



# NLR Nepal Annual Report 2022



*Assessment of suspected cases on a traditional ferry ride while returning from community field visit*

[NLR Nepal Team, February 20, 2023]

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## 1. Introduction

The Annual Report 2022 (AR22) describes the progress of the programmes and the organisational development in 2022 (January – December) and is produced under the responsibility of the Country Director.

This report is an opportunity for your organisation to assess, review and document its work and effectiveness. It is a tool for sharing, learning, adapting and inspiring your team, your organisation, the rest of NLR Alliance and our partners.

We want to emphasize strongly that learning is as important as progress, and that transparency is an important value in our alliance.

The information collected in this report will be used for internal purposes, as well as input for the Supervisory Board and the Financial Audit Committee reports and/ or meetings. It will also be used to create an overall Alliance Report that will be shared officially and downloadable on our website.

### 1.1. General guidelines

The AR22 is much in line with the format and structure of the previous years. We kindly ask you to write this report in the clearest way possible and to follow the guiding questions provided. Be critical of your text. We encourage you to be open and honest and to reflect on successes as well as unsuccesses.

### 1.2. Elements of Annual Report 2022

The AR22 contains the following elements:

Topic			Max pages
Summary			1,5 page
Programme	Country Analysis		1,5 page
	Per Zero	Context analysis	1 page
		Project analysis (incl. outcome harvesting)	No maximum
		Programme analysis	1 page
	Cross-cutting themes		1 page
	PMEL		0,5 page
Organization reflection			4 pages
Financial Report			0,5 page
Conclusions			0,5 page

### 1.3. The process

The table below indicates the main steps, roles and dates within the process.

	Process	Activity	By	Deadline in 2023
1	Narrative and Financial reporting	Inform via email the CDs of the start of the process and submission of narrative report formats, financial formats, annexes and instructions to Country Directors	Inge Klaassen and Jan Pater	31 December 2022
2	Stories from the field	Submission of documents and instructions to Communication Officers	Stephen Labib	14 January
3	Narrative reporting	Q&A Session for PMEL staff	Valeria Pecchioni	12 January
4	Financial reporting	Submission of financial report Q4 to IO- Finance Department (Jacqueline Kodden and Jan Pater)	Country Directors	15 February
5	Narrative reporting	Submission of Annual Report 2022 to POs	Country Directors	15 February
6	Stories from the field	Submission of stories from the field to Stephen Labib	Country Directors and Communication Officers	28 February
7	Financial reporting	Review of financial report and feedback	Jacqueline Kodden Jan Pater	15 March
8	Narrative reporting	Review of reports and discussion with country teams	POs with the support of the PMEL team, PD and TD (on demand)	15 March
9	Financial reporting	Finalisation of the report and submission of the audited Reporting Pack	Country Directors	1 April
10	Narrative reporting	Finalisation of the documents	Country Directors, staff, POs and PMEL team	1 April
11	Reflection session	Joint analysis, reflection, and sharing of lessons learned	Zero Groups, Technical RT, RT, POs and PMEL team	April- May
12	Analysis and Appraisal	Presentation of analysis and appraisal of the AR 2022 to MT and SB	POs and PMEL team	May MT (countries and summary overview) June SB

## 2. List of abbreviations

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

Abbreviation	Full
ANCDR	Annual New Cases Detection Rate
APO	Annual Plan Office
ARO	Annual Report Office
BCA	Blanket Contact Approach
CBRF	Community Based Rehabilitation Facilitator
CCA	Close Contact Approach
DDC	District Development Committees
DID	Disability Inclusive Development
DPO	Disabled People's Organization
EDCD	Epidemiology and Disease Control Division
FGD	Focus Group Discussion
LCDMS	Leprosy Control and Disability Management Section
LPEP	Leprosy Post-Exposure Prophylaxis
MB	Multi Bacillary
NCDR	New Case Detection Rate
NTDs	Neglected Tropical Diseases
OPD	Organizations of persons with disability
PAC	Project Advisory Committee
PB	Pauci Bacillary
PEP	Post-Exposure Prophylaxis
SDR	Single Dose Rifampicin
SWC	Social Welfare Council
WHO	World Health Organization

### 3. Summary

#### Context Analysis

There was a significant COVID threat in 2022, but the pandemic crisis did not occur, and as a result, the execution of planned activities was not significantly hampered. Despite such pandemics, dengue outbreaks were reported in several districts and municipalities. The 2022 Nepalese local-level elections were held on May 13, 2022, in six metropolitan cities, 11 sub-metropolitan cities, 276 municipalities, and 460 rural municipalities. On November 20, 2022, elections were held for the House of Representatives (HoR) and provincial assemblies (PA). These were the second set of local-level elections to be held since the promulgation of the new constitution in the year 2015. Because our activities are directly related to government partners, primarily local governments, the executions were severely hampered by the elections. Due to this and several other managerial reasons, the first half of the year was less productive, but the second half of the year remained comparatively fruitful for programs.

#### Zero Transmission

Based on our experience, we launched a slightly different strategy for the SDR-PEP program in 2022, as it is more effective in low-leprosy endemic areas than in hyper-leprosy endemic rural and urban municipalities and districts. We have initiated additional blanket contact approaches (BCA) together with close contact approaches (CCA) on SDR-PEP. We had reached 192 rural and urban municipalities in 29 districts across six provinces by the end of 2022. A total of 223,006 contacts of 9,792 index cases (IC), as commutative numbers, are covered, and 143,239 contacts were screened, whereas 182,079 were administered with single doses of rifampicin (SDR).

A total of 293 new leprosy cases have been detected since the rollout of SDR-PEP from 2015 in NLR supported areas in Nepal (including data from Demonstration project where some other district beyond NLR project areas are covered), and among those, 52 new leprosy cases were detected only in 2022.

For the enhancement of PEP, PEP++ has been continued in two districts in the Madhes Province of Nepal, and we are also assessing the impacts of SDR-PEP as a routine program in four districts of Province No. 1. For impact assessment, a total of 2916 contacts of 255 index cases from 16 Municipalities (2 control and 1 intervention district) have been assessed so far. This is a huge research project with a big target to assess 28,200 contacts and we are at the initial stage, so that, it will be too fast on making the conclusions of study now;

For the SDR-PEP Demonstration Project (running out of NLR's regular supported areas), a total of 37,796 contacts of 1,737 index cases were administered with a single dose of rifampicin. During these PEP interventions under the SDR Demonstration Project, a total of 44 and 38 new leprosy cases in 2022 were detected (these are the data out of total data mentioned above from NLR supported PEP interventions in Nepal).

#### Zero Exclusion

In Province #1, a project of almost similar nature was being supported by Karuna, Foundation Nepal (KFN) but later on, they established a joint approach with the provincial government with the provision of joint funding (Karuna Foundation Nepal, the provincial government, and rural and urban municipalities) and technical support. Some of the rural and urban municipalities, as they were under continued support from NLR Nepal and Karuna Foundation Nepal, were also mainstreamed in

the year 2022. That means NLR Nepal's support for ID rural/urban municipalities was phased out and then successfully handed over to the provincial governments. Similarly, local governments (rural and urban municipalities) took the responsibilities of ID municipalities' related works in Sudurpaschim province under their control with resource allocation.

### **Cross-cutting themes**

Continued leprosy perception studies in various areas, either during LPEP or during PEP++, and then analyzed data, reports, and published articles, have provided clear solutions for dealing with leprosy stigma in communities, such as, these perception studies clearly demonstrated areas as well as the severity of stigma in specific group of populations including the leprosy conditions or status. A further perception study in the PEP++ area was conducted in 2022. In this study, one of the finding was that, The stigma associated with leprosy is more prevalent in cases of gender (female), caste (lower or scheduled) (dalits), and impairment, particularly visual impairment. This indicates the main focus of targets groups related to stigma issues are female and schedule (Dalits) for future program. Considering this, NLR Nepal has adopted gender-specific issues in every component of its programs addressing stigma, mental well-being, and gender-related issues. For the PEP++ specified program and areas, CEBC materials, media and campaign are designed on the same findings. Concerning some facts related to gender in leprosy and mainly that why leprosy is always less in female even though screening numbers are higher in female in most of the cases, still do not have sufficient evidence. This can be one of the areas where some study can be designed in future program.

