

# NEPAL LEPROSY TRUST



## Annual Report 2012

# Table of Contents

---

Message from the CEO	Page 3
Introduction to Nepal Leprosy Trust	Page 4
 <b><u>Part 1 – NLT in Kathmandu</u></b>	
Fair Trade Income Generation work	Page 5
Capacity Building Project	Page 7
Socio-Economic Rehabilitation activity	Page 8
Other Activities in Kathmandu	Page 8
Financial summary for Kathmandu	Page 9
 <b><u>Part 2 – Lalghadh Leprosy Services Centre</u></b>	
Overview and Introduction	Page 10
The Rekh-Dekh Chautari and Out-Patients work	Page 11
Out-Patients Activity Summary	Page 13
Acute Leprosy Complications Management	Page 15
Surgical Work in the In-Patients Department	Page 17
Hand Surgery	Page 18
Inpatient Literacy Programme	Page 19
Mother and Child Health Services	Page 19
Community Services – Reaching Out	Page 19
The RECLAIM – CDR Project	Page 20
The Village Alive Project	Page 21
The Community Awareness and IEC Programmes	Page 22
The CBER and SER Programmes	Page 23
The TENLEP Research Programme	Page 23
LLSC Staff	Page 24
Networking with other Organizations	Page 24
Other Developments at Lalghadh	Page 24
Support Services at LLSC	Page 25
Financial Summary	Page 25
Conclusion	Page 26
Acknowledgements	Page 27
Contact Details	Page 28

## Message from the Chief Executive

I am pleased to share with you our annual review of activities for 2012 (Nepali year 2068/69). These activities ran well in both Kathmandu and Lalgaad, despite a number of challenges.

NLT is required to operate under five-year agreements with the Government and a significant event in 2012 was the signing of our new Project Agreement with the Government's Social Welfare Council, on 5<sup>th</sup> December, after more than a year's work on it. The new Agreement is entitled, **"Integrated Leprosy, Health, Social and Community-Based-Rehabilitation Programme"**, and covers the programmes of both NLT Kathmandu and Lalgaad Leprosy Services Centre, in Dhanusha district.

In Kathmandu, our key sector is the **Income Generation Programme**. Operational from the establishment of NLT, and almost self-financing, it lifts up people affected by leprosy or with other disabilities, single women, and other marginalized people. It has helped many people become independent, with restored self-esteem and dignity, and reintegration into society. The **Social Support Programme**, provides assistance to many vulnerable people to pay for food, accommodation, medical treatment, and education, etc. Our **Capacity Building Programme** functions on the principle that knowledge and skills last for a lifetime and can help a person to be independent and successful. Thousands of urban poor in Kathmandu come looking for better opportunities, but find only poverty. NLT offers training opportunities to people affected by leprosy and others, to help improve their lives. The programme is supported by Sasakawa Memorial Health Foundation, to whom we are extremely grateful, and this year 124 people benefited directly.

Overall in 2012, more than 450 clients directly or indirectly benefited from the three programmes, besides the children who receive education scholarships.

In Lalgaad Leprosy Services Centre, NLT provided medical services to nearly 8,000 people affected by leprosy (at the Centre and its satellite clinics) and almost 40,000 general patients. About 400 people were treated as inpatients, and important research into leprosy is carried out at the Centre.

The **RECLAIM, Village Alive, and the Socio-Economic Rehabilitation** programmes help people affected by leprosy to rebuild their lives and bring change to their communities. This year 20 new Self Help Groups were established, nearly 100 individuals started income generating projects, and a number of very vulnerable people affected by leprosy, were supported through house repairs, pensions, educational scholarships, water supply provision, and various trainings. These inputs also benefited many dependents and their communities, and so our work is continuing to bring change at many levels. I am pleased and proud to be able to say that our work is highly regarded throughout the region, and continues to bring hope and positive change in many situations.

### Acknowledgements

I am deeply grateful to our donors, prayer partners, valued customers, Fair Trade Group Nepal and its members, friends and organizations who referred clients to us, and especially our staff for their hard work, in making the year successful. Without your support, it would have been impossible to fulfill our aims. My heartfelt thanks go to NLT's Executive Board members, NLT UK and NLT Ireland for their support, guidance, and encouragements. My gratitude also goes to our partner organizations and stakeholders, and our colleagues in the government, for all their support.

I look forward to continuing as partners with you all in this work which has transformed so many lives over the years, and is committed to transforming many more in the years to come.

With very warm regards

**Kamal Shrestha, Chief Executive Officer**

## Introduction

**Nepal Leprosy Trust (NLT)** is a Christian, faith-based organization dedicated to working with people affected by leprosy and their families, as well as people with disabilities, poor and marginalized people, and with communities, to overcome the stigma associated with leprosy and poverty.

The work of NLT began in Kathmandu in 1972 when its Founder, Eileen Lodge, worked with the residents of Khokana Leprosy Colony to integrate them back into Nepali society and restore their capacity to earn an income and live in dignity. This work was motivated by a Christian desire to serve some of the poorest and most disadvantaged people in the world, in the spirit and love of the Lord Jesus Christ. This service was carried out without reference to religion, race, ethnicity or gender.

Since 1972 the work has developed into four main strands in two locations:

### IN KATHMANDU

- A **Fair Trade income generating project** in Kathmandu making and supplying a range of leather, felt and batik products around the world.
- A **capacity building** and **socio-economic** programmes, aimed at lifting marginalized, vulnerable and very poor people out of poverty.

### AT LALGADH LEPROSY SERVICES CENTRE

- NLT's **leprosy referral centre** based at Lalgadh in the south east of Nepal (in Dhanusha district) has grown into one of the busiest centres of its kind in the world. **Lalgadh Leprosy Services Centre** (LLSC) serves a population of 2.5 million people in the four surrounding districts, as well as people from far and wide in Nepal and North India, and receives about 50,000 patient visits each year. LLSC provides free specialist treatment for people affected by leprosy, and low-cost primary health care for general patients, as well as training in leprosy management and orientation for health staff and others.
- A widespread **stigma elimination** and **community development programme** in the area around LLSC, has benefited thousands of individuals and their dependents through self help groups and village-focused primary health care activities. This work has significantly reduced the stigma affecting people with leprosy in the focus areas, and has generated a strong regard from all community members for the work of Nepal Leprosy Trust.

NLT in Nepal is based in Satdobato in Kathmandu, and it has partner NLT offices in the UK and Ireland.

**The Vision of NLT** continues to be the creation of a society where people affected by leprosy and other disabled and marginalized people are successfully integrated into their community, both socially and economically, and are able to regain their self-esteem and dignity.

**Our Mission** as a Christian organization is to work with people affected by leprosy or other disabilities, supporting these people who are often vulnerable and marginalized in society. NLT aims to treat, cure, rehabilitate, empower and restore dignity. In addition, our mission is to achieve active community membership amongst leprosy sufferers through high-quality health and social care, participatory community development, income generation and capacity building programmes.



## PART ONE - KATHMANDU: FAIR TRADE INCOME GENERATION



Income Generation has grown into the key sector of NLT's Kathmandu-based work. Growing out of skills that could be developed and used by people who had significant disability, the sheltered workshop, Himalayan Handicrafts began in the 1970s with 23 people from the Khokana Leprosy Colony. From simple beginnings, NLT is now an executive member of Fair Trade Group Nepal and produces a range of high-quality products made of leather, felt, and cloth, including batik designs. These products are exported around the world as well as being sold to tourists via outlets in Kathmandu.

In the early days, nearly all of the staff were affected by leprosy, but a number have since retired. 12 of the original staff still work there, and other staff are now a mixture of leprosy-affected, and people who were very poor or marginalized, a number of them women with serious health issues or very poor home situations. Himalayan Handicrafts provides employment for about 18 individuals. For these people and their families, this work at Kathmandu has enabled them to live in some security and comfort, and to escape from the grinding poverty that their circumstances had inflicted on them previously.



