Leprosy Prevention and Control Project

January – June 2024 reporting and planning update

Version: NP020.v1.

Nand Lal Banstola
Biratnagar, 01 August 2024

until
No Leprosy Remains

Index

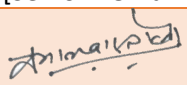
2. Report Summary

2.1 General information

2.1.a Basic Project Details

Organisation name:	NLR Nepal
Title of your proposal:	Leprosy Prevention and Control Project
Start date:	01/01/2024
Expected end date:	31/12/2026
Implementing partners:	NLR Nepal, NNSWA, Sahara Nepal, GoN health networks
Total project budget :	Euro 858,026.27
Funding NLR:	Euro 858,026.27
Other funding sources: (amount and name)	Click or tap here to enter text.
Contact person for the project:	Madhav Raj Bhatta

Reporting period:	January – June 2024
Percentage of total expenses against the approved annual budget for this reporting period:	91%
Percentage of total expenses against the forecasted annual budget for this period	91%
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]
11 February 2024	 Signature

2.2 Report Summary

Jan- Jun

(a) What has happened

Based on the data collected under project NP019, LEMT and Serial Maps, the density and distribution trends of leprosy cases were analysed and interpreted to identify hotspots or hyper-endemic clusters. Municipal authorities and community groups, including partners, were informed of the situation. Appropriate preventive measures, such as regular SDR-PEP interventions or blanket contact approaches, were determined and implemented accordingly. Clustering based criteria are used to determine the approaches, e.g. close contact approach for close contacts in no clustering cases. Here the meaning of clusters is 3 or more cases in a distance of 300 meters. In clusters both, close and community contacts are covered with blanket contact approaches. These interventions prioritized early diagnosis of leprosy and then contributed to transmission interruption of leprosy. A follow-up mechanism was established and executed. Follow up mechanism here indicates the

follow up of temporary absentees and sometimes for refusals. For this local level or community bases organizations, female community health volunteers and persons affected by leprosy are used together with project staff. Training was provided to health workers and volunteers to ensure the effective implementation of all interventions.

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

The project is slightly behind the established target. The first half of the fiscal year 2024 coincides with the second half of the Nepali fiscal year, during which there is increased pressure to meet government-set targets, requiring our staff to contribute to these efforts. In the upcoming period, the situation will be reversed, allowing us to receive greater support from the government.

(c) *Considerations for planning*

Overall project planning will remain same but small elaboration or breakdown is expected under "Cases verification and information collection of reported new leprosy cases" to make the activities more practical and doable. That is one more sub activity will be added in this.

Jul- Dec

(a) *What has happened*

The program-related activities of this project have been successfully completed, with an overall achievement of more than 90%. However, there are a few exceptions, including the technical assistant on mapping and clustering of index cases, Orientation on leprosy and PEP for volunteers, CBOs and other stakeholders and the follow-up of temporary and other absentees on PEP administration.

Consultancy support was not required for mapping and clustering as the project was self-sufficient in this area. Additionally, there was insufficient time for follow-up due to the prioritization of completing PEP interventions in communities within the specified timeframe of October to December.

Regarding staff costs, a leprosy supervisor was recruited late, a junior person was recruited as an IF officer, and the Account officer was terminated at the beginning of the year. These cost reductions have positively impacted the total staff cost of the project.

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

The project is progressing satisfactorily. Health workers in all the NLR-supported areas have recognized the actual need and have been actively working to address it. Our primary focus within the leprosy control program has been preventive measures, particularly the standard dose of rifampicin (SDR) and the PEP++ regimen in PEP++ areas. All of these measures have been well-received by the relevant stakeholders.

(c) *Considerations for planning*

All the planned activities and interventions of this project have been found practical, applicable, and realistic to address the existing leprosy problems in both high- and low-endemic areas. The

outcomes and results achieved are encouraging with extraordinary outputs. This can be one of the replicable models to reduce the leprosy burden and then eliminate leprosy transmission elsewhere.

2.3 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	22	23	45	
Health care workers	Health Workers from health post and primary health centres	3000	1130	1620	2750	
Other groups *(please specify)*	Leprosy focal person from district, Provincial health directorate and Municipalities	364	316	218	534	
Other groups *(please specify)*	Provincial health directorate team	9	9	8	17	
Other groups *(please specify)*	Implementing partners	53	17	3	20	
	Community based organizations (CBOs)	361 places	79	321	400	

2.4 Project dashboard

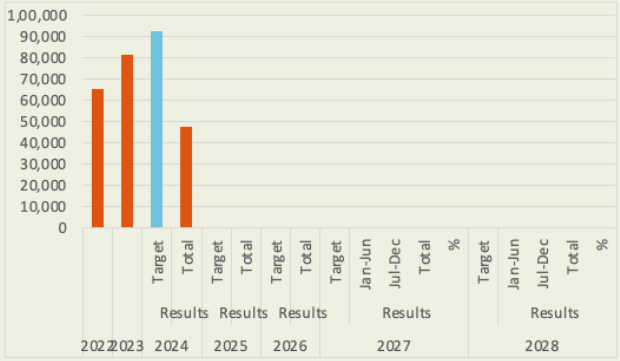
Please include here the visuals of the key indicators that you find in Annex A.
Comment or add explanations when needed.