The year 2022 was the last year of three years of multi-annual strategic planning (2020–2022). At the same time, this was also the closure evaluation year for the branch office (the Netherlands Leprosy Relief) that supported project periods. In the last year of the project period, 2015–2020, we adopted outcome mapping as a PMEL tool. Because of all of these factors, this was the year to plan for next year's strategies. We held several workshops and conducted numerous exercises to determine how to proceed with the next round of strategic planning, after which we selected the "theory of change" for the next five years. We developed project frameworks and then selected the interventions, but the document is still under preparation for the next five-year multi-annual strategic project period (2024–2028).

### **Organization**

New national organization as the N. L. R. Nepal (NNGO) started functioning few years back, has taken complete responsibilities of all the projects from the year 2021 and gained further experiences in the year 2022. The transition audit and the recommendations received incorporated to produce Term of Reference for Board, HR, Procurement and Financial Manual, drafting of IF strategy and drafting of PMEL framework. The organization also has plans on drafting IT policy and social media guideline for the NNGO. The relation with the Federal, Provincial and local government has been improved. The annual audit has been completed and report is produced. The social audit, which was the regular activity at various project sites by our boundary partners as a mandatory exercise and prescribed by the government, executed in both the field projects, i.e. Province # 1 and Sudurpaschim Province. NLR as a organization has given more emphasis for quality assurance of the interventions as mentioned above.

Security and risk management was not a major issue among NLR Nepal and staff for the year 2022 in Nepal. All staff members are orientated and required to sign the "code of conduct" at the time of first employment contract with NLR Nepal. During this reporting period 2022, NLR Nepal has developed and submitted 5 proposals/concept note calls. Almost all the proposals were declined. No additional achievement was made for branding and communication except promotional materials



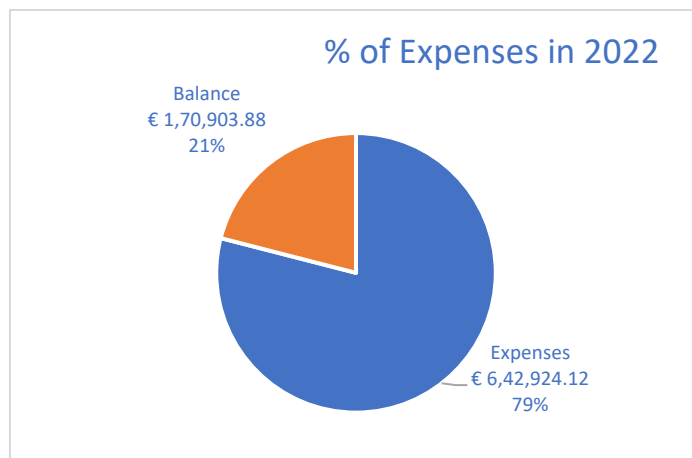
for regular leprosy control program. Quite a lot of need based TCBA interventions planned in 2022 and majorities of NLR Nepal and partners staff were trained. Board involvement in the recent years, has been updated on understanding of the project, effective guidance and advise has been provided to management and other staffs.

## Financial report

The overall expenses for the year 2022 was 79% against the approved budget of Euro €813,828. The main reasons of such low expenditure is due two time elections, as year 2022 was 2nd election year in Nepal after new constitutions, so that main program execution was hampered leading to such low expenditures. Out of total budget received from NLR IO (Euro €441,090; 54%), the expenditure is 75% (Euro €330,610) whereas received from other donors (Euro €359,555; 44%), the expenditure is 86% (Euro €310,172). The support received from other donors in 2022 were, Leprosy Research Initiative (LRI) and Netherlands Post Code Lottery (NPL).

## Conclusions

Out of the major targets or focus results set for the year 2022, we were able to achieve only 50% of the set targets (50% is overall impact or successful or tangible results but program has contributed to achieve more than 85% results; remaining impacts is expected to observe in next periods;). Almost all of the projects and their execution status remained at a satisfactory level. DID and related subsequent projects for municipalities under the ID Model have been successfully handed over to the Government. The leprosy control program was improved to further its proper shape, primarily by encouraging the achievement of PEP interventions and the initiation of its assessment.



## 4. Programme

### 4.1. Context Analysis

At the beginning of the financial year, Nepal faced problem of COVID for a couple of months and after that the situation transformed to normal. In January and February of 2022 COVID was reported in few big cities that was bit suspicious for smoothly running the project interventions; for the remaining period, the problem of COVID was not bigger but several forecasting were made on the basis of problems noticed in neighbor countries, both India and China. From such forecasting from Government side and precaution was requested on that, stakeholders and partners were heisted for the smooth continuation of project interventions at the field level.

The 2022 Nepalese level local level elections were held on May 13, 2022, in 6 metropolitan cities, 11 sub-metropolitan cities, 276 municipalities and 460 rural municipalities. In November 20, 2022, elections held for the House of Representatives (HoR) and Provincial Assemblies (PA). These were the second sets of local-level elections to be held since the promulgation of the new constitution in the year 2015. Since our activities are directly related with government partners and mainly with local governments, there was a big hamper for the executions due to these elections.

During COVID pandemics including its possibilities and local election periods, our activities were fully hampered as there was no further possibilities of any alternatives. During the time of elections of House of Representatives (HoR) and Provincial Assemblies (PA), we could partially continue planned activities in those rural/urban municipalities where it was possible.

Table 1: Indicators on country level

Indicators on <b>country level</b>				
Annual new case detection rate in 2022	#	2285	Rate per 1,000,000	78.1
New child leprosy cases in 2022	#	73	Rate per 1,000,000 population of children	2.49
New grade 2 disabilities cases in 2022	#	170	Rate per 1,000,000 population	5.81
Is the Zero Leprosy Roadmap by the National Leprosy Program under development or implementation?	Yes			

Annual new cases detection rate (ANCDR) in Nepal is still high (Table 1) compared to many countries indicating leprosy hyper endemic situation, child rate and grade 2 disability rate among new cases are higher indicating leprosy transmission is continued in the communities and cases diagnosis has been delayed. Compared to previous year (2021), numbers of new cases and case detection rate has been increased, child cases and then the rate is decreased whereas the grade 2 disability and the corresponding rate is increased. If we observe the leprosy trend in Nepal, many indicators seems to be fluctuating over the years so that comparison between couple of the years do not keep higher sense, but overall trend shows the decreasing burden of the disease in the country.

The quality of National Leprosy Program has been at the satisfaction level. Government priority to the leprosy programs has been remained same as one of the priority health programs and resources allocation was managed on the basis of disease burden and the endemicity. But the allocated resource from federal level has been in decreasing trend for the past couples of years. It seems contradictory for priority program but the reason is possibility of need based resources allocations as per the existing situations from Provincial and local level. Since, disease distribution is not similar at all level, it seems relevant but it is not possible to get possible allocation reports from all levels.

Preventive measure for the leprosy as the form of SDR-PEP remain continued, as a major concern to interrupt transmission of leprosy in the year 2022. The SDR-PEP implementation has been continued from the year 2015 in a form of LPEP piloting. The LPEP has taken a proper shape now and became more familiar. We have already covered all the districts including most of the rural/urban municipalities of NLR Nepal supported provinces with SDR-PEP by the year 2021 and remaining case coverages as well as the coverage of newly detected cases was continued in 2022. The government budget allocation for logistics and supply of Rifampicin was continued for SDR-PEP in all leprosy endemic rural/urban municipalities of leprosy endemic districts. SDR-PEP guideline approved and published in 2020, is continuously followed as a guiding document of SDR-PEP.

The Zero Leprosy Roadmap has been finalized and approved from MoHP. After completion of the process of Zero Leprosy Roadmap, Government with the support from GPZL, WHO, NLR and others has developed National Leprosy Strategy 2021-2030 for Nepal. National Leprosy Strategy that is prepared in 2021 will be published in early 2023. This document has been made available for all.

