Leprosy and Social Inclusion

January – June 2024 reporting and planning update

Version: NP021.v1

Nand Lal Banstola
Biratnagar, 01 August 2024

until
No Leprosy Remains

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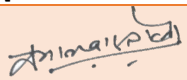
1. Report Summary

1.1 General information

1.1.a Basic Project Details

Organisation name:	NLR Nepal
Title of your proposal:	Leprosy and social Inclusion
Start date:	01/01/2024
Expected end date:	31/12/2026
Implementing partners:	Network of persons affected, NNSWA, IDEA Nepal
Total project budget :	Euro 245,154.73
Funding NLR:	Euro 245,154.73
Other funding sources: (amount and name)	None
Contact person for the project:	Labhi Shakya

Reporting period:	January – June 2024
Percentage of total expenses against the approved annual budget for this reporting period:	92%
Percentage of total expenses against the forecasted annual budget for this period	92%
Please indicate here whether a major adaptation of the project budget, ToC or geographic area is proposed	No

Reporting and planning update Approval	
Date	[Senior PO name]
12 February 2024	 Signature

1.2 Report Summary

Jan- Jun

(a) What has happened

We have completed the survey to establish the baseline of stigma and discrimination in Jhapa and Kanchanpur districts using P-scale, SDS, and stigma scale. Currently, we are in the process of analysing the data and writing the report. This study was conducted after obtaining approval from the Nepal Health Research Council (NHRC). Together with this baseline, some other activities such as complicated cases (reaction, ulcer and mental stress) are referred to tertiary centres, IDEA Nepal provincial team formulation and office establishment is completed, they have also done staff recruitment, and they have established team for field execution of activities. Many other activities that were planned for January has been started from March – April due to two and half month's delay for proposal approval this year. Other activities are started but focus is given for baseline establishment. The detailed of the findings from the baseline study has been attached separately together with this report, that contains detail finding for the three tools used.

(b) Is the project on track? Main reasons contributing to that

Project is on track. Achievement table shows only the few achievements as compared with targets, but baseline establishment was tough (for designing and development) and time-consuming intervention. For this baseline establishment, we developed the protocol and then got approval from Nepal Health Research Council (NHRC), so that publication can be made in future. For protocol development, research design and methods, tools development process took lot of time. For the sample size we have chosen persons affected 200, community members 230, female community health volunteers 120, health workers 122. For the results achieved so detail is attached with this report including approved protocol from NHRC.

(c) *Considerations for planning*

Considering the planning we need to focus on two factors, a. due to late approval from IO the implementation was started a couple of the months late, b. Baseline establishment was the key to continue the remaining part of activities. Both the conditions are clear now, project is not so big and we have planned to accelerate the field activities to cover the above mentioned conditions. That is why, the planning will remain same for the next six months.

Jul- Dec

(a) *What has happened*

The primary objective of the Jan-June period was to establish a baseline. Subsequently, based on the outcomes of the baseline final tuning of the activities, adjustments were made. In the latter half of 2024, from July to December, all project interventions were implemented.

(b) *Is the project on track? Main reasons contributing to that*

The project is progressing smoothly. The primary reason for its successful execution is the unwavering support provided by health workers and implementing partners. Project activities were deemed relevant, ensuring the continued encouragement and support of community groups to implement them.

(c) *Considerations for planning*

With the exception of activities such as developing case studies for publication, providing support for the referral of mental health services to those in need, and lobbying/meetings and providing need-based support to local hospitals, the remaining activities have achieved a success rate of over 90%. As mentioned in the first half of this year's report, due to various reasons, the time available was insufficient to engage in more extensive activities in these areas, despite the fact that the achievements in these areas were over 50%.

1.3 Target Groups

Please update the table below. The table should reflect the one you developed in the project proposal document. We invite you to specify how you target these groups and create subgroups if you are targeting the same type of people in different ways (e.g. Persons affected by leprosy accessing social services and Persons diagnosed with leprosy).

	Who is included in this figure? *Please describe briefly who you are targeting with the project.*	Total number of people targeted by the project	People reached Jan-Jun	People reached Jul-Dec	People reached since the start of the project	Comments
Persons affected by leprosy	Organization of persons affected (including index cases)	48	9	42	51	
Health care workers	Health Workers from health post and primary health centres	3000	230	763	993	
Other groups *(please specify)*	Leprosy focal person from district, Provincial health directorate and Municipalities	364	200	213	413	
Other groups *(please specify)*	Provincial health directorate team	9	9	9	9	
Other groups *(please specify)*	Implementing partners	53	12	12	12	
Other groups *(please specify)*	Community based organizations (CBOs)	361 places	24	31	55	

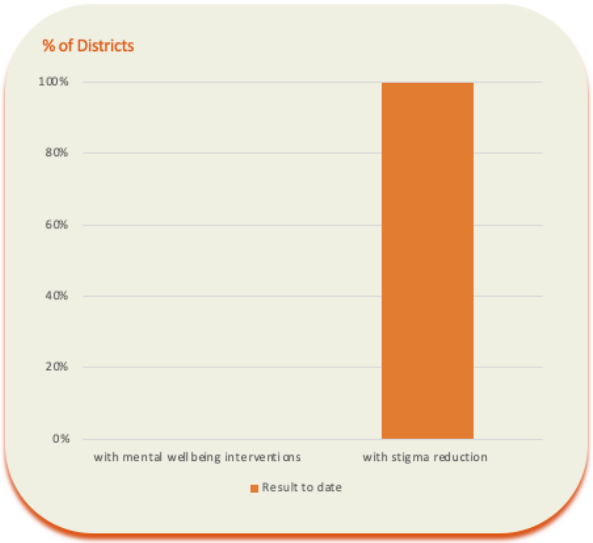
1.4 Project dashboard

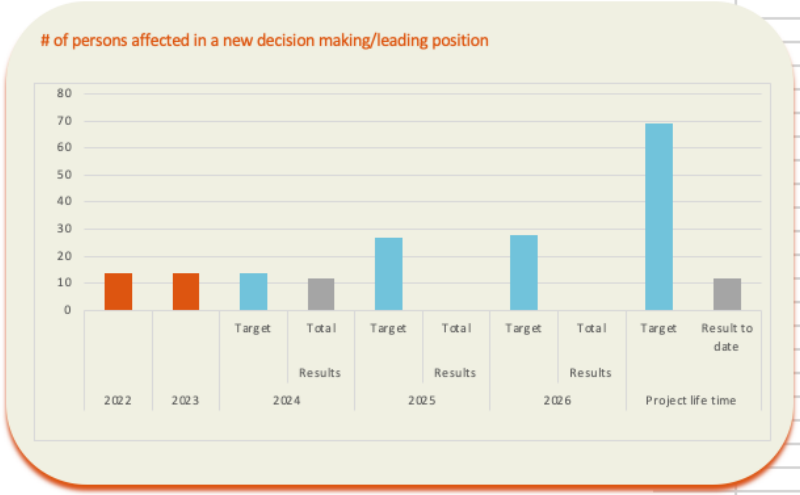
Please include here the visuals of the key indicators that you find in Annex A.
Comment or add explanations when needed.