Bhagwati married Krishna at 17 years of age in 1974 when Krishna was 22, and a leprosy patient. His disease was not mentioned to Bhagwati's family and although she noticed his claw fingers, it was said to be due to hard agricultural work. Krishna had a government job but due to frequent illness had to leave after 6 years and Bhagwati and Krishna, who was then ill, were very poor. Bhagwati began carpet weaving in 1977 when their daughter was 2 years old, to keep food in the house. Krishna later got treatment at Anandban Leprosy Hospital and Eileen Lodge offered him a job in NLT in 1983. The family lived in NLT's sheltered accommodation for six years and Bhagwati began working at NLT after 4 years when her husband was too ill to continue. Bhagwati is now one of NLT's senior and skilled workers. Her elder daughter is a doctor and two other children are also well educated. Sadly Krishna is very incapacitated after a brain haemorrhage, but Bhagwati is thankful to NLT which helped her in many ways through that long and difficult treatment episode, and has for so many years given her and her family security and the opportunity to bring up their children to a better life. Bhagwati continues to be a key member of NLT's staff.

This year Himalayan Handicrafts has been successful in exporting its products to USA, Canada, Sweden, Spain, Australia, Netherland and UK, and has also sold in local markets through fair trade outlets such as Mahaguthi and the SAARC Showroom. Regular customers also purchase from the workshop itself and the total sale for 2012 was NRs.5,036,680.

Along with the leather work, **Himalayan Batiks** provides work for another 14 families who make beautiful batiks in cloth, at their homes, for sale through NLT. The current economic climate has not

been good for sales, but Himalayan Batiks sold its products to local and international markets with a turnover of NRs. 1,600,462.

Kul Prasad is disabled and has to use a wheelchair to move around. He comes from a poor family and came into contact with NLT while looking for help. NLT gave him batik training and then the opportunity to try making batiks for NLT. To start with he struggled to produce good quality batiks, but after several months of perseverance he became skilled at the work. He officially joined the batik department in 2010 and since then his self confidence has steadily improved along with his skill. He earns a good wage and his wife helps him at the work. The money has also enabled his wife to establish a small street shop selling fruit and vegetables.



NLT's **Felt Workshop** is full of colour and was established some years ago to give work to women from poor and difficult backgrounds. Using wool, soap and water, many different kinds of felt items can be made in vibrant colours, and these products are popular in Nepal and abroad and have been exported to Sweden, Canada, UK, and America. The sales of felt products for this year amounted to NRs. 1,336,591.



The felt workshop has provided steady work for the 8 women involved, and has improved their home situations considerably as well as giving them self esteem. The felt work also provides training as part of the Capacity Building programme mentioned below, training 9 women in felt making during the year.



Born in a remote village near Okhaldhunga in East Nepal, Sunita (on the left in the picture) is the eldest of four children. Being the eldest, she did much of the housework, helped raise her siblings, and never went to school. Now 37 years old, Sunita married Hari at 16, and they came to Kathmandu looking for work. Hari found work in an iron workshop and Sunita worked on construction sites carrying bricks and sacks of sand. Home life was challenging as Hari drank too much alcohol, money was short and they had two children. Sadly, seven years ago Hari died from a heart attack.

Sunita's life then became even harder, as she earned with hard labouring work, to raise and educate her two children. She approached NLT 4 years ago, looking for support for her son's education and NLT sponsored him. That helped encourage Sunita and then when NLT found out that she already knew how to make felt, NLT offered her a job in its felt workshop in 2008.

Over the last 4 years, Sunita's life has changed from one of unrelenting hardship, to a much more secure, comfortable and stable situation, with good wages, and both children in decent schools. Her health is better and she says, "if I had not come to NLT, I would still have been trying to earn through hard labour, and my children would not be in school". She is grateful to God and NLT for making her life easier. She is now a product designer and a skilled trainer in felt product-making and has trained 20 women in the Capacity Building programme.



## CAPACITY BUILDING PROJECT



This project aims to provide people who are struggling with poverty, or who are marginalized in other ways, including by leprosy, with skills that will help them build a better future. There are thousands of urban poor in Kathmandu who cannot afford training and who came to the city looking for a better life. Most of them end up struggling to survive on a minimal income and, with this project, NLT offers practical trainings that give useful skills and the ability to earn a better income. Since this project began in 2007, nearly seven hundred people have received trainings, and many of them have used their new skills to change their lives.

This year we provided 9 different trainings to a total of 155 people. From amongst those, 55 illiterate people can now read and write, 5 have work in felt making, 15 have tailoring work, 10 of the bead trainees have been selling their work, the embroidery students made dresses, and those who learned baking are now able to make a number of cooked products. We are grateful to the donor, Sasakawa Memorial Health Foundation (SMHF), Japan, for its continued support to this project. The table below lists the trainings.

S.No.	Training Subjects	Target No.	Achieved No.	Remarks
1	Sewing/Tailoring	20	27	Very useful skill for women.
2	Mobile Repair	2	None	Very expensive
3	Felt	7	9	Became a trainer-1. Got job- 4
4	Bakery	5	15	Can make simple items. High demand
5	Computer Software	4	5	People Affected By Leprosy - 2
6	Nepali Paper Product	10	13	
7	Beads	15	16	High demand in festival times.
8	Embroidery	10	15	New training
9	Adult Literacy	30	55	All can read and write simple words
	Total	103	155	



Rahel Thapa (receiving the certificate in the picture) comes from a poor family background and was unable to complete her school studies. She is one of 4 children and desperately wanted to help support her family and lessen the burden that her parents were carrying. Rahel joined NLT's felt making training in 2010 and after completing one month's training was able to get work at a large felt factory at Hattiban. She was suddenly earning good wages and able to contribute to the family income.

Six months ago, a new handicraft company called Bhumi Handicraft, asked us for some felt trainees to work in their new factory, and we recommended Rahel along with four other trainees. Rahel was recruited as a 'Trainer' which made her very proud and today she is working there as a trainer, and leading a team of about 15 women in producing felt items for export. Rahel is very grateful for the opportunity NLT gave her and for the very significant change that has brought to her life and that of her family.

## SOCIO-ECONOMIC REHABILITATION (SER)



THE statistics tell us that almost 70% of Nepalese people live under the poverty line, earning less than 2 dollars a day. The migration trend from village to city is very high, as villages offer few basic facilities like education, hospitals, communication, and roads. This migration results in a high population density in the city and creates many problems such as crime, food shortages, and depression, not helped by a 9.3% inflation rate.

For many years, Nepal Leprosy Trust's SER programme has supported people affected by leprosy, disabled people and other marginalized people, through micro credit, children's education support (Lydia Children's Fund), shelter, and monthly support. This help can be short or long term, and has often made a key difference to a difficult home situation, as well as being the chance for many young people to get an education. The **micro credit scheme** has helped a number of small businesses to start, and nearly **90 children** are being supported in education by the SER project, many of them directly affected by leprosy. Over the years, sponsored children have gone on to study medicine, engineering, nursing, accountancy, etc, opportunities that would have been impossible without the help of NLT. The **monthly support** scheme has helped 50 people this year who are either affected by leprosy, sick or paralyzed, or old and without support, or who are single ladies in difficult circumstances. NLT also has some **sheltered accommodation** and has looked after 3 families and some students affected by leprosy during the year. This accommodation is comfortable but basic, and for some families has been their home for a long time.



75 year old Bhim Kumari was living a hard and lonely life with her only son in a small rented room. Her husband left the family and remarried when her son Dhurba was 9 years old. Dhurba suffered from cerebral palsy and was very disabled, with only Bhim to look after him. She was therefore not able to travel for work and their life was a constant struggle as she earned with agricultural work, carrying heavy loads, washing clothes, making straw mats, and whatever else she could do. Bhim has become ill and weak after years of such tough living and some months ago Dhurba died leaving Bhim alone. Bhim is not able to work any more and so NLT is now providing financial support to her for food and rent, and she also gets a little help from neighbours and her church. NLT will continue to care for her while she needs the help.

## OTHER ACTIVITIES OF NLT IN KATHMANDU

NLT is aware of the importance of cooperation and coordination with other like-minded organizations to maximize our programme success. It has developed good relationships with various Government offices, NGOs, INGOs, Village Development Committees, and Fair Trade organizations, etc, without whose support, the achievements we see today would not have been possible.

NLT's membership of **Fair Trade Group Nepal** has been mentioned already, and is an important platform for networking amongst socially focused organizations that produce environmentally friendly handicrafts. Like NLT, many of these organizations employ disadvantaged people, and so there is a good rapport and mutual support between them.