"NLR & SDR-PEP, one more leprosy milestone in Nepal" was piloted in 2021 with the objective of proving the effectiveness of SDR-PEP in reducing transmission through demonstration to the stakeholders in five other provinces in conjunction with the government. It was completed in 2022. This project was successfully implemented with appreciative results, and we reached 29 rural/urban municipalities in six districts from four provinces as per the agreed target.

One more study that was initiated in the year 2021, as PEP++ to enhance leprosy prevention through PEP is continuing in two districts of Madhesh Province. After completion of its basic procedures, such as identification and locating index cases, and then perception studies, etc., the next phase of the clinical trial has been started. Similarly, data collection has started for the LRI-supported LPEP/SDR PEP impact assessment project in 2022. Summary results of these projects have been furnished in annexes.

## 4.2. Zero Transmission

### 4.2.1. Context Analysis

Nepal is still one of the most leprosy-endemic countries in the world. The new case detection rate has remained stable for the last decade and has not declined in 2022 either. Due to this reason, we felt the need for additional strategies and started LPEP piloting in 2015. Even after the completion of LPEP piloting in 2018, the same nature of leprosy preventive measure, but with the name SDR-PEP (in place of LPEP), has been continued in the year 2022. The National Zero Leprosy Roadmap is already approved in 2021 by the Ministry of Health and Population (MoHP). On the basis of the National Roadmap, the Leprosy Control and Disability Management Section (LCDMS) has initiated the development of the National Leprosy Strategy. At the same time, the leadership at the LCDMS has changed in the year 2022. Other aspects of the leprosy control program remained the same, and the new leadership is more enthusiastic and keen about SDR-PEP, active case detection and geospatial information such as mapping, clustering, and clustered focus approaches on leprosy.

In the year 2022, we initiated a bit of a changed strategy for SDR-PEP program, we found that SDR-PEP is more effective in low leprosy endemic areas compared to hyper leprosy endemic rural/urban municipalities of the districts. Justification from the studies available till now is COLEP from Bangladesh and that shows effectiveness is very low in close contact and mainly for the family contacts (26%) but higher in social & community contacts (68%). Another factor from our experiences is, in leprosy endemic areas, who is contact for whom is difficult to distinguish so that current contact coverage is not sufficient to produce the better results. For a real picture of its effectiveness, we have started a new research project, Impact assessment of SDR-PEP under routine program conditions in Nepal, funded by LRI from 2022. In the year 2024, we will get detail about the effectiveness but from the general observation as well as from the trend analysis of new cases detection rate the situation was suggested less effective of SDR PEP compared to the low endemic scenario. Due to this reason, we have initiated an additional blanket contact approach along with the close contact approach on SDR-PEP.

In general, government health institutions and the government health workers are responsible for the implementation of SDR-PEP. The role of NLR Nepal staff is to facilitate and/or assist with the technical part of project implementation, together with logistical and financial supports (EDPs are always supporting agencies aiming to achieve proper results whereas responsibility goes to Government). Rifampicin is purchased from the Provincial Health Directorate and made available for PEP interventions, but the amount is not sufficient, and timely purchasing and supply are not sure. To fill this gap, we at NLR Nepal provide such logistics, including forms, formats, and others. Due to the lack of proper recording and reporting systems for SDR-PEP within HMIS/DHIS, we have developed separate systems.

SDR-PEP interventions were continued in 2022 with the target of covering remaining index cases and their contacts from previous years as well as newly detected cases in 2022. The following are the details of SDR-PEP implementation with NLR Nepal support, mainly in NLR Nepal supported areas, including SDR-PEP demonstration data from some other districts beyond NLR Nepal supported projects:

Item	Unit	Sub Unit	2015	2016	2017	2018	2019	2020	2021	2022	Total
Numbers of Index cases Covered	Gender	Male	299	296	321	407	595	319	2,031	1,307	5,575
		Female	217	230	262	305	397	227	1,479	1,100	4,217

		<b>Total Gender</b>	<b>516</b>	<b>526</b>	<b>583</b>	<b>712</b>	<b>992</b>	<b>546</b>	<b>3,510</b>	<b>2,407</b>	<b>9,792</b>
Numbers of the districts covered	Number	Number	2	2	4	6	12	5	7	9	29
Numbers of the Municipalities covered	Number	Number	28	31	55	60	111	33	86	71	192
Numbers of the contacts listed	Gender	Male	5,774	6,168	6,867	8,301	8,565	5,391	34,825	33,584	109,475
		Female	6,052	6,152	7,003	8,902	9,201	5,581	36,473	34,167	113,531
		<b>Total Gender</b>	<b>11,826</b>	<b>12,320</b>	<b>13,870</b>	<b>17,203</b>	<b>17,766</b>	<b>10,972</b>	<b>71,298</b>	<b>67,751</b>	<b>223,006</b>
Numbers of absent & refusals	Numbers	Absent	10	48	467	1,315	1,937	1,438	5,382	8,845	19,442
		Refusals	-	-	-	1	49	2	303	200	555
		<b>Total</b>	<b>10</b>	<b>48</b>	<b>467</b>	<b>1,316</b>	<b>1,986</b>	<b>1,440</b>	<b>5,685</b>	<b>9,045</b>	<b>19,997</b>
Numbers of the contacts screened	Number	Number	11,816	12,272	13,403	15,887	15,780	9,532	65,613	58,706	143,239
Numbers of contacts with SDR administration	Numbers	Number	11,826	12,320	13,266	15,131	15,549	9,013	63,564	53,423	182,079
Numbers of Leprosy Detected	Numbers	Household	17	14	12	16	4	3	5	20	86
		Neighbor	56	40	32	29	7	3	21	31	201
		Social	-	3	-	2	-	-	1	1	6
		MB	16	13	12	18	8	3	12	17	99
		PB	44	39	29	29	3	3	12	35	194
<b>Total</b>	<b>Total</b>		<b>60</b>	<b>52</b>	<b>41</b>	<b>47</b>	<b>11</b>	<b>6</b>	<b>24</b>	<b>52</b>	<b>293</b>

#### 4.2.2. Project Analysis

Table 2: Projects under Zero Transmission

Projects under Zero Transmission							
Project code	Name Project	Start date	End date	Implement ed by	Funded by	Implementation status	Comments
NP001	Leprosy Program	2020	2022	National NGO	NLR	On track	
NP005	System strengthening	2020	2022	Country Office	NLR	On track	
NP012	PEP++ in Nepal	2021	2024	National NGO	NPL	On track	
NP014	Impact of SDR-PEP under routine program conditions in Nepal	2022	2024	National NGO	LRI	On track	

### Project 1: Leprosy Program

Our original plan as per the modifications made in 2021, such as PEP with a "drive" strategy and a "mop up" operational model, remained in place in 2022, whereas we follow a "mixed contact approach" for contact tracing. At the end of 2022, we slightly changed the contact tracing approach to include "blanket contacts," but only a few of the clusters were covered. Till the end of 2022, we reached 192 Municipalities of 29 Districts in 6 provinces of Nepal. A total of 223,006 contacts from 9792 index cases, as commutative numbers, are covered, and 143,239 contacts are screened, whereas 182,079 are administered with single doses of rifampicin. From these PEP interventions, a total of 293 leprosy cases have been detected, with 52 new cases detected in 2022.

### Project 2. System strengthening

Capacity enhancement of staff, boundary partners, and stakeholders; good governance practices of partners and community-based organizations, such as OPDs; enhancement of PMEL-related interventions such as case studies and interactions/interpretations, outcome harvesting, outcome substantiation, and interpretations, making uses of learning from findings; empowerment of persons affected and persons with disabilities remain the core agenda in the year 2022. The details of capacity-building activities performed in 2022 that directly or indirectly supported system strengthening are summarized in the table.