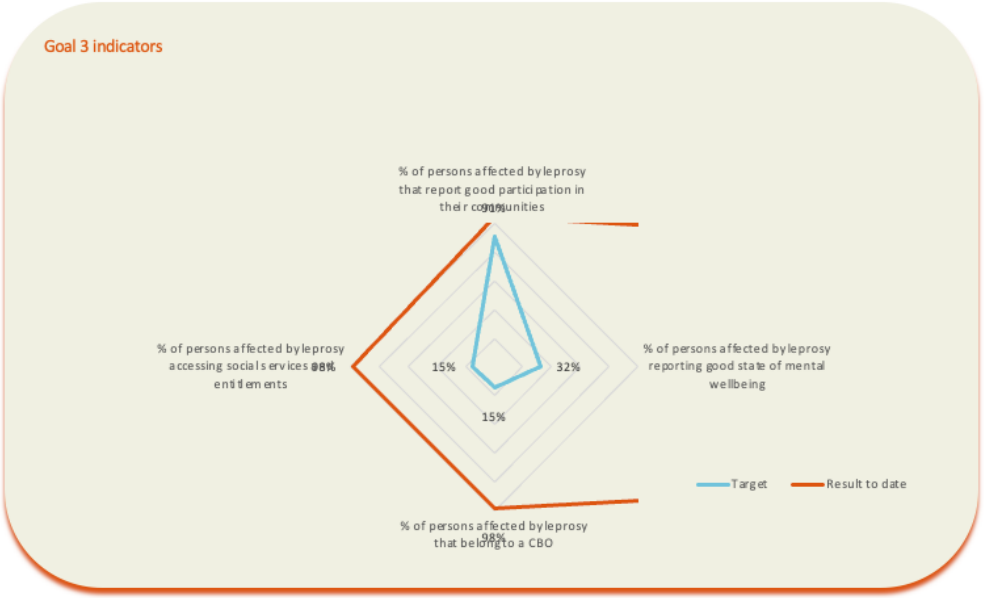
Project Dashboard

Target Districts

2







2. Progress update

2.1 Outcomes

2.1.a *Outcome 1 – Persons affected have – a. increased access to social entitlements, b. increased participation in CBOs*

Jan- Jun This process of change is a regular (continuous) and long-term endeavour. To address the existing disparity between leprosy and other conditions, the organization of affected individuals has initiated efforts in lobbying, advocacy, and stakeholder sensitization. Different lobbying meetings are planned to related government ministries at different level and some negotiation during this baseline establishment phase is already started. Some level of interactions started in all 24 Municipalities of focused two districts during such baseline process that effort became successful on sensitizing existing CBOs so that participation of persons affected will be increased but it takes time to assess and evaluate.
Jul- Dec During this period, a total of 37 individuals received disability identification cards. Additionally, 21 individuals received rehabilitation or support services, 3 individuals gained access to social security allowances, and 23 individuals became members of community-based organizations (CBOs). These accomplishments collectively demonstrate an expansion of social entitlements and an increased participation in CBOs.
Overall annual considerations Programmatically, the baseline survey was disseminated to facilitate a comprehensive understanding of the existing situation of beneficiaries in relation to service-providing agencies. District health offices assumed a mediating role between related line ministries. Furthermore, local municipalities and community-based organizations exhibited a positive attitude towards individuals affected.

2.1.b *Outcome 2 – Community members have improved their knowledge, perception and attitude on leprosy*

Jan- Jun We have recently completed establishing the baseline, and we are now in the planning phase for interventions aimed at raising awareness and changing the knowledge, attitudes, and practices of the community groups as a whole. Community members, persons affected by leprosy, health workers, female community health volunteers were the respondents. Communication need assessment, Knowledge attitude & practice (KAP) on leprosy, Pscale, EMIC community, SDS were the tools used. Some descriptive tables of this baseline has been furnished in Annex tables (see at the end of the document).
Jul- Dec A total of 349 individuals successfully facilitated awareness initiatives within their communities concerning leprosy. These initiatives covered various critical topics, including the consequences, causes, and treatments of leprosy, as well as its association with human rights issues. As a result of these efforts, there have been notable perceptual changes within the communities. The increased knowledge and understanding have led to a reduction in social stigma, bridging the gap between

individuals affected by leprosy and other community members. Consequently, there has been a shift towards a more positive perception of leprosy.
Overall annual considerations Two primary interventions, namely, lobbying meetings with community groups (such as local clubs and CBOs) to incorporate leprosy-related issues into their activities, and sensitization on human rights and international/national policy practices to community groups, have significantly contributed to these changes.

2.1.c Outcome 3 - Community groups take actions to support leprosy-affected persons

Jan- Jun We have recently completed establishing the baseline, and we are now in the planning phase for interventions aimed at raising awareness and changing the knowledge, attitudes, and practices of the community groups as a whole. From the analysis of baseline, community groups as well as the issues are identified now. Planning is now under way to make community groups take action on those identified issues.
Jul- Dec As mentioned in Outcome 1, 23 individuals with leprosy were included in CBOs as development contributors or to support others in providing services and assuming a leading role. This direct action has indirectly influenced changes to other several CBOs, NGOs, clubs, and other community groups, all of which are working towards making their communities more inclusive.
Overall annual considerations Community groups, community leaders, and CBO authorities, including local-level government authorities, were the primary contributors to these changes.

2.1.d Outcome 4 - Government officials facilitated the access of persons affected by leprosy to social entitlements

Jan- Jun We have recently completed establishing the baseline, and we are now in the planning phase for interventions aimed at raising awareness and changing the knowledge, attitudes, and practices of the Government officials. As a result, it is not yet time to assess this change.
Jul- Dec Government officials from two districts and 24 municipalities have gained knowledge about leprosy, its implications, the rights of affected individuals, and the roles and responsibilities of service providers. In collaboration with the government, other relevant stakeholders have also been sensitized on these matters, leading to the emergence of these outcomes. These outcomes clearly elucidate the reasons behind these results.
Overall annual considerations The primary factors contributing to these outcomes are the interactions and subsequent sensitization sessions. Furthermore, survey results elucidated the existing requirements. During the dissemination of the results, in-depth discussions were conducted among the stakeholders, which highlighted the disparities.

2.1.e *Outcome 5 - Organizations of persons affected –*

- Take on a leading role in promoting access to social entitlements at the provincial level (in Koshi and Sudurpaschim)
- Mobilize groups of persons affected at the municipality level to promote their participation in the community.
- Counsel individuals when counselling to individuals for whom counselling by health workers is not sufficient.
- *Refer severe cases.*

Jan- Jun We have recently completed establishing the baseline, and we are now in the planning phase for interventions aimed at raising awareness and changing the knowledge, attitudes, and practices of the community groups, Government officials and others. As a result, it is not yet time to assess this change. Few referrals have been initiated from both the provinces.
Jul- Dec Organizations of persons affected by leprosy under the banner of IDEA Nepal have assumed a leading role in both provinces (Koshi and Sudurpaschim) to ensure that leprosy-affected individuals are able to access existing social entitlements. These entitlements were already in place, but many individuals were unaware of their existence, and service providers were not adequately addressing their needs. However, this situation has now changed. Organizations of persons affected have initiated the formation of local-level networks or engaged in negotiations with existing Organizations of Persons with Disabilities (OPDs) in the communities to promote community participation. Initial results have been promising. Additionally, some individuals in need are now receiving counselling services from more experienced peers. Many people in need are also receiving reactions, ulcers, and mental health services at tertiary-level hospitals for specialized treatment, surgery, and other necessary interventions. Please refer to the annex for further details.
Overall annual considerations Several planned activities, including support to establish organizational functioning for individuals affected at the provincial level, support to organize annual workshops or seminars for leprosy-affected persons' organizations, support to refer mental health services to those in need, and lobbying/meetings and need-based support to local hospitals, were the primary reasons for these changes. Notably, organizations of individuals affected by leprosy, supported by other partners and government agencies, played a crucial role in these endeavours.