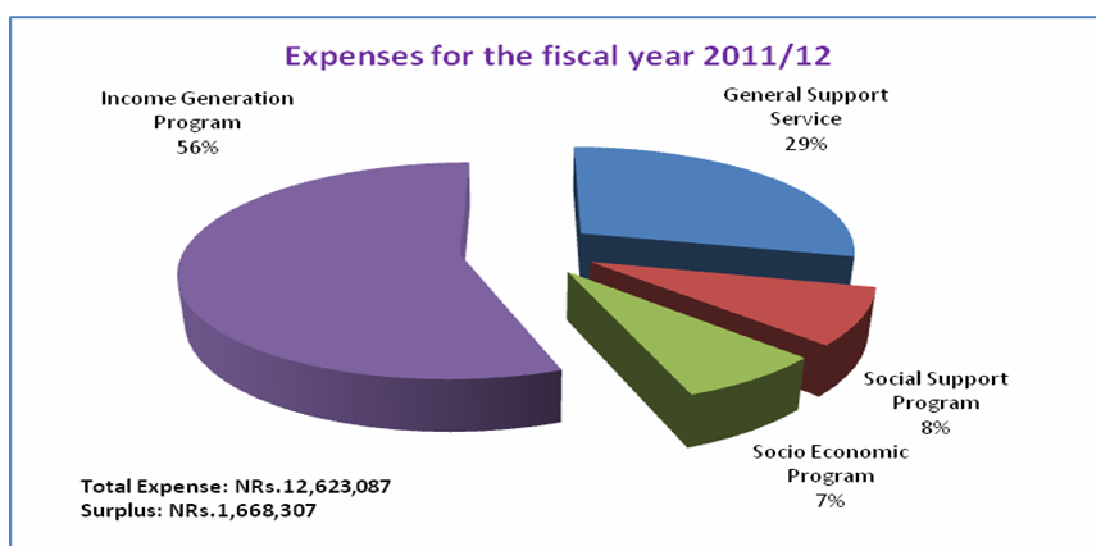
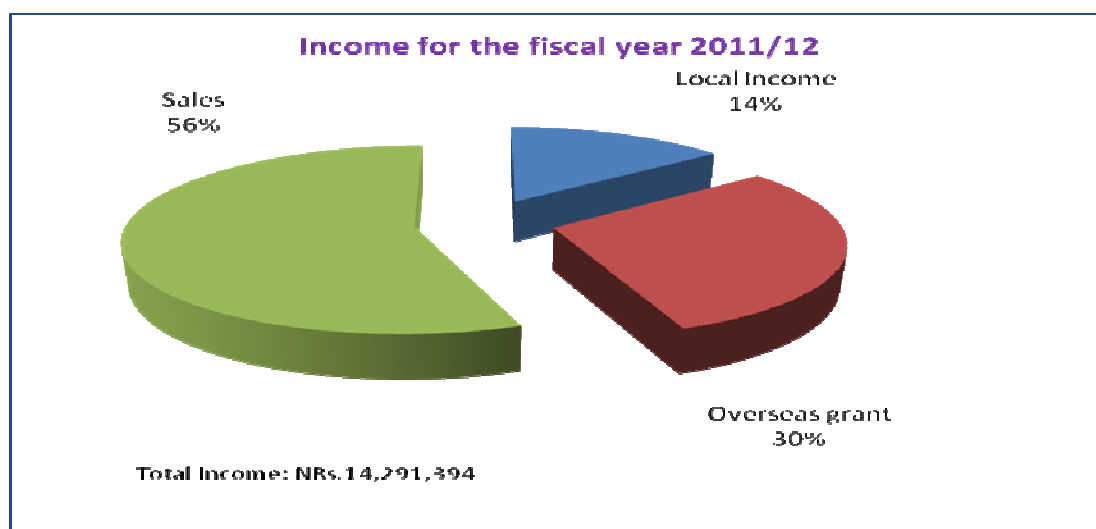
The Nepal Leprosy Network is also important because it includes a number of organizations which have a focus on leprosy. These include READ Nepal, IDEA Nepal, The Leprosy Mission Nepal (TLMN),



International Nepal Fellowship (INF), Nepal Leprosy Fellowship (NLF) and Netherlands Leprosy Relief Association (NELRA). This network enables these organizations to share their experience and coordinate their efforts more effectively and avoid duplication of work.

NLT at Kathmandu plays a key role in supporting NLT's main project at Lalgadh by liaising with the appropriate government departments, negotiating agreements, importing equipment, and supporting the financial administration of all the projects.

## FINANCIAL SUMMARY FOR KATHMANDU IN 2011/12



## PART 2 – LALGADH LEPROSY SERVICES CENTRE



### OVERVIEW

2012 has been another very busy year for Lalgadh Leprosy Services Centre (LLSC). NLT's staff have been helping people suffering the physical, mental and social effects of leprosy to recover their health and rebuild their lives. The centre has supported many thousands of people in transforming their lives for the better, and has received much appreciation from them, as they overcome great challenges with our help.

During 2012 there was a sustained effort to finalize the next 5 year agreement, which we were pleased to sign off with the Government of Nepal on 5<sup>th</sup> December 2012. This will guide our work until 2017, and includes the implementation of our new "Releasing the Energy and Capabilities of Leprosy Affected Individuals and Marginalized People – Central Development Region (RECLAIM - CDR) project in the 4 LLSC catchment districts. The other main projects: Rekh-dekh Chautari (RC); Village Alive Project (VAP); Acute Leprosy Complications Management (ALCOM); Information, Education and Communication (IEC); Community Awareness (CA); and Socio-Economic Rehabilitation (SER), have all continued throughout 2012 by the grace of God, who remains the primary motivation behind all the many works at the centre and in the surrounding communities.

The following report outlines the work carried out during 2012.

### Introduction

Lalgadh Leprosy Services Centre, located in Dhanusha district in South-Eastern Nepal, works closely with Government services and a variety of local NGOs to bring about a "world without leprosy". The work at LLSC began officially in 1996, although patients have received medical care there since 1993 and we have now treated more than 27,000 individuals affected by leprosy as well as hundreds of thousands of people with general medical problems. Although our core services are for people with leprosy, and they always receive priority treatment, LLSC is now well known for its compassionate and affordable general health services, which particularly benefit the local community.

2012 saw nearly 50,000 visits by patients seeking help, and from among those over 1000 new cases of leprosy were diagnosed, which is an increase over last year, showing that although the official prevalence of leprosy is decreasing, there is still a steady transmission of the disease to contend with. The focus of the programmes at LLSC is to further the elimination of leprosy, and the Rekh-Dekh Chautari programme particularly supports this by **taking key referral services into the community**. These rural clinics have proved popular, and in the 3 years since they were implemented, the annual patient visits to them have grown from about 600 to over 2500. This in turn has taken some pressure off the centre itself, as it continues to provide specialist services to people with the more severe complications caused by leprosy.

LLSC has played an important role in changing the leprosy scenario in Nepal and, as a result, Nepal was declared a "leprosy eliminated country" about 3 years ago. Sadly, "elimination" does not mean "eradication", and leprosy remains a major health problem in the region, with LLSC one of the busiest centres of its kind in the world.

The primary role of LLSC continues to be the support and care of those with leprosy in key critical areas, including:

- The specialist treatment of leprosy and its complications
- The provision of protective footwear, reconstructive surgery and physiotherapy
- Ulcer care, health education, and the teaching of self-care techniques
- The training of local Non Government Organizations (NGO) and government health professionals in various aspects of leprosy
- Community rehabilitation, the establishment of Self Help Groups, and the provision of low cost housing and water supplies in particularly needy situations.
- Community education and stigma reduction through Information, Education and Communication (IEC), and a community awareness programme.

