
- Which outcomes can we harvest? Harvest at least one outcome per project by using "Annex A. Outcome Harvesting, Introduction + Sheet." Please fill in this form for each outcome harvested separately.

Project NP002: Disability prevention through I2C (Inspire2Care)

This disability prevention project focuses all reproductive age group but more focus will be put on persons affected by leprosy and persons with disabilities, this is because of the social

contextual factors such as stigma related with leprosy and disability. Reducing birth related impairment is the main aim of this project but it is further associated with reducing different disease & impairments caused by such diseases due to BCG, nutritional status & or other courses of immunization coverages. Children under the age of 10 years are one of the target groups of this project where preventing from leprosy, early diagnosis & proper treatment of leprosy will be the major focus with these groups.

Strengthening of PHC/ORC, birthing centers, capacity enhancement of health workers are the major activities to improve services providers whereas awareness rising & sensitization to community members to entertain the existing services is equally applicable to balancing the utilization of services.

In those ID Model work Municipalities, I2C became one of the familiar program and all the municipalities have been able to establish linkages with Government provisions & services for MCH. Despite of COVID pandemic this year, an approach was made to provincial government for joint effort on enhancing I2C activities and localization of policy provisions on Maternal Child health program. Sensitization of target groups such as golden 1000 days women were carried out in all 15 municipalities within NLR Nepal's working area. General outputs of disability prevention program in 2020 were as follows;

Activities	Unit	Achievement
Health staff trained on prevention of disabilities	Person	4
Health staff sensitized on stigma (Leprosy/disability)	Person	52
Marriage registration	Number	334
Number of golden thousand days women consulted	Number	2472
Number of golden thousand days women with individual profiles	Number	870
Numbers of pregnant women	Number	953
ANC among pregnant	Number	767
ANC 4th among ANC First	Number	152
Institutional delivery among pregnant	Number	302
Mothers with full course of Iron tablets (225 tab)	Number	142
Live birth	Number	314
Birth registration	Number	245
Immunized infants aged under one year	Number	302
Mannerized children under five years followed up	Number	1
Numbers of pregnant women received Folic Acid	Person	23
Leprosy screened during ANC/PNC	Person	0
Referral of complicated delivery	Person	0
Numbers of trained manpower in birthing center	Number	23

Even though majorities of the activities were affected due to COVID, but community members performed some of the activities themselves by direct consultation with health workers, CBRF & volunteers; it is due to behavior changed & practices of community members. Community awareness is increased & people are sensitized on taking care of pregnancy & related factors but some of the interventions such as iron tablets, folic acid found to be insufficient.

Project 2. [name]

[text]...

Project 3. [name]

[text]...

3.3.3. Programme Analysis

[Maximum 1 page]

This paragraph is aimed to give a general analysis related to the work on Zero Disabilities. Please do not repeat progress/ results mentioned above, but focus on main conclusions and your general analysis on programme level.

Based on the Project Analysis of Zero Disabilities what are your main reflections on the progress of the programme?

- Main results achieved by the programme (and its sustainability);
- Main results expected to occur in 2020 that did not occur and why;
- Most successful projects/ interventions of the programme and why;
- Less/ not successful projects/ interventions of the programme and why.

Year 2020 was not encouraging enough on the results & achievements. Even the collection of reports and its validity is bit confusing. During this period ANC 1st visit was 80% whereas ANC 4th among ANC 1st was 20% in the ID model work Municipalities. Immunization coverage, marriage & child registration, institutional delivery etc were not at the level of satisfaction. Even though numbers of trained manpower (SBA) reached 23 out of 32 but Infant mortality is increased to 10 per 1000 live birth, that is almost a worse scenario. All the municipalities have planned and started the program for folic acid.

Integrated approach for diseases suspects & their referral has been started in all the MCH related activities and interventions, e.g. suspects & referrals of Leprosy, TB etc. Similarly, CBRF and volunteers have started orientation sessions in immunization & in other gatherings where the leprosy message were also given. In the light of the fact that BCG will prevent leprosy to some extent, it is highly encouraged that all children are vaccinated. Mothers meeting are more manageable than before. These all management related activities have been improved related to disabilities preventions interventions.