### Project 3: PEP++ in Nepal

PEP++ is an enhanced regimen for post-exposure prophylaxis, in which three (3) doses of Rifampicin and Clarithromycin are given at days 1, 29, and 57 (four-weekly) to contacts of a case. This project has been initiated in Madhesh Province (formerly known as Province # 2) of Nepal and mainly to cover leprosy hyper-endemic two districts i.e. Dhanusha and Mahottari, with the objective that, "To interrupt the transmission of *M. leprae* in the project interventions areas, which eventually will lead to zero new cases of leprosy in these areas". In 2021, ethical approval was received for any research from the Nepal Health Research Council (NHRC), the responsible government authority of Nepal. The detailed achievement of the project in 2022 is as follows:

S.N	Activity	Unit	Number	Achievement		Total	Remarks
				Dhanusha	Mahottari		
1	Staff Induction and orientation	Time	1	41		41	person
2	CLT Training	Slot	1	43		43	person
3	Advance SDR Training for PEP++ and NLR Staff.	Slot	1	35		35	person
4	Data Management workshop.	Time	1	15		15	person
5	Steering Committee formation	Time	1	6		6	Member
6	Data Safety and Management Committee Formation	Time	1	4		4	Member
7	World Leprosy Day Celebration at office / Interaction with media.	Time	1	36		36	person
8	Planning meeting and orientation at District Level	Time	2	140	77	217	Person

9	Coordination meeting with Health Office, Jaleswor and Dhanusha.	Meeting	2	15	17	32	Participants
10	Provincial level kickoff Meeting	Meeting	1	10		10	Participants
11	Leprosy and PEP++ orientation for FCHV, Health workers, Health Management Comittee, Local Stake Holders and Leprosy Affected Persons.	Place	37	2044	1634	3678	
12	1st Qrt. Review meeting.	Time	1	35		35	Participants
13	Leprosy Perception Study Training.	Slot	1	28		28	person
14	Leprosy Perception Study tools field testing	Day	7	27		27	person
15	Focus Group Discussion and In-depth Interview Training.	Slot	1	37		37	Participants
16	CEBC & TMS Prepration Training	Time	1	29		29	person
17	BLT Training for Health workers	Slot	33	309	225	534	person
18	Adverse Management Committee Formation	Time	1	7		7	Member
19	Phycosocial aspect and counselling training to project staff	Slot	1	31		31	person
20	Total Index Cases	District	2	84	96	180	person
21	Total Contacts	District	2	2974	2874	5848	person
22	Total Leprosy Diagnosis	District	2	1	6	7	person

#### Project 4: Impact of SDR-PEP under routine program conditions in Nepal

This is an LRI-supported research project with the objective of "evaluating the impact of contact screening and SDR-PEP implementation as part of routine leprosy control programs on leprosy case detection among contacts of leprosy patients who have received SDR-PEP 4–7 years post routine implementation of SDR-PEP in leprosy endemic areas."

The study has just started, and data collection is ongoing. A total of 2,916 contacts of 255 index cases from 16 rural/urban municipalities in 2 control districts and 1 intervention district have been assessed so far. Out of these, 796 were family contacts and 2,109 were neighbor contacts, with 51% being female contacts in total. Among the contacts assessed, 21 persons had signs and symptoms suspected of leprosy, and out of those, fifteen (15) persons were diagnosed with leprosy. Out of those diagnosed, eight (8) persons (53%) are family contacts, and the remaining are neighbor contacts. The remaining control areas and all intervention areas are yet to be covered to allow comparison of data.

	Intervention	Control	Total
Leprosy diagnosis team formed at the Municipalities	24	21	45
Municipality level meeting of related stakeholders	32	41	73

Municipality level orientation to health workers and volunteers	138	68	206
Team of experts for leprosy diagnosis	14	15	29
Team of contact screening and leprosy suspects	51	45	96
District wise contacts assessed	1608	1308	2916
District wise leprosy among contacts assessed	5	10	15
Leprosy detection among contacts assessed among SDR administration	1	0	1
Leprosy detection among contacts assessed without SDR administration	4	11	15

#### Project 5. Leprosy Milestone—NLR Investment Fund

With the objective, "To prove the effectiveness of SDR PEP in reducing the transmission through demonstration to the stakeholders of five other provinces in conjunction with the Government", the SDR-PEP demonstration of the leprosy milestone project is started in Nepal in 2021. As planned, we were able to cover 29 rural/urban municipalities in 4 districts, i.e., Saptari, Sarlahi, Nawalparasi Purba, and Banke. A total of 37796 contacts from 1,737 index cases in those areas were administrated with a single dose of rifampicin (SDR). During such PEP interventions, a total of 38 new leprosy cases were detected, and the detailed data is tabulated below:

Item	Unit	Sub Unit	2021	2022	Total
Numbers of Index cases Covered	Gender	Male	742	913	1655
		Female	564	824	1388
		<b>Total Gender</b>	<b>1306</b>	<b>1737</b>	<b>3043</b>
Numbers of the districts covered	Number	Number	4	4	4
Numbers of the Municipalities covered	Number	Number	22	29	29
Numbers of the contacts listed	Gender	Male	11932	24779	36711
		Female	12478	24596	37074
		<b>Total Gender</b>	<b>24410</b>	<b>49375</b>	<b>73785</b>
Numbers of absent & refusals	Numbers	Absent	1401	7294	8695
		Refusals	135	178	313
		<b>Total</b>	<b>1536</b>	<b>7472</b>	<b>9008</b>
Numbers of the contacts screened	Number	Number	22874	41903	64777
Numbers of contacts with SDR administration	Numbers	Number	21728	37796	47511
Numbers of Leprosy Detected	Numbers	Household	2	14	16
		neighbor	4	24	28



		Social	0	0	0
		MB	1	11	12
		PB	5	27	32
<b>Total</b>	<b>Total</b>		<b>6</b>	<b>38</b>	<b>44</b>

The second half of the year 2022 was highly successful for all the projects, and we could achieve almost all the set targets for leprosy control activities during this period. The main changes in the behavior of the main actors, i.e., the boundary partners and ID model municipality, were very positive. All the planned interventions were well executed and found appropriate in 2022. All the projects under this ZERO were successful in 2022.

#### 4.2.3. Programme Analysis

The new case detection rate in 2022 is slightly higher than in 2021 at the national level, but the case detection in NLR Nepal-supported project areas is under control. The trend is slightly fluctuating but drastically decreasing if compared to the situation of the LPEP/SDR-PEP years. Child and impairment-related indicators are continually decreasing in Province 1 and Province Sudurpaschim, as displayed in the table below:

	National	Province 1	Province 7
Detected new cases	2285	345	205
NCDR per 1000000 Populations	78.10	69.20	75.40
Child among new cases	73	4	2
G2D among new cases	170	30	19
Female among new cases	989	152	94
G2D rate per 1000000 populations	5.81	6.02	6.99

As mentioned above, all the projects under zero transmission were quite successful, with encouraging results in the year 2022. We were able to achieve the expected results as per the plan and set targets.

NLR Nepal initiated LPEP and then SDR-PEP remained most of the successful attempts as leprosy milestones in Nepal over the last 6 -7 years. All the health workers, community health volunteers, policymakers, and planners are now familiar with SDR PEP and are able to continue this with their own efforts as a sustainable program. But, due to the higher disease burden in most of the districts, financial resources are the main barrier, so the government is always seeking the support of partner NGOs. Apart from this, SDR PEP or PEP itself is new emerging concept since the last few years. Some guidelines of WHO including National Roadmap and other guiding documents have adapted this, but other practices such as including the contents in the training curriculums, convincing and sufficient impacts for the motivation of stakeholders are still lacking. Till to achieve these all achievements more support is needed from supporting NGO partners such as NLR Nepal.

Some of the components within the SDR-PEP program are still matters of discussion. Before we will meet the specific scientific or evidence-based results from one of our impact assessment research next year, our general observation is the effectiveness of SDR-PEP under the routine program in hyper leprosy endemic areas still need to be investigated. Our meaning of this is, contact coverage as defined by COLEP and Indonesia studies is not sufficient to bring out the targeted results or it may take a further longer time. The probable possibilities for enhancing its effectiveness could be either

modifications in the regimen or increasing the contacts' coverage. For the solutions to these possibilities, we have simultaneously started both in Nepal in 2021/2022 under "Zero Transmission," with the names of different projects. We are getting support from Government and other stakeholders including the National program for this.