## **Rekh-Dekh Chautari and the Out-patients Department**



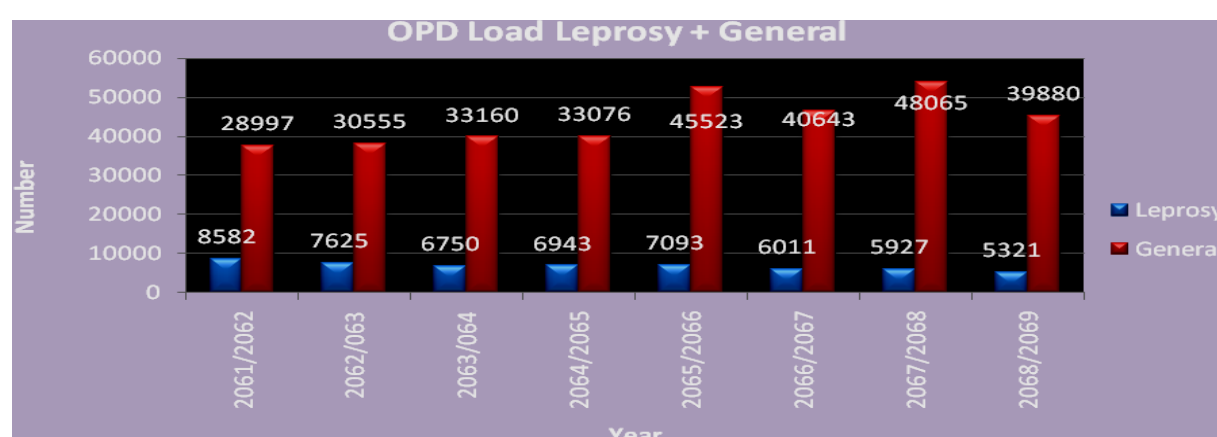
### **Various views of the work in the Out-patients Department and Self Care Training Centre**

The main interface with the population around LLSC occurs through the **Rekh-Dekh Chautari** project, which delivers the core specialist services provided by LLSC, both in the Out-patients Department at LLSC, and out in the community via a series of regular clinics at strategic places in our catchment area. The satellite clinics have proved increasingly popular over the last 3 years since they were established, with over 2500 people attending them in 2012. A major reason for their success is that many people affected by leprosy are very poor and cannot easily afford the time to travel to Lalgadh, or find it physically very difficult. A nearby clinic is therefore a much better option and ensures a more reliable attendance by those who need treatment.



The LLSC Out-patients Department has also benefited from the external clinics in that the number of people affected by leprosy coming to the centre has dropped to about 12% of the total patient visits, which were over 45,000 during the period, a slight decrease from 2011. People affected by leprosy always have priority for treatment services over people visiting for general services, so a reduced leprosy case-load helps the work to flow. This is not a shift in priorities, but simply a result of taking our referral services out into the community.

The following table shows the patient visit trend over the last 8 years and shows the steady levels of patient attendance over that time. The blue bars indicate the numbers of leprosy patients attending LLSC and do not include the patients visiting the external clinics. Including the external clinic numbers brings the leprosy patient load in 2012 up to nearly 8000, which is slightly higher than earlier years.



(Note that the Nepali financial year 2068/2069 is equivalent to our year mid-July 2011 to 2012)

These fairly steady numbers indicate that although the prevalence of leprosy in the community has slowly reduced, transmission of the disease continues steadily, and the leprosy work of LLSC is still very much in demand. It also shows that the major battle to overcome leprosy lies in the community, where there are still many factors, including stigma and poverty, that make it difficult to overcome this difficult disease. The current key indicators of leprosy in the area around LLSC, according to the government of Nepal, are shown below.

Districts	Prevalence rate	New Case Detection Rate	Disability Grade 2 amongst new cases	Child case proportion amongst new cases	Female proportion amongst new cases
Dhanusha	1.90	3.64	4.33%	13.33%	41%
Mahottari	1.85	3.05	7.21%	4.81%	23.56%
Sarlahi	1.71	2.37	0.53%	5.88%	3.21%
Sindhuli	0.32	0.38	0%	0%	23.08%

All leprosy affected people attending the OPD are offered Rekh-dekh Chautari (RC) services, including X-ray, Laboratory, Physiotherapy, Pharmacy, Ophthalmology, Footwear, Eye Care and Wound Care.

The **Physiotherapy** Unit helps patients to develop, maintain, and restore maximum movement and function in affected areas of their body throughout their life. Over 5000 Nerve Function Assessments (NFAs) were carried out in support of this.

The **X-ray** machine is operated by an X-ray assistant who took 176 X-rays for leprosy patients and over 2000 X-rays for general patients during 2012. The X-ray machine was re-housed in a new building at LLSC during early 2013.

The **Laboratory** Unit of LLSC is well equipped to perform different serological, haematological, and biochemistry tests and is very busy every day, carrying out well over 20,000 tests every year. These tests support both leprosy and general patients, and include a large number of sputum tests for TB patients.

**Counseling** is an integral and important part of leprosy care. Leprosy affected individuals and their families often suffer high degrees of social stigma through negative self and community perceptions about leprosy. This can lead to unemployment, social isolation and delayed opportunities. Counseling and the provision of a safe environment to work through these issues is very important.

The loss of sensitivity in the feet creates one of the biggest threats to people affected by leprosy. To help counteract the damage this can cause, LLSC provides patients with Micro-Cellular Rubber (MCR) sandals, manufactured by the **Footwear** Department, and educates them on how to avoid new or recurring ulcers.

There has been a significant reduction in patient visits to the **Wound Care** (WC) service. This is probably due to the work of the Outreach Clinics which provide a wound care service nearer to the patients' homes.

Eyes may also be affected by leprosy, and the **Eye Care** Unit managed 530 leprosy affected and 192 general patients in 2012 with the provision of eye tests and eye care.

The **Pharmacy** provides medicines according to a standardized formulary, as prescribed by the medical team. This year, 35,321 people received pharmacy services in the Out-patients Department.

The **Self Care Training Centre** continues to provide a two week training course for all new patients with physical impairment due to leprosy. Learning how to avoid further damage to impaired hands, feet and eyes is vital for anyone who suffers in this way. Many patients are able to live successful lives if they use self care techniques effectively. Over 260 received this training in 2012.

## OPD activities summary

Total New case diagnosis	1046
MB leprosy cases	516
Disability Grade 2	189
Male	583
Female	338
Children	125
Total reaction and neuritis	2015
Ulcer patients	2622
Nerve Function assessment	4006
Plaster casts	236
Total skin smears	2309
Haematology	14029
Biochemistry	4052
AFB sputum	438
Counseling	1461
Ulcer patients in wound care	2622
Patients in eye care	722
Number of times POD outreach clinics held	157
Patient visits to POD outreach clinics	2590
Footwear supplied	2590



Umesh's story shows how children can be protected from deformities caused by leprosy through timely treatment. This also decreases the risk of transmission in a community. 13-year-old Umesh is a very energetic child in class 7 at school, and is an example of leprosy transmission from a family contact. He lives with his parents and three siblings, in a village in Sindhuli. Apart from his father, the whole family has had leprosy.

Umesh's mother, Soniya Devi, had been on leprosy medicine for seven months and is an active member of a Self Help Group in Sindhuli district. A member of the LLSC staff recommended that she bring her children to LLSC to check them for leprosy. This subsequently showed (in April 2012) that all of them were new

cases of leprosy, and Umesh was confirmed as a "high risk" case with a high bacilli count. Thanks to the Rekha-dekh Chautari and RECLAIM-CDR projects, Umesh was diagnosed early and does not have any disabilities at present. He learned how to manage his leprosy, when to report to LLSC, and how to properly care for himself. Having a supportive family will be a significant help in his treatment, as the fight against leprosy will be made easier and more successful. Umesh and his mother have also spent time at the Self-Care Training Centre learning simple techniques of self-care, which will help them to understand how to prevent disability for the rest of their lives.

Anita Kumari, Umesh's 18-year-old sister, was diagnosed with leprosy at the same time as her brother. She is a confident and courageous girl and, although her mother was very upset to learn the awful news about her children, Anita was the one consoling her mother by saying that all of them would be cured after the MDT treatment was complete. It was a touching moment, as the whole family supported each other with encouragement and confidence to come through this difficult time.

**Eye, Hand and Foot scores** provide a way of checking how well patients are succeeding in looking after themselves and in preventing further disability from taking place. Of the 261 cases followed up during the first 6 months of 2012, 91% showed no further impairment and indeed 1% of them showed improvement in function, which is a possible outcome of good self care practice. 93% of the people had completed their treatment, and only 10 people had not, with another 7 having given incorrect addresses. This is an impressive and encouraging outcome which can be built on as we work to communicate the paramount importance of self care and treatment completion.

