



# NLR Annual Report 2021

## NLR NEPAL

## Table of contents

1.	Introduction .....	<b>Error! Bookmark not defined.</b>
1.1.	Elements of Annual Report 2021 .....	<b>Error! Bookmark not defined.</b>
1.2.	The process .....	<b>Error! Bookmark not defined.</b>
2.	List of abbreviations .....	3
3.	Summary .....	4
4.	Programme .....	6
4.1.	Context Analysis .....	6
4.2.	Zero Transmission .....	9
4.2.1.	Context Analysis .....	9
4.2.2.	Project Analysis .....	10
4.2.3.	Programme Analysis .....	14
4.3.	Zero Disability .....	<b>Error! Bookmark not defined.</b>
4.3.1.	Context Analysis .....	<b>Error! Bookmark not defined.</b>
4.3.2.	Project Analysis .....	<b>Error! Bookmark not defined.</b>
4.3.3.	Programme Analysis .....	<b>Error! Bookmark not defined.</b>
4.4.	Zero Exclusion .....	15
4.4.1.	Context Analysis .....	15
4.4.2.	Project Analysis .....	16
4.4.3.	Programme Analysis .....	18
4.5.	Cross-cutting themes .....	20
4.5.1.	Stigma .....	20
4.5.2.	Gender .....	21
4.6.	PMEL .....	21
5.	Organization .....	22
5.1.	Quality Assurance .....	22
5.2.	Security and Risk Management .....	23
5.3.	Fundraising .....	23
5.4.	Capacity Development .....	24
5.5.	Process of transition to a national NGO .....	24
5.6.	Cooperation/ support .....	25
6.	Financial Report .....	25
7.	Conclusions .....	27
8.	Annexes and additional info .....	27
8.1.	Outcome Descriptions .....	27
8.2.	Indicators .....	<b>Error! Bookmark not defined.</b>
8.3.	Stories from the field .....	<b>Error! Bookmark not defined.</b>

## 1. 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
OPD	Organizations of persons with disability
PAC	Project Advisory Committee
PB	Pauci Bacillary
PEP	Post-Exposure Prophylaxis
SDR	Single Dose Rifampicin
SWC	Social Welfare Council
WHO	World Health Organization

## 2. Summary

### Context Analysis

In the year 2021, the ongoing COVID-19 pandemic continued to hinder the execution of planned activities to some extent. Despite such challenges, we managed to carry out most of the planned activities, although part of the allocated budget had to be diverted to COVID-19 relief efforts and support to related municipalities. Along with increased understanding and need-based learning about implementing the "together with pandemic" component in all project activities, we gained valuable insights from the trials and errors of the previous year and the first half of 2021. This experience helped the organization mature in handling the project, making the second half of the year comparatively more successful in program implementation.

- During the pandemic, deployed staff members successfully met their targets as they received comprehensive training on safety measures to prevent COVID-19. The trained staff were able to communicate effectively with persons affected by leprosy to inform them of the COVID-19-related complications and the precautions they needed to take based on their medical conditions. NLR Nepal developed a contextual COVID-19 guideline, which became the main document for implementing activities during the pandemic.
- The organizational staff learned to use different communication mediums to work remotely.

### Zero Transmission

NLR initiated SDR PEP as LPEP before, and with Novartis support, it has now taken proper shape in the country. The successful approach has inspired the Nepal government to allocate essential resources for expanding interventions to several other districts nationwide. To support the Leprosy Control Program, SDR-PEP remained a major focus in 2021. By the end of 2021, a total of 134,120 persons were provided with Single Dose Rifampicin (SDR) out of 145,221 contacts screened, tracing 7,142 index cases. This intervention led to the detection of 221 new leprosy cases and 44 new TB cases. In 2021, 2031 service providers were trained, including 1040 from SDR PEP districts. A total of 27 districts had been covered with PEP intervention by 2021.

Despite challenging circumstances due to the pandemic, many districts and municipalities continued SDR PEP interventions as priorities. The 15 municipalities, also called ID Model Municipalities, have also initiated this activity to emphasize Zero Transmission as an additional focus.

### Zero Disability

Even though there was a significant impact of COVID-19, remarkable progress was made in pregnancy tracking, immunization, identification of child impairments, and follow-up services through community volunteers and CBRF. For leprosy, early case detection was promoted, reducing disability rates among new cases.

### Zero Exclusion

The Memorandum of Understanding (MoU) was renewed and signed with 15 municipalities, as in previous years. ID municipalities continued essential and high-priority programs of the Government of Nepal, such as pregnancy tracking, institutional delivery, immunization, treatment, and MDT services for affected persons, including referral services for complications and management, among others. However, many regular services were hampered due to the COVID-19 pandemic. Due to lockdowns and emerging confusion surrounding unexpected disasters like COVID-19, almost all

activities were postponed, but the municipal teams gradually continued planning activities. Despite this, the ongoing crisis created additional challenges, including community members feeling scared, most people (both within and outside the country) losing their jobs, and the persistent threat of COVID-19. Therefore, program implementation strategies were adjusted accordingly. NLR Nepal, together with ID Model work municipalities, slightly modified the program implementation model to focus on disaster management, health promotion, and socio-economic revitalization to adapt to these emerging situations.

Most of NLR Nepal's activities in 2021 were conducted virtually. During that period, NLR Nepal's lobbying and advocacy efforts successfully led to modifications in the annual planning of ID Model work municipalities to reflect the changing conditions. We facilitated the ID Model work for municipalities, focusing on need-based socio-economic revitalization and strategies to overcome the COVID-19 pandemic. A process of promoting integration and reversal of integration, which began a few years earlier, continued as a key factor for the successful execution of this project in 2021. A health insurance program was launched in all ID Model work municipalities, with most offering premium-free access to persons with leprosy and disabilities. Additionally, plans include free education, scholarship schemes, livelihood opportunities, and options for persons affected by or with disabilities. The municipalities also aim to promote inclusiveness and behavioral change related to COVID-19 infection prevention activities.

### **Cross-cutting themes**

We continued our approach of 'together with COVID-19,' which we first adopted in 2020 in our programs, and we kept lobbying and advocating for all levels of government and other stakeholders accordingly. We mobilized CBRF in ID municipalities and directly or indirectly communicated messages to affected persons and persons with disabilities through existing OPDs/SHGs. Fortunately, the humanitarian and health crises did not impact the affected persons significantly; similar to other populations, many people affected by leprosy tested positive for COVID-19, but no deaths have been reported yet. The results for persons affected by leprosy receiving emergency aid in their communities were mixed, as treatment services continued smoothly, but social relief services, such as socioeconomic assistance, were hindered. Despite these challenges, there are no major issues of stigma related to leprosy and COVID-19, as leprosy-affected individuals were not excluded from COVID relief and treatment services in any way.

Gender has been considered a cross-cutting theme across all programs and beneficiaries, even though NLR Nepal does not have any gender-specific programs or interventions. In the context of Nepal, all implemented programs view gender discrimination as a sensitive issue and incorporate strategies to address these concerns. It is a well-known fact that leprosy stigma is significant in terms of gender and further impairment, with Nepal being no exception. Considering this, NLR Nepal has integrated gender-specific issues into every part of the programs. There were no separate achievements reported in 2021 aside from the usual accomplishments from previous years.

### **Organization**

The new national organization (NNGO) started functioning and took on responsibilities for all projects starting in 2021. The transition audit and the recommendations received have been incorporated into the development of the ToR for the Board, as well as the HR, Procurement, and Financial Manuals, the drafting of the IF strategy, and the PMEL framework. The organization also plans to draft an IT policy and social media guidelines. Despite the COVID-19 pandemic, inclusive development work continued with local governments. The organization has maintained good relations with the federal, provincial, and local governments. The annual audit has been completed, and the report has been produced.

## Financial report

A total of €493,569.58 (96.89%) was spent against the 2021 approved budget of €478,225.81 for the period January through December 2021, as detailed below.