2.1.f *Outcome 6 -* ***Discriminatory provisions in the policies are corrected***

Jan- Jun It is not yet time to assess this change. In general, some issues are already there against persons affected by leprosy and groups of people are already attempting on making changes on those. These are country wide issues but there could be local area specific practical issues that can be identified from this exercise.
Jul- Dec No specific accomplishments were achieved in relation to this outcome during this period.

Overall annual considerations The establishment of a baseline for leprosy inclusion was a time-consuming endeavor, and no further action could be taken to address discriminatory provisions during this period.

2.1.g Outcome 7 - Case studies about persons affected are used to support advocacy on inclusion of persons affected in the communities

Jan- Jun Staffs and partners have prepared useful case studies appropriate for lobby and advocacy at different level. Context based planning, such as socio cultural, linguistic, has been planned and media negotiation is going on. We have planned two strategies for such advocacy event, a. publication of case studies and media highlights, b. organize interaction programs with local level authorities taking the reference (examples) of those cases studies.
Jul- Dec We have compiled numerous case studies of individuals impacted during this period, but we were unable to publish them and facilitate diverse interactions based on these case studies.
Overall annual considerations Further analysis was no longer feasible based on the data collected from the field level.

2.1.h Outcome 8 - Strategic links and agreements continued or re-negotiated with hospitals (Lalgadh, Anandaban and district hospitals) for services to referred patients (including mental health)

Jan- Jun Two meetings conducted with provincial referral centres and whereas Lalgadh and Anandaban are not yet reached. The interesting findings from the meetings is, those referral centres are not fully aware about the sensitivity or real problem related to mental health among these target groups. They have the provisions but they only consider severe psychosocial problem as mental health issues. It indicates specific trainings are needed for those referral centres to interact on mental wellbeing issues.
Jul- Dec During this period, a total of six meetings were conducted with hospitals and referral centers. Referral linkages were established among general hospitals and tertiary-level referral centers for leprosy, such as Lalgadh and Anandban hospitals. Consequently, numerous individuals affected by leprosy received treatment and referral services, including mental health services.
Overall annual considerations Referrals for leprosy-related services are a routine process. However, mental health services have only recently been introduced in general hospitals a few years ago. The primary objective of the new government policy for health services is to provide such services, including those affected by leprosy.

2.1.i *Outcome 8 - Health workers in the two districts manage leprosy complications and in severe complication situations they refer to tertiary referral centres*

It is not yet time to assess this change. In general, almost all the health workers and specifically leprosy focal persons are oriented on complication identification, management and referrals. But here the question is are needy peoples getting these services in practice or not, we will assess this together with on-the-spot training to health workers.
Jul- Dec During this period, health workers managed leprosy complications for a total of 37 individuals in Jhapa and Kanchanpur. Additionally, 12 individuals were referred for mental health services. Leprosy complications encompass a range of mild to severe conditions.
Overall annual considerations Leprosy-related services including complication management are a routine process. However, mental health services have only recently been introduced in general hospitals a few years ago. The primary objective of the new government policy for health services is to provide such services, including those affected by leprosy.

2.1.j *Outcome 9 - Availability of essential self-care packages that are tailored to persons affected by leprosy who are in need of self-care skills*

Jan- Jun It is not yet time to assess this change. Some discussions are going on with FAIRMED and related others. Taking the reference of WHO, ILEP guidelines some materials are already prepared and distributed but further updates are still needed.
Jul- Dec No specific accomplishments were achieved in relation to this outcome during this period.
Overall annual considerations This important results is postponed for next year.

2.2 Interventions

2.2.a *Intervention 1 –* ***Support training of community groups in 15 locations on human rights and (inter) national policy practices***

Jan- Jun Planned: Community groups of 24 municipalities trained on human rights issues Output: This is not yet done and planned for next period. We are still waiting the results from the baseline survey to identify major issue for this training.
Jul- Dec A total of 199 individuals (119 males and 80 females) from six municipalities received training on human rights issues.
Overall annual considerations This intervention effectively oriented both service providers and service recipients to their respective roles, responsibilities, and rights.

*2.2.b Intervention 2 – **Conduct meetings with local/community groups encouraging the incorporation of leprosy issues into their activities, across 69 locations***

Jan- Jun

Planned: local/community groups of 24 municipalities aware / knowledgeable on how to incorporate leprosy issues in their activities

Output: This is not yet done and planned for next period. We are still waiting the results from the baseline survey to identify major issue for this orientation.

Jul- Dec

Out of the 24 municipalities planned over the project period, meetings were conducted in 21 locations of six municipalities, resulting in the participation of a total of 288 individuals (194 males and 94 females).

Overall annual considerations

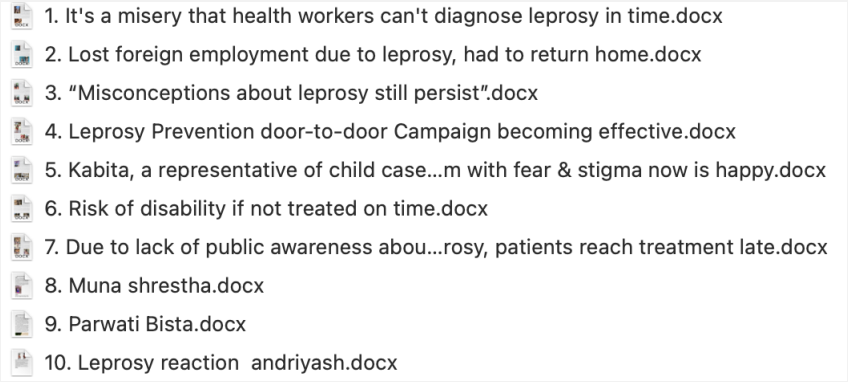
The activities conducted in 2024 had a significant impact in altering the Knowledge, Attitude, and Practices (KAP) of various community groups and individuals. These initiatives were successfully implemented, leading to meaningful changes.

*2.2.c Intervention 3 – **Develop case studies of leprosy affected persons for publication***

Jan- Jun

Planned: 10 case studies written by field workers from NGO partner (NNSWA) and NLR Nepal

Output: 10 case studies are prepared but none of them published yet. The following are the lists of those 10 cases studies:



Jul- Dec

During this period, five additional case studies were collected, but their finalization is still pending. A few of these case studies have been published in local newspapers, but their comprehensive utilization has not yet been achieved.

Overall annual considerations

The target has been largely achieved, but we still need to persevere in ensuring quality assurance. Field workers are almost facing the same issues, leading to the generation of publications and interactions based on these studies. This will enable us to lobby with various stakeholders. It has been recognized that further training is necessary for field workers in developing case studies.

2.2.d *Intervention 4 – **Support on complication management, mental wellbeing counselling, and referrals***

Jan- Jun Planned: identification of impairment cases among diagnosed leprosy cases, totaling 105 individuals, as well as the referral of 30 individuals for rehabilitation and therapeutic services, 6 persons requiring mental well-being services will be referred as part of this initiative, 24 health workers of 24 municipalities trained Output: More than 100 impairment cases are identified and located, 4 persons referred including one person for MWB services. Health workers training and other outputs are pending and planned for next period. NLR has established leprosy inventory of last many years. In current scenario this is not possible in Government structure as they are using paper-based recording. NLR provides the lists of individuals for specific Municipalities and / or health instructions and the assess and verify. Hence, identification is the main role of health workers in their catchment areas with the technical and managerial support from NLR.
Jul- Dec Health workers are trained from two districts for rehabilitation and therapeutic services. Over 400 impairment cases are identified (as this activity is integrated with leprosy control activities). A total of 12 individuals have been referred for all types of services, including mental well-being.
Overall annual considerations This activity was successfully implemented, yielding positive outcomes. The health workers acquired knowledge and skills regarding leprosy-related impairments and its management, as well as established referral services with proper identification of existing such centres. This will enable more individuals to benefit from these services in the future.