The majority of the visitors to the LLSC outpatient services are people with **skin problems** that are not caused by leprosy. LLSC has a good reputation for skin disorders and people come a long way for help, even though they know that the wait may be quite long as our leprosy affected patients get priority. These dermatological services make up 72% of all the diagnoses in the OPD, and the rest of the work covers poverty-related diseases such as tuberculosis, malaria, respiratory infection, malnutrition, night blindness, dysentery, diarrhoea, typhoid, urinary tract infection, and anaemia.

A tour of the Out-patients work is not complete without mentioning the **Emergency Care** which LLSC offers 24-hours a day, all week long. There is always one doctor on duty, and another on call for emergency care. The centre is always prepared for medical and surgical care, and has emergency X-ray and laboratory services available if needed. In 2012, we provided emergency care to 321 patients, including the victims of Road Traffic Accidents.

#### Diseases tackled at OPD

Malaria Tests	774
Lower/Upper respiratory tract infection	645
Ameobic/Bacillary Dysentery	68
Intestinal worms	40
Pneumonia	99
Eye problem	722
Skin problems	32748
Urinary tract infection	146
General ulcer	693



## **Acute Leprosy Complications Management (ALCOM) project in the In-patients Department (IPD)**



**Nursing staff caring for a patient experiencing a bad leprosy reaction**

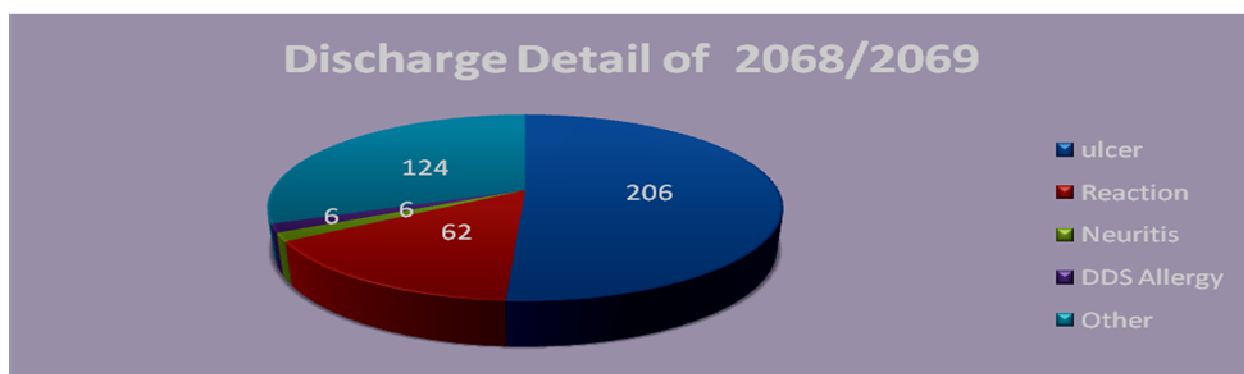
Lalgadh Leprosy Services Centre has had 52 beds available for inpatients since 1996, and 50 of these have been dedicated to people affected by leprosy. Patients with acute leprosy complications are generally admitted for severe complicated ulcers, for severe reactions which put them at great risk of further nerve damage, and for reconstructive surgery which helps restore function or normal appearance to patients who need it. The demand for beds reduced slightly in 2012 from a very high 98% to a still high 93%.

Two beds in the In-patients Department are kept for patients who need isolating due to having infectious TB, which is a requirement for LLSC as part of the Government's TB programme. These beds will move to the new isolation ward during 2013, providing a much safer and better way of managing infectious TB patients.

In support of the needs of the local community, there is a small capacity for acute general problems, apart from TB, and there is often a general patient on the wards amongst our leprosy patients. This encourages integration between leprosy and general patients and helps to work against the stigma of leprosy.

Most of our leprosy-affected in-patients are in the wards for about 30 days, and every week there is a multidisciplinary ward round with a doctor, nurse, physio and shoe technician to manage the continuing care of each patient. Patients also receive counseling, and there is opportunity for literacy classes. There are also regular Christian devotions for those who wish to participate.

The patient groups served in the In-patients Department are shown in the chart below.



It can be seen that the majority of patients suffer from complicated ulcers, reflecting the challenges they face every day trying to walk around on their anaesthetic feet. Good self care helps, but the need to earn a daily wage often dictates whether they are able to rest their feet enough to avoid damage.



22 year-old Mansib has leprosy and lives in a small village in Dhanusha. Mansib had a harsh start to life: his mother died when he was young, soon after his sister was born. His sister also died, and then his father married again, but Mansib's stepmother and her existing children did not welcome him into their home. Mansib therefore had no real family life and was treated as an orphan in his own home. He lacked food and education, and was eventually left with his aunt and uncle and made to work as a labourer on a farm. His father, who could have given him the love and support he needed, was working overseas in Saudi Arabia and so Mansib grew up without proper education, diet, love or dignity. Although he was a bright

student, he could only study to class 7 because there was no support for further study. When Mansib reached 18, his father decided to send Mansib to work in Qatar to improve the family finances, so took out large loans, with a local money lender.

Mansib worked in a hotel in Qatar for two years and enjoyed his job, doing well despite his poor education and lack of confidence. However, one day he was surprised to find a blister on his hand, and went immediately to see a doctor. The blister began to expand and ulcerate, and he begged his manager to be allowed to have medical treatment. His manager refused and made Mansib stay and work. His hand became swollen and so the hotel's senior manager agreed that Mansib should be allowed to leave on the condition that he give up the bonus and complimentary plane ticket due to him at the end of the year. This was a very difficult time for Mansib, who suffered physical, mental and economic exploitation and was fearful of the response of his family. In fact, when he returned home, Mansib's share of the property was sold off to repay the moneylender and his father was very angry to see him back at the village, and told him to earn money or leave home.

On 2<sup>nd</sup> January 2012 Mansib decided to end his life and left home to find somewhere appropriate. However, a small ray of hope led him to make his way back to Lalgadh Leprosy Services Centre where he had been diagnosed with leprosy the previous November. The staff at LLSC welcomed him and counselled and reassured him that he could be cured of leprosy after taking medicine for a year. His right hand was now badly deformed, which meant he couldn't work, and he was ashamed of this deformity. The middle finger of his right hand had to be partially amputated during septic surgery, but he joined the Self Care Training Centre (SCTC) where he learnt about the prevention of leprosy-related disabilities. The SCTC was a homely and positive environment and he learned how to look after himself. The warmth, care and wholesome spirit of the LLSC family provided Mansib with much needed support, and made him feel a part of a real family. While at LLSC, Mansib informed his own family where he was, but they ignored him. This upset him, but the love and affection shown by the staff of LLSC comforted him.

After leaving LLSC, Mansib joined a Self Help Group in a nearby village, obtained a small business loan from LLSC, and is now developing his business selling cosmetics. He has shown resilience and determination, and LLSC has helped him to gain a better chance in his life and to stand on his own feet.

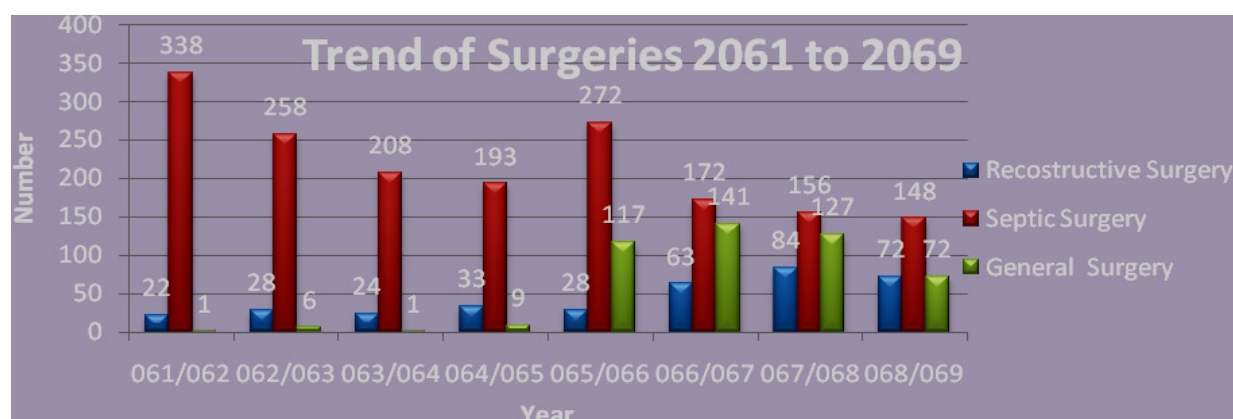
## Surgical work in the In-Patients Department (IPD)

Many of the people affected by leprosy who are admitted to the In-patients Department with complicated ulcers need septic surgery to remove the infected tissue and bone before these cause further infection. This is normally carried out within 48 hours of admission, and is the most common form of surgery related to our in-patients. Septic surgery is undertaken in a dedicated operating room and is vital to allow ulcers to heal up and infection to stop.