### Budget Vs. Expenses: 2021

Code	Description	Budget	Expenses	%	Remarks
NP 001	Leprosy Program	€ 91,964.36	€ 84,475.01	91.86%	
NP 002	Disability Prevention through I2C	€ 33,264.51	€ 32,213.69	96.84%	
NP 003	Disability Inclusive Development	€ 64,829.27	€ 64,351.71	99.26%	
NP 004	Comprehensive WASH	€ 31,057.51	€ 38,744.47	124.75%	COVID expenses included
NP 005	System Strengthening	€ 88,927.21	€ 84,236.41	94.73%	
NP 700	Transition	€ 10,000.00	€ 12,363.40	123.63%	
NP 701	Capacity Building	€ 15,000.00	€ 248.11	1.65%	due to COVID-19 and certain banns by government could not gear up but will be done in 2022
NP 009	GIS	€ 38,139.40	€ 37,354.59	97.94%	
NP 010	Leprosy Milestone (Demonstration)	€ 50,515.72	€ 50,178.77	99.33%	
NP 012	PEP++	€ 54,181.11	€ 58,406.31	107.80%	
	Fire Tree (COVID-19 relief materials)	€ 7,957.74	€ 8,065.53	101.35%	
	GPZL (Leprosy Strategy Development)	€ 7,732.75	€ 7,587.81	98.13%	
<b>Totals</b>		<b>€ 493,569.58</b>	<b>€ 478,225.81</b>	<b>96.89%</b>	

## Conclusions

Despite the COVID-19 pandemic, the year 2021 remained very fruitful and productive. Almost all the planned projects and programs were successfully implemented and achieved the desired results with a high level of satisfaction. SDR PEP, as a preventive measure against leprosy to stop transmission, took proper shape. ID model work municipalities clearly own the ID/DID interventions and have incorporated them into their routine planning. Boundary partners gained sufficient knowledge and skills to support DID-related programs and projects.

## 3. Programme

### 3.1. Context Analysis

- The impact of COVID-19 in 2021 was similar to the previous year, 2020, on the organization and programs. However, since conditions this year were not as severe as last year, we were able to achieve more of our set targets and goals. Our learning from 2020 and the strategy of “together with COVID” were key reasons for our success in 2021. During the pandemic, deployed staff members worked effectively to meet the targets, as they were fully trained on

safety measures to prevent COVID-19. The trained staff members communicated with leprosy-affected individuals to raise awareness about COVID-19 complications and the precautions they needed to follow based on their medical condition. NLR Nepal developed a contextual COVID-19 guideline, which became the guiding document for activity implementation during the pandemic.

Rifampicin issues with nitrosamine content in different batches became another major obstacle in the early months of 2021, but it was gradually resolved afterward. NLR Nepal sent the stored Rifampicin to Germany to determine whether it contained nitrosamine, and the German lab confirmed that no nitrosamine was present. As a result, we were able to use the stock we had. Eventually, the company addressed the nitrosamine issue in the new batch of Rifampicin.

Table 1: Indicators on country level

Indicators on <b>country level</b>				
Annual new case detection rate in 2021	#	2113	Rate per 1,000,000	72
New child leprosy cases in 2021	#	101	Rate per 1,000,000 population of children	3.3
New grade 2 disabilities cases in 2021	#	95	Rate per 1,000,000 population	3.1
*Is the Zero Leprosy Roadmap by the National Leprosy Program under development?	Yes			

\*Zero leprosy roadmap is already prepared and is in the process of approval;

New leprosy cases detected and the new case detection rate (NCDR) increased in 2021 compared to 2020, while child cases and cases with Grade II disability decreased compared to previous years. All these indicators were higher in 2019 and earlier, but the trend suddenly started to decline from 2020, which continued into 2021, except for new case detections. A discrepancy was observed in the 2019 leprosy report between HMIS and WHO data. This was because WHO reported cases of leprosy from India treated in Nepal as cases in Nepal, leading to higher case detection numbers. These cases were not reflected in the HMIS system. However, during the COVID-19 pandemic, all borders with India were closed, so Indian cases were not reported, and only actual cases from Nepal were documented, totaling 2173 cases.

The quality of the National Leprosy Program as a whole is at a satisfactory level. The government's priority for the leprosy program remained consistent as one of the key health initiatives, and proper resource allocation was managed based on disease burden and endemicity. Preventive measures for leprosy, such as SDR PEP, continued to be a major effort to interrupt the transmission of leprosy in 2021. The implementation of SDR PEP, which has been ongoing since 2015 as part of the LPEP pilot project, has now become more organized. By 2021, we were able to reach and cover all districts, including most municipalities in NLR-supported provinces, with SDR PEP. The government allocated budgets for logistics and the supply of Rifampicin to support SDR PEP in all leprosy-endemic municipalities within endemic districts. The SDR PEP guideline, approved and published in 2020, is still being followed as the guiding document for the program.

Despite the ongoing unfavorable situation in 2021, NLR Nepal completed a research study titled "Geospatial methods of clustering leprosy case data for effective rollout or implementation of both PEP and new case detection initiatives," also called 'Core NTD GIS Mapping on leprosy.' We finished

the research, and the preliminary findings were shared through workshops. The Nepal government and all other partners are quite enthusiastic and impressed with the findings.

The Zero Leprosy Roadmap was initiated a few years ago through the joint efforts of GPZL, WHO, and other partners. It was developed during the leprosy in-depth review and included a couple of virtual sharing meetings with relevant partners. The Zero Leprosy Roadmap has been finalized and approved by the MoHP. After completing the roadmap, the government, supported by GPZL, WHO, NLR, and others, began developing the National Leprosy Strategy 2021-2030 for Nepal. An initial workshop for the strategy was held in December 2021, and the process to finalize the new leprosy strategy is still ongoing. The government is leading the effort to finalize this document, which is expected to be completed within 2022.

NLR Nepal initiated another pilot in 2021 under the project named “NLR & SDR PEP, One more Leprosy milestone in Nepal.” This was an investment fund project by NLR with the goal to prove the effectiveness of SDR PEP in reducing transmission through demonstration to stakeholders in five other provinces, in collaboration with the government. The strategic aim was to ensure a joint venture between NLR (NNGO) and LCDMS (government) focused on the proper use of existing resources for leprosy prevention and control within a three-year period. The main focus of this project was to demonstrate SDR PEP interventions in other provinces by fostering collaboration between government and non-government organizations, so they would continue leprosy prevention efforts in those areas. This initiative was launched because previous resources allocated for this purpose were not utilized due to lack of knowledge and experience, and NLR was asked to serve as a model demonstration. Despite the challenging circumstances of the COVID-19 pandemic, the project was successfully implemented, reaching four districts across four provinces in 2021, meeting our target. The project will extend to one more district, Jajarkot in Karnali Province, starting in 2022. Details of this project are included in the annex.



## 3.2. Zero Transmission

### 3.2.1. Context Analysis

Nepal is one of the countries endemic with leprosy worldwide. The new case detection rate has remained stable over the last decade. This clearly highlights the need for additional strategies for the LPEP piloting, which began in Nepal in 2015. The leprosy program initiated by NLR Nepal, including PEP interventions as part of 'Stop Transmission of Leprosy,' aims to achieve a true interruption in transmission, overcome stagnation in new cases, address ongoing transmission of *M. leprae*, and promote active case-finding activities.

During the country lockdown due to COVID-19 and mainly during the virtual scenario in 2020, the Leprosy Control and Disability Management Section (LCDMS) developed and published SDR-PEP guidelines in line with WHO recommendations. NLR Nepal was entrusted with the responsibility because of its recognized expertise in the country to contribute to drafting the SDR PEP guideline. NLR Nepal took the lead in drafting the manual, which was approved by the Ministry of Health and Population. This not only provided a formal basis for the promotion and continuation of SDR-PEP interventions in the country but also created an environment to promote preventive measures against leprosy sustainably. Additional developments in 2021 included the approval of the National Zero Leprosy Roadmap and the initiation of the development of the National Leprosy Strategy.

The organization has organized several meetings to induct the new head of LCDMS and familiarize him with the program of NLR Nepal. The understanding has gradually developed between LCDMS and NLR Nepal.