#### 4.2.4. Programme Analysis

### 4.3. Zero Exclusion

#### 4.3.1. Context Analysis

Through intensive discussions, the "Zero Exclusion" project envisions creating disability-friendly communities in which community-based organizations, government agencies, and other relevant stakeholders become responsible and accountable for fulfilling the rights of persons with disabilities as provided in laws, policies, and programs through intensive discussions. The program's main goal is to provide people with disabilities with equal rights, equal opportunities, and a barrier-free environment that is tailored to their needs for independence, convenience, and safety. This included the interactive inclusion of people with disabilities into society, allowing them to play an active role as development contributors to their societies while living normal lives. The rural/urban municipal authorities' knowledge, attitude, and practices in 15 ID model work municipalities have all changed in the same direction, resulting in many policy provisions and a positive environment.

This project, "disabilities inclusive development," was a modified form of community dynamics based on one of the successful projects in the past under the name "Our villages, the model villages." A memorandum of understanding (MOU) was signed with various municipalities for the period 2017–2022, with funding provisions from both the government and the project sides. In Province # 1, almost the same nature of the project was being supported by the Karuna Foundation Nepal, but later on, they established a joint approach together with the Provincial Government with the provision of joint funding (Karuna Foundation Nepal, Provincial Government, and rural/urban municipalities) and technical support. Some rural and urban municipalities were also incorporated into the mainstream program beginning in 2022 as they continued to receive support from NLR Nepal and Karuna Foundation Nepal. This means that the NLR Nepal supported ID rural/urban municipalities were phased out and successfully transferred to the provincial government program.

Before handing over to the government, our goal for the first half of 2022 was four main focus areas for the zero exclusion project, which are as follows:

- The achievement under this project is to be linked with SDG goals and indicators. It was expected that this would reflect the lessons learned for replication with recommendations before phasing out some of the projects in 2022. Out of the 15 model work municipalities, SDG goals and indicators are partially domesticated in seven municipalities. Around 60% of the results in four municipalities were linked to SDGs. Due to a lack of periodic review meetings in 2022, this process couldn't be completed, and the process was interrupted.
- After phasing out our ID projects, the boundary partners and local OPDs are empowered to take on full responsibilities for the program's sustainability, including continued support to local governments: In 2022, continue to improve capacity and hold review meetings. Boundary partners are now sufficiently empowered and capacitated to takeover ID projects

independently and, hence, have already taken on the leading role of the program or projects. Some sort of backup support is always an additional factor to enhance performance.

- Local community facilities are enhanced so that the program remains in place even after the phase-out of NLR projects. Together with the boundary partners, local community facilities such as health institutions and others are also empowered and adapted to the ID concept, including its components. Moreover, this part of the program has already become routine work in those municipalities.

More capacity enhancement activities were planned and executed for CBRF to have the optimum achievement of the project outcomes. The continuation of CBRF is still not certain due to several administrative procedures, but health workers and volunteers at the local level can carry out that role for the continuation of the program. CBRF were project-based staff and they are phased out together with projects; Government will manage additional health workers and some of them could be still among the CBRF. Some of the Municipalities have continued the same post and positions.

#### 4.3.2. Project Analysis

Table 4: Projects under Zero Exclusion

Projects under Zero Exclusion							
Project code	Name Project	Start date	End date	Implemented by	Funded by	Implementation status	Comments
NP003	Disabilities inclusive development	2020	2022	National NGO	NLR	Finished	
NP004	Comprehensive WASH with COVID response	2020	2022	National NGO	NLR	Finished	
NP015	What Matters Most	2022	2022	National NGO	VU Amsterdam	On track	

#### Project 1. Disabilities inclusive development

Major implications of the ID program are the reduction of stigma and discrimination and the transformation of society into an inclusive one in general, including the fight against leprosy and disabilities. The next implication is the provision of services and facilities on an equitable basis, without any barriers or discrepancies. In comparison, the ID Model's work with municipalities has improved and continues to improve. Leprosy screening has been incorporated into possible components of the MCH program, such as ANC/PNC visitors, mothers' group meetings, etc., which has resulted in a good achievement for leprosy diagnosis as well as awareness. Schooling of school-age children, involvement of persons affected in disability movements, and empowerment of persons affected and persons with disabilities even for socioeconomic aspects with appropriate IGP scheme are some other important implications during this reporting period. The general outputs of the disability prevention program in 2022 were as follows: The formal evaluation of this program is not yet done but it is essential to design future program support for NLR, in general A summary report of the 3 - 5 years will be asked from the partners.

Activities	Unit	Achievement

Number of municipalities updating for live data	Municipality	7
Number of violence against age, gender, ethnicity, disability, diseases are equally treated in the principle of social justice	Municipality	13
Number of municipalities fully implementing inclusive development program	Municipality	15
Number of orientations on disability and disability rights	DPO/OPD	110
Number of municipalities establishing DIDRR unit	Municipality	15
Percentage of user-friendly public places (Universal design)	Place	25%
Number of schools upgraded to provide inclusive education	School	48
Percentage of Persons with disability covered by health insurance	Person	10%
Percentage of out of school children still not enrolled in school	Persons	3%
# persons with disability / family involved in cooperatives	Person	110
Number (minimum) of Leprosy affected persons included as a member in each DPO	People	92
Number of Leprosy affected persons linked with relevant organizations for income generating activities	People	65
Number of leprosy affected persons received counselling for mental wellbeing	Person	640
Percentage of profile updated of PWD's	Person	8%
Numbers of Persons with disabilities Provide treatment	Person	105
Numbers of Persons with disabilities Provide protective / assistive devices	Person	166
Numbers of WASH Committees formed in the Municipalities	Number	19
Numbers of Municipalities with proper planning on WASH as per protocol	Number	4
Numbers of Municipalities declaration with total sanitation places	Number	36

## Project 2. Comprehensive WASH with COVID response

Similar to previous years, comprehensive WASH was found to be one of the valuable and relevant projects to fight against COVID, other health pandemics, health outbreaks, and leprosy consequences such as wounds and ulcers, etc. The managerial parts or frameworks that form the backbone of Comprehensive WASH, such as the formation or updating of M-WASH-CC or M-WASH-CC, capacity enhancement of those committees, etc., were given less priority, but efforts were made for sanitation, health, and hygienic situation improvement in the communities, such as handwashing practices, family and individual cleanliness, distances maintained, and so on. Majorities of set targets for comprehensive WASH were not achieved during this project period due to several reasons and one of them is the political transition of the country. Several policy provisions as well as guidelines, manuals, acts, etc. remained inactive due to new local and provincial structures that hampered WASH and NTD-related programs and projects. This happened due to changing of previous political structures, such as, WASH committees, monitoring committees, validation authorities and so on. Together with the changing political structures, other associated policies are not yet formulated or modified / updated.

## Project 3: What Matters Most (WMM)

People with leprosy not only have to deal with the illness but typically also have to deal with negative attitudes and behaviors from others. Stigma also plays a role in a range of health conditions, including lymphatic filariasis (LF) and depressive disorders. Recent research on health-related stigma recognizes that stigma is a complex social phenomenon but also elucidates the similarities between the manifestations and consequences of stigma across conditions. Though these developments are promising for generic approaches, the present scaling-up of generic approaches is hampered by gaps in knowledge.

A key gap is the lack of understanding of how the influence of culture can be taken into account in generic approaches to assess and reduce stigma. That is, culture can shape the way stigma is experienced by individuals in profound ways. Yang et al. have proposed that the effects of cultural context on stigma can be understood by elucidating the interactions that "matter most" and that defines "full status" within a cultural group (e.g., protecting one's lineage). The proposed research will draw upon Yang et al.'s formulation.

The main research question is: How can the influence of culture on stigma be taken into account in (generic) approaches to improve assessments and approaches to reduce stigma related to leprosy, LF, and depressive disorders in Indonesia, Nepal, and Nigeria? The proposed study is a mixed-methods study that will last 30 months. The two main study populations are (i) people with a stigmatized condition and (ii) those who stigmatize (or observe or include others), specifically health professionals and family members. A qualitative approach (with interviews) was selected to identify "what matters most?" for all groups. "What matters most" will then be operationalized into items to improve existing measures, develop new brief modules (if needed), and provide recommendations for interventions. A quantitative approach (assessing psychometric properties) is used to pilot and test the scales. This novel perspective of operationalizing "culture" in the study of stigma will enable better planning of how to increase participants' ability to engage in core lived daily activities central to their culture, which is fundamental to recovery from stigma.