NLR BPs, such as Municipalities, NFDN & NNSWA have sufficiently developed their skills & capacities on disability prevention project as well as the related interventions. Provincial Government of Province 1 has already decided to replicate disabilities prevention interventions to all the 137 Municipalities of Province 1 jointly together with Karuna Foundation Nepal. This program has already covered more than 80 Municipalities in Province 1.

3.4. Zero Exclusion

3.4.1. Context Analysis

[Maximum 1 page]

This paragraph is aimed to give a general analysis of changes with regard to Zero Exclusion in your intervention areas.

Please describe the progress with regard to Zero Exclusion in your intervention areas by referring to:

- Relevant changes/ developments in the context in 2020 and its effect on NLR's programme.
- Roll out/ uptake of ideas piloted/ researched by NLR in earlier years by others in 2020 and its results;
- Any other relevant context factors.

The project disabilities inclusive development as 'Zero exclusion' envisions to create disability friendly communities where community-based organizations, government agencies, and other relevant stakeholders through intensive discussions, each becomes responsible and accountable towards fulfilling the rights of persons with disabilities as provisioned in laws, policies and programs. The main goal of the program is to enable persons affected by leprosy and persons with disabilities to enjoy equal rights, equal opportunities and barrier free environment which is adapted to fit the needs of person with disabilities for their independence, convenience and safety. This also involved interactive inclusion of persons with disabilities into society so that they take an active part as development contributor in their societies and lead a normal life. Knowledge, attitude & practices of municipality authorities in 15 ID model work Municipalities has been changed towards the same direction, so that, many leprosy and disability policy provisions as well as positive environment has been established.

Main focus of DID project is to create enabling condition or ensure equal access to all. Access does not mean only the physical but attitudinal as well as policy related or legal. This is equally important to all the populations but keeps higher sense for vulnerable groups such as leprosy and disabilities. Creating easy access means reducing restriction in participation which finally leads to establish the system with proper social justice for all. ID model work Municipalities are committed for social justice & equity for all.

Transformation of user-friendly environments such as health, education, livelihood, public places; promotion of international standard rules & provisions such as universal design, universal health coverage, education for all; promotion & enhancement of international conventions, treaties, & declarations such as Human rights declaration, CEDAW, UNCPRD, SDG etc are the major components of this project. Whereas Treatment, surgery, therapeutic services, assistive & protective devices are the major components of this project. A process on promoting integration as well as reversal integration will remain the key factor for the proper execution of this project. Health Insurance program has been started in all the ID model work Municipalities and majority of them have provisioned premium free as access to persons with leprosy & disabilities. Free education, scholarship schemes & livelihood opportunities & options for persons affected & persons with disabilities are already in plan of ID Model work municipalities.

3.4.2. Project Analysis

[No maximum page for this section]

This paragraph is aimed to give detailed insight in progress of NLR's work related to Zero Exclusion by describing the progress per project.

Table 4: Projects under Zero Exclusion

Project code	Name project related to Zero Exclusion in 2020
NP003	Disabilities inclusive development
NP004	Comprehensive WASH
NP005	System strengthening

Please create a separate paragraph for each project related to Zero Exclusion. For each project separately describe its progress in 2020 by referring to:

- What are the main results achieved by this project in 2020?
- What are the main changes in behaviour of actors as a result of this project in 2020?
- Which interventions/ activities proved to be most successful in 2020 and why?
- Which interventions/ activities proved to be less/ not successful in 2020 and why?
- Which outcomes can we harvest? Harvest at least one outcome per project by using "Annex A. Outcome Harvesting, Introduction + Sheet." Please fill in this form for each outcome harvested separately.

Project NP003. Disabilities inclusive development

Year 2020 was also very difficult for DID & related interventions, even then the following were the general achievements;

Activities	Unit	Achievement
Number of municipalities updating for live data	Municipality	7
Number of violence against age, gender, ethnicity, disability, diseases are equally treated in the principle of social justice	Municipality	13
Number of municipalities fully implementing inclusive development program	Municipality	15
Number of orientations on disability and disability rights	DPO	110
Number of municipalities establishing DIDRR unit	Municipality	15
Percentage of user-friendly public places (Universal design)	Place	1%