SDR-PEP interventions continued in 2021 with appreciative coverage of remaining index cases and their contacts. These numbers are from areas supported by NLR (3 districts from Province 1 and 4 districts from Sudurpaschim Province), along with an additional 4 districts covered by the investment project, totaling 11 districts in 2021. The following are the details of SDR-PEP implementation:

Item	Unit	Sub unit	2015	2016	2017	2018	2019	2020	2021	Total
Numbers of Index cases Covered	Gender	Male	196	166	222	280	643	218	1397	3122
		Female	253	186	268	365	1000	305	1893	4270
		Total Gender	<b>449</b>	<b>352</b>	<b>490</b>	<b>645</b>	<b>1643</b>	<b>523</b>	<b>3290</b>	<b>7392</b>
Numbers of the districts covered	Number	Number	2	2	5	8	18	9	11	27
Numbers of the Municipalities covered	Number	Number	1	30	55	59	122	30	83	189
Numbers of the contacts listed	Gender	Male	6069	6139	7000	8898	9197	5579	36522	79404
		Female	5789	6153	6862	8301	8569	5384	34886	75944
		Total Gender	<b>11858</b>	<b>12292</b>	<b>13862</b>	<b>17199</b>	<b>17766</b>	<b>10963</b>	<b>71408</b>	<b>155348</b>

Item	Unit	Sub unit	2015	2016	2017	2018	2019	2020	2021	Total
Numbers of absent & refusals	Numb ers	Absent	10	48	467	1315	1937	1438	5410	10625
		Refusals	0	0	0	1	49	2	300	352
		Total	10	48	467	1316	1986	1440	5710	10977
Numbers of the contacts screened	Numb er	Number	11848	12244	13395	15883	15780	9523	65698	144371
Numbers of contacts with SDR administration	Numb ers	Number	11534	11675	12232	13781	14094	8765	60074	132155
Numbers of Leprosy Detected	Numb ers	HouseH old	14	16	17	15	0	2	4	68
		Neighbo r	47	26	24	22	5	2	18	144
		Social	0	3	0	0	0	0	1	4
		MB	19	10	10	12	3	2	11	67
		PB	42	35	31	25	2	2	12	14
Total	Total		61	45	41	37	5	4	23	216

Note: This table included the data from eleven districts and the gender ratio calculated accordingly

### 3.2.2. Project Analysis

Table 2: Projects under Zero Transmission

Project code	Name project related to Zero Transmission in 2021
NP001	Leprosy Program
NP005	System strengthening
NP009	COR-NTD GIS mapping
NP010	Leprosy milestone – NLR Investment fund
NP012	PEP++ Nepal

#### Project 1. Leprosy Program

Since the last couple of years, interruption of leprosy transmission through SDR PEP has remained a main pillar of the Leprosy Program, with the priority staying the same for 2021. In 2020, we followed the old LPEP model, which didn't provide sufficient coverage for all index cases in the infection areas, so we modified the model and called it "drive" as the coverage increased for this project. We slightly adjusted our SDR PEP approach to the 'Drive' model in 2021. Additionally, we changed our operational strategy to 'Mop-up' at the field level, mainly applicable to leprosy-endemic districts and municipalities. By the end of 2021, we reached 155,994 contacts of 7,142 index cases. The "Mop-up" approach was borrowed from the Polio program, where field workers cover every case in the municipality and only move on to another municipality after complete coverage, with the same process repeated. The SDR program reached 183 municipalities across 27 districts (including 4 additional districts from NP010); a total of 145,221 contacts were screened, and 134,120 contacts

received a single dose of Rifampicin. During these SDR PEP interventions, a total of 221 new leprosy cases were identified throughout the project duration, along with 43 TB cases, and 28 new leprosy cases were detected in 2021 alone.

Main targets and achievements of the 2021 leprosy program in NLR Nepal-supported areas are as follows;

SN	Indicators	Achievements
1	Number of Districts covered with PEP interventions	27
2	Number of health workers gained skill on PEP	991
3	Number of volunteers & others aware on leprosy	1040
4	Inventory of leprosy affected persons established	2102
5	Inventory of leprosy service centers established	482
6	Number of municipalities rolled out of SDR PEP interventions	183
7	Number of new leprosy cases detected from SDR	221

The following are the major achievements of the leprosy program of NLR Nepal:

- 1) Enhancement of PEP interventions.
- 2) NLR Nepal has been advocating with the government for the endorsement of leprosy into the National Health Policy.
- 3) The federal government has allocated resources for the leprosy program due to continuous efforts by NLR Nepal.
- 4) Development and updating of policy documents on leprosy.
- 5) NLR Nepal led and participated in the development of leprosy guidelines and manuals.
- 6) Early case detection, treatment, management of complications, and appropriate referrals, including the adaptation of preventive measures, were incorporated with SDR PEP intervention.
- 7) Supporting lobbying and advocacy to promote the implementation of program activities in respective municipalities.
- 8) Support for the scaling up of regular and innovative approaches in leprosy, where “drive approach” and “mop-up approach” were adopted.

The main changes in the behavior of the key actors, i.e., Boundary Partner and ID Model Municipality, were very positive. All the planned interventions were well executed and found appropriate in 2021.

## Project 2. System strengthening

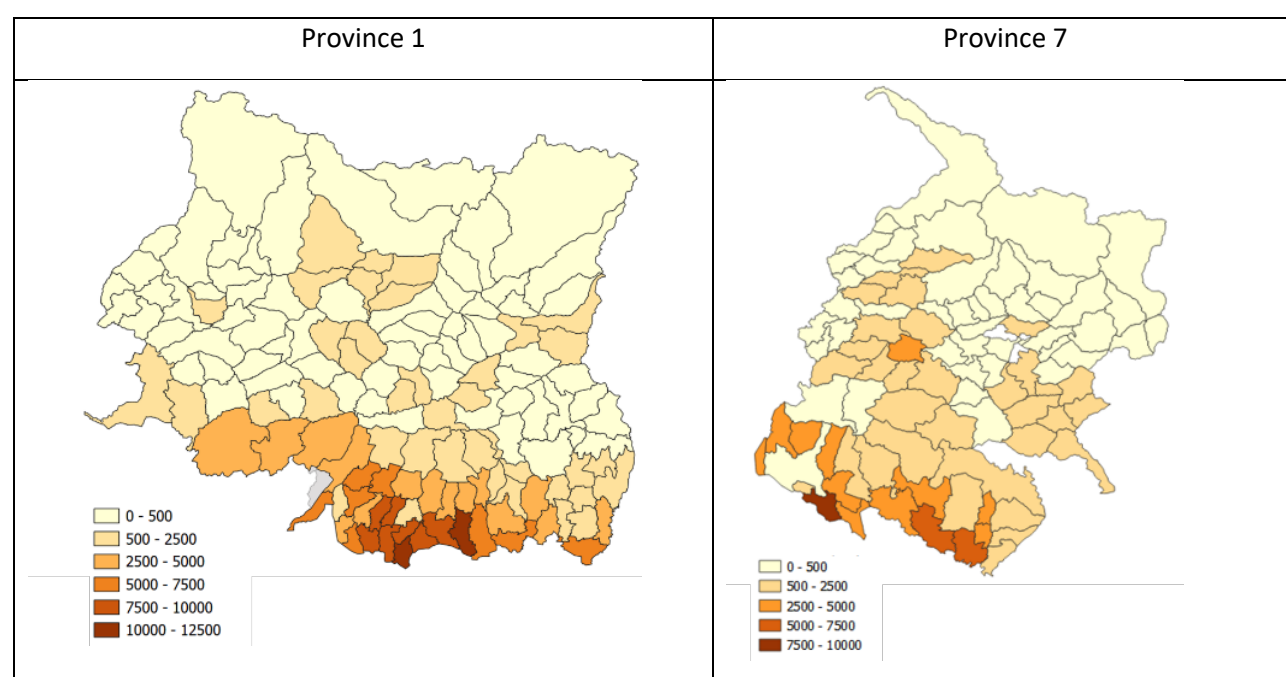
System strengthening is a cross-cutting issue for all planned projects and related interventions. It involves capacity enhancement of staff, boundary partners, and stakeholders; promoting good governance practices among partners and community-based organizations, such as OPDs; and improving PMEL-related interventions like case studies, interactions/interpretations, outcome harvesting, outcome substantiation, and making use of findings. Empowering persons affected and persons with disabilities remains the core agenda in 2021.