All the in-depth interviews of what matters most were completed in 2022; several review meetings were held, and focus group discussions (FGDs) as well as data analysis and interpretations were conducted. NLR Nepal is the Co PI, we are recruiting staffs and executing field interventions; we will be involved in data analysis, interpretations and publications, these are the major roles of NLR Nepal for this project.

#### **Project 4: Disability Prevention Through I2C**

Disability Prevention (Inspire2Care) is a project that focuses on the prevention of birth-related impairments and disabilities (both at birth and during birth). This focuses on activities concerning improvement of maternal and child health, i.e., promotion of registration of pregnancy in health institutions; pregnancy care, including nutrition, immunization, and regular antenatal checkups; delivery planning and institutional delivery; and awareness activities. This project emphasizes identifying children with impairments or disabilities with their detailed assessments and developing an individual rehabilitation plan to provide intervention as per the plan for each child based on the individual assessment. Together with such a maternal and child health program, our target was to mix up leprosy components so that early diagnosis within this large population is ensured, awareness-raising activities accelerate, and a promising target group is strengthened to act against leprosy stigma in the communities.

In 2022, sensitization of target groups such as "Golden Thousand Days Mothers" was carried out in all 15 municipalities. Training and orientation of service providers and rights holders were continued, but home visits and follow-up by CBRFs were hampered due to frequent election programs over the year. Antenatal and neonatal care and promotion of institutional delivery, including routine immunization, remained ongoing activities. The general outputs of the disability prevention program in 2022, before handing over to related governments, were as follows:

Activities	Unit	Achievement
Health staff trained on prevention of disabilities	Person	180
Health staff sensitized on stigma (Leprosy/disability)	Person	84
Marriage registration	Number	8%
Number of golden thousand days women consulted	Number	25052
Number of golden thousand days women with individual profiles	Number	5853
ANC among pregnant	Number	98%
ANC 4th among ANC First	Number	69%
Institutional delivery among pregnant	Number	73%
Mothers with full course of Iron tablets (225 tab)	Number	34%
Birth registration	Number	11386
Immunized infants aged under one year	Number	84%
Malnourished children under five years followed up	Percent	1%
Numbers of pregnant women received Folic Acid	Person	2692
Leprosy screened during ANC/PNC	Percentage	30%
Referral of complicated delivery	Person	98
Numbers of trained manpower in birthing center	Number	124

The following are the main changes in the actors' behavior (all projects "Zero exclusion"):

The community groups' behavior changed regarding health and hygiene practices; the Best Wishes program has taken proper shape in all the municipalities and has been sustained; the local government has localized policy provisions on the Maternal Child Health Program; and the National Federation of Disability Organizations Nepal (NFDN) has established better coordination with Karuna Foundation Nepal and the provincial government for joint efforts on the enhancement of I2C activities. The Nepal National Social Welfare Association has gained ample knowledge and skills to carry out I2C and DID activities independently in their catchment areas and has established linkages with government provisions and services.

All of the projects within this category were successful, and DID was the most successful one during this period, but Comprehensive WASH was comparatively less successful. It might be because of COVID and other consequences that community priorities have been diverted.

#### 4.3.3. Programme Analysis

In terms of results and achievements, the year 2022 was a bit more encouraging than the year 2021. The ANC's first visit was 98% during this period, while the ANC's fourth among the ANC's first was 69% in the ID model municipalities. Immunization coverage, marriage and child's birth registration, institutional delivery, etc. were improved than previous years. Other indicators related to DID and I2C increased the level of satisfaction during this reporting period.

Integrated approach for disease suspects and their referral has been continued in all the MCH-related activities and interventions, e.g. suspects and referrals of Leprosy, TB, etc. Similarly, CBRFs and volunteers have continued orientation sessions immunization clinics, and other gatherings. Mothers' meetings are more manageable than before, despite the fact that the number has increased due to this year's lower COVID pandemic. These management-related activities have been enhanced in terms of disability prevention and intervention.

NLR's BPs, such as municipalities, NFDN & NNSWA have sufficiently developed their skills and capacities on disability prevention projects well as related interventions. The Provincial Government of Province 1 has already decided, in collaboration with Karuna Foundation Nepal, to replicate disability prevention interventions in all 137 municipalities in Province 1, and both organizations have allocated budgets accordingly. This year together with NLR and its partner organizations, we paid more effort into handing over these all projects and programs under full Government ownership with resources allocation, that is successfully done, and this is one of the major achievements of NLR Nepal in 2022.

## 4.4. Cross-cutting themes

### 4.4.1. Stigma

The stigma associated with leprosy is such a complicated issue that it is difficult to quantify, difficult to estimate the duration or period of severity for individuals, and sometimes perplexing as to how to deal with related people. In cases of the "disabilities inclusive development" project, we have mobilized CBRFs in the ID municipalities aiming to integrate issues with persons with disabilities through existing OPDs and SHGs. This attempt was made a couple of years ago and continued in 2022, which has given positive results as illustrated by several case studies. Stigmatized conditions in ID municipalities are clearly different from others which is finding from the general observations but study is needed for its justification.

For the routine leprosy control program, which includes three 'Zeros,' we have already gained the trust of those affected. Every step of the programs, such as SDR PEP interventions, began with a discussion of disclosure with those affected. If he/she is happy with it, they can lead to interventions, and in conditions of no disclosure, we focus on infections rather than the person or persons affected. If a high level of stigma is reported or observed in certain areas, we conduct awareness-raising campaigns first and then continue with other steps of the leprosy control program. Continued leprosy perception studies in various areas, either during LPEP or PEP++, and then analyzed data, reports, and published articles have provided us with clear solutions for dealing with leprosy stigma in communities.

### Gender

Gender has been considered a cross-cutting theme across all programs and projects. Gender issues are always sensitive, and they are more sensitive concerning leprosy and its consequences and at least in case of societies in Nepal because of male dominated communities at all. It is common knowledge that the stigma of leprosy is more prevalent in cases involving the female gender, lower or scheduled castes (dalits), and impairment, particularly visual impairment. These are the findings from several studies done before in Nepal or some other parts of the world. In case of underdeveloped countries such as Nepal, these categories are considered as marginalized population groups due to barriers or less access in holistic development approaches, where leprosy can't be exceptional. Considering this, NLR Nepal has adopted gender-specific issues in every component of the program. In all types of



projects, our primary goal is to detect leprosy in its early stages. Screening for suspects and then a thorough diagnosis (a whole-body test) are recommended for leprosy. We have always managed gender-specific conditions for such screening and then determined that screening for women is done by female health workers and/or volunteers.

One of our ongoing projects until 2022 is "disability inclusive" development. The main goal of this project is to enable user-friendly access and focus on inclusion or an inclusive society in all aspects, such as child friendliness, senior citizen/female friendliness, disability friendliness, leprosy friendliness, and so on. Under this project, we planned empowerment interventions aiming to empower those target populations.

#### 4.5. PMEL

At the beginning of the year 2022, we organized a learning and planning workshop for the microplanning of approved plans from IO for 2022. During this workshop, we primarily prepared PMEL-specific strategic documents, such as individual monthly planning and the reporting system to track the functioning of staff and their performances, a database for harvesting substantiation of outcomes collection, analysis, and interpretation in journals (outcome journals and strategy journals), and a database for harvesting substantiation of outcomes collection, analysis, and interpretation in journals (outcome journals and strategy journals).

a comparative analysis of organizational practices and also project-specific target setting through giant charts. The development of PME steps and the follow-up of outcome harvesting steps, such as designing the harvest, reviewing documentation, and drafting outcomes, engaging the BPs board and staff, analyzing and interpreting, substantiating and supporting the use of findings, and making strategic decisions, were all provided to staff. The majority of the steps were modifications to previously prepared documents for 2021.