Project Dashboard

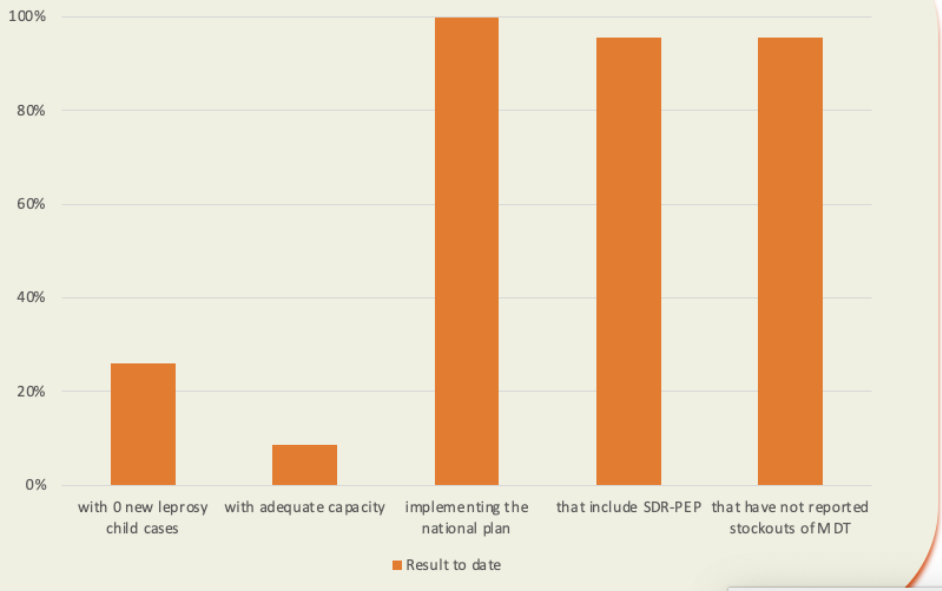
Target Districts

23

# of contacts that received SDR-PEP



% of Districts



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3. Progress update

3.1 Outcomes

3.1.a Outcome 1 – The government took ownership and facilitated the scaling up of SDR PEP

Jan- Jun Federal Government allocated the budget for SDR PEP to all the leprosy hyper endemic districts and for some of the middle endemic districts. Budget for Rifampicin purchase is available to all the provincial health directorates. Similarly, some of the provinces and Municipalities has also allocated budget for PEP interventions. This all shows that Government ownership and resources allocation is continuedly increasing for PEP in Nepal. This is a great achievement of NLR Nepal lobbying and advocacy work from the last many years (started from 2015 and NLR as initiator). Additional change we want to achieve in the coming years is its sustainability as truly routine program under leprosy control.
Jul- Dec During this period, a total of 110 municipalities from 16 districts across three provinces were covered. This demonstrates that the government assumed ownership and subsequently facilitated the process of scaling up the SDR PEP.
Overall annual considerations A few years ago, we supported the Government and other partners in a project called 'Demonstration Project.' The project's objective was to demonstrate the implementation of PEP interventions and assess their effectiveness in reducing the burden of leprosy and achieving transmission interruptions. The Government and other partners were fully committed to the project, and the results are now being released. In conjunction with this, the recent publication of "Effectiveness of ongoing single-dose rifampicin post-exposure prophylaxis (SDR-PEP) implementation under routine program conditions—An observational study in Nepal," PLOS Neglected Tropical Diseases | https://doi.org/10.1371/journal.pntd.0012446, December 4, 2024, has played a motivating role for the Nepal team.

3.1.b Outcome 2 – Health centres promoted early detection activities in their catchment areas

Jan- Jun A total of 612 new leprosy cases detected in the past fiscal year (2023-2024) in NLR supported Koshi and Sudurpaschim. Out of them 70 are cases detected with visible impairment during the time of diagnosis, with impairment rate of 9 per 1,000,000 populations. This shows the overall decreasing trend of impairment rate as one of the main indicators of early detection. During this reporting period 31 Municipalities of 6 districts covered with PEP interventions and one new case of Leprosy is directly detected from these interventions whereas 16,000 peoples screened for leprosy (including close and community contacts).
Jul- Dec In 2024, a total of 98 new leprosy cases were detected through PEP interventions. Of these, 33 cases were classified as MB and 65 as PB. Additionally, 20 cases were identified through family contacts, 30 through neighbour contacts, and 48 through community contacts. These findings demonstrate the effectiveness of active case detection activities.
Overall annual considerations

Post-exposure prophylaxis (PEP) interventions in Nepal have become pivotal milestones in transforming the leprosy scenario throughout the country. These interventions are not only essential but also serve as the foundation for achieving the project's overall objectives.

