MAP Planning (2024 – 2026), National Leprosy Control Program Support Project

Desired Final Situation (Goal)
By the end of 2026, case-based surveillance system on recording and reporting of Leprosy is established within leprosy control program of Nepal.

Area of interest

Long term outcomes
System of data driven decision making for leprosy burden established.

Long term outcomes
System of generating aggregated DHIS 2 reports on the basis of cases-based system in place.

Long term outcomes
Evidence based and reliable leprosy information at all level is available.

Intermediate outcomes
Targeted approaches in hotspots, identified with the help of spatial methods/mapping.

Intermediate outcomes
Online reporting system at different level established.

Intermediate outcomes
Consistencies and accuracy of the reports ensured.

Area of influence

Outputs
Geospatial information of detected leprosy cases.

Outputs
Patient cards and registers updated on the basis of DHIS 2

Outputs
Reports verified to avoid recycled and wrong diagnosis of cases.

Outputs
Geospatial information of leprosy related service providing centres.

Outputs
Cases based reports received from leprosy treatment centers.

Outputs
Proper and timely reporting of detected leprosy cases from the treatment centres.

Assumptions:
- Government policy provision is supportive for cases-based surveillance.
- Health workers are motivated and followed the cases-based reporting system.
- Understanding of cases based and aggregated reporting between HMIS section and LCDMS.
- Relevant actors are willing to participate and to play their expected role.
- Existing of DHIS database for recording and reporting of leprosy program.

Activities:
- Training and orientation to health workers on cases-based surveillance system
- Organize periodic review/monitoring meetings at different level
- Lobby and advocacy meetings at different level
- Monitoring visits and on the spot training to health facilities for online reporting
- Support on establishment of cloud-based server at Leprosy control and disabilities management section (LCDMS) for case-based surveillance
- Assist on development of software on producing aggregated leprosy reports required for HMIS division

Area of contro

Actors
- Government authorities (Federal, provincial, Municipalities)
- Health workers
- NGOs active in leprosy, NNSWA
- HMIS section
- I/NGO working on leprosy and NTDs
- WHO
- ILEP partners
- Donors
- Persons affected by leprosy

Input
HR, Partners (Boundary Partners), Project approval, MoU with Donor/s, financial resources of **€**122,539.51 for five years project period,

Problems:
Cases based reporting system not in practice; reports are not timely received from peripheral levels; not reliable and stable reports in leprosy; inadequate use of modern and IT based system for recording/reporting; recording/reporting formats do not include geospatial information of leprosy cases; haphazard system of aggregated numerical reporting.

MAP Planning (2024 – 2026), NLR Nepal; Leprosy Prevention and Control Project

Desired Final Situation (Goal)
By the end of 2026, the program's impact will be demonstrated through achieving Interruption of transmission of leprosy infection in NLR Nepal supported Provinces of Nepal.

Area of interest

Long term outcomes
Annual incidence of new autochthonous leprosy cases decreased.

Long term outcomes
Impairment due to leprosy at the time of diagnosis reduced both in child and adult cases.

Long term outcomes
Numbers of leprosy endemic clusters (districts & Municipalities) decreased.

Area of influence

Intermediate outcomes
SDR PEP scaled up to cover eligible contacts in leprosy reporting rural/urban municipalities.

Intermediate outcomes
Early detection and prompt treatment through active cases finding approach ensured.

Intermediate outcomes
Targeted approaches in hotspots, identified and agreed among partners and stakeholders.

Outputs
Populations at risks of leprosy (contacts) covered with PEP interventions.

Outputs
Annual number of new detected autochthonous child leprosy cases identified.

Outputs
Advocacy and lobby meetings conducted among Government and supporting partners.

Outputs
Numbers of Municipalities with leprosy cases indicating not reaching disease elimination phase.

Outputs
Annual number of new detected autochthonous leprosy cases identified.

Outputs
Mapping and clustering of leprosy infections conducted through Geospatial information.

Assumptions:

- Government policy provision is supportive for PEP as leprosy preventive measure.
- Health workers are motivated and willing to take the lead in the process of PEP.
- Government policy existing for leprosy as a priority program.
- Government allocated resources for leprosy prevention and control.
- Relevant actors are willing to participate and to play their expected role.