As a part of regular PME, we continued the same activities as previous years, viz., regular monitoring visits for SDR PEP implementation and ID model work, on-site coaching, and monitoring visits to the ID municipalities and BPs. Monitoring visits from government counterparts; monitoring and visits to field projects and offices; planning follow-up meetings with staff and BPs; and so on.

The year 2022 was the last of three years of multi-strategy planning (2020–2022). At the same time, this was also the closure evaluation year for INGO-supported project periods. In the last year of the project period, 2015–2020, we adopted outcome mapping as a PMEL tool. Because of all of these factors, this was the year to plan for next year's strategies. We held a couple of workshops and conducted a number of exercises to determine how to proceed with the next round of strategic planning, after which we selected the "theory of change" for the next five years. We created project frameworks and then selected interventions, but the document is still in the works for the next five years (2024–2028).

## 5. Organization

This section of the Annual Report 2022 describes the organizational development in 2022.



## 5.1. Quality Assurance

The project implementation pattern of NLR Nepal remained the same as before, where boundary partners and government health networks implemented all planned activities and the NLR Nepal staff facilitated, guided, and monitored the boundary partners' work. More than 80% of our work is for health-related issues, and of that, more than 80% is related to diagnosis, treatment, and medications, so quality assurance is always an important issue. For monitoring and quality assurance, we frequently visit and observe field interventions, do indirect monitoring via reports, and hold review meetings. The social audit, which was a regular activity at various project sites by our boundary partners as a mandatory exercise and prescribed by the government, was executed in both the field projects, i.e., Province 1 and Province Sudurpaschim.

The flow of funds to NLR-supported projects was channeled from IO through CO and to the projects on a quarterly basis. NLR Nepal funding for leprosy control and inclusive development was channeled through our boundary partners and local governments. The monitoring mechanism as well as observation of the findings of audit reports were maintained throughout the year. The financial audit was conducted by an internationally affiliated audit company as per the requirements of NLR IO and the Government of Nepal.

Participatory review meetings with NLR staff, partners, and rights holders had been organized in each quarter. The individual monthly planning and the reporting system were continued to track the functioning of our staff. Organization-wide and staff-specific calendars of operations and planning documents were produced for 2021 at the beginning, and the recording and reporting system has been improved compared to last year.

Reporting among the partners and staff remained a major issue regarding the quality of the program in 2022. Reporting here includes mainly timely reporting. This issue may be due to overloaded (low numbers with many responsibilities), low skills (mainly for reporting and IT), and an unorganized pattern of management. We have planned some new strategies such as, placement of interns and volunteers to reduce the workload of existing staffs, optimum recording/reporting through advanced database system rather than manual processing's and then more coaching/training to existing team.

## 5.2. Security and Risk Management

Security and risk management were not major concerns among NLR Nepal and staff in NLR Nepal for the year 2022. The government predicted the COVID pandemic several times, but it never materialized except in very small numbers in the country's major cities, and death reporting was non-existent. A dengue outbreak was reported from bigger cities, and one of the NLR Nepal staff members suffered from dengue. Except for such pandemics and disease outbreaks, there were three tiers of elections: local, provincial, and federal. These elections hampered program execution, but there were no other negative consequences before, during, or after the elections. All of our programs and projects are field-based, and minor incidents and accidents while traveling, for example, are common. There were a couple of accidents reported from the PEP++ project that were managed accordingly.

The NLR codes of conduct that have been updated in 2019 are being followed strictly, along with the provisions for periodic updates. All staff members are oriented and required to sign the "code of

conduct" at the time of their first employment contract with NLR Nepal. A briefing about security and risk management was done during staff review meetings throughout the year 2022. A focal person who has been assigned to deal with security and risk management should continue the same procedures in 2022. The focal person circulated regular emails about security updates and special alerts for the country to all the staff of NLR Nepal. The weekly security and special alerts are being distributed to staff from the AIN and UN offices in Nepal. The whistleblower policy and anti-fraud policy were also shared with all staff during the review meetings.

## Fundraising

During this reporting period (2022), NLR Nepal has developed and submitted 5 proposal/concept note calls. Out of those, 2 proposals were rejected; one is under processing; one we declined to submit as a full proposal as the concept note was accepted (LRI call); and another we are implementing jointly with the VU Athena Institute. These calls were from LRI (2 calls); the Pro Victims Foundation (1 call); the KIOS Foundation (1 call); and the Dutch Postcode Lottery (1 call). NLR Nepal is reaching out to various organizations and individuals working in the sectors of leprosy, disabilities, and other NTDs to establish a consortium of partners. This includes active networking via informal social gatherings and/or the organization of formal meetings or seminars. By linking the benefits for leprosy patients and people with disabilities, we are also reaching out to organizations involved in social entrepreneurship, molecular research, agriculture, technology, women's empowerment, and WASH. This is being done to explore common interests and innovative ideas to increase funding.

None of the proposals attempted by NLR Nepal were successful in 2022, so we couldn't meet the target set for the past year. Other goals of IF, such as proposal development and submission, were met, but the outcome was not encouraging for Nepal this year. This has indicated improving different aspects of IF attempts, such as the quality of proposals, basic preparations for proposal developments, donor relations, related activities, strengthening consortiums of partner organizations, and so on. These areas will be improved in 2023. One of the lacking in 2022 is establishing and updating communication and branding and then making associations with fund-raising activities. That is one of the essentials to improving in 2023.

For branding and communication, achievements against the main target with more elaboration of its effectiveness are as follows:

**Target:** Creating awareness about leprosy among primary target groups and stakeholders (target groups: boundary partners/communities, health workers, and other stakeholders): The main target was the development and promotion of program materials such as SDR-PEP, I2C orientation materials using pictorials and visual methods, videography of field activities, and a visual component showcasing our contribution towards "three zeros" in 2022. It was expected that the acceptability and comprehensibility of the promotional material in accordance with the audience would be kept into consideration while designing the materials.



**Achievement:** This target was partially achieved. As training materials, some training videos on leprosy and SDR PEP were created, and an international-level video was translated into a Nepali context using the Nepali language. Except for facilitating the work of peripheral health workers and others, these materials didn't support fund-raising activities. Due to less effort from the program side, no appreciative media coverage was made, but many health workers have started using those as reference materials for training and orientations.

The branding and communication department will assign focal points in each field office and a group to manage branding and communication. A major focus of NLR Nepal in 2022 will be increasing its social media presence. Collecting best practices from NLR Nepal and then developing a toolkit or "coffee book" has also been planned for 2022.

**Achievement:** This is not achieved in 2022 except for a "Flip Book on Leprosy," which is designed under the PEP++ project during the CEBC workshop.

**Target:** Align communication and branding with NLR Alliance branding. The branding and communication department will ensure that all the program materials are developed according to NLR's branding style. NLR Nepal also plans to upgrade our website regularly in 2022. Other regular activities, such as developing and publishing periodic reports, will be continued. NLR Nepal will work with the IO communication officer to improve branding and communication-related activities.

**Achievement:** According to the objectives, there will be no major, additional, or innovative achievements for this target in 2022. In general, the website has been updated, a half-yearly report is produced, and some photography sessions have been conducted in the Sudurpaschim provinces of Nepal.



केताली जिल्लाको बर्दगंजस्थित गैरसरकारी संस्थाको सहयोग प्रसारितक कुष्ठरोग निवारणको प्रयास आदिपल जेसीको एक रिपोर्ट ।



1 News channel covering Leprosy control program in Kailali District



2 NLR Nepal deputy director facilitating interaction program with leprosy stakeholders and media on the occasion of World leprosy day



3 Special program on leprosy in Radio Paschim supported by NLR Nepal



4 Nepali news reporting about NLR Nepal work in Sudurpaschim

## 5.3. Capacity Development

Virtual platforms to conduct webinars, meetings, and capacity building through e-learning practices, which were introduced after the COVID pandemic, are being continued. We attended coaching and mentorship training sessions organized at the international level, master classes on leprosy and disability, the LRI spring meeting, the ILEP conference, and several other conferences related to leprosy and disability. We are planning to replicate coaching and mentorship training sessions for NLR Nepal and BPs' staff very soon within the country. Capacity enhancement through training for health workers and community volunteers is a continuing process. As part of the program capacity enhancement process, we frequently organize program reviews and meetings for related stakeholders. During this reporting period and in addition to several virtual sessions, we organized data management training and abstract writing training for staff as a part of TCB action, and together with this, a couple of the staff have been nominated for the NNN conference that was held in Kathmandu this year. We have further taken the initiative to develop a need-based work plan on TCB for staff and BPs; that work plan will be based on problem identification, need, and competency assessment, which is conducted in the second half of the year.