3.1.c Outcome 3 – Municipalities planned and executed cluster-based interventions on leprosy

Jan- Jun

This assessment not yet started due to initial stage of data collection and mapping exercises. Our interventions, mainly the PEP interventions, are based on spatial information. Due to some accuracy problems of previous data, we started Kobo based system and being verified with mapping from each and every Municipalities. Few Municipalities are covered so far, and we are continuing this process to cover remaining Municipalities.

Jul- Dec

Based on the comprehensive geospatial data collected on leprosy cases, we have successfully mapped the locations of these cases to identify infection hotspots and areas of high prevalence. During this process, if three or more cases are found within a 300-meter radius of each other, a cluster is formed. Our hypothesis is that infection rates are higher within these clusters, as individuals in these clusters are likely to have been in close contact with the index cases. Consequently, conventional close contact approaches may not be sufficient in such situations. In these instances, we adopt a blanket contact approach, which involves extensive contact tracing and monitoring to identify and isolate individuals at risk.

During this period, approximately 20 municipalities have planned and implemented cluster-based interventions for leprosy. These interventions have successfully covered over 150 clusters.

Overall annual considerations

Since 2019, NLR Nepal has implemented a mapping system for leprosy. This initiative has gained recognition among the government and other stakeholders, leading to a better understanding of hotspot patterns. The concept of leprosy as clustering has become increasingly prevalent, particularly after the COVID-19 pandemic. This approach has proven to be highly effective in our contest, motivating health workers to adopt and implement it.

3.1.d Outcome 4 – SDR PEP scaled up to cover eligible contacts in leprosy reporting rural/urban municipalities

Jan- Jun

This assessment not yet started due to initial stage of data collection and mapping exercises. SDR PEP is already continuing in most of the Municipalities but this outcome needs to evaluate separately.

Jul- Dec

As previously mentioned in outcome 1, 2024 continued to be an exceptional year in terms of scaling up the SDR PEP program to cover eligible contacts. A total of 172,853 contacts of 3,384 Index cases were screened, and 146,899 contacts were administered with a single dose of Rifampicin. During this process, 98 new leprosy cases were detected in the rural and urban municipalities where the interventions are implemented.

Overall annual considerations

PEP interventions have remained successful due to both areas and contacts coverage. There is a cross-sectional relationship between Post-Exposure Prophylaxis and case-based surveillance, enabling extremely successful outcomes. This result has had positive influences on other outcomes.

3.1.e Outcome 5 – *Early detection and prompt treatment through an active cases finding approach ensured*

Jan- Jun

See outcome 1 above. Early cases detection has been promoted through SDR PEP interventions but prompt treatment as well as treatment follow up still need to assess by analysing the data.

Jul- Dec

The SDR PEP stands as an exceptional early case detection approach and preventive measure for individuals at risk of contracting leprosy. This strategy has proven highly effective in leprosy-endemic municipalities, enabling the identification of new cases. This year, a total of 98 new leprosy cases have been detected through this approach and modality. Among these cases, 33 are classified as Multibacillary Leprosy (MB), 65 as Paucibacillary Leprosy (PB), and 20 cases were detected from household contacts. Additionally, 30 cases were identified from neighbour contacts, while 48 cases were attributed to community contacts. Notably, the community cases represent a result of blanket contact or non-close contact approach.

Overall annual considerations

Upon the detection of new leprosy cases, this information is promptly reported through the newly introduced Kobotool-based database. Subsequently, the contacts of the detected cases are screened within a 1-2 month period to identify potential further transmission. This process has been partially implemented in NLR-supported areas, contributing to the advancement of early case detection procedures.

3.1.f Outcome 6 – *Targeted approaches in hotspots, identified and agreed among partners and stakeholders*

Jan- Jun

This assessment not yet started due to initial stage of data collection and mapping exercises.

Jul- Dec

A comprehensive surveillance system based on cases has been established in three provinces with technical assistance and support from NLR Nepal. The database has undergone rigorous testing, and health workers have received comprehensive training. The system has been fully implemented in the majority of municipalities, and over 9,000 cases have already been registered. In collaboration with the database, a comprehensive dashboard has been developed, providing access to all health workers, partners, and related stakeholders. The dashboard automates clustering and hotspot identification, ensuring efficient utilization of the system. This collaborative effort has resulted in the effective implementation of the surveillance system by planners, policy makers, and implementors.

Overall annual considerations

There is a strong consensus and understanding among stakeholders involved in leprosy regarding the implementation and enhancement of a case-based system. The World Health Organization (WHO), Other ILEP partners, and LDMS have played a pivotal role in its realization.