Major Activities:

- ⇒ Cases verification and information collection of reported new leprosy cases
- ⇒ Mappings and clustering of leprosy infections from reported new cases
- ⇒ Contacts screening and eligibility of PEP administration
- ⇒ IEC/BCC interventions on PEP
- ⇒ Logistic (RMP, form/formats) management for SDR PEP
- ⇒ Basic leprosy training (BLT) for health workers on leprosy and PEP
- ⇒ Orientation on leprosy and PEP for volunteers, CBOs and other stakeholders
- ⇒ Consultancy support for data and management
- ⇒ Monitoring visits to different places including lobby and advocacy, meetings, trainings and seminars etc
- ⇒ PEP administration to close and blanket contacts
- ⇒ Follow up of temporary and other absentees on PEP administration
- ⇒ Review and monitoring meetings at different levels
- ⇒ Lobbying meetings with Municipality authorities on leprosy prevention

Area of control

Actors

- Government authorities (Federal, provincial, Municipalities)
- Health workers and volunteers
- I/NGOs active in the community, NNSWA
- Ministries of Health, Ministry of Social Affairs and Gender
- WHO
- ILEP partners
- Donors
- Persons affected by leprosy
- CBOs
- Communities (IC, contacts)
- Leaders in the community such as leaders of women and youth groups, village leaders, religious leaders

⇒ Input
⇒ HR, Partners (Boundary Partners), Project approval, MoU with Donor/s, financial resources of **€**858,064.11 for five years project period,

⇒ **Problems**:
⇒ Ongoing transmission of M leprae; stagnation of new cases detection; inadequate resources; low priority of Government; continue cases detection in leprosy; inadequate technology for infection identification, e.g. geospatial analysis; improper recording and reporting; lacking of data driven approaches in leprosy
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MAP Planning (2024 – 2026), NLR Nepal; Leprosy and Social Inclusion Project

Desired Final Situation (Goal)
By the end of 2026, the program's impact will be demonstrated through achieving Zero exclusion, which entails reduced stigma / discrimination and improved social inclusion due to leprosy in Provinces Koshi and Sudurpaschim of Nepal.

Area of interest

Long term outcomes
Reports of exclusion of persons affected by leprosy or their family members not existed.

Long term outcomes
Perception of community people on leprosy changed.

Long term outcomes
Self-support or peer support groups for Mental wellbeing established and remained functional.

Intermediate outcomes
Access to social entitlements and participation in community-based organizations increased.

Intermediate outcomes
Community engagement on leprosy program increased.

Intermediate outcomes
Essential care package (ECP) tailored exclusively for designated group of individuals.

Area of influence

Outputs
Persons affected by leprosy entertained with existing social entitlements.

Outputs
Community based organizations (CBO) involved with leprosy program.

Outputs
Diagnosed people with anxiety and depression level.

Outputs
Social inclusion events in the communities took place to aware leprosy and its consequences.

Outputs
Youth groups and their networks (youth clubs etc) involved with leprosy program.

Outputs
Self-support and peer support groups in the project supported areas.

Assumptions:

- Government policy provision is supportive for disability inclusive development.
- Health workers are aware on leprosy and social inclusion.
- General rehabilitation services are practicing MW issues for leprosy and disabilities.
- Government priority for disability rights including leprosy remains same.
- Relevant actors are willing to participate and to play their expected role.

Major Activities:

- ⇒ Identification of impairment cases among diagnosed leprosy cases
- ⇒ Referral for rehabilitation and therapeutic services
- ⇒ Sensitization on human rights & international / national policy practices to community groups
- ⇒ Lobbying meeting with community groups (local clubs, CBOs) to incorporate leprosy issues in their activities
- ⇒ Development of case studies for publications
- ⇒ Support to establish organizational functioning of persons affected at Provincial level
- ⇒ Support to organize annual workshop / seminar of leprosy affected persons' organization
- ⇒ Referral of mental wellbeing services for persons in need
- ⇒ Lobbying / meetings & need based support to local rehabilitation centers
- ⇒ Assistance & support to leprosy affected young girls/school going children
- ⇒ Lobbying and meeting with universities and research centers for joint publications on leprosy issues

Area of control

Actors

- Government authorities (Federal, provincial, Municipalities)
- OPD and their networks, such as NFDN
- NGOs active in the community, NNSWA
- Ministries of Health, Ministry of Social Affairs and Gender
- Health workers and volunteers
- CBR organizations
- Persons affected by leprosy and their organizations.
- Leaders in the community such as leaders of women and youth groups, village leaders, religious leaders
- Donors

Input
HR, Partners (Boundary Partners), Project approval, MoU with Donor/s, financial resources of €245,175.10 for five years project period,

Problems:
Lack of awareness to the person affected about their rights and services, Lack of advocacy and policy lobbying to policy makers, Lack of coordination with like-minded agencies, Lack of counselling services for person affected; lack of involvement of community groups on leprosy; low or no interest of youth groups on leprosy related issues