2.2.e *Intervention 5 – **Strengthen organizations of persons affected at provincial level***

Jan- Jun Planned: one workshop and 4 meetings, 2 organizational guiding and training sessions Output: one workshop and 1 meeting has been conducted.
Jul- Dec This year, two significant activities were planned to enhance the organizational capabilities of individuals affected at the federal, provincial, and municipal levels. These activities include providing support to establish the organizational functioning of individuals affected at the provincial level and organizing an annual workshop or seminar for leprosy-affected persons' organizations. Both of these activities are being coordinated through several meetings to effectively manage evolving situations.
Overall annual considerations Although the approaches employed were effective in engaging stakeholders and promoting participation, there is an opportunity for enhancement in execution. Enhancing planning, implementing follow-up mechanisms, and optimizing resource allocation will facilitate the timely completion of activities. The flexibility in implementation and the emphasis on organizational strengthening have established a robust foundation, but sustained efforts in capacity building and advocacy will be essential for achieving long-term impact.

*2.2.f Intervention 6 – **Organize coordination and lobbying meetings with government organizations (district and municipality) on existing policies (discriminatory policies/laws) and social entitlements***

Jan- Jun Planned: 30 coordination meetings with Government organizations Output: Planned for next period.
Jul- Dec All 30 meetings are successfully conducted.
Overall annual considerations The primary focus of these meetings this year was conducting baseline surveys, disseminating preliminary findings, and subsequently designing activities for implementation based on the findings and results. All meetings yielded positive outcomes.

*2.2.g Intervention 7 – **Develop (together with other NGOs and government) essential self-care packages that contain self-care skill guidance and materials***

Jan- Jun Planned: an improved essential self-care package model developed and available, distributed for 90 persons (30 persons per year) Output: Planned for next period. Consultation is continued with related stakeholders and experts for specific package model
Jul- Dec No actions were taken to address this activity during the specified period.
Overall annual considerations Due to insufficient time allocation, we are unable to complete this process and procedures.

*2.2.h Intervention 8 – **Practical assistance to leprosy-affected young girls and school-going children***

Jan- Jun Planned: practical support given to 45 individuals Output: Planned for next period. Selection criteria and support nature is still under finalization. The organization representing persons affected has established criteria for the selection process. Primarily, young girls attending school or college are considered, although a few may have dropped out of the education system due to social or financial challenges. Depending on the identified needs, boys of school-going age may also be selected. Financial support or educational materials are provided to the selected individuals, enabling them to either continue their education or develop the skills and capacities necessary to actively engage in social activities within their communities.
Jul- Dec

During this period, we were able to provide assistance and support to three young girls affected by leprosy.

Overall annual considerations
This activity's productivity and result orientation have diminished. The primary issue lies in the selection criteria, which are no longer aligned with identifying the appropriate individuals. Our planning and the existing needs of the community have diverged.

3. Context update

3.1 Changes in the context

Jan- Jun
A significant gap remains between policy provisions and their implementation, which has not been adequately addressed during this reporting period. The Disability Rights Act of Nepal includes several policies, but they are seldom applied to individuals affected by leprosy. Increased lobbying and advocacy efforts with government agencies are required.

Research consistently shows that the level of stigma associated with leprosy correlates with the severity of impairments and disabilities, but we are still awaiting the results from our baseline survey. This stigma not only impacts the psychological well-being of affected individuals but also creates barriers to their social integration and participation in community life. Existing disability policies are rarely extended to those affected by leprosy, leaving the majority without access to essential services.

No significant changes have been made during this reporting period to address these issues. However, efforts have been initiated to update organizations of persons affected by leprosy and to empower individuals.

In conclusion, while there have been no major changes during this period, several initiatives have been launched to drive progress.

Jul- Dec
The survey clearly demonstrates the significant impact of leprosy stigma and related consequences on the lives of individuals affected. This awareness has been disseminated to stakeholders, leading to the identification and design of appropriate activities based on research results. Several structured activities have been implemented to effect changes in communities, which represent the primary transformations during this period.

Overall annual considerations
Social inclusion, which is enshrined in Nepal's constitution, has not been fully implemented in various instances, notably in the case of leprosy, due to limited awareness. The actual challenges and barriers to inclusion for individuals with leprosy remain unclear to many stakeholders. Although this may seem insignificant on a small scale, it can serve as a stepping stone towards making necessary changes in the existing circumstances.

3.2 Partnerships and key actors

Jan- Jun

Following are the summaries of status and qualities of partnership:

Actors	Status and qualities	Critical or stagnant situation
Government authorities (federal, provincial municipality)	Interactions and negotiation started with Provincial and Municipality authorities	Stagnant (this is because more lobbying and advocacy are needed)
Organizations of persons with disabilities (OPD) and their networks, such as NFND	Proper partnership and mutual support situation not yet created with OPDs at community level	Stagnant (Organizations of persons affected just started functioning at the community level)
Ministries of Health, Ministry of Social Affairs and Gender	No interactions, meetings and workshop conducted yet for this project specific interventions	Stagnant (same to point 1 above)
Health Workers and volunteers	Health workers took the ownership and supported to establish baseline information through survey at community level to identify the status of stigma and discrimination against leprosy	Positive changes
CBR/CBID Organizations	Proper partnership and mutual support situation not yet created with CBR/CBID organization	Stagnant (Same to point 2 above)
Persons affected by leprosy and their organizations	Conducted workshop, reformed committees at the provincial level in Far Western and processing for others, recruited human resources and started activities execution and lobbying/networking.	Positive changes
Leaders in the community such as leaders of women and youth groups, village leaders, religious leaders	Meetings and orientation are the main components for capacity building aiming to community mobilizations as results	Positive changes

Jul- Dec

Following are the summaries of status and qualities of partnership:

Actors	**Status and qualities**	**Critical or stagnant situation**
Government authorities (federal, provincial municipality)	Interactions and negotiation started with Provincial and Municipality authorities	Positive changes
Organizations of persons with disabilities (OPD) and their networks, such as NFND	Proper partnership and mutual support situation created with OPDs at community level	Positive changes

Ministries of Health, Ministry of Social Affairs and Gender	Some interactions, meetings and workshop conducted for this project specific interventions	Positive changes
Health Workers and volunteers	Health workers took the ownership and supported to establish baseline information through survey at community level to identify the status of stigma and discrimination against leprosy	Positive changes
CBR/CBID Organizations	Proper partnership and mutual support situation not yet created with CBR/CBID organization	Stagnant (No sufficient interactions, meetings and workshop conducted)
Persons affected by leprosy and their organizations	Conducted workshop, reformed committees at the provincial level in Far Western and processing for others, recruited human resources and started activities execution and lobbying/networking.	Positive changes
Leaders in the community such as leaders of women and youth groups, village leaders, religious leaders	Meetings and orientation are the main components for capacity building aiming to community mobilizations as results	Positive changes

Overall annual considerations

Numerous alterations were implemented during this project's duration regarding leprosy and social inclusion.

4. Best practices and lessons learned

4.1.a	*What have you learnt over the past period? This may be about the type of change emerging from your work, how that change is happening, practical issues of delivering and managing the work etc.*

During this reporting period, the primary intervention undertaken for this project was the "Baseline Survey." This research-based intervention involved collaboration with all partners and sectors. Enumerators were recruited, trained, and deployed for data collection at the field level. We are currently in the process of data cleaning, analysis, and interpretation.