During this period, a total of 991 health workers and 1,040 volunteers received training on Comprehensive Leprosy Training, Basic Leprosy Training, and Orientation of SDR PEP. Additionally, 482 health institutions were supported in leprosy and disability-related interventions, and 21 monitoring and review meetings were held at various levels.

### Project 3. COR-NTD GIS mapping

This study examined how various geospatial and statistical clustering techniques can be used on leprosy case data from Nepal, Myanmar, and Tanzania to identify clusters and guide detection and prevention efforts, such as implementing post-exposure prophylaxis (PEP) based on established best practices. The distribution of leprosy cases tends to be concentrated in specific areas, known as clusters. These clusters can be detected through case mapping and spatial epidemiological analysis.

The resulting maps may reveal regions where people are at higher risk of infection and thus require preventive treatment. In this project, the geo-coordinates of 13,338 and 4,414 individuals affected by leprosy, registered at health centers from 1983 to 2021 in Province 1 and Sudur Paschim Province (formerly Province #7), were collected between October 2020 and September 2021. Based on this data, the following maps were created for the two provinces.



### Project 4. Leprosy milestone – NLR Investment fund

With the objective, "To prove the effectiveness of SDR PEP in reducing transmission through demonstration to stakeholders in five other provinces in conjunction with the government," the SDR PEP demonstration of the leprosy milestone project started in Nepal in 2021. As planned, we were able to cover 22 municipalities across 4 districts- Saptari, Chitwan, Nawalparasi Purba, and Bardiyaa- in 4 provinces of Nepal, which go beyond NLR-supported areas. During this period, a total of 244 health workers and 580 volunteers were trained on leprosy and SDR PEP. A total of 21728 contacts of 1306 index cases in those areas were administered a single dose of Rifampicin. During these PEP interventions, a total of 7 new leprosy cases were detected, and detailed data are tabulated below.

Item	Unit	Sub unit	Total in 2021
Numbers of Index cases covered	Gender	Male	742
		Female	564
		Total Gender	1306
Numbers of the districts covered	Number	Number	4
Numbers of the Municipalities covered	Number	Number	22
Numbers of the contacts listed	Gender	Male	11932
		Female	12478
		Total Gender	24410
Numbers of absent & refusals	Numbers	Absent	1401
		Refusals	135
		Total	1536
Numbers of the contacts screened	Number	Number	22874
Numbers of contacts with SDR administration	Numbers	Number	21728
Numbers of Leprosy Detected	Numbers	House Hold	2
		Neighbour	4
		Social	0
		MB	1
		PB	6
	Total	Total	6

Note: This table includes data from only 4 districts covered by the investment project, and the gender ratio is calculated accordingly.

SDR PEP introduced a new approach and modalities in provinces of Nepal outside the NLR-supported areas. All provincial and local level stakeholders, who became familiar with leprosy prevention measures, found the program quite encouraging and provided sufficient support for its implementation, which is key to changing the behaviors of those involved in this project. All the interventions set were very appropriate to achieve the desired results.

#### Project 5. PEP++ Nepal

PEP++ is an enhanced post-exposure prophylaxis regimen that involves three doses of Rifampicin and Clarithromycin administered on days 1, 29, and 57 (every four weeks) to contacts of a case. This project has been initiated in Madhesh Province (formerly known as Province 2) of Nepal, primarily to cover the leprosy hyper-endemic districts of Dhanusha and Mahottari. The objective is 'to interrupt the transmission of *M. leprae* in the project intervention areas, which will eventually lead to zero new cases of leprosy in these regions.' In 2021, ethical approval was obtained from NHRC, the responsible government authority of Nepal for research. The Project Coordinator, Accounts/Admin personnel, and

district supervisors have been recruited, a field office has been set up at Bardibas in Mahottari district of Madhesh Province, and preparations for 2022 are underway.

### 3.2.3. Programme Analysis

During 2021, new leprosy case detection in Nepal decreased to 2,113 from 3,200. There are different opinions on this, but the reality is that the results of LPEP/SDR PEP began to be reflected in the reduction of new leprosy cases in Nepal. This is the main achievement of the NLR-supported SDR PEP in the country. Similarly, since 2021, more than 90% of detected cases have been updated in the leprosy inventory along with GIS mapping in areas where NLR Nepal is working, which is considered one of the significant achievements of NLR Nepal's Stop Transmission program. These results are supported by trend analysis of new case detection over the last 20 years, showing a declining trend. For leprosy-endemic areas, mapping and clustering have been done to facilitate need-based program prioritization, but only in the areas supported by NLR.

The major interventions contributing to these results are;

**Lobby & advocacy meetings:** These meetings were held at various levels (federal, provincial, municipal) to identify needs and gaps and to allocate resources effectively. Since government ownership and support from all relevant stakeholders are essential, these interventions were given high priority in 2021.

**Capacity enhancement of health workers & related stakeholders:** Training and orientation sessions on leprosy and LPEP were held at various locations in 2021. The technical and managerial issues were discussed and clarified to ensure that health workers, volunteers, and others involved understood the steps and methodologies for proper implementation of the interventions.

**Planning workshops & review meetings:** Planning and review are ongoing interventions that help encourage the BPs and others to analyze progress against the set targets. Meetings were conducted at federal, provincial, and municipal levels as per the identified needs.

**Logistics & management:** Recording and reporting forms, formats, and associated documents, along with Rifampicin, were made available at all locations. The government provides the Rifampicin, while the supply system is managed by NLR and its BPs.

**Monitoring as action learning:** Monitoring visits along with on-the-spot training remained an ongoing process during this period. Sharing learnings and providing feedback at the program implementation level helped the program's execution become more effective and kept it on the proper track. Utilization of IT: For proper recording and reporting as well as to update GIS mapping, we developed Mobile Apps in 2020, which continued for data collection and reporting until 2021.

We modified two aspects of SDR PEP in 2021: 1) adopting the 'Drives' approach of PEP, and 2) implementing a Mop-UP strategy to clear retrospective cases in municipalities. These changes produced significant results compared to previous years. Demonstration of SDR PEP remained another milestone toward the goal of stopping leprosy transmission in other provinces, where all stakeholders became enthusiastic about reaching the target of leprosy-free areas.

### 3.3. Zero Exclusion

#### 3.3.1. Context Analysis

The project 'Disabilities Inclusive Development as Zero Exclusion' aims to create disability-friendly communities where community-based organizations, government agencies, and other relevant stakeholders engage in intensive discussions, each becoming responsible and accountable for fulfilling the rights of persons with disabilities as outlined in laws, policies, and programs. The main goal of the program is to enable persons with disabilities to enjoy equal rights, equal opportunities, and a barrier-free environment that is adapted to meet their needs for independence, convenience, and safety. It also involves the interactive inclusion of persons with disabilities into society so that they can actively participate as contributors to development and lead normal lives. The knowledge, attitude, and practices of municipality authorities in 15 ID model work municipalities have shifted towards this goal, resulting in the establishment of many policy provisions and a positive environment.

- In 2021, alongside regular activities, the zero exclusion project focused on three main areas, which are as follows: The achievement of this project is linked with SDG goals and indicators. It was expected that this would reflect lessons learned for replication with recommendations before phasing out some projects in 2022. Out of the 15 Model work municipalities, SDG goals and indicators are partially domesticated in 7 municipalities. In 4 municipalities, about 60% of results were linked with SDGs. The low capacity of municipalities in terms of human resources, knowledge, and understanding became the main barrier in this process. There is insufficient human resource, and the newly recruited executive staff lack understanding of development issues because they do not have much experience in that field. Similarly, due to the lack of periodic review meetings over the last two years, this process could not be completed.
- The Boundary Partners and local OPDs are empowered to assume full responsibilities after phasing out our ID projects, ensuring the program's sustainability and ongoing support to the local government. Several virtual and in-person sessions and review meetings were conducted in 2021 to enhance the capacity of Boundary Partners. They are now sufficiently empowered and capable of independently taking over ID projects, and have already assumed leading roles in the program and projects. Providing some backup support remains an important factor to further improve performance.
- Local community facilities are improved so that the program continues even after the phase-out of NLR projects. Along with the boundary partners, local community facilities such as health institutions and others are also empowered and adapted based on the ID concept, including its components. Furthermore, this part of the program has already become routine work in those municipalities.