Number of schools upgraded to provide inclusive education	School	5%
Percentage of Persons with disability covered by health insurance	Person	5%
Percentage of out of school children enrolled in school	Persons	1%
Percentage of persons with disability / family involved in cooperatives	Person	17%
Number (minimum) of Leprosy affected persons included as a member in each DPO	People	13
Number of leprosy affected persons linked with relevant organizations for income generating activities	People	70
Percentage of profile updated of PWD's	Person	9%
Numbers of Persons with disabilities Provide treatment	Person	10
Numbers of Persons with disabilities Provide protective / assistive devices	Person	89

Concerning the main results of ID Model work Municipalities on DID; they are aware on inclusion & inclusiveness; many policy provisions for DID are in place; policy vaporization, which was the main problem before, is continually reducing; discussions has been set up on barriers of disabilities & their removals; school enrolment is increased and numbers of children out of schools is drastically decreased; services needed & specially for persons with disabilities/leprosy are in place whereas right holders are aware on those services & provisions; livelihood opportunities as well as access on those opportunity has been increased; appreciative initiations started for Social justice & equal rights.

Due to the introduction/implementation of DID project, perception & mindset of municipality authorities as well as other community stakeholders is changed. People started to perceive leprosy & disabilities from right based perspective but charity is still dominating. The main perception changed among the community people & other stakeholders is acceptances of leprosy & disabilities.

Majorities of planned activities in DID could not be executed due to COVID & its consequences in 2020, some of them were modified, as it was possible to COVID friendly ways, whereas others were diverted to overcome COVID effects. In 2020, some of the interventions such as treatment, devices, empowerment & capacity enhancement related, counselling were found more adaptive whereas livelihood, surgery, referral for complications found very difficult to execute. For the education related interventions, last few months of the year was comparatively executable whereas all the education institutes remained closed in the remaining parts of the year.

Project NP004. Comprehensive WASH

Comprehensive WASH found one of the valuable and relevant projects to fight against COVID & COVID emerging phenomena in 2020, and hence, interventions planned under this project were fully utilized for COVID & its preventions. The managerial parts or frameworks as backbone of Comprehensive WASH, such as formation/updating of M-WASH-CC/M-WASH-CC, capacity enhancement of those committees etc were fully ignored and effort is

made for cleanliness. Health & hygienic situation improvement of the communities, such hand washing practices, family & individual cleanliness, distances maintaining and so on.

Project 3. NP005 System strengthening

We couldn't follow the set objectives & interventions towards system strengthening in 2020. As per emerging situation and due to the interest & need of the Government, major effort was provided on COVID preventive measures. We attended several disaster preparedness/management/cluster meetings and assisted provincial & local government agencies accordingly. At the end of the year 2020, some training and orientation sessions for health workers aiming to implement SDR PEP interventions, refresher training for CBRF etc were conducted.

3.4.3. Programme Analysis

[Maximum 1 page]

This paragraph is aimed to give a general analysis related to the work on Zero Disabilities. Please do not repeat progress/ results mentioned above, but focus on main conclusions and your general analysis on programme level.

Based on the Project Analysis of Zero Exclusion what are your main reflections on the progress of the programme?

- Main results achieved by the programme (and its sustainability);
- Main results expected to occur in 2020 that did not occur and why;
- Most successful projects/ interventions of the programme and why;
- Less/ not successful projects/ interventions of the programme and why.

Access to the services, facilities & policy provisions are the major hindrances for persons with disabilities and persons affected by leprosy in Nepal. Under developing countries like Nepal often design the program in charity approach that always hampers proper access to the need-based services for vulnerable groups due to several consequences such as their capacity; this also excludes unreached population in the development process & losing their participation & ownership for the wholistic development. Deeply cited stigma against leprosy can lead negative attitude of the service providers that clearly hampers for living conditions of persons affected in a long run. Year 2020 remain fruitful on discussing about such hindrances with ID Model work Municipalities, but, through virtual meetings & webinars.

Treatment of leprosy or MDT services is almost available in all the health centres but there is the clear lacking of disability management skills & services. For the general disabilities certain referral centres (from government & NGO sites) are existing but there is again clear lacking of leprosy specific services & provisions. There are quite many legal provisions and facilities existing for disabilities but people cannot claim those as only for leprosy. Very few referral centres providing leprosy specific disability management services which is not sufficient by means of distance & resources. Even within the integration, leprosy related disabilities are considered as more specific so that access for persons affected by leprosy is restricted. These all situations can be reversed only when the process of integration as well as reversal integration will be in proper practices. These

conditions and possibilities are clearly discussed with related stakeholders via virtual ‘online’ webinars.