As we positioned the baseline survey as a research activity with the goal of publication, the process became time-intensive over the course of the 3–4-month period. This involved designing the research, developing protocols, and submitting them to the Nepal Health Research Council (NHRC) for ethical approval, which was subsequently granted. Following this, fieldwork was conducted, the data was cleaned, and analysis commenced. Due to these extensive efforts, some other planned activities have been postponed to the second half of the year. This decision was appropriate, as many subsequent activities will be informed by the findings of this study.

4.1.b	*Do you find that any of your approaches or practices is particularly successful? Describe it here and provide the links to any tools or materials that you have produced in this regard.*

Upon analyzing the baseline survey data, we have designed the activities based on the survey results. As this is a before-and-after study, our objective is to assess the activities at the endline and identify which ones will yield more favorable outcomes for future replications. We anticipate

4.1.a	*What have you learnt over the past period? This may be about the type of change emerging from your work, how that change is happening, practical issues of delivering and managing the work etc.*
During this reporting period, the primary intervention undertaken for this project was the "Baseline Survey." This research-based intervention involved collaboration with all partners and sectors. Enumerators were recruited, trained, and deployed for data collection at the field level. We are currently in the process of data cleaning, analysis, and interpretation. As we positioned the baseline survey as a research activity with the goal of publication, the process became time-intensive over the course of the 3–4-month period. This involved designing the research, developing protocols, and submitting them to the Nepal Health Research Council (NHRC) for ethical approval, which was subsequently granted. Following this, fieldwork was conducted, the data was cleaned, and analysis commenced. Due to these extensive efforts, some other planned activities have been postponed to the second half of the year. This decision was appropriate, as many subsequent activities will be informed by the findings of this study.
that this approach will be the most effective model for extracting appropriate activities from the studies and can serve as a valuable learning experience in the field of research and studies.

5. Special conditions

5.1.a	*. In Annex 7 of the Project Funding Agreement, some special conditions might have been indicated. Please describe for each of the conditions, the current status and your plans about them.*

The following additional conditions apply to this Project funding agreement.

a) The PMEL framework and plan for this project (NP021) will be developed further in collaboration with NLR. It needs to be finalised by 29 February 2024, and for it to be considered finalised it needs approval by NLR.
Answer: In collaboration with Heleen and Valeria, we dedicated several weeks to this project, culminating in its finalization and obtaining approval from NLR IO.

b) NLR Nepal board has decided to implement a consultancy for the organizational development in 2024 (amongst others focussing on structure, staff and management). NLR will be kept updated on the proceedings of the consultancy and the follow-up of recommendations that will be put forward by the consultancy.
Answer:- Organizational strategies and multi annual planning are developed in 2024.

c) During the period of this Funding Agreement, NLR will monitor the follow-up of the conditions mentioned in the addendum to the signed Collaboration Contract between NLR and NLR Nepal Foundation, being:
A) The funding portfolio of NLR Nepal has not yet developed to the level required and is not yet sufficiently diverse. For this to improve over the coming 3 years (2022-2024), the NLR Nepal team and Board will provide the needed inputs and time to develop a good fundraising strategy and track record.
Answer:- We have formulated the necessary strategies (reference: NLR Nepal planning document fundraising strategy) and achieved some successes in certain areas. However, this level of success is insufficient for the organization's overall objectives.

B) Development of a PMEL strategy is needed. The Board of NLR Nepal set aside a budget of EUR 10,000 for the year 2022, and intends to make a similar annual budget available for the years 2023 and 2024.
Answer:- The PMEL strategy has been fully developed and is attached to the planning document.

6. Plan for the remaining period

6.1 Major changes

6.1.a Do you request to apply major changes to the project's original proposal?		
	Yes	No
Has your organisation changed the target geographic areas of the project?		No
Have you added or removed one project outcome?		No
Have you modified the majority of your project outcomes?		No
Have you changed the project implementation partners?		No
Do you need to make significant changes to your budget?		No

If you have answered yes to one of the above mentioned questions you need to submit a revision request and an updated project proposal.

6.2 Potential risks and new opportunities

Looking into the coming 6 months, consider potential risks that might influence negatively your project and think if there are new opportunities that you can use to improve or speed up your project. Opportunities can be events, new initiatives undertaken by other actors, new technological or infrastructural developments.

6.2.a What are the main new opportunities you expect to arise for your project over the next six months? How will you make the most of them? (250 words max)
Over the next six months, our project anticipates several significant opportunities that will enhance our understanding and intervention strategies against leprosy-related stigma and discrimination in Jhapa and Kanchanpur. Firstly, the baseline survey utilizing the Communication Need Assessment (CNA), Knowledge Attitude and Practice (KAP), Participation Scale (P-Scale), Social Distance Scale (SDS), and Community Stigma Scale with EMIC will provide a comprehensive dataset on the current state of stigma and discrimination in these regions. This detailed data will enable us to perform robust inference analyses, helping to predict effective activities and interventions. One major opportunity is the potential to identify specific stigma and discrimination patterns unique to different demographics and communities. By leveraging the rich data from our surveys, we can tailor our communication and intervention strategies to address these specific needs more effectively. This targeted approach is expected to increase the efficacy of our programs, thereby reducing stigma and enhancing the social integration of individuals affected by leprosy. Another key opportunity lies in the potential collaboration with local stakeholders and community leaders. Engaging these influential figures in our analysis and intervention processes will foster community ownership and support, which are crucial for the sustainability of our initiatives. We plan to conduct workshops and training sessions to empower these stakeholders with the knowledge and tools needed to combat stigma and discrimination effectively. Additionally, the insights gained from our baseline survey will allow us to refine our public health messaging and educational campaigns. By addressing the identified knowledge gaps and misconceptions, we can foster a more informed and compassionate community response to leprosy.

An additional opportunity for lobbying and advocacy arises from the results of the baseline survey. Publishing findings that highlight the stigma associated with leprosy presents a further avenue to raise awareness. As this entire process has been conducted in collaboration with organizations representing persons affected by leprosy, it will also serve to strengthen their capacity and deepen their understanding of their own challenges through evidence-based insights.

To maximize these opportunities, we will ensure continuous data monitoring and evaluation, enabling us to adjust our strategies promptly. Regular feedback loops with community members and stakeholders will be established to maintain alignment with community needs and ensure the relevance and impact of our interventions.

6.2.b What are the main risks for your project over the next six months? How will you respond to them? (250 words max)

The primary risk for our project over the next six months is the lack of secured external funding for its continuation beyond the current phase. While we are actively exploring funding opportunities through proposal submissions, the uncertainty of finding suitable open calls and securing approvals poses a significant challenge. Without financial support, sustaining project activities, retaining trained personnel, and maintaining the momentum of ongoing interventions will be difficult. This could potentially disrupt services, delay progress, and impact the communities relying on these efforts.

To mitigate this risk, we will intensify lobbying and advocacy efforts with government stakeholders at different levels. However, given Nepal's financial constraints, accessing government funding remains a challenge. To navigate this, we will strategically engage policymakers, demonstrating the cost-effectiveness and long-term benefits of integrating project components into existing health programs. Additionally, we will explore partnerships with local and international organizations, leveraging collaborative efforts to sustain key activities. Diversifying funding avenues, including private sector engagement and corporate social responsibility (CSR) initiatives, will also be prioritized to enhance financial resilience and ensure the continuity of our work.