Some people have hands or feet which have been badly damaged by the effects of leprosy, and these people are often stigmatized in their community because of it. Reconstructive surgery can correct, or at least minimize, such deformity. This enables a person to return to his or her community and be treated much better, since obvious deformity has “disappeared”. Reconstructive surgery can also restore some lost function to hands that have become useless due to damaged nerves, and can help a person work again, and regain independence and self respect. This is a particularly important part of the work, as staff strive to help their clients towards independence. This type of surgery requires a very “clean” environment and a second operating theatre is dedicated to this work.



As well as these surgeries, some basic general surgery is carried out, to deal with fractures, burns, etc. More serious invasive surgery is generally referred to more appropriate centres.



(Note that the Nepali financial year 2068/2069 is equivalent to English year mid-July 2011 to July 2012)

The graph above looks at the last eight years of LLSC’s surgical work, and shows how skills have been developing over the last few years, enabling more difficult surgery to be carried out. The team at LLSC has greatly appreciated the support of Dr Donald Sammut, a consultant hand surgeon, who has visited LLSC for the last four years with his colleague Dr Nola Lloyd and others, to provide training and development to the surgical team for reconstructive surgical procedures on the hand. The hand is a key area affected by leprosy, so this training is extremely helpful in enabling LLSC to provide



more effective surgery for damaged hands, and Dr Sammut's inputs have helped many patients already.

## Hand Surgery



Dr Sammut's 2012 visit was postponed until January 2013 and so did not occur within the period covered by this report, but it can be mentioned that his January visit was very successful, with 40 people receiving operations for a mixture of hand problems, including leprosy deformity, congenital defects, crush injuries and burn injuries. Dr Sammut felt that this was his most successful visit yet. Along with his team, Dr Sammut also donated some very useful equipment to the surgical team at LLSC which will help in the development of the work there.

To further support his input, Dr Sammut also arranged for two fellowship visits by staff from LLSC to the UK, which took place in 2012. These enabled Dr Krishna Lama (surgeon at LLSC) and Mr Samuel Subedi (physio technician at LLSC) to visit the UK for six weeks each, and shadow professionals working in their respective fields. From these visits, both staff members gained new skills and perspectives to take back to LLSC and help develop the work there. The team at LLSC is immensely grateful to Dr Sammut and his team for their commitment and contributions to the work at Lalgadh. The story below illustrates the impact of this work on ordinary people who suffer from deformities of the hand.



Before Surgery

After Surgery

Ragini is an 8-year-old girl living in a village in Dhanusha district not far from Lalgadh. She had a congenital hand malformation which caused her hand to be severely bent into an unnatural angle. This made her parents and community very uncomfortable and they treated her as a burden in her family. Being very poor, they had no hope of being able to afford surgery for their daughter to correct her hand.

However, Ragini joined the Kurtha Self Help Group (SHG), which encourages people disabled for any reason to participate, and she joined in group activities. One day

in a SHG meeting, Ragini heard that there was to be a hand surgery programme at LLSC and she asked if the surgical team could help her hand to be made better. Dr Sammut and the team decided that they could help Ragini and so they carried out reconstructive surgery on her hand. The surgery was successful and she recovered well, and now has greater self-confidence and a renewed enthusiasm for life. All her family members and her village community were amazed to see how improved her hand was, and Ragini is looking forward to a life that will be more normal as a result.

At present, she is studying at school, and has also been receiving nutritional support for 5 months from LLSC's RECLAIM project.

## In-Patients Literacy Programme

This is an innovative educational programme for men, women and children affected by leprosy, who are in-patients at LLSC. Because wounds and reactions take a long time to heal, the average in-patient stay is about 30 days, which gives time for some useful educational input. Many of the patients at LLSC are illiterate and welcome the opportunity to learn something useful. This sustained contact can also lead to positive behavioural changes and an increase in self esteem, as patients discover that they can learn. Mrs. Martha Rai conducts the sessions, which are interactive and include various educational materials to help participants gain basic reading, writing, mathematics, and life skills needed to achieve their goals and encourage their families towards literacy too. During 2012, 177 participants took part and enjoyed this programme.



Mrs. Martha Rai teaching children in the IPD

## Mother and Child Health (MCH) and Delivery Services

This service is very helpful to the local community and continues to be sought after by expectant mothers. In the period of this report about 150 children received immunizations, over 350 visits were made to the Reproductive and Child Health Clinic for antenatal checks, health checks for children under 5, and advice on family planning, and 27 deliveries were assisted by LLSC nursing staff.

These services will be moving during 2013 into the new MCH suite which is part of the new in-patient facilities. This will provide a better environment for expectant mothers and young children.

## Community Services – Reaching Out

The Community Development Department (CDD) at Lalgadh has two core principles:

- 1) All possible steps should be taken to alleviate human suffering arising from leprosy, caste barriers and vulnerability.**
- 2) Those affected by leprosy, and those disabled and marginalized, have a right to live with dignity - and therefore, a right to assistance.**

The Community Outreach work of LLSC reaches people in the four districts that form our work area. It works to improve the health status and health-seeking behaviour of vulnerable groups, especially those affected by leprosy, and to improve their access to community facilities. This is done through Self-Help Groups for leprosy affected people, mother and child care in the villages, savings and income generation projects, and community development educational exercises. This work is carried out by LLSC through the (RECLAIM-CDR) project (**R**eleasing the **E**nergy and **C**apabilities of **L**eprosy **A**ffected **I**ndividuals and **M**arginalized **P**eople - **C**entral **D**evelopment **R**egion), through the **V**illage **A**live **P**roject (VAP), and through the **I**nformation, **E**ducation and **C**ommunication (IEC), **C**ommunity **A**wareness (CA), **S**ocio-**E**conomic **R**ehabilitation (SER), and **C**ommunity **B**ased **E**mpowerment and **R**ehabilitation (CBER) Integrated Health Projects.

The **RECLAIM-CDR Project** aims to empower people affected by leprosy to claim the same rights as their neighbours and be a part of the development process. It uses a coordinated approach to address the discrimination faced by many marginalized people and advocate for leprosy-related human rights issues in Nepal. People affected by leprosy and their family members are supported through RECLAIM-CDR to develop networks and to advocate for their rights at local, state, and national levels. Cases of discrimination are challenged by these networks, which engage government representatives and legal authorities in the process, and lobby for the review of policies, practices and legislation that discriminate against equality for people affected by leprosy. There has been a significant improvement in media coverage on leprosy-related human rights issues, and civil society organizations should now be more aware of them and better able to advocate for change.

RECLAIM-CDR has enabled 20 new Self-Help Groups (SHGs) to be established so far, with a total membership of 360 people, of which 278 people are affected by leprosy, 72 are generally disabled, and 10 are marginalized individuals. The project also continues to support another 51 SHGs, established during the last 10 years, with income generating and vocational development activities. Weekly self-care sessions for each group teach members how to take care of their damaged hands and feet, so that they can learn how to avoid further disability. Along with this teaching input, members are also provided with protective footwear and prostheses as required.



**Monitoring of self care exercises in Bhaktipur SHG by the CBER Officer**

The social needs of group members are addressed through group and individual counseling, which can extend to family and community members where needed. Community feasts are organized jointly with the local community, to promote social interaction and integration. To reduce the poverty and dependence of some group members, micro-finance and income-generating loans are organized to enable them to develop sustainable livelihoods.