3.2 Interventions

3.2.a Intervention 1 – Capacity building

Jan- Jun

Planned interventions: a total of 5,520 health workers (through 35 slot of training) will undergo Basic Leprosy training, and 276 volunteers will receive orientation on leprosy. Subsequent to the training, all implementing partners will actively engage in fieldwork related to SDR PEP. As program capacity building consultancy support to be received from 6 persons and technical assistant on mapping and clustering from 3 persons. NLR Nepal and NGO partners are involved for capacity enhancement.

Outputs - 52 health workers trained with 4 slot of training, 60 volunteers receive orientations on leprosy and PEP, all implementing partners actively engaged in fieldwork related to SDR PEP (8), consultancy support received from 3 persons and technical assistant on mapping and clustering from 1 person (technical consultancy support not possible from outsiders due to lacking of leprosy and mapping expertise so that Dr Wim, Liesbeth, Prof. Epco and Kate are providing these supports)

Jul- Dec

A total of 6 slots of basic leprosy training (BLT) conducted and 144 health workers trained, volunteers including female community health volunteers oriented in 101 places, 8 implementing partners continued field level support on PEP, Technical consultancy support continued from Kate SHIH, Institute of tropical medicine (ITM), Antwerp, Belgium.

Overall annual considerations

All interventions related to capacity building have been successfully implemented, resulting in the achievement of the targeted outcomes. This positive feedback has provided the program with the necessary support to continue achieving its goals. (These results do not include PEP++ achievements)

3.2.b Intervention 2 – Lobby and advocacy

Jan- Jun

Planned interventions: To facilitate effective communication and collaboration, quarterly advocacy meetings will be convened at both the federal and provincial levels, totalling 229 meetings. Together with these 770 Lobbying meetings will be held with Municipality authorities on leprosy prevention.

Outputs - 5 quarterly advocacy meetings are convened at both the federal and provincial levels, 27 Lobbying meetings conducted with Municipality authorities on leprosy prevention. These advocacy and lobbying meetings are backbone for leprosy prevention and control but due to lacking proper human resource in some of the project and staff overloaded, these couldn't happen. These advocacy meetings are generally organized depending upon the issues of the leprosy program of that Municipality or area.

Jul- Dec

During this reporting period, a total of 55 review and monitoring meetings and 221 lobby/advocacy meetings were conducted at various levels. The majority of review and monitoring meetings were held at the municipal level, while lobby/advocacy meetings were held at the health institution level.

Overall annual considerations

This intervention was successfully implemented and remained a pivotal factor in driving other leprosy control activities, such as PEP interventions, at the community level. Health workers, in collaboration with community-level authorities, comprehended the existing challenges and devised effective strategies to address them. This collaboration resulted in the program securing appropriate support, including financial assistance in certain instances.

3.2.c. Intervention 3 – Collaboration among partners and stakeholders

Jan- Jun

Planned interventions: quarterly meetings or workshops (3 meetings per year) among partners. These gatherings may constitute a component of the annual coordination meetings facilitated by LCDMS or NLN (National Leprosy Network) involving both ILEP and Non-ILEP partners. From this collaborative approaches, 2400 leprosy cases will be verified, and their information will be updated on the inventory, and Logistic (RMP, form/formats) management for SDR PEP (3 times per year). This creates an enabling environment for PEP interventions.

Outputs – One Quarterly meeting / workshop with partners organized, more than 2,400 leprosy cases verified but with the coordination of PHD and Local level health institutions, logistic management for SDR PEP done (1 time). The original approach of cases verification was with the involvement of Government and ILEP members including NLR but only the provincial level involvement was there. A team of experts established and then they visited different Municipalities for cases verification. This is generally done before the PEP intervention in those areas.

LCDMS or NLN not involved in this quarterly meeting so that collaborative approach for cases verification and others not yet achieved. LCDMS with the support from WHO organized one workshop at National level, but the objective and approach were different. NLR participated and presented, it was a good forum for lobby and advocacy but set program objective didn't meet. This workshop organized by EDCD/LCDMS had a broader objective of promoting scientific evidence for PEP and Cases based Surveillance system. Some opponent groups of PEP, representatives from SODVELON or dermatology society, policy level people, doctors from medical colleges were invited in the workshop.

Jul- Dec

Two additional review meetings were conducted during this period, and the remaining reported new cases from health institutions are verified. Inadequate involvement of the NLN and the LCDMS for cases verification and subsequent participation in the review meetings has been addressed and improved in the second half of the year.

Overall annual considerations

The second half of the year remained productive for collaboration among partners and stakeholders. As a result of this result-oriented collaborative approach, an exceptionally high level of outputs and results were achieved during this period.