6.3 Activity plan

Considering the report of the past period and potential future risks and opportunities, please update your activity plan (Annex B) for the remaining period of the project implementation, with a particular attention to the coming 6 months. Make sure that Annex A (PMEL tool) and the budget (Annex D) reflect the adjustments you are making to your plan.

6.3.a What key activities do you plan to carry out over the next six months? (300 words max)

Activity plan will remain same for the coming six months of next year, as follows,

Activity	***Unit***	***Target Year 1***
Identification of impairment cases among diagnosed leprosy cases by local points in organizations of persons affected	Person per day	0
Support to referral for rehabilitation and therapeutic services	Person	10
Sensitization on human rights & international / national policy practices to community groups	Place	7

Lobbying meeting with community groups (local clubs, CBOs) to incorporate leprosy issues in their activities	Place	23
Development of case studies for publications	Number	10
Support to establish organizational functioning of persons affected at Provincial level	Lumpsum	0
Support to organize annual workshop / seminar of leprosy affected persons' organization	Lumpsum	0
Support to referral of mental wellbeing services for persons in need	Person	5
Lobbying / meetings & need based support to local hospitals	Centre	4
Assistance & support to leprosy affected young girls/school going children	Person	5
Rights and representation for girls and young women in community groups (Support training of community groups in 15 locations)	Time	0
Survey to establish baseline and end line of stigma and discrimination (using P – scale, SDS and stigma scale)	Time	0

7. Budget update

7.1.a *Please explain any major under or overspending and tell us the rationale behind any revisions you are proposing in the budgets to take this into account (Maximum 300 words).*

Item	Total budget	Expenditure	Percentage expenditure
Program staff	€ 29,326	€ 24,416	83%
Support staff	€ 22,961	€ 22,575	0%
Program activities	€ 16,632	€ 16,283	98%
Overhead	€ 10,338	€ 9,491	92%
Total	€ 79,256	€ 72,765	92%

Expenditures under all headings except for program staff and overhead are at the level of satisfaction. One of the program staff, the PMEL Officer, was recruited late, resulting in a slightly lower expenditure under this heading. The overall budget utilization is 92%, which is at the level of satisfaction for this project.

8. Organisation update

8.1 General update

8.1.a	*Which are the most important events concerning your organisation that have happened in the last reporting period?*

- **Project Planning and Design:** Assessing the needs, resources, and context to create well-defined project plans that align with the organization's overall mission and objectives, this includes setting achievable targets, identifying potential risks, and developing strategies for addressing them.
- **Team Expertise and Training:** The organization's staff possess diverse expertise across various disciplines, ranging from health to advocacy. This allows for a multidisciplinary approach to project implementation.
- **Monitoring and Evaluation:** Internal teams skilled in data collection, analysis, and interpretation. This ensures that projects stay on course, identified challenges are promptly addressed, and lessons learned are incorporated for continuous improvement.

8.1.b	*Have there been changes in the key staff of the project or in your organisation's senior management in the last year? If yes, please explain them.*

All staff members associated with the project have been terminated, including the management structure.

8.2 Inclusion of persons affected by leprosy

8.2.a *Describe how your organisation and the project have made efforts in this reporting period to include persons affected in all relevant levels and domains of work. [max 150 words]*

During this reporting period, our organisation has made significant strides to include persons affected by leprosy at all relevant levels and domains of our work. Organisations of persons affected (IDEA Nepal) have initiated reforms in the provincial committees to make them more independent and representative of the affected individuals. This ensures their voices (Voices of persons affected) are heard and their needs are addressed in decision-making processes.

They (IDEA Nepal) have also recruited staff in both provinces to continue field activities, ensuring that local insights and experiences inform their efforts. These staff members play a crucial role in engaging with affected communities and facilitating their active participation in our projects.

Furthermore, they (IDEA Nepal) have negotiated with hospitals and referral centres to enhance mental well-being and provide comprehensive leprosy-related services. These negotiations aim to ensure that affected individuals receive holistic care and support.

Lastly, the organisation has played a vital role in conducting the baseline survey, involving affected persons in data collection and analysis to ensure their perspectives are central to our research and interventions. This means IDEA Nepal managed its members and staff to participate in the field work

of Baseline establishment research. This has increased not only their ownership but also enhanced their capacity in fieldwork and research-related activities.

8.3 Gender equality

8.3.a *Describe how your organisation has been working in this reporting period to ensure gender equality in the implementation of the project, and your situation about the disaggregation of data according to sex as well as the use of a gender analysis in this project. [max 150 words]*

During this reporting period, our organisation has prioritised gender equality in the implementation of our project. Gender equity issues have been addressed at all levels, starting with the baseline information collection, where we ensured at least 50% female participation in the sample size of data collection. This commitment to inclusivity extends to forming committees of persons affected by leprosy (IDEA Nepal), where we supported guaranteeing a minimum of 33% female participation in every newly formed committee.

We have diligently disaggregated data according to sex, allowing for a nuanced understanding of how leprosy and related stigma impact men and women differently. For example, in every leprosy recording and reporting system, data are disaggregated based on gender, and the same strategy is applied in research-related works. This helps to understand gender-specific issues, and then proper planning is assisted. This gender-disaggregated data is crucial for our gender analysis, which informs our project strategies and interventions. By continuously monitoring and evaluating our gender equity efforts, we ensure that both men and women benefit equally from our initiatives and that their specific needs and perspectives are integrated into our work.

8.4 Institutional Fundraising

8.4.a *Describe which initiatives you have conducted to raise funds from institutional donors to fund some project activities, introduce additional interventions or expand it to additional areas. Indicate the status of your initiatives and their amounts. [max 150 words]*

Initiative title and brief description	Institutional Donor	Amount targeted / requested	Status
			Choose an item.
			Choose an item.
			Choose an item.

To date, none of the initiatives have been implemented to solicit funding from institutional donors for this project.

8.5 Capacity building

8.5.a *Please, fill in the two tables below and describe which activities you have conducted to ensure and enhance the capacity of your staff and organization to implement the project and which results you have achieved this year. [max 150 words]*

# of staff trained (TOTAL)	
through Face to face training	5
through E-learning–training	11
through Master class /Mini course	2
through Mentorship	2
through other channels	0

# of training events organized	
Face to face training	0
Exchange visits	0
Mentorship trajectories	3
Supervision/coaching	1
others	0

9. Communications and information products

9.1 Reporting

*Story of change: please share in Annex H one story which highlights the difference your work has made to someone's life. We are looking for a concise story, including a brief background to the issue/need you have addressed, how and why the project helps and the result for the person's life. NLR IO requests at least **one story for each project per year**. A specific request either for the half-year or the annual report should come on the basis of your photo gallery from NLR IO International Communication Advisor. If you have not received a request, please provide a story of your choice with your annual report, related to one or more pictures of your photo gallery.*

"Risk of disability if not treated on time"
Age: 68 Years
Address: Ramaroshan Rural Municipality-03 Dhambada, Achham.

Brikesh Tamatta is a resident of Ramaroshan rural municipality ward number 3, Dhambada of Achham. Now he is 68 years old. His two sons, two daughters-in-law and grandchildren are living in India. He has been living in Dhambada with his wife. He and his wife have been earning a living by farming and fairing in their small farm. First, he went to Mumbai, India for employment. He was earning his family's living by working as a watchman in India. He used to come home during farming and at other times he would go to India for employment. In 2074 B.S. a small scar appeared on his hand. He says that the spot does not hurt and does not itch. In his family, his father was previously cured of leprosy by taking medicine. He started going to different hospitals to treat the scars on his hands. But the doctors could not diagnose his disease correctly. His illness continued to worsen. His nerves were also affected, and his hands started to twitch.