One of the major consequences of COVID in Nepal was many people lost their jobs, that created a big socio-economic crisis everywhere. Our ID Municipalities also faced the same problems. To overcome this crisis, we designed & developed socio-economic revitalization strategies and facilitate the Municipalities, some parts of DID modified in this respect. Comprehensive WASH became one of the best model during that scenario and then its achievement status was modified to COVID friendly model, the detail on CWASH is already mentioned above.

3.5. Cross-cutting themes

[Maximum 1 page]

In this section, it is aimed to provide an overview of the integration of the cross-cutting themes in your projects.

3.5.1. Stigma

Please describe how Stigma as cross-cutting theme was integrated in your projects in 2020. Were there any achievements in 2020?

The history of leprosy shows how costly discrimination and inequalities can be, not only to individual patients, their family members, but also to societies as a whole. Several of the violations and intersections well known by persons affected by leprosy – society’s fear, stigmatization, isolation and its impact of mental health, segregation, gender-based violence, racism, xenophobia, among others – are being uncovered by the current pandemic. There is much to learn from the history of the struggle of persons affected by leprosy against all these forms of violence and discrimination. And the main lesson is that there is no building back better if states fail to put those left behind at the centre of recovery.”

Since the outbreak of COVID-19, there were many reports on a disproportionately negative impact on persons affected by leprosy in many countries. We were very sensitive from the beginning and did lobbying & advocacy to the governments accordingly. We mobilized CBRF in the ID Municipalities and directly or indirectly conveyed messages to the persons affected & persons with disabilities through existing DPOs/SHGs. Fortunately, the humanitarian and health crisis didn’t affect the persons affected, none of the persons reported with COVID infection and death. There were mix results for persons affected by leprosy for the emergency aid to their communities, but there are no major issues of stigma associated with leprosy.

Transmission fact & nature of COVID was well discussed and it was understood that if single individual was infected, that could be the reason for whole community infection and local Government took the actions accordingly. Due to this reason, stakeholders didn’t consider the issues of stigma in leprosy, that are still existing but reduced enough since the last many years in Nepal.

3.5.2. Gender

Please describe how Gender as cross-cutting theme was integrated in your projects in 2020. Were there any achievements in 2020?

NLR Nepal do not have Gender specific programs & interventions but we have considered this as cross the program and its target beneficiaries. Considering the context of Nepal, gender discrimination is comparatively not that much bigger issues but Leprosy, Disabilities & some marginalized groups has the different context. In these cases, stigma and associated discrimination is comparatively higher. In 2020 and in the context of pandemics, we didn't observe any such issues in our supporting areas of province 1 and province 7.

3.6. Indicators

Please provide information on progress on standard indicators and country specific indicators per project by using "Annex B Indicator sheet Annual Report 2020". Please note that this is a combination of old and new (standard) indicators because of the transition that we have made in 2020. This topic will be discussed during the instruction sessions in January.

If there are any urgent unclarities about this format that should be discussed before the instruction sessions, please contact Naomi via n.debruijne@nlrinternational.org.

3.7. Stories from the field

This part of the Annual Report 2020 is relevant for the **Country Director, Project Coordinators and Communication Officers**. Communication Officers will receive additional information and guidelines to collect stories from the field in the first weeks of January from Stephen.

For NLR's annual report 2020, NLR aims to include compelling stories from each country where NLR actively operates. In this way we are able to address what we do on a more emotional level. Therefore we ask you to deliver the following:

- Add **two stories of different Zeros (Transmission, Disability, Exclusion)** that illustrate the activities of those Zeros in 2020.
- The case/story should show the **outcome and impact** of the work of NLR in 2020.
- The story preferably **includes quotes/testimonies from 2-3 persons with a different perspective**: a patient, children, health worker, NLR staff member or government officer.
- If your country is involved in one of the **flagship projects** (PEP++, PEP4LEP or Ready4PEP) include a story about that project.
- Stories should be **between 200 and 300 words**. See examples of good stories here: <https://nlrinternational.org/stories-of-patients/>.

COVID-19

- At least one separate story about your work during COVID-19 that would otherwise not have taken place.