A process of promoting both integration and reversible integration, which began a few years ago, continued to be a key factor for the successful implementation of this project in 2021. The Health Insurance program has been introduced in all the ID model work municipalities, with most of them providing premium-free access to persons with leprosy and disabilities. Free education, scholarship schemes, livelihood opportunities, and options for persons affected or persons with disabilities, along with inclusiveness and the promotion of inclusion—aimed at ensuring behavioral change related to COVID-19 pandemic and infection prevention activities—are already part of the plans of the ID Model work municipalities.

Disability Prevention (Inspire2Care) is a project that focuses on preventing birth-related impairments and disabilities, both prenatally and during birth. It concentrates on activities aimed at improving maternal and child

health, such as promoting registration of pregnancies at health institutions, providing pregnancy care including nutrition, immunization, and regular antenatal checkups, planning for delivery, and encouraging institutional delivery, along with awareness activities. The project emphasizes identifying children with impairments or disabilities through detailed assessments and developing individualized rehabilitation plans to provide interventions tailored to each child's assessment results.

In 2021, along with regular activities, there were three specific focus areas for changes in the zero disability project, which are as follows;

- Compulsory provision of Folic Acid to “Golden Thousand days’ mother”: This is one of the government program's priority areas but has not yet been implemented in all municipalities. In collaboration with the municipality authorities of ID model work municipalities, we aimed to promote this in all 15 municipalities, but this goal was only partially achieved because the program was significantly hindered by the COVID pandemic.
- Coverage of 4th ANC among 1st ANC: Due to several reasons, the 4th ANC among 1st ANC is relatively very low in almost all the municipalities. Because of the COVID-19 pandemic, no further actions could be taken, and the target set for this again was not achieved in 2021.
- Leprosy education and screening of all ANC/PNC visitors at health institutions in model work municipalities: All 15 ID model work municipalities have begun educating and screening ANC/PNC visitors for leprosy. However, there is a lack of well-trained and experienced staff to diagnose leprosy. We have provided basic training to ANMs, but it appears to be insufficient for proper diagnosis because, despite the training, they cannot fully implement it due to a lack of proper mentoring and frequent government staff transfers. When staff are transferred, they often need additional training for diagnosis. Transfers also mean that trained staff may be moved to non-endemic areas, so despite their training, they may not get the opportunity to practice their skills.

Similar to 2020, the impact of COVID-19 remained higher on disability prevention projects and their components in 2021. Due to restricted movement and social distancing measures, activities such as pregnancy tracking, home visits by CBRFs, school-related activities, institutional deliveries, and others were mostly hampered. All indicators related to the maternal and child health program declined. Frontline health workers remained busy with COVID-19-related activities for most of the year, and community members were often afraid to visit and consult health institutions and health workers.

### 3.3.2. Project Analysis

Table 4: Projects under Zero Exclusion

Project code	Name project related to Zero Exclusion in 2021
NP003	Disabilities inclusive development
NP004	Comprehensive WASH with COVID response
NP002	Disability prevention through I2C

#### Project 1. Disabilities Inclusive Development

In general, the activities in 2021 were similar to those of the previous year, but more emphasis was placed on: inclusiveness and promoting inclusion, ensuring behavioral change related to the COVID-19 pandemic, and infection prevention activities; as well as empowerment and income-generating



activities, which resulted in the best revival of the socio-economic situation due to the COVID-19 pandemic and crisis. The general outputs of the disability prevention program in 2021 were as follows;

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/OPD	110
Number of municipalities establishing DIDRR unit	Municipality	15
Percentage of user-friendly public places (Universal design)	Place	40%
Number of schools upgraded to provide inclusive education	School	110
Percentage of Persons with disability covered by health insurance	Person	6%
Percentage of out of school children still not enrolled in school	Persons	5%
# persons with disability / family involved in cooperatives	Person	105
Number (minimum) of Leprosy affected persons included as a member in each DPO	People	139
Number of Leprosy affected persons linked with relevant organizations for income generating activities	People	80
Percentage of profile updated of PWD's	Person	19%
Numbers of Persons with disabilities Provide treatment	Person	49
Numbers of Persons with disabilities Provide protective / assistive devices	Person	402
Numbers of WASH Committees formed in the Municipalities	Number	37
Numbers of Municipalities with proper planning on WASH as per protocol	Number	7
Numbers of Municipalities declaration with total sanitation places	Number	0

Regarding the main outcomes of the ID Model work in municipalities on DID; they are aware of inclusion and inclusiveness. Many policy provisions for DID are already in place. Policy vaporization, which was the main problem before, is continually decreasing. Discussions have been organized on barriers faced by persons with disabilities and how to remove them. School enrollment has increased, and the number of children out of school has drastically decreased. Services needed, especially for persons with disabilities or leprosy, are available, and right holders are aware of these services and provisions. Livelihood opportunities and access to them have increased. Appreciative initiatives have started to promote social justice and equal rights. Due to the introduction and implementation of the DID project, the perception and mindset of municipality authorities and other community stakeholders have changed. The attitude of authorities has positively shifted, and the capacity of the ID municipality has been enhanced. However, this is not sufficient yet, as these organizations are still new, and change takes time. People have begun to perceive leprosy and disabilities from a rights-

based perspective, although charity still dominates. The main perception among community members and other stakeholders regarding leprosy and disabilities has shifted toward acceptance.

In 2021, the majority of planned interventions such as treatment, devices, empowerment, and capacity enhancement related to counseling were livelihood, surgery, and referral for complications. These efforts started in 2021, but more are planned for 2022. Regarding education-related interventions, only a few months of the year were relatively feasible, while all educational institutions remained closed during the rest of the year.

The main points regarding the key behavior changes of the actors (Boundary partner and Municipality within NLR Nepal's working area) in 2021 are: 1) Adopted both integration and reversal integration in rehabilitation services and systems. While integration means that general rehabilitation services include leprosy-related rehabilitation, reversal integration indicates that leprosy service centers are open to general rehabilitation services; 2) Ensured interactive participation of persons affected in OPD sessions; 3) Proper understanding and implementation of policy provisions regarding DID; 4) Lobbying and advocacy against stigma and discrimination.

#### Project 2. Comprehensive WASH with COVID response

Similar to 2020, comprehensive WASH identified one of the most valuable and relevant projects to combat COVID-19 and emerging phenomena related to it in 2021. As a result, the interventions planned under this project were fully utilized for COVID-19 prevention. The managerial components or frameworks that form the backbone of comprehensive WASH, such as the formation and updating of M-WASH-CC/M-WASH-CC and capacity enhancement of those committees, were given less priority. However, efforts were still made to improve sanitation, health, and hygiene conditions in communities, including hand washing practices, family and individual cleanliness, maintaining social distances, and so on.

### **3.3.3. Programme Analysis**

Leprosy-related disability has been fully integrated with general disabilities, and the local government has embraced this concept as the main achievement of 2021. Furthermore, good governance practices, the establishment of annual and periodic planning, and the updating and publication of municipal profiles are major accomplishments achieved by the program.

Percentage of persons with disabilities and families involved in cooperatives; minimum number of leprosy-affected persons included as members in each OPD; number of leprosy-affected persons linked with relevant organizations for income-generating activities; number of leprosy-affected persons who received counseling for mental well-being from CBRF (community-based rehabilitation facilitators) and self-help groups; percentage of user-friendly public places (Universal Design); number of schools upgraded to provide inclusive education, and so on, are the major highlights of the results in 2021. Despite the pandemic, these achievements continued throughout the program.

Boundary partners and municipalities did not continue social audit practices in 2021. Some of the important assessments, such as the accessible audit jointly planned with NFDN and other partners, could not be carried out in 2021. For comprehensive WASH, main targets, such as declaration of health and hygienic areas and declaration of total sanitation areas, could not even be initiated in 2021.