3.2.d. Intervention 4 – Quality assurance

Jan- Jun

Planned interventions: Monitoring visits and progress review meetings at multiple levels (125 meetings), verification of all diagnosed cases of leprosy (approximately 2400 cases), monitoring visits to diverse locations encompassing advocacy and lobby activities, meetings, training sessions, seminars, etc. (totalling 229 days).

Outputs – None of the activities aiming to quality assurance has been conducted during this reporting period. The reason for this is, very few field interventions are executed and this is not the time to plan for quality assurance. The main reason for this is, health workers remain busy to achieve Government targets. Secondly, because of the same and some other reasons only 31 Municipalities are covered with preventive measures with the involvement of NLR and PHD people so that additional monitoring was not relevant.

Jul- Dec

Ongoing monitoring of project site visits continued, and all municipalities with newly reported cases were visited in a total of 149 days. The primary interventions remained the same as those outlined in Intervention 3.

Overall annual considerations

Quality assurance is a cornerstone of our program. In PEP interventions, there are numerous issues related to quality, including the quality of data for infection and hotspot identifications, the quality of health education and counselling, the quality of screening, and the quality of medicines, such as Rifampicin. In our case, we are still encountering some difficulties with quality screening, but the remaining factors are satisfactory.

3.2.e. Intervention 5 – Strengthen Awareness Rising Initiatives

Jan- Jun

Planned interventions: IEC/BCC interventions on PEP conducted at different level (3 times) is the main activity to perform. Messages through media (Radio/FM and print media), school health and mobilization of students, mobilization of mothers group and youth clubs are the main effective activities.

Outputs – None of the activities aiming to IEC/BCC has been conducted during this reporting period. The reason for this is, very few field interventions for PEP are planned and executed. CEBC campaign will be planned when more Blanket Contact Approach (BCA) needs are identified in leprosy endemic clusters. This intervention is mainly for community peoples aiming to sensitize them on the benefits of taking Rifampicin for leprosy prevention. Majorities of Municipality or existing health network is familiar on PEP interventions, but additional effort is needed to convey the messages to main target groups, e.g. contacts and mainly the community contacts.

Jul- Dec

During this period, the primary focus was on the Communication Education and Behavioural Change (CEBC) campaign. This campaign encompassed both close contact and blanket contact approaches to PEP in the communities. CEBC remained a cornerstone of the approach before the implementation of PEP interventions in society. Various community groups were actively mobilized for this campaign, including school students, mothers' groups, and youth clubs.
Overall annual considerations Blanket Contact Approach (BCA) for Post-Exposure Prophylaxis (PEP) and mixed with CEBC remain among the most compelling interventions in our region during this period. The substantial number of new leprosy cases among community contacts serves as compelling evidence for this approach. This has necessitated the emergence of a novel paradigm for discussions, explorations, and potentially serves as a research area to ascertain the necessity and rationale of BCA.

3.2.e. Intervention 6 – Support for Preventive measures on Leprosy

Jan- Jun **Planned interventions:** Aims to cover approximately 165 municipalities during the specified period, mappings and clustering of leprosy infections from reported new cases (2400 IC), Contacts screening and eligibility of PEP administration (2300 IC), PEP administration to close and blanket contacts (770 places), Follow up of temporary and other absentees on PEP administration (770 places) are the main activities under this intervention. **Outputs –** During this period 31 Municipalities of 6 districts are covered, Contacts of 320 index cases are covered and the detail is mentioned in table 1 below, 14,785 contacts (close and blanket) administrated with SDR, around 150 places covered for close and blanket contacts, 1960 temporary contacts followed.
Jul- Dec During this period 79 Municipalities of 19 districts are covered, Contacts of 3064 index cases are covered and the detail is mentioned in table 1 below, 132,114 contacts (close and blanket) administrated with SDR, around 150 places covered for close and blanket contacts, 3260 temporary contacts followed.
Overall annual considerations During this period 110 Municipalities of 25 districts are covered, Contacts of 3384 index cases are covered, 146,899 contacts (close and blanket) administrated with SDR, around 150 places covered for close and blanket contacts, 5220 temporary contacts followed up.

4. Context update

4.1 Changes in the context

Jan- Jun Annual cases detection and cases detection rate is declining in NLR supported area (Koshi & Far Western) but almost stagnant in Far Western. Child and DG II cases trend is fluctuating but problem is almost stagnant since the last many years, see the detail in table 2 below. Early cases

detection and preventive measure on leprosy through PEP interventions are promoted and Government has taken lead and ownership. This shows the changes in the leprosy situation in NLR supported provinces with major contribution from NLR.

Political instability remains main challenging scenario in Nepal due to which no major changes made in the health sector and system. Unless health issues remain major priority concern, there are less changes in the major development on leprosy control. Even then, Government has given higher priority for cases-based surveillance and SDR PEP interventions in leprosy.