As his scars worsened and the risk of disability increased, he went to Mangalsen Hospital in the home district of Acham. After examining his entire body, the health workers there put him under suspicion of leprosy based on his symptoms. After the health workers took a skin smear for further tests, it was confirmed that he had leprosy.

The doctors referred him to Santada Hospital in Ramaroshan Rural Municipality for medication. The doctors advised him to take leprosy medicine MDT regularly for 1 year, assuring him that he would be cured. As per the doctor's advice, he regularly took leprosy medicine and got cured. Brikesh Tamatta was very scared when he was diagnosed with leprosy. He was worried about how to face society. However, he was happy that the disease was correctly diagnosed. He was confident that if he was diagnosed with the disease and took regular medicine, he would be fine.

After taking medicine regularly for 1 year, he became disease free. Due to lack of timely treatment, his fingers cannot move properly now. However, he can perform his daily activities well. After health workers spread public awareness about leprosy, his behaviours has also changed.

9.1.a Did you or your partners receive any positive media attention related to the project, or other special recognition in this reporting period (e.g. awards)? (100 words max)

No. Only photographs. Will be posting the story in social media.

9.1.b	*Please provide links to any key technical resources, publication, videos, blogs or reports that you have produced about your project in this reporting period. Do not delete links provided in previous periods, but just update the list.*
No. Case Story Booklet in the process.	
9.1.c	*Please check that the project online photo gallery is up to date for the reporting period. Please make sure you have uploaded photos and the related informed consent forms. Ensure the photos indicate Name Person/People Portrayed_Place_Country_Year_Project. Use the information function to provide additional details and edit the location if required. Report below the accessible link.*
Not yet but will be created soon	

9.2 Planning

9.2.a	*Please indicate in the table below which activities and events you are planning to document with photos in the coming 6 months and the period they will take place.*

Activity	**Period**
Field Teams send regular pictures and videos with caption to be included in SNS	July- Dec 2024
Case Story to be sent by field staff and published in SNS and Booklet	July- Dec 2024

9.2.b	*Media, including social media: Please update us on any (social) media you use or any (social) media campaigns you are planning in the coming six months around the project, including weblinks when relevant.*

Social Media
Instagram, Twitter, LinkedIn

Other media
Youtube, Online News Portal

10. Annexes

Annex A PMEL Tool
Annex B Activity Plan
Annex C Research proposal format (optional)
Annex D Budget report and plan
Annex E Outcome Descriptions
Annex F Updated Outcome Harvesting database
Annex G Outcome Harvesting analysis (for mid-term review)
Annex H Story of change

Annex 1: Most acceptable of communications (CAN tables)

	Community	participants leprosy affected	Total
N	N=228 (53.3%)	N=200 (46.7%)	N=428 (100.0%)
Radio			
No	205 (89.9%)	162 (81.0%)	367 (85.7%)
Yes	23 (10.1%)	38 (19.0%)	61 (14.3%)
TV			
No	135 (59.2%)	115 (57.5%)	250 (58.4%)
Yes	93 (40.8%)	85 (42.5%)	178 (41.6%)
Newspapers			
No	208 (91.2%)	194 (97.0%)	402 (93.9%)
Yes	20 (8.8%)	6 (3.0%)	26 (6.1%)
Posters/banners			
No	220 (96.5%)	182 (91.0%)	402 (93.9%)
Yes	8 (3.5%)	18 (9.0%)	26 (6.1%)
Leaflets			
No	228 (100.0%)	200 (100.0%)	428 (100.0%)
Mobile			
No	56 (24.6%)	70 (35.0%)	126 (29.4%)
Yes	172 (75.4%)	130 (65.0%)	302 (70.6%)
Social media			
No	81 (35.5%)	136 (68.0%)	217 (50.7%)
Yes	147 (64.5%)	64 (32.0%)	211 (49.3%)
WhatsApp			
No	168 (73.7%)	185 (92.5%)	353 (82.5%)
Yes	60 (26.3%)	15 (7.5%)	75 (17.5%)
Community meeting			
No	201 (88.2%)	156 (78.0%)	357 (83.4%)
Yes	27 (11.8%)	44 (22.0%)	71 (16.6%)
Health Worker			
No	175 (76.8%)	88 (44.0%)	263 (61.4%)
Yes	53 (23.2%)	112 (56.0%)	165 (38.6%)
Loudspeaker			
No	215 (94.3%)	186 (93.0%)	401 (93.7%)
Yes	13 (5.7%)	14 (7.0%)	27 (6.3%)
Street play			

No	228 (100.0%)	180 (90.0%)	408 (95.3%)
Yes	0 (0.0%)	20 (10.0%)	20 (4.7%)

Annex 2: **Summary statistics: KAP score on leprosy for diverse participant groups**

Residence	N	Mean	SD	Min	Max
Rural	144	4.45	2.48	0	9
Urban	284	5.31	2.30	0	9
Participants					
Community	228	4.51	2.47	0	9
Leprosy affected	200	5.61	2.17	0	9
Sex	N	Mean	SD	Min	Max
Female	217	4.68	2.46	0	9
Male	211	5.37	2.28	0	9
Occupation	N	Mean	SD	Min	Max
Paid work	78	5.1	2.71	0	9
Self employed	205	5.21	2.28	0	9
Unemployed	145	4.71	2.35	0	9
Education	N	Mean	SD	Min	Max
Illiterate	103	4.44	2.30	0	9
No formal education	64	4.77	2.58	0	9
Primary	104	4.84	2.33	0	9
Secondary	85	5.49	2.15	0	9
Higher secondary and above	72	5.81	2.48	0	9
Ethnic group					
Brahmin/Chettri	133	5.5	2.38	0	9
Dalit	62	5.52	2.11	0	9
Janjati	159	4.86	2.29	0	9
Other	74	4.09	2.58	0	9
Marital status					
Married	381	5.09	2.36	0	9
Never married	45	4.4	2.70	0	9
Religion					
Hinduism	385	5.08	2.40	0	9
Other	43	4.49	2.32	0	8
Relation with leprosy					
No	331	5.14	2.45	0	9
Yes	97	4.64	2.16	0	9
Age group	N	Mean	SD	Min	Max
18-40	201	4.84	2.57	0	9
41+	227	5.19	2.22	0	9
Monthly Income					
living hand-to-mouth	71	5.76	2.32	0	9
NPR 10,000 – NPR 15,000	128	4,64	2.36	0	9
NPR 16,000 - NPR 30,000	133	4.62	2.43	0	9
NPR 31,000 and above	96	5.54	2.26	0	9

Annex 3: Summary of Participation Restriction by Demographic Variables

Category	No Restriction	Restriction	Test (p-value)
N	150 (75.4%)	49 (24.6%)	
Leprosy type			
MB	93 (62.0%)	36 (73.5%)	0.144
PB	57 (38.0%)	13 (26.5%)	
Disability grade			
0	129 (86.0%)	31 (63.3%)	<0.001