The **Village Alive Project (VAP)** is designed to improve the health and well-being of low caste and extremely poor people living in villages in the districts near LLSC. The project is successfully working in four villages - Dathora, Pakariya, Birta and Maintola, and has greatly increased community participation in the improvement of their health status. With the help of organized groups in each community, and a volunteer Rural Health Facilitator in each, who is given a two-week training, the communities in these four villages have been taught to identify major health problems and combat them through health education, clean water and improved sanitation. They also make appropriate referrals to nearby health posts or district hospitals when needed, ensuring that more serious conditions are treated quickly. The project is successfully developing community awareness about the need to control preventable diseases.



**Gita Sada** is a girl from a poor and low caste family. Her life is made harder by a congenital defect in her hand, and she lives with her grandmother in Birta village in Mahottari district of Nepal. Although very young, she has already had some hard experiences, and her grandmother is the only member of her family who cares for her.

Gita was married in her childhood, but her husband left her without informing her or her family. After some time, people in the community noticed that Gita was pregnant, and when asked who the father was, she was confused about what to tell them. This became a serious issue for the community because single motherhood is not acceptable in Nepali society. As a result, the community began to be unkind and to discriminate against her daily.

Because Birta Village is part of the Village Alive Programme, a mobile VAP Team was attending the Birta Self Help Group meetings regularly and Gita's problem was brought to the meeting by group members. It was difficult for the Mobile Team to give advice on this sensitive issue, but eventually the Team succeeded in convincing the group members to support Gita. This led to support from the Birta VAP women's group, and Gita was able to deliver a healthy baby boy, and the nurses of the Mobile Team and the Rural Health Facilitator have examined Gita and her son regularly, and made sure that the baby was immunized at a nearby health post.

Since then, the SHG members have found her husband, and persuaded him to look after his son and his wife. Gita has joined the VAP women's group of Birta village and is planning to secure a loan from the group for an income generation activity.

Thanks to the Village Alive Programme, Gita is experiencing a better life that includes her husband and new son, and has some dignity at last.

## Community Development Department

### RECLAIM Project activities:

- Self-Care Cells	16
- Self Help Groups	20
- Total members in SHGs	360
- Total Micro-Credit	85

### Village Alive activities:

- VAP conducted in Dathora, Pakariya, Birta and Maintola villages.
- Four Rural Health Facilitators were given two weeks of training on Basic Health at LLSC.

### IEC and Community Awareness activities:

- Street dramas	270
-----------------	-----

### Training & Orientation activities:

- Self-care Trainings provided	266
- Basic Leprosy Orientation provided to people affected by leprosy	189

### Socio-Economic Rehabilitation activities:

- House repairing and building	23
- Hand water pumps installed	20
- Pensions provided	18
- Subsistence allowances given	35
- Scholarships for children	55
- Micro credit loans made	24
- Clothes distributions	9
- Vocational trainings given	3

An Early Child Development school has been built in Pakariya village with the support of the Village Alive Project and local people. The school cares for 25 children and is also being used for Non Formal Education (NFE) for the women of Pakariya village.



**Group empowerment in VAP**



**Health Education by Mobile Team**



**Gita with her new-born baby**

The **Community Awareness (CA), and Information, Education and Communication (IEC)** programmes aim to increase public awareness about leprosy, and thereby encourage people who have symptoms to report for a check-up. LLSC has made consistent efforts to spread the scientific facts about leprosy in areas of society where fear, prejudice, discrimination, ignorance, religious bias, and social or economic status all aggravate the stigma associated with the disease. These are all significant barriers to eliminating leprosy in the Terai areas.

This year, we were able to perform 270 street drama shows in key areas where leprosy is still highly endemic in Dhanusha, Mahottari and Sarlahi districts.

189 people affected by leprosy from Mahottari, Sarlahi and Sindhuli districts were given a 2-day Basic Leprosy Orientation (BLO) training course to introduce them to the medical and social aspects of leprosy. The main focus of the training was to improve the knowledge, perceptions, and health-seeking behaviours of the trainees regarding leprosy.

To mark the 59<sup>th</sup> World Leprosy Day on January 29<sup>th</sup> and 30<sup>th</sup> 2012, activities such as public rallies, quizzes and skin camps were held in different parts of our work area to make people aware of their role in fighting against indifference towards people affected by leprosy. These events also encouraged people to help those affected by leprosy to participate in their community life at all levels, with equal access to food, water, health services, education, respect, and human rights. World Leprosy Day celebrations provided an opportunity for government health staff and LLSC staff to spread awareness about the treatment of leprosy among people living in the surrounding area. The LCD Director himself joined us in a campaign organized at the Zero Mile and Sinurjoda villages in Dhanusha district, and local journalists joined in the fun as well.



**Leprosy Control Division Director in 59<sup>th</sup> World Leprosy Day event at Sinurjoda Village**



**Street drama show**



**Rally on 59<sup>th</sup> World Leprosy Day**

The **Community Based Empowerment and Rehabilitation (CBER) Integrated Health Project** has similar aims to **VAP**, and **LLSC**, in partnership with a Self Help Group, is delivering this programme to Khirkhire Dada village in Mahottari district. Khirkhire Dada village has very poor health status, education status and living conditions, and these problems have been compounded over many years by extreme poverty. This has greatly hindered the ability of the Khirkhire Dada community to access services provided by local government.

The CBER Integrated Health Project has worked during 2012 to improve the quality of life for the 237 people in Khirkhire Dada village. As a result, there has been a significant increase in the number of children accessing immunization services, and improvements in attendance by expectant ladies at antenatal check-ups. These improvements are due to the awareness raised by LLSC staff in group meetings, and encouraged by Self Help Group members who have monitored the outputs. The partnership between the Self Help Group and CBER Integrated Health Project has proved very beneficial for the members of the group and for the wider community. We hope that the project will continue to have a positive impact on Khirkhire Dada village.

The **Socio-Economic Rehabilitation (SER) unit** at LLSC has been working with 208 people affected by leprosy. These are people who have been made very vulnerable through the disease and the subsequent poverty and stigma, and the SER programme provides targetted inputs to combat this vulnerability. The support provided ranges from home building and water supply installations, to income generation, pension and subsistence support, and scholarships for children affected by leprosy either directly or indirectly.



**Sita Pariyar's new house**



**Janaki Devi using her new water pump**



**Dr Hugh Cross inaugurating the Harsahi Well**

**Other work** carried out in the community during 2012 included the facilitation of Non-Formal Education in 30 places in the four districts surrounding Lalagadh. 507 people (72 male and 435 female) who wanted to learn to read, attended these sessions.

With support from American Leprosy Missions (ALM), LLSC was able to assist Harsahi village in Sindhuli with a water project. The village had suffered for a long time from very poor access to water and had attempted to initiate a project but had faced great obstacles. With the help of LLSC and ALM, a new well was built and inaugurated on 21<sup>st</sup> June 2012, so Harsahi now has a local and accessible water supply that will transform village life.

## **Treatment of Early of Neuropathy in Leprosy (TENLEP) Trials**

The TENLEP Project is a multinational, double-blinded, controlled research trial that began in April 2011 at Lalagadh. The aim of the research is to gain knowledge that will help prevent permanent sensory and motor nerve damage in people affected by leprosy. LLSC is an important centre in the trial, because of the high numbers of new cases, and all patients newly registered at LLSC are asked to consent to taking part in the study. We greatly hope that the results will be significant in improving the treatment of leprosy and the prevention of disability caused by leprosy. So far, the reliability study for Thermal Sensory Assessment has been completed and the Nerve Conduction Velocity study is continuing.



## LLSC Staff

The most valuable resource in any organization is its people, and the people working at LLSC are no exception. The environment in Nepal is not easy to work in and our staff face many challenges with power shortages, difficult traveling for field work, limitations in equipment and facilities, and the never-ending stream of people who need their help.

Staff development during 2012 included trainings in Social Mobilization, TB, HIV/AIDs, Nerve Conduction Velocity, and Thermal Sensory Assessment. In addition we are very grateful to Dr Donald Sammut who facilitated training opportunities in UK hospitals for our Dr Krishna Lama in hand surgery, and Mr K P Subedi in physiotherapy related to hand surgery.