One of the major consequences of COVID in Nepal was that many people lost their jobs, which created a significant socio-economic crisis everywhere. Our ID municipalities also faced the same problems. To address this crisis, we designed and developed socio-economic revitalization strategies and helped the municipalities, with some parts of DID being modified in this regard. Comprehensive WASH became one of the best models during that period, and its achievement status was later updated to a COVID-19 friendly model. Details on CWASH are already mentioned above.

#### Project NP002. Disabilities prevention through I2C

In 2021, the sensitization of target groups such as Golden Thousand Days Mothers was carried out in all 15 municipalities. Training and orientation of service providers and right holders continued, but home visits and follow-up by CBRFs were hampered by COVID-19. Activities such as antenatal and neonatal care, as well as promotion of institutional delivery including routine immunization, persisted. The general outputs of the disability prevention program in 2021 were as follows;

Activities	Unit	Achievement
Health staff trained on prevention of disabilities	Person	334
Health staff sensitized on stigma (Leprosy/disability)	Person	245
Marriage registration	Number	6024
Number of golden thousand days women consulted	Number	14005
Number of golden thousand days women with individual profiles	Number	2117
Numbers of pregnant women	Number	8887
ANC among pregnant	Number	10257
ANC 4th among ANC First	Number	5476
Institutional delivery among pregnant	Number	4790
Mothers with full course of Iron tablets (225 tab)	Number	6117
Live birth	Number	4802
Birth registration	Number	5763
Immunized infants aged under one year	Number	10529
Malnourished children under five years followed up	Percent	1
Numbers of pregnant women received Folic Acid	Person	292
Leprosy screened during ANC/PNC	Person	58%
Referral of complicated delivery	Person	0
Numbers of trained manpower in birthing center	Number	292

As stated above, all the indicators are below the level of satisfaction and lower than previous years. Health staff were sensitized on stigma (Leprosy/disability), the number of “Golden Thousand Days Mother” consultations, and leprosy screenings during ANC/PNC, which were comparatively successful, whereas the remaining efforts were hampered due to COVID-19.

#### **Main changes in the behavior of the actors:**

Community groups' behavior regarding health and hygiene practices has improved; the Best Wishes program has been properly implemented across all municipalities and continues to operate effectively; Local Government has localized policy provisions for the Maternal Child Health program; the National Federation of Disability Nepal has developed better coordination with the Karuna Foundation Nepal and the provincial government for joint efforts to enhance I2C activities; the Nepal National Social Welfare Association has gained sufficient knowledge and skills to independently carry out I2C activities in their catchment areas and has established links with government provisions and services.

#### **3.3.4. Programme Analysis**

Similar to 2020, 2021 was not very encouraging in terms of results and achievements. During this period, ANC 1st visit coverage was 66%, while ANC 4th visit among those who had their 1st was 44% in the ID model work municipalities. Coverage for immunizations, marriage and child registration, institutional deliveries, and other services did not meet expectations. Although the number of trained health workers (SBA) reached 292 and infant mortality decreased to 10 per 1,000 live births, the overall situation remains somewhat poor. All the municipalities have planned and initiated programs for folic acid.

The integrated approach to managing disease suspects and their referrals has continued across all MCH-related activities and interventions, such as suspect identification and referrals for Leprosy, TB, and others. Likewise, CBRFs and volunteers have maintained orientation sessions at immunization clinics and other gatherings. Mothers' meetings are now more manageable than before, even though the number has decreased due to COVID-19. All these management-related activities have seen improvements, especially in interventions aimed at preventing disabilities.

NLR's BPs, such as municipalities, NFDN, and NNSWA, have sufficiently developed their skills and capacities for disability prevention projects and related interventions. The Provincial Government of Province 1 has already decided to replicate disability prevention interventions across all 137 municipalities of Province 1, in collaboration with Karuna Foundation Nepal, and both organizations have allocated budgets accordingly. This program has already covered more than 80 municipalities in Province 1, but they were unable to expand to more municipalities in 2021.

### **3.4. Cross-cutting themes**

#### **3.4.1. Stigma**

From several virtual meetings and workshops held at the international level, we became aware of the disproportionately negative impact on persons affected by leprosy in many countries. We continued our approach of 'together with COVID-19,' which we first adopted in 2020 in our programs, and persisted in lobbying and advocacy efforts with governments and other stakeholders. We mobilized CBRFs in ID municipalities and directly or indirectly communicated messages to persons affected by leprosy and persons with disabilities through existing OPDs/SHGs. Fortunately, the humanitarian and health crises did not affect persons affected by leprosy, similar to other populations; many persons reported COVID-19 infections, but no deaths have been reported so far. The results for persons affected by leprosy regarding emergency aid in their communities were mixed: treatment services continued smoothly, but social relief services such as socio-economic assistance were hindered.

However, there are no major issues of stigma associated with leprosy and COVID-19, as persons affected by leprosy were not excluded from COVID relief and treatment services in any way.

Regarding COVID-19 vaccination status, persons affected and persons with disabilities are treated the same as other community members, and no discrimination issues have been reported yet. We have successfully implemented targeted campaigns by maintaining better coordination and cooperation with municipal authorities to serve these groups in both prevention and treatment of COVID-19 infections. Most of the persons affected and persons with disabilities received disaster-related charity support through a partnership between NLR Nepal and FIRETREE in one municipality.

We conducted orientation sessions in ID model work municipalities, using WHO guidelines on NTDs in the context of the COVID-19 pandemic in 2021, through CBRFs and health workers. Since we found no differences regarding COVID-19 and leprosy-related issues, such as disparities due to stigma, no separate data has been collected.

### 3.4.2. Gender

Gender has been regarded as a cross-cutting theme across all programs and their beneficiaries, even though NLR Nepal does not have any gender-specific programs or interventions. In the context of Nepal, all implemented programs consider gender discrimination as a sensitive issue and include measures to address these concerns. It is a well-known fact that leprosy stigma is significant when it comes to gender and impairment, and Nepal is no exception. Considering this, NLR Nepal has incorporated gender-specific issues into every part of its programs. There were no separate achievements in 2021 apart from the usual progress made in previous years.

## 3.5. PMEL

NLR Nepal is adopting outcome mapping as a PME tool/approach, with PMEL being the main focus area. The major activities conducted in 2021 related to PMEL are as follows;

### **A. As a part of regular PME the following activities are conducted:**

- Regular monitoring visits for SDR PEP implementation and ID model work
- On-site coaching and monitoring visits to the ID municipalities and BPs
- Facilitation of monitoring visits from the Government counterpart.
- Monitoring and visits for the field projects and offices
- Planning meeting with the staff and BPs
- Periodic review meetings

### **B. As a part of PMEL, the following activities are conducted:**

- Drafted PMEL-specific strategic documents
- The individual monthly planning and the reporting system were continued to track the functioning of our staff.
- Harvesting substantiation of Outcomes
- Collection, analysis & interpretation of journals (outcome journals and strategy journals)
- Comparative analysis of organizational practices
- Staff orientation on developmental PME
- Follow up on outcome harvesting steps, such as designing the harvest, reviewing documentation, drafting outcomes, engaging BPs board and staff, analyzing and interpreting data, substantiating findings, supporting the use of findings, and making strategic decisions.

Activities under section B above are still under practice and new for the year 2021

## 4. Organization

### 4.1. Quality Assurance

NLR recognition as a pioneer for SDR PEP in Nepal has continued and was further validated in 2020. Alliance documents and the transition plan became effective mainly after signing in 2020, and the new national organization (NNGO) started operating, taking responsibility for three out of five projects in 2020. The transition audit and the recommendations received have been incorporated into the development of ToR for the Board, HR, and Finance, as well as procurement manuals, the drafting of the IF strategy, and the development of the PMEL. The organization also planned to draft an IT policy and social media guidelines. Budget preparations were completed for both the branch office and the national organization. Despite the COVID-19 pandemic, the inclusive development activities continued in partnership with local governments. The relationship with federal, provincial, and local governments has been maintained throughout. The organization's annual audit has been completed, and the report has been produced.