NLR wants to illustrate in its annual report:

- What difference NLR makes in the life of leprosy patients (and their families)

- The impact of COVID-19 on the lives of persons affected by leprosy and the role of NLR to support them.
- Our impact! The situation before and after NLR became involved.

Pictures/Videos

- NLR upholds the ILEP guidelines. Please follow the guidelines as mentioned in the Brand Manual (page 13). This also includes the use of explicit and informed consent. Make sure there is verbal or oral permission to write down the story and make photos of the person(s) affected and/or persons interviewed.
- If your office does not have an informed consent form, NLR International can deliver an English version.
- Include photos of information sessions, treatments, SCG's, persons interviewed in different settings/situations (up close and from a distance), photos of children/people affected alone and in a group, families, Staff helping patients, close-ups of hands, feet, eyes, skin patches.
- Use positive imagery: show people in a dignified manner; do not portray people as victims
- Send photos in high res. Ask field staff not to share through WhatsApp. This affects quality.

In short we ask you to deliver latest 28 February 2021:

- Short stories of important projects related to two different Zeros, with quotes from a patient, health worker, staff member or government officials **AND** a COVID-19 related story
- Basic information of interviewed person, **including explicit consent**;
- Quality pictures in high resolution (*minimum 5 per story*) in natural/appealing setting. Make clear who is portrayed.

NLR Nepal Case story on ZERO EXCLUSION

NLR Nepal strengthened the DPO through the partner National Federation of Disabled Nepal (NFDN).

Lockdown started from the 1st quarter of 2020. For NLR and NFDN, it was clueless for over two months as lockdown progressed. Nepali Fiscal year was coming to an end and municipalities had to work on next year's planning and budget allocation. NLR and NFDN was very much enthusiastic to include 'Inclusive Development' program within municipalities' annual plan for the next fiscal year. As per the advise and consultation given by NLR Nepal, one of the representative of NFDN initiated virtual meetings with municipality authority to discuss on annual plan. It was observed that the planning process that municipalities were going to incorporate to collect baseline information from communities in order to set priorities for coming year. This year, due to COVID19, it was very difficult to conduct door-to-door program or mass meetings to discuss the needs of communities. Later clusters were made for different sectors of development and he got myself engaged in two planning clusters, DPO strengthening and incorporation of Inclusive Development program in municipalities' annual plan document. **“Got the four to share the problem among each other”**

For DPO strengthening, NLR along with NFDN lobbied with municipality authorities and convinced them to provide a space for DPO members to conduct their monthly meeting. Once the space was allocated and meeting took place and shared the issues of persons affected by leprosy and persons with disability. Later the municipality authority facilitated the meeting room with drinking water, a computer and a printer. The meeting room is now open during office hours to facilitate persons affected by leprosy and persons with disabilities. And now one of the DPO members is placed in that room with computer and he assists the visitors in printing their essential documents and drafting letters. He makes some money out of his services. And monthly DPO meetings have helped to raise their issues and make their voices

heard by the authorities. Municipality have come to recognize the importance of DPOs in ward and municipality level.



Meeting conducting by the municipality in the provided space for DPO within municipality



The room of DPO within the office of municipality

4. Organization

[Maximum 4 pages]

This section of the Annual Report 2020 describes the organizational development of 2020.

4.1. Quality Assurance

Quality assurance deals with policies, procedures in place and activities done to ensure a good quality programme.

Please describe, and if relevant make a distinction between Country Office and national NGO:

- What major issues related to quality of the programme and/ or the organization occurred in 2020 (if any), and how you dealt with these;
- How quality of the program was assured in 2020?
- What evaluations / reviews took place in 2020 and what were their main outcomes?
- How quality of the organisation was assured in 2020? And whether an operational audit took place and if so, what the main outcomes were?

NLR recognition as a pioneer for SDR PEP in Nepal is remained continue & further justified in 2020. Alliance documents and transition plan came into effective largely after signing in 22020 and new national organization (NNGO) started functioning taking responsibilities of the three projects out of five in the year 2020. The budget has been prepared both for branch office and national organization. Despite of COVID pandemics, the Inclusive Development work remained continue with the local Governments. The relation with the Federal, Provincial and local Government has always been maintained. The annual auditing of the organization has been completed and report is produced.