Dengue and its outbreak became serious challenge in Nepal after COVID pandemic. Government report has shown that 74 out of 77 districts are alarming zone for Dengue. Vulnerable populations such as leprosy are the major concern and without resolving this in community, we cannot think of implementing our plan activities. Since, this is a form of humanitarians' crisis Government has expected and requested optimum level of support from all sectors including leprosy. Last year data shows that Koshi is highly affected area. There are quite lot of preparatory activities before the monsoon or raining season so that health workers are quite busy. The problem is not equally distributed so that leprosy work is continued in less affected Municipalities.

Jul- Dec

Despite the absence of significant alterations in the leprosy program, Nepal encountered an unexpected natural disaster, specifically a flood and landslide, as a consequence of heavy rainfall. This occurrence was particularly surprising as it transpired outside of the summer season. While the Koshi, Madhesh, and Far Western regions experienced comparatively less rainfall, our program was not adversely affected.

Overall annual considerations

In NLR-supported areas, leprosy case detection declined in Koshi and Far Western, though stagnant in the latter. Child and DG II cases fluctuated but remained a concern. The government has taken ownership of SDR-PEP interventions, ensuring sustained efforts despite political instability. A severe dengue outbreak affected 74 out of 77 districts, with Koshi highly impacted, diverting health workers' focus. Despite this, leprosy activities continued in less affected municipalities. Unexpected floods and landslides outside the monsoon season occurred, but Koshi, Madhesh, and Far Western were less impacted, allowing programs to proceed.

4.2 Partnerships and key actors

Jan- Jun

Following are the summaries of status and qualities of partnership:

Actors	Status and qualities	Critical or stagnant situation
Health Workers and volunteers	Playing a crucial role in SDR PEP interventions from 31 Municipalities of 6 districts	Positive changes
NGO Active in Leprosy / Nepal National Social Welfare Association (NNSWA)	Expected main roles are lobbying and advocacy, enhance the capacity of health workers and volunteers	Stagnant during this period, interaction has been started to improve the team.

Ministries of Health and Population, Ministry of Women, Children and Senior Citizens	Guidance and feedback support to LCDMS	Positive of MoH but Stagnant the remaining during this period, interaction has been started to activate
WHO	continuation of PEP in leprosy, needs in-depth support to LCDMS	Positive changes
ILEP partners	influence government authorities for leprosy prevention and control	Status unknown
Community-based Organization (CBO)	heighten leprosy awareness, a broad audience receives the message of acceptance for preventive medications	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
Leprosy Affected Persons	There are still some doubts and questions for the disclosures of index cases in many events and this has direct effect on reaching to their contacts for proper screenings and medications	Positive changes

Jul- Dec

Following are the summaries of status and qualities of partnership:

Actors	Status and qualities	Critical or stagnant situation
Health Workers and volunteers	Playing a crucial role in SDR PEP interventions from 79 Municipalities of 19 districts	Positive changes
NGO Active in Leprosy / Nepal National Social Welfare Association (NNSWA)	Expected main roles are lobbying and advocacy, enhance the capacity of health workers and volunteers	Positive changes
Ministries of Health and Population, Ministry of Women, Children and Senior Citizens	Guidance and feedback support to LCDMS	Positive changes
WHO	continuation of PEP in leprosy, needs in-depth support to LCDMS	Positive changes
ILEP partners	influence government authorities for leprosy prevention and control	Positive changes

Community-based Organization (CBO)	heighten leprosy awareness, a broad audience receives the message of acceptance for preventive medications	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
Leprosy Affected Persons	There are no doubts and questions for the disclosures of index cases on reaching to their contacts for proper screenings and medications	Positive changes

Overall annual considerations

We have observed numerous positive transformations in the latter half of the year as a result of increased discussions, interactions, and lobbying meetings.

5. Best practices and lessons learned

5.1.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.

Over the past period, we have learned that our ongoing implementation of SDR PEP as a leprosy preventive measure has yielded significant insights and results. The continuous improvements and modifications to the program, particularly through mapping and clustering, have proven effective in identifying high endemic clusters and leprosy infection hotspots. This targeted approach has allowed us to plan and execute interventions more efficiently and effectively. Additionally, the introduction of the Blanket contact approach in recent years has been a pivotal change. This method, which involves treating all contacts within identified clusters, has shown promise in further reducing the incidence of leprosy. We have been refining this approach technically to maximize its impact. Practically, managing and delivering this work has highlighted the importance of flexibility and adaptability in response to emerging data and patterns of leprosy spread. The experience has underscored the necessity of continuous monitoring, evaluation, and adaptation to enhance the effectiveness of our interventions and achieve better health outcomes for the communities we serve.

5.1.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.