The technical expertise and support for the national program and peripheral level have been monitored to ensure proper functioning. Since our boundary partners implemented all planned activities and the NLR Nepal staff facilitated, guided, and monitored their work, quality assurance remains a key concern. The social audit, a regular activity at various project sites by our boundary partners as a mandatory government-mandated exercise, could not be carried out this year due to various reasons. Additionally, the Project Advisory Committee (PAC) meeting scheduled for December at the federal level could not be held because of COVID-19.

Funds flow to NLR-supported projects was channeled from IO through CO to the projects on a quarterly basis. NLR funding for leprosy control and inclusive development was directed through our boundary partners and local government. The monitoring mechanism, as well as observations from auditing reports, was maintained throughout the year. The financial audit was conducted by an internationally affiliated audit firm, as required by NLR IO and the Government of Nepal.

Participatory review meetings with NLR staff, partners, and right holders were organized each quarter. The individual monthly planning and reporting system continued to monitor staff activities. An organization-wide and staff-specific calendar and planning document for 2021 was created at the start, and the 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-19 responses) were submitted on time. No deadlines were missed in 2021. The annual plan and budget for 2022 were prepared on schedule and sent to the IO. The funding agreement was finalized in January 2022 due to delays during the transition process. Additionally, meaningful participation took place in all council of chairs meetings, Round Table, and bilateral meetings. Support was also provided to ensure the successful conduction of NLR Nepal (NNGO) board meetings. The previous NLR Nepal Country Director completed his term in December 2021, and the position was converted to Executive Director as part of the transition. The new Executive Director joined the organization effective December 1, 2021.

## 4.2. Security and Risk Management

The country was on lockdown during the second quarter of the year. Various restrictions due to the ongoing pandemic have created difficulties at the field level. The shift in the government's priority toward COVID-19 has also affected the leprosy control program to some extent, as more focus was placed on COVID-19 management and vaccination, leading to less time and effort dedicated to leprosy. Even with COVID-19, our major achievements were not significantly affected because we adopted the strategies 'Living together with COVID-19' and 'Working together with COVID-19'.

Our assumption that "Government priorities might change due COVID-19 crisis/pandemics so that maximum resources will cut down and then activities to be diverted to other fields or to manage crisis specifically for zero transmission" was not applicable and did not hinder the program as a whole. Similarly, the government didn't insist on shuffling planned projects or diverting existing resources to COVID-19-related crisis management, as was done in 2020.

The NLR codes of conduct were updated in 2019 and are followed strictly along with the provisions of periodic updates. All staff members are oriented and required to sign the "code of conduct" at the time of their first employment contract with NLR Nepal. Briefings on security and risk management were conducted during staff review meetings throughout 2021. A focal person has been assigned to handle security and risk issues and has been oriented by the Association for INGOs (AIN). This focal person circulates regular emails about security updates and special alerts for the country to all staff of NLR Nepal. The weekly security and special alerts are distributed to staff, received from AIN and the UN office in Nepal. The Whistle Blower policy and anti-fraud policy were also shared with all staff during the review meetings.

Regarding other security and risk management issues we estimated for 2021, such as, "If the COVID-19 crisis is completely resolved in Nepal, Sudur Paschim Provincial Government may ask NLR to support replicating ID Model work in most municipalities. In that case, we should clarify whether to expand our support," this did not happen in 2021. For funding issues, such as, "If the current budget ceiling continues to decrease, especially in program budget and cutting down the NLR 2020 budget, NLR Nepal will face a crisis in maintaining our legacy in Nepal," this was also addressed at the desired level.

## 4.3. Fundraising

In 2021, our financial target was €66,000, of which 23% was achieved by the end of the year. Besides the financial goals, other objectives set in 2020 were also accomplished. These included establishing a more effective Institutional Fundraising department, hiring staff and consultants, increasing grant proposal development and submission, and expanding local networking and consortium development. In 2021, we submitted four proposals, and one on Impact Evaluation for SDR PEP, submitted to LRI, was accepted. Additionally, we explored partnership and funding opportunities with other organizations working in Nepal; further strengthening relationships with consortium partners involved in leprosy, other NTDs, and disabilities for joint resource mobilization and interventions.

An established IF department, with a previously developed donor mapping and grant searching mechanism, has ensured smooth functioning of work to a certain extent. Our long-term relationships

with consortium members have also helped us expand our network and strengthen ties with various new organizations for future joint proposals. Being a recipient of the LRI call for a research project also marked the start of research and innovation within the organization. However, challenges such as the organization's transition, the ongoing pandemic, and the shrinking global funding landscape in the field of leprosy remain difficulties we plan to overcome to ensure future success.

The lessons learned from 2021 will influence our financial targets for 2022. The accepted proposal is planned to be initiated in 2022. Additionally, proposals that are rejected will be further developed for submission in the upcoming year. In 2022, more effort will be dedicated to developing proposals and proactively submitting to open calls. Furthermore, partnerships and funding opportunities with other organizations working mainly in NTDs and disabilities in Nepal will be sought and explored; the possibility of joint proposals between NLR Nepal and NLR Alliance will also be examined, and establishing and updating a consortium of partners working in sectors such as leprosy, other NTDs, and disabilities for joint resource mobilization and interventions will be facilitated through regular meetings and seminars.

The IF strategy, which will guide the organization's IF activities in the coming years, has also been drafted. The strategy will be finalized in 2022 after revisions from IO and the Board of NLR Nepal.

#### 4.4. Capacity Development

Capacity building is a cross-cutting issue for all programs and projects. Similar to 2020, webinars and e-learning practices are continuing in 2021. These are integrated into our virtual meetings as part of the work-from-home strategy during the pandemic. Capacity enhancement through training for CBRFs and new health workers is being conducted with the help of local government. Additionally, in 2021, we are focusing on effective capacity building for NLR staff members in Nepal.

We conducted leprosy orientations (including GLS 2021 -2030 & new updates on leprosy) for staff and BPs during the periodic review to refresh their knowledge about leprosy. All newly recruited health workers from leprosy-endemic districts—Jhapa, Morang, Kailali, and Kanchanpur—received BLT (2-day basic leprosy training). Likewise, a large number of health workers from SDR PEP demonstration areas were trained with BLT, and two batches of CLT for health staff were conducted in Madhesh Province. Health workers and volunteers, including members of community-based organizations, were oriented on leprosy during the field-level interventions of SDR PEP.

NLR Nepal is an active member of Technical Capacity Building (TCB) in Action and is part of the Learning and Development Working Group. The organization's technical staff attended three masterclasses: 'Zero Transmission' on June 16, 2021, 'Zero Disability' on October 19, 2021, and 'Zero Exclusion' on January 27, 2022. They also participated in journal clubs, where findings from Nepal on 'GIS Mapping in Leprosy,' an innovative approach to leprosy, were presented at an international journal club. Additionally, numerous virtual meetings and workshops related to leprosy, disability, and NTD were attended and facilitated in 2021. In the first group of 17 technical experts, one NLR Nepal staff member completed mentoring and coaching training.

Additionally, to enhance our capacity, we are also an active member of the ILEP Technical Commission (ITC): Capacity Building Initiative. In this initiative, NLR Nepal is part of the Capacity Building Working Group. A work plan for capacity building will be drafted with the support of TCB Action and ITC. This work plan will be based on problem identification, needs, and competency assessments, which will be conducted later this year. Similarly, we are also participating as an active member of a couple of working groups on NTD.



We have continued ‘Webinar’ sessions among the technical staff since 2020, while face-to-face meetings and reviews are ongoing for staff capacity development. Performance appraisals for all staff have been conducted, and individual plans for the next six months, including training needs, have been recorded. The meetings of the Council of Chairs and the Round Table have been attended.

#### 4.5. Process of transition to a national NGO

The organization has been registered as a national NGO under the name NLR Nepal - Until No Leprosy Remains. From 2021, all projects and programs are implemented under the control of the local NGO. A transition audit for the full handover was conducted in the last quarter of 2021, and the recommendations from the audit have been incorporated into the transition plan. Two workshops were held to discuss the audit results. The first audit was done with the executive staff of the organization, and the final workshop was held with the board members. The exit evaluation by the Social Welfare Council will be conducted in 2022.