The technical expertise & support to the national program and peripheral level has been monitored for their functioning since our boundary partners implemented all planned activities and NLR Nepal staff facilitated, guided and monitored the boundary partner's work. The social audit, which was the regular activity at various project sites by our boundary partners as a mandatory exercise & prescribed by the government, couldn't be executed this year. Project Advisory Committee (PAC) meeting was conducted at federal level.

Funds flow to NLR supported projects was channelized from IO through CO and to the projects in quarterly basis. NLR funding for leprosy control and inclusive development was channeled through our boundary partners & Local Government. The monitoring mechanism as well as observation on finding of auditing reports was maintained throughout the year. The financial audit was conducted by internationally affiliated audit company as per the requirement of NLR IO and Government of Nepal.

Integrity Officer and an external Confidential Officer was appointed and brief integrity report was submitted to IO.

Participatory review meetings with NLR staffs and the partners and the right holders had been organized in each quarter. The individual monthly planning and the reporting system was continued to track the functioning of our staff. Organisation wide individual staff wise 2021 calendar produced and recording and reporting system has been improved compared to last year.

All scheduled reports (ARO, half yearly report and financial report) and occasional reports (e.g. COVID response) submitted in time. No deadline is crossed in the year 2020.

2021 plan and budget prepared in time and funding agreement is done in December 2020.
 Meaningful participation done in all RT and bilateral meetings.
 Supported in all NLR Nepal (NNGO) boards meeting including preparation of supporting documents.
 NLR Country Director has been appointed as the focal person for Nepal on behalf of GPZL recommended by the Ministry of Health.

4.2. Security and Risk Management

Security and risk management deals with internal and external issues that may pose a threat for the organisation and its staff to function well in order to achieve its programme objectives.

Please describe, and if relevant make a distinction between Country Office and national NGO, how you dealt with internal and external issues related to security of and risks for the organisation, staff and programmes in 2020. Please refer to your 2020 risk analysis.

Security situation in the country is became normal but country lockdown due to COVID as well as situation such as some agitating groups still existing was new scenario in 2020. Similarly, emergence of highly powerful but with unexperienced provincial and municipality level structures made the program implementation more difficult as before. We already have the risks analysis system along with risk management plan for every program execution year.

The weekly security and special alert are being circulated to staff which is being received by AIN and UNDP Nepal office.

NLR codes of conduct has been updated in 2019 and are being followed strictly together with the provisions of periodic updates. All staff were required to sign the “code of conduct” at the time of first employment contract with NLR. As initial year of three years planning, more orientation on security and risks management was conducted in year 2020. A separate focal person has been assigned to deal with security and risk and he will enhance the capacity through the training and orientation organized annually by AIN.

Whistle Blower policy and anti-fraud policy was also shared to all staff during the review meeting.

4.3. Fundraising

Fund raising deals with international and local fundraising, and with institutional (foundations, government, multilateral, other NGOs), individual, and corporate fundraising.

For institutional fundraising (from foundations, government, multilateral, other NGOs):

- Did you reach your defined goals for institutional fundraising in 2020?
- What went well and why and what did not go so well and why?
- What effect does 2020’s results have on fundraising targets for 2021 and 2022? What are you going to do differently/better in 2020 in terms of IF?

Please answer the same questions for individual and corporate fundraising.

Year 2020 remained again less productive for institutional fundraising. However, efforts had been done and 4 proposals has been submitted but the result was decline. NLR Nepal branch office along with new NLR national organization will proactively work on the IF as a major priority. Donor mapping and donor profile has been prepared. A new Fund-raising Officer was recruited Since March, 2020 to handle the institutional fund raising initiations. He was oriented about the organizational structure and its policies. NLR international office carried out induction meeting with newly recruited IF officer on fund raising principles of NLR and its priority areas, possible donors and other components of institutional fund raising. But unfortunately the result was not satisfactory and the position holder had made redundant.

Virtual meetings with consortium partners were frequently held in 2020. Discussion was held on ongoing context of Covid19 and work from home situation. The consortium members discussed about carrying out leprosy prevention/control program during nationwide lockdown. Members also updated on ongoing activities such as patient counseling and medical services. The consortium was led by NLR Country Director also during the reporting year.