One of our particularly successful approaches has been the implementation of the Blanket contact approach within our PEP program. This strategy involves treating all contacts within identified high endemic clusters or leprosy infection hotspots, based on thorough mapping and clustering. The effectiveness of this approach lies in its comprehensive coverage, ensuring that no potential cases are missed and thereby significantly reducing the spread of leprosy. The continuous technical refinement of this method has enhanced its impact, making it a cornerstone of our leprosy prevention efforts. We have developed detailed mapping tools and guidelines to support this approach, which have been instrumental in its success

6. Special conditions

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6.1.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.*

There are the following additional conditions to this Project funding agreement. Please briefly respond to each of them:

a) not applicable for this project, only for NP021

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: In collaboration with Heleen and Valeria, we dedicated several weeks to this project, culminating in its finalization and obtaining approval from NLR IO.

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.

7. Plan for the remaining period

7.1 Major changes

7.1.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.

7.2 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.

7.2.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, we anticipate several key opportunities that will enhance our SDR PEP project. Firstly, the continued refinement and expansion of our Blanket contact approach present a significant opportunity to further reduce leprosy incidence. With the increasing availability of detailed epidemiological data and advanced mapping techniques, we can identify and target new high-risk clusters with even greater precision. Additionally, there is potential for enhanced collaboration with local health authorities and international partners, which can provide additional resources and expertise to strengthen our interventions. We plan to capitalize on these opportunities by leveraging technology and data analytics to improve our mapping and clustering processes. This will involve training our field staff in the latest GIS and data analysis tools to ensure accurate identification of hotspots. Furthermore, we will seek to engage with community leaders and local organizations to increase awareness and participation in our Blanket contact approach, ensuring community buy-in and support. We also aim to secure additional funding and support from international health organizations by showcasing the success and scalability of our methods. Some of the showcasing examples are, leprosy preventive measures that we have initiated in Nepal in a scientific way can be replicable to other NTDs that also includes identification of infected areas / hot spots through mapping analysis; our initiation of cases based recording reporting is also effective to many other disease and surveillance and so on. This will involve presenting our findings at relevant conferences and publishing our results in peer-reviewed journals. By doing so, we can attract more attention and resources to our project, enabling us to expand our reach and impact.

7.2.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.

7.3 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.

7.3.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 this year, as follows,

Activity	***Unit***	***Target Year 1***
Cases verification and information collection of reported new leprosy cases	IC	800
Mappings and clustering of leprosy infections from reported new cases	IC	800
Contacts screening and eligibility of PEP administration	CC per IC	50
IEC/BCC interventions on PEP	Time	0
Logistic (RMP, form/formats) management for SDR PEP	Time	1
Basic leprosy training (BLT) for health workers on leprosy and PEP	Slot	0
Orientation on leprosy and PEP for volunteers, CBOs and other stakeholders	Place	3

Consultancy support for data and management	Person	0
Technical assistant on Mapping and clustering of index cases	Consultancy	0
Monitoring visits to different places including lobby and advocacy, meetings, trainings and seminars etc.	Day	83
PEP administration to close and blanket contacts	Place	3
Follow up of temporary and other absentees on PEP administration	Place	0
Review and monitoring meetings at different levels	Place	3
Lobbying meetings with Municipality authorities on leprosy prevention	Place	35
External evaluation of the project	Time	0

8. Budget update

8.1.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	€ 61,068	€ 51,624	85%
Support staff	€ 41,424	€ 32,617	79%
Program activities	€ 1,38,736	€ 1,35,891	98%
Overhead	€ 36,184	€ 33,020	91%
Total	€ 2,77,412	€ 2,53,152	91%

All expenditures are at the level of satisfaction.

9. Organisation update

9.1 General update

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

- **Project Planning and Design:** This involves setting realistic targets, identifying potential risks, and developing strategies for effective project execution
- **Team Expertise and Training:** Staffs and partners are trained on Mapping, clustering and PEP
- **Monitoring and Evaluation:** The organization's internal teams excel in data collection, analysis, and interpretation, facilitating timely responses to challenges and continuous improvement. This is mainly done for leprosy prevention (PEP)
- **Quality Assurance:** NLR Nepal maintains a commitment to quality through internal mechanisms, ensuring that projects adhere to high standards.
- **Learning and Knowledge Sharing:** The organization identifies and disseminates best practices, enabling teams to learn from each other's experiences and enhance project implementation over time

9.1.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.*

No major changes made for this project, but changes made to other projects has direct effect to this. Staff from this project have to take the responsibility of Government support project (NP019), PMEL officer is lately recruited.

9.2 Inclusion of persons affected by leprosy

9.2.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]*

The organization recognizes the direct link between leprosy control and preventive measures and individuals affected by leprosy. It values the input of these individuals, particularly regarding their rights and privacy. Involvement and feedback from affected individuals and their organizations are essential, reflecting NLR Nepal's commitment to ethical considerations.