#### 4.6. Cooperation/ support

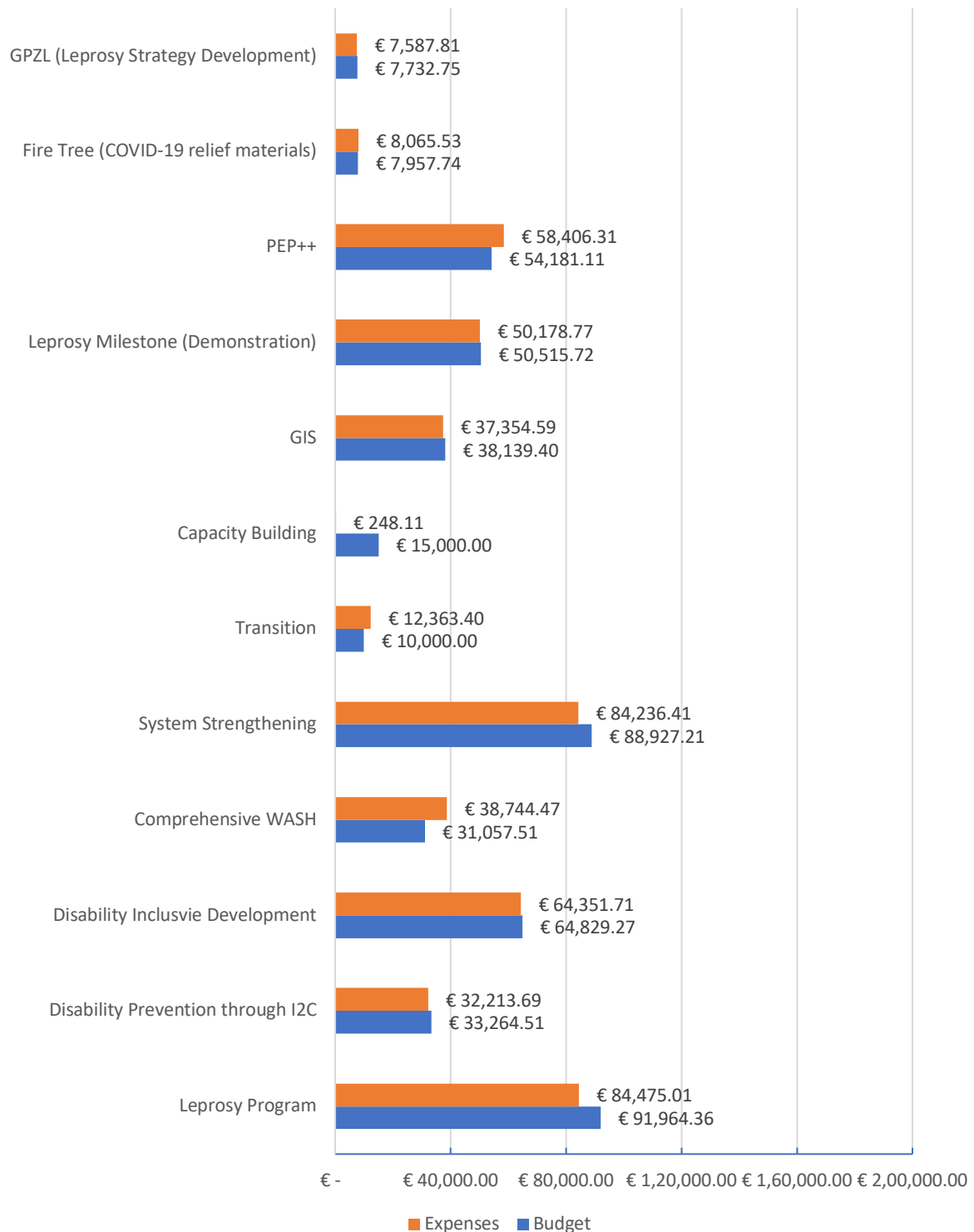
- I. The organization has maintained a harmonious relationship with its government counterparts throughout the year. Regular coordination has been upheld, especially with the Ministry of Health and Population, the Epidemiology and Disease Control Division, and the Leprosy Control and Disability Management Section. Any concerns regarding ongoing projects have been addressed through consistent follow-ups and meetings. They have been fully assured about the work of NLR Nepal.
- II. The coordination and collaboration with all partner organizations were effectively maintained.
- III. The organization has successfully maintained good collaboration and coordination with IO, especially in program and technical matters, which has been frequently appreciated.
- IV. The organization did not notice any conflicts with or among the staff in 2021.
- V. More coordination is needed with municipalities and local health institutions.
- VI. The relationship with organizations representing persons affected by leprosy was also good, especially with READ Nepal and IDEA Nepal.
- VII. Collaboration has been established and will be maintained for the implementation of the PEP++ project with Nepal Leprosy Trust, Lalgadh, the Provincial Health Directorate, the Government of Nepal of Madhesh Province, and the local governments of all the municipalities in Dhanusa and Mahottari districts.

Due to the withdrawal of staff support in LCDMS, there was a misunderstanding that seemed to hamper cooperation and support, but this will definitely be resolved in 2022.

### 5. Financial Report

The approved budget for 2021 of NLR Nepal is €493,569.58, and expenses amount to €478,225.81 (96.89%) for the period from January to December 2021, as shown in the graph below.

## Budget vs Expenses 2021



## 6. Conclusions

NLR Nepal identified four main priority areas in 2021, in addition to regular activities. The achievement status for these areas is as follows;

- a. Handing over to the functional local NGO: NLR Nepal, registered a few years ago, began taking over three of the five projects in 2021, which were successfully completed. A transition audit and then full ownership and responsibility for all NLR-supported projects in Nepal by the local NGO were planned from the end of 2021. These preparations were successfully carried out, and NLR Nepal became capable and ready to assume NLR responsibilities as an active member of the NLR international alliance.
- b. SDR PEP coverage extends to all districts and municipalities in NLR-supported provinces of Nepal. This target has been successfully achieved with remarkable results despite COVID and its impacts. All possible retrospective and prospective index cases were covered across 173 municipalities in districts from Province 1 and Province 7, where NLR Nepal is active.
- c. Establishment of a leprosy inventory with a geospatial information system: this major achievement was accomplished through additional support and assistance with the COR NTD GIS mapping project. We collected information on a total of 17,752 individuals affected, as they were new leprosy cases during various periods from 1983 to 2021. This process demonstrated how different geospatial and statistical clustering techniques can be applied to leprosy case data to identify clusters and guide detection and prevention efforts, such as implementing post-exposure prophylaxis (PEP) based on recommended best practices.
- d. Demonstrate SDR PEP as a model for improving the cessation of leprosy transmission to other partners and government stakeholders in provinces where there is no NLR support. This target emphasizes establishing NLR's recognition as a key actor in reducing the leprosy burden nationwide.

## 7. Annexes and additional info

### 7.1. Outcome Descriptions

N	Project code	Title of the Outcome Description
	NP001	In January 2021, Gadhi rural municipality, Sunsari decided to add needed budget for Leprosy program from local source realizing the importance of leprosy control and prevention
2	NP003	In January 2021, Kanepokhari rural municipality declared free health insurance to all leprosy affected persons on the occasion of 68th world leprosy day
3	NP003	In July 2021, Gramthan rural municipality decided to provide 15% discount in home revenue for construction of disability friendly houses within the municipality

4	NP010	In February 2021, the LCDMS/EDCD decided on the request of NLR for the partnership on SDR PEP demonstration projects in one district each of five provinces and circulate request letters to them for the support on functional execution of this project
5	NP010	In February 2021, the provincial health directorate of Province 2 legally decided and invited NLR Nepal to lead the Leprosy post exposure prophylaxis interventions in all eight districts of Province 2
6	NP009	In November 2021, Provincial Health Director and Secretary of Social Development Ministry, decided to establish a taskforce to design interventions in leprosy hyper endemic & dense clustering areas as shown from GIS mapping and clustering analysis