We conducted leprosy orientations for the staff and BPs during the periodic review to refresh their knowledge about leprosy. All the newly recruited health workers from leprosy-endemic districts—Jhapa, Morang, Kailali, Kanchanpur, Nawalparasi, Banke, and Sarlahi—are trained with BLT (2 days of basic leprosy training). Similarly, a large number of health workers from PEP++ areas are trained with BLT, whereas two batches of CLT for health staff were conducted in Madhesh Province. During the field-level interventions of SDR PEP, health workers, and volunteers, including members of community-based organizations, were educated on leprosy. Performance appraisals of all the staff

have been organized, and the next 12 months' individual plans, including the need for relevant training, have been recorded.

The summary of TCB actions from the year 2022 is furnished in the table below:

SN	Intervention	Organizer	Participants	Trained
1	Advance SDR PEP training	NLR Nepal	NLR Nepal staff	35
2	Data Management Training	NLR Nepal	NLR Nepal staff	15
3	Outcome harvesting refresher training	NLR Nepal	NLR Nepal staff	10
4	Presentation skills	NLR Nepal	NLR Nepal staff	14
5	Theory of Change	NLR Nepal	NLR Nepal staff	13
6	Abstract Writing	NLR Nepal	NLR Nepal staff	12
7	Data analysis training	LRI	NLR Nepal staff	2
8	Proactive fundraising	HVFC International	NLR Nepal staff	1
9	BLT for health workers	NLR Nepal	Government Health worker	309
10	CLT for health workers	NLR Nepal	NLR Nepal staff	25
11	SDR PEP orientation for health workers and volunteers	NLR Nepal	Government Health worker	1494
12	Leprosy orientation for Partner organization staffs	NLR Nepal	NNSWA staff	140
13	Leprosy and basic research training for project staff	NLR Nepal	Project staff (NLR + FAIRMED)	14

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

NLR Nepal, as a local NGO, has taken over overall responsibilities for program execution as well as financial transactions since the beginning of the year 2021, after taking over from an international NGO at that time. In recent years, board involvement has been updated on project understanding, and effective guidance and advice have been provided to management and other staff. The chair is participating in the COC meeting. The board is responsible for the guidance and legal perspectives of the organization; board meetings are periodically organized, and board members sometimes visit the project areas to monitor the project's performance. The project's governance structure is on track, but there is still room for improvement.

Exit evaluation of Netherlands Leprosy Relief as an INGO is still under planned. In the absence of such exit evaluation, many other process and procedures are blocked such as project agreement and approval of local NGO supported projects in Nepal from SWC. After getting the end project as well as exit evaluation of INGO, these are the most essential steps to bring local NGO, NLR Nepal, as a formal legal organization in Nepal.

## 5.5. Cooperation/ support

- NLR Nepal has maintained a harmonious relationship with the government counterpart throughout the year. Regular coordination has been maintained, specifically with the Ministry of Health and Population, the Epidemiology and Disease Control Division (EDCD), and the Leprosy Control and Disability Management Section (LCDMS). Any concerns regarding the ongoing projects have been addressed through regular follow-ups and meetings. They have been fully assured about the work of NLR Nepal.
- The coordination and collaboration with all partner organizations were well maintained. Partnerships were formed among NLN members in Nepal with NLT for PEP++ and FAIRMED for impact assessment of SDR PEP, and TLMI finally agreed to a trilateral agreement on the KHOJ project in Dhanusha.
- The organization has been able to maintain good collaboration and coordination with IO, especially in program and technical matters.
- The organization did not observe any kind of conflict with or within the regular project staff in 2022. Due to a misunderstanding of the project's implementation pattern, a level of conflict arises with PEP++ project staff that is still to be resolved.
- More coordination needs to be done with the Provincial Health Directorate of Sudurpaschim Province, but good working relations have been established with municipalities and local-level health institutions.
- Relationships with leprosy-affected people's organizations were also positive, particularly with READ Nepal and IDEA Nepal. In 2022, networks of affected people have received various types of support, such as exposure within and outside the country.
- Collaboration has been established and will be maintained for the implementation of the PEP++ project with the Nepal Leprosy Trust, Lalghadh, the Provincial Health Directorate, the Government of Nepal in Madesh Province, and the local governments of all the municipalities in Dhanusa and Mahottari Districts.

We consider this an important project event because of the proper partnership established with FAIRMED for the SDR PEP impact assessment project in 2022. This is one of the issues that satisfied our objective and our ambition to go further with a joint effort to complete this technical research project. Within NLR Nepal, it is one of the sensitive issues to bridge the gaps between project execution and management, project or program staff, and management patterns, which is essential to improve in the coming years.

## 6. Financial Report

The approved budget for 2022 of NLR Nepal is €813,828 and expenses are €643,639 (79%) for the period of January to December 2022; details are furnished below:

S.N.	Project Name & Number	Total Budget in Euro	% Out of total	Total Expenditure in Euro	% Expenditure
1	Leprosy Program (NP001)	117,076	14%	86,785	74%
2	Disabilities prevention through I2C (NP002)	35,142	4%	26,894	77%

3	Disability inclusive development (NP003)	37,711	5%	19,357	51%
4	Comprehensive WASH (NP004)	48,038	6%	31,645	66%
5	System strengthening (NP005)	123,030	15%	87,962	71%
6	Capacity Building Project (NP701)	15,000	2%	11,646	78%
7	Transition Project (NP700)	6,007	1%	270	5%
8	Leprosy milestone in Nepal (NP010)	59,086	7%	60,621	103%
9	PEP++ Research Project (NP012)	308,769	38%	290,657	94%
10	LRI Research Project (NP014)	50,786	6%	19,514	38%
11	What Matters Most (NP015)	13,183	2%	2,858	22%
	Other expenditure (IO visit)	-	0%	5,429	100%
<b>Grand Total</b>		<b>813,828</b>		<b>643,639</b>	<b>79%</b>
	<b>Total budget from NLR IO</b>	<b>441,090</b>	<b>54%</b>	<b>330,610</b>	<b>75%</b>
	<b>Total budget from other sources (Donor)</b>	<b>359,555</b>	<b>44%</b>	<b>310,172</b>	<b>86%</b>

## 7. Conclusions

NLR Nepal has set the following priority targets for the year 2022, followed by regular and routine activities; those areas with achievement status are as follows:

Area	Focus	Achievement status
Zero Transmission	The main focus of Zero Transmission in 2022 is leprosy prevention in the risk populations through SDR-PEP; we decided to continue this approach with some updates.	Achieved
	The next focus was mapping and clustering of leprosy cases, and this will be applicable only in the districts of Province No. 1 and Sdurpaschim Province.	Achieved and continued
	One additional research project on "Zero Transmission" will be initiated apart from the LRI-funded cohort study. One additional research project on zero transmission will be initiated apart from the LRI-funded cohort study.	Not achieved
Zero exclusion	The achievements under this portfolio will be linked to SDG goals and indicators. This will reflect the lessons learned for replication with recommendations before phasing out some of the projects at the end of 2022.	Not achieved
	The boundary partners and local DPOs will be empowered to take over the full responsibilities after phasing out our ID projects so that the program will be sustained, including continued support for the local government.	Achieved

	Local community facilities will be enhanced so that the program will continue even after the phase-out of NLR projects.	Achieved
Organization	An evaluation will take place to see the progress and objectives of our Inclusive Development Program, but if this is covered by the 5-year project evaluation carried out by the Social Welfare Council, then this will not be considered.	Not achieved
	Meeting IF target of 2022	Not achieved