Category	No Restriction	Restriction	Test (p-value)
1	7 (4.7%)	1 (2.0%)	
2	14 (9.3%)	17 (34.7%)	
Sex			
Male	69 (46.0%)	27 (55.1%)	0.268
Female	81 (54.0%)	22 (44.9%)	
Occupation			
Paid work	22 (14.7%)	8 (16.3%)	0.071
Self employed	57 (38.0%)	10 (20.4%)	
Unemployed	71 (47.3%)	31 (63.3%)	
Education			
Illiterate	50 (33.3%)	21 (42.9%)	0.031
No formal education	28 (18.7%)	5 (10.2%)	
Primary	29 (19.3%)	17 (34.7%)	
Secondary	22 (14.7%)	4 (8.2%)	
Higher secondary and above	21 (14.0%)	2 (4.1%)	
Income			
Living hand-to-mouth	34 (22.7%)	17 (34.7%)	0.327
NPR 10,000 - NPR 15,000	56 (37.3%)	18 (36.7%)	
NPR 16,000 - NPR 30,000	45 (30.0%)	11 (22.4%)	
NPR 31,000 and above	15 (10.0%)	3 (6.1%)	
Ethnic Group			
Dalit	26 (17.3%)	7 (14.3%)	0.933
Janjati	71 (47.3%)	23 (46.9%)	
Brahmin/Chettri	37 (24.7%)	14 (28.6%)	
Other	16 (10.7%)	5 (10.2%)	
Marital Status			
Married	124 (82.7%)	36 (73.5%)	0.277
Widowed	9 (6.0%)	6 (12.2%)	
Unmarried	17 (11.3%)	7 (14.3%)	
Religion			
Hinduism	136 (90.7%)	45 (91.8%)	0.804
Other	14 (9.3%)	4 (8.2%)	
Age group			
18-40	58 (38.7%)	15 (30.6%)	0.310
41+	92 (61.3%)	34 (69.4%)	
Diagnosed month			
0-12	31 (20.7%)	10 (20.4%)	0.811
13-60	62 (41.3%)	18 (36.7%)	
61+	57 (38.0%)	21 (42.9%)	

Annex 4: Descriptive statistics - pearson across community stigma scale

	No stigma	**Stigma**	**Total**	**Test**
N	142 (30.1%)	330 (69.9%)	472 (100.0%)	
Residence				0.626
Urban	94 (66.2%)	226 (68.5%)	320 (67.8%)	
Rural	48 (33.8%)	104 (31.5%)	152 (32.2%)	
Participants				0.028
Community	56 (39.4%)	174 (52.7%)	230 (48.7%)	
FCHV	44 (31.0%)	76 (23.0%)	120 (25.4%)	
HW	42 (29.6%)	80 (24.2%)	122 (25.8%)	
Sex				0.208
Male	46 (32.4%)	127 (38.5%)	173 (36.7%)	

Female	96 (67.6%)	203 (61.5%)	299 (63.3%)	
Ethnic Group				0.273
Dalit	6 (4.2%)	31 (9.4%)	37 (7.8%)	
Janjati	39 (27.5%)	84 (25.5%)	123 (26.1%)	
Brahmin/Chettri	74 (52.1%)	169 (51.2%)	243 (51.5%)	
Other	23 (16.2%)	46 (13.9%)	69 (14.6%)	
Marital Status				0.205
Never married	8 (5.6%)	30 (9.1%)	38 (8.1%)	
Married	134 (94.4%)	300 (90.9%)	434 (91.9%)	
Religion				0.873
Hinduism	131 (92.3%)	303 (91.8%)	434 (91.9%)	
Other	11 (7.7%)	27 (8.2%)	38 (8.1%)	
Leprosy Relation				0.063
Yes	29 (20.4%)	45 (13.6%)	74 (15.7%)	
No	113 (79.6%)	285 (86.4%)	398 (84.3%)	
Occupation				0.003
Paid work	99 (69.7%)	191 (57.9%)	290 (61.4%)	
Self-employed	26 (18.3%)	111 (33.6%)	137 (29.0%)	
Unemployed	17 (12.0%)	28 (8.5%)	45 (9.5%)	
Education				0.144
Illiterate	11 (7.7%)	21 (6.4%)	32 (6.8%)	
No formal education	10 (7.0%)	22 (6.7%)	32 (6.8%)	
Primary	12 (8.5%)	46 (13.9%)	58 (12.3%)	
Secondary	12 (8.5%)	47 (14.2%)	59 (12.5%)	
Higher secondary+	97 (68.3%)	194 (58.8%)	291 (61.7%)	
Monthly Income				0.003
Living hand-to-mouth	4 (2.8%)	16 (4.8%)	20 (4.2%)	
NPR 10,000-15,000	12 (8.5%)	42 (12.7%)	54 (11.4%)	
NPR 16,000-30,000	113 (79.6%)	206 (62.4%)	319 (67.6%)	
NPR 31,000+	13 (9.2%)	66 (20.0%)	79 (16.7%)	
Age				0.734
18-40	76 (53.5%)	171 (51.8%)	247 (52.3%)	
41+	66 (46.5%)	159 (48.2%)	225 (47.7%)	

Annex 5: Descriptive Statistics - Pearson Across Social Barrier Status

Variable	No Barrier	Social Barrier	Total	Test
N	366 (77.5%)	106 (22.5%)	472 (100.0%)	
Residence				<0.001
Urban	232 (63.4%)	88 (83.0%)	320 (67.8%)	
Rural	134 (36.6%)	18 (17.0%)	152 (32.2%)	
Participants				<0.001
Community	148 (40.4%)	82 (77.4%)	230 (48.7%)	
FCHV	107 (29.2%)	13 (12.3%)	120 (25.4%)	
HW	111 (30.3%)	11 (10.4%)	122 (25.8%)	
Sex				0.471
Male	131 (35.8%)	42 (39.6%)	173 (36.7%)	
Female	235 (64.2%)	64 (60.4%)	299 (63.3%)	
Ethnic Group				0.017
Dalit	22 (6.0%)	15 (14.2%)	37 (7.8%)	

Variable	No Barrier	Social Barrier	Total	Test
Janjati	96 (26.2%)	27 (25.5%)	123 (26.1%)	
Brahmin/Chettri	198 (54.1%)	45 (42.5%)	243 (51.5%)	
Other	50 (13.7%)	19 (17.9%)	69 (14.6%)	
Marital Status				0.534
Never married	31 (8.5%)	7 (6.6%)	38 (8.1%)	
Married	335 (91.5%)	99 (93.4%)	434 (91.9%)	
Religion				0.002
Hinduism	329 (89.9%)	105 (99.1%)	434 (91.9%)	
Other	37 (10.1%)	1 (0.9%)	38 (8.1%)	
Leprosy Relation				0.272
Yes	61 (16.7%)	13 (12.3%)	74 (15.7%)	
No	305 (83.3%)	93 (87.7%)	398 (84.3%)	
Occupation				<0.001
Paid work	250 (68.3%)	40 (37.7%)	290 (61.4%)	
Self employed	82 (22.4%)	55 (51.9%)	137 (29.0%)	
Unemployed	34 (9.3%)	11 (10.4%)	45 (9.5%)	
Education				<0.001
Illiterate	21 (5.7%)	11 (10.4%)	32 (6.8%)	
No formal education	17 (4.6%)	15 (14.2%)	32 (6.8%)	
Primary	37 (10.1%)	21 (19.8%)	58 (12.3%)	
Secondary	39 (10.7%)	20 (18.9%)	59 (12.5%)	
Higher secondary+	252 (68.9%)	39 (36.8%)	291 (61.7%)	
Monthly Income				<0.001
Living hand-to-mouth	15 (4.1%)	5 (4.7%)	20 (4.2%)	
NPR 10,000 - NPR 15,000	33 (9.0%)	21 (19.8%)	54 (11.4%)	
NPR 16,000 - NPR 30,000	268 (73.2%)	51 (48.1%)	319 (67.6%)	
NPR 31,000 and above	50 (13.7%)	29 (27.4%)	79 (16.7%)	
Age				0.324
18-40	196 (53.6%)	51 (48.1%)	247 (52.3%)	
41+	170 (46.4%)	55 (51.9%)	225 (47.7%)	