During the reporting period, four proposals were developed aimed at raising funds. Details of the proposals include:

- Core NTD GIS mapping study: Proposal approved and implementation started
- A cohort study to find out the reason of developing leprosy despite of PEP intervention among the new cases detected from the PEP intervened districts of Nepal. But unfortunately this is rejected and re-applied in 2021.
- Submitted concept note to EFFECT-HOPE, Canada on leprosy and inclusion in Sunsari District. No response has been received during the year and also to be followed in 2021.
- Submitted concept note to The Conservation Food and Health Foundation on SDR-PEP intervention in Sunsari District of Province 1. This was also rejected.

The below mentioned donors/partners were approached in 2020 and will also be followed up in 2021 as appropriate.

- Novartis
- Effect:hope
- GPZL
- Sasakawa
- DFID
- German Embassy
- USAID
- NWN
- Pro-Victimus
- Good Neighbours International
- Oxfam
- DCA

4.4. Capacity Development

The organisation's capacity deals with both individual (staff) capacity as well as organizational issues, such as policies, procedures, structure, etc.

Please describe, and if relevant make a distinction between Country Office and national NGO:

- The major (positive/ negative) changes related to your organisation's capacity in 2020.
- Important issues that you hoped that would change in 2020, but did not change.
- The internal/ external factors/ interventions that contributed to these positive/ negative changes or status quo.

Continuation of sharing through Webinars & e-learning practices, started a couple of the years ago, was focused more in 2020. Through virtual sessions, training on security, proposal writing, research & study design, updated planning for ID municipalities, leprosy & disability orientations etc were conducted for the staff & partners. An orientation program on leprosy and disability inclusive development was organized for board members of national organization.

We have started 'Webinar' sessions among the technical staffs whereas face to face meetings and reviews are continuing for staff capacity development. Performance appraisal of all the staff have been organised and next 6 months individual plan including need of relevant training has been recorded. The meeting of Council of Chairs and Round Table have been attended.

The review has been done on the capacity building trajectory through a consultant and a document of the same was shared by IO. Hopefully a consultant will be hired for capacity building work in 2021 and necessary input will be provided for future capacity building plan.

4.5. Process of transition to a national NGO

The process of transition deals with: preparing and implementing the transition from a Country Office to a national NGO.

Please reflect on the following topics related to the transition.

- Which steps were made/ results achieved in 2020.
- The extent to which you feel registration/ governance structure is on track/ in place.
- Important steps/ results you had hoped to achieve in 2020 that did not materialize and why.
- The internal/ external factors/ interventions that contributed to these results/ status quo.

NLR Alliance agreement along with transition has been signed between NLR IO Director and Chair of NLR Nepal NGO. The functioning of new organsaiton has been good and 3 projects out of five was implemented by NNGO. The NNGO had maintained all its requirement and obligation during the yar 2020 and renewed. Promotion materials/visibility and external profiling of NLR were the main activities during this year. Despite the COVID pandemic the board meetings were virtually and made the important decisions especially in 2021 plan and audit report. The board chair continued to take part in CoC meeting. Active participation in alliance forums was made. NLR 2020 process funding had been over in 2020.

The dual role of CD in branch office and CEO for NNGO had been well accomplished.

It is planned that an audit for full handover will takes place at the end of 2021 and process for the same is being planned.

4.6. Cooperation/ support

Cooperation involves cooperation with NLR IO, NLR Alliance, other organisations.

Please describe, and if relevant make a distinction between Country Office and national NGO, for cooperation with NLR Netherlands, NLR Alliance and other organisations 1) the cooperation that took place in 2020; 2) issues you are satisfied about in 2020 and why; 3) the issues that happened/ did not happen in 2020 we can/ should improve in coming years and why.

- i. Relation with the Government especially the concern ministry, Ministry of Health was excellent. They are now fully positive with NLR and its work.
- ii. The coordination and collaboration with all partner organisations was good although not much physical meeting was possible in the year 2020.
- iii. Collaboration and coordination with IO especially in program and technical matter was good and appreciated many times.
- iv. Functional relation with NLR Nepal Chair has been very good and perceived as one team however in 2019 and 2022 legally we were two organisations.
- v. No any conflict with staff occurred in 2020.
- vi. More coordination needs to be done with Municipalities and local level health institutions.
- vii. Relation with the organisations of persons affected by leprosy was also good especially with READ Nepal and IDEA Nepal.