NLR Nepal has provided training opportunities to empower individuals affected by leprosy, enhancing their skills and knowledge. These individuals have actively contributed to the project's success, demonstrating a true partnership. Specifically, two individuals from the Far Western region and one from the Koshi region participated in leprosy and SDR PEP training. They are now involved in monitoring this process at the peripheral level.

9.3 Gender equality

9.3.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]*

A noteworthy feature of the project is the deliberate disaggregation of data based on sex and gender. This involved collecting and analysing project-related information separately for females and males, providing nuanced insights into how the project's impact varies between genders. This approach enables NLR Nepal to identify disparities, gaps, and successes in addressing gender-specific concerns.

Additionally, the project employed gender analysis as part of the data analysis from the reports. This comprehensive assessment delves into the implications of interventions on individuals' lives, considering how gender norms, roles, and power dynamics intersected with leprosy control support efforts. This analysis guides the customisation of project activities to cater to the distinct needs of women, men, and gender-diverse individuals

9.4 Institutional Fundraising

9.4.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
Investigating Healthcare Barriers of NTDs, with a Focus on Leprosy	Leprosy Research Initiative (LRI)	€ 160,000	Rejected
			Choose an item.
			Choose an item.

9.5 Capacity building

9.5.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	12
through E-learning–training	12
through Master class /Mini course	5
through Mentorship	5
through other channels	0

# of training events organized	
Face to face training	2
Exchange visits	0
Mentorship trajectories	1
Supervision/coaching	2
others	1

10. Communications and information products

10.1 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.*

"It's a misery that health workers can't diagnose leprosy in time"
Name: Nanna Damai
Age: 65 Year
Address: Panchdewal Vinayak Municipality-04, Achham

Nanna Damai of Panchdewal Binayak Municipality Ward No. 4 of Achham is now 65 years old. Living with his family of 7 members, he has been earning his living by farming. First, he went to Mumbai, India, for employment. In 2075, B.S. had small acne scars on his leg. He says that the spot does not hurt and does not itch. Neighbors in his village were cured by taking leprosy medicine. After spotting on his leg, he rushed to Bailpata, Mangalsen, and Sanfebagar hospitals in Achham and Surkhet and Kohalpur hospitals for treatment. Doctors used to give him medicines and ointments, saying it was common ringworm. No one could diagnose his illness correctly.

After his rash started getting worse, he again went to Kuchi Health post in Panchdewal Vinayak Municipality Ward No.4. There, the health workers suspected him of leprosy because he was in close contact with an affected person from his neighbor and based on the symptoms of his lesions. After the health workers smeared his skin for further tests, it was confirmed that he had leprosy. The doctors assured him that he would be cured and advised him to take leprosy medicine MDT regularly for 1 year. As per the doctor's advice, he regularly took leprosy medicine and was cured.

Nanna Damai was 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 also confident that if he were diagnosed with the disease and took regular medicine, he would be safe. After taking medicine regularly for 1 year, he became disease-free. After the health workers of Kuchi health post spread public awareness about leprosy, his behavior has also changed. He has understood that if he takes medicine regularly, he will be free from disease, avoid disability, and even avoid infecting others. And he tells others about it.

10.1.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.

10.1.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.

10.1.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	

10.2 Planning

10.2.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

10.2.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*

Table 1: PEP status in NLR Nepal supported area (2024 and cumulative)

Item	Unit	Subunit	2024	Cumulative
Numbers of Index cases Covered	Gender	Male	1920	7595
		Female	1464	5658
		Total Gender	3384	13253
Numbers of the districts covered	Number	Number	16	25
Numbers of the Municipalities covered	Number	Number	110	209
Numbers of the contacts listed	Gender	Male	96029	213258
		Female	100253	220043
		Total Gender	196282	433301
Numbers of absent & refusals	Numbers	Absent	27922	52265
		Refusals	1440	1970
		Total	29362	54235
Numbers of the contacts screened	Number	Number	172853	379066
Numbers of contacts with SDR administration	Numbers	Number	146899	308189

Numbers of Leprosy Detected	Numbers	Household	20	123
		Neighbour	30	251
		Social	0	7
		Community	48	56
		MB	33	143
		PB	65	294
Total	Total		98	437

Table 2: New cases and cases detection trend – National and NLR-supported area

		2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Nepal	New Cases	3223	3053	3054	3215	3249	3282	1853	2113	2285	2501	2472
	NCDR	110.1	106.7	112.3	111.9	111.6	63.3	72.2	78.1	85.5	110.1	84.1
Koshi	New Cases	615	602	511	497	415	408	284	372	321	421	411
	NCDR	137.3	134.4	106.8	103.9	86.7	83.7	57.2	76.4	64.4	77.9	82.8
Far West	New Cases	199	258	170	223	370	293	152	156	179	228	229
	NCDR	76.7	98.9	64.8	86.4	139.3	109.6	56.5	57.5	65.5	82.6	85.8

11. 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