During 2012 we also enjoyed support from Dr Ashish from Anandaban Hospital who helped us when we were short of doctors. We are grateful to have recruited Dr Yamuna Rai and Dr Bijay Shah to help with our medical cover.

Two of our staff retired during this year: R K Jha from the Training Department, and Sumitra Adhikari from the Housekeeping Department. RK was a gifted trainer who served for many years, and Sumitra was one of the original local staff to join LLSC when work began in the early 1990s. We wish them well.

Dr Graeme Clugston the Medical Director, and his wife Meena, continue to serve at LLSC, helping to develop the medical services and the staff involved.

## Networking with other organizations

LLSC staff have always worked closely with the government health services, and this year Ramesh Choudhary (CBER Officer) participated in the government's planning meeting to launch a CBER programme at national level in Nepal. This would seek to replicate our own, very successful CBER work, to reduce stigma in communities around Nepal.

There have been a number of leprosy awareness programmes organized by other organizations as well as LLSC, and our staff have participated in various awards, rallies, skin camps, etc. Our Programme Director, Mr. Dambar Ale, participated in World Leprosy Day celebrations that included a team headed by the Leprosy Control Division Director and various other senior personnel from different organizations that work for leprosy elimination.

LLSC staff also supported a government skin camp and door-to-door programme, where they detected 81 new cases of leprosy this year.

## Other Developments at Lalgadh

Last year's Annual Report described the new facilities that were in the process of being built, and this year they are almost complete. One of the new buildings is pictured here, and with the other new buildings will provide space for 25 additional in-patients, better Mother and Child Health services, a better X-ray facility, and safer isolation facilities for patients with dangerously infectious conditions such as resistant TB. These services are starting to develop during 2013.



To support our fieldwork we need a fleet of **motorcycles** so that staff can reach the various community development projects and self help groups, as well as patients who need care or follow-up in the community. We are grateful to American Leprosy Missions for funding the purchase of 8 new motorcycles during 2012 which will allow some of our old and less reliable machines to be auctioned off.



During 2012, the In-patients Department received a thorough and long overdue **refurbishment**, with electricity services being overhauled, beds, trolleys and cupboards being repainted, floors being improved with ceramic tiles, and the interior décor being refreshed. This has greatly improved the appearance and “feel” of the department, which is important for the patients and the staff.



Painting of medicine trolleys



Painting the ceiling



Tiling the floor

## Support Services

This department at LLSC looks after the recording and reporting for all the patients, the maintenance of all facilities and vehicles, security, IT, the house-keeping activities (including catering services), and finances. In an organization as busy and varied as LLSC, this work keeps the support personnel very busy, especially as they also have to oversee ad hoc building work that occurs on site. They have been very involved in managing the building of the new facilities.

## Finances

The Finances at LLSC for the financial year mid-July 2011 to 2012 are as follows:

### INCOME

1. Grants & Donations	Rs.51,337,879	59.10%
2. General Health Services	Rs.26,455,686	30.45%
3. Other Services	Rs. 9,076,401	10.45%
TOTAL	Rs.86,869,966	100%

### EXPENDITURE

1. Leprosy Services	Rs.29,698,185	45.15%
2. General Health Services	Rs.10,373,191	15.77%
3. Community Development	Rs.14,914,792	22.68%
4. Training & Awareness	Rs. 1,074,626	1.64%
5. Support Services	Rs. 9,708,917	14.76%
TOTAL	Rs.65,769,711	100%

Income - Expenditure: Surplus (deficit)

Rs.21, 100,255 (representing monies forwarded to LLSC for worked planned but not yet carried out)

## Conclusion

We trust that this report gives a view of the work that has been accomplished during 2012. LLSC is now one of the busiest centres of its kind in the world and its programmes not only care for many medical needs of the people coming to us for help, but also contribute to the development of human rights in some of the very poorest areas around us. This attention to human rights is also impacting on the rights of people with disabilities, an area that we are keen to strengthen and improve. The continued effort to address the leprosy affected, the disabled and the marginalized lies at the core of NLT's vision, and will continue to shape our work through 2013 and beyond. Our Self Help Groups are expanding throughout our working area, and group members are successfully changing their societies. Some members, previously ostracized and unable to participate in community life, have now been selected to be members of executive committees at schools and health posts. Indeed our Self Help Groups now command sufficient respect to influence Government officials to show commitment by supporting groups in many ways.

The medical services provided at LLSC continue to focus on the prevention of disability, and have rescued many lives devastated by leprosy. Although the recorded prevalence rates have reduced, we are keenly aware that there are many cases of leprosy as yet undiagnosed in the community, and our Rekh-dekh Chautari Project is reaching out to those people by taking leprosy referral services into the rural community. The Acute Leprosy Complications Management services have enabled us to improve the quality of life for many patients whose bodies are already badly damaged by the disease, and we will continue to develop our skills in this area. We are grateful for the support of people like Dr Graeme Clugston and his wife Meena, and Dr Sammut and his team, who selflessly give up their time to train our staff and provide world class treatment to some of the neediest people in the world.

The work at Kathmandu continues to provide a reliable administrative base for the work of NLT, and vital employment to a range of people disabled or marginalized by leprosy and other issues. We acknowledge again the commitment and immensely hard work of all our staff, both at Kathmandu and Lalgadh, who daily face difficult weather, terrible roads, power cuts, and the continuous demands of people needing help. Our staff are the "face" of Nepal Leprosy Trust to these people, and have contributed in a large way to the very positive reputation that NLT now has in the region.

Finally, we acknowledge the partner organizations and supporters of Nepal Leprosy Trust, who contribute practically, through prayer and through financial support, and without whom the work could not continue. NLT is deeply grateful to you all, and we trust that this report encourages you to continue your support, as the battle against leprosy is far from over.

With warm regards

The NLT Nepal Team





## Acknowledgements

---

NLT would like to express its gratitude to the many individuals, donors and partner organizations for their valuable support to its work during 2011-12. Without that support, it would have been impossible for NLT to carry out so many activities and help so many people in Nepal.

### **Organisations providing technical support**

- Central Region Director for Health and all the team at Hetauda
- Chief District Officer, Dhanusha
- Dhanusha – District Development Committee Chairman
- DHOs and DPHOs of Dhanusha, Mahottari, Sindhuli, Sarlahi districts
- Facilitators and Self Help Groups
- Fair Trade Group Nepal
- IDEA Nepal and CBR Network
- International Nepal Fellowship (INF)
- Lahan and Janakpur Eye Hospitals
- Leprosy Mission Nepal/TLM (Anandaban Hospital)
- Ministry of Health and Department of Health Services, Government of Nepal
- Ministry of Women, Children and Social Welfare
- Ministry of Finance
- Nepal Leprosy Fellowship
- Nepal Leprosy Relief Association
- Netherlands Leprosy Relief Association (NLR/NSL)
- Network of Leprosy NGOs, Nepal (NLN)
- Social Welfare Council
- The Director and staff of the Leprosy Control Division, Department of Health Services
- WHO Consultants

### **Main Donor Partners in 2011-12**

- American Leprosy Missions (ALM)
- British Association of Plastic Reconstructive and Aesthetic Surgeons
- Chartsand Ltd
- Church of Scotland, Geneva, Switzerland
- Combined Services Third World Fund (Ireland)
- ESB Electric Aid Ireland
- Everest Marathon Fund
- Fontilles
- IM-Soir (Sweden)
- International Women's Club and Westlake Church, Nyon, Switzerland
- Maya Leprosy Fund
- Nepal Leprosy Trust UK
- Nepal Leprosy Trust Ireland
- Sasakawa Boat Race Charity Fund
- Sasakawa Memorial Health Foundation (SMHF)
- St Columba's and South Woden Uniting Churches, Canberra, Australia
- St Lazare
- The Leprosy Mission Canada (TLMC)
- The Rotary Club, in South Patan, Nepal and in Vancouver, Canada
- United Nations Women's Guild, Geneva, Switzerland

### **Other Grants and donations**

We are also very grateful to the many other grant-making trusts, small organizations, churches, clubs, companies, schools, families and individuals who gave generously towards the work of NLT during 2011-12, either regularly or by making one-off gifts. Every such gift is important in enabling NLT to fulfil its objectives.

## Contact Details

---

### Kathmandu

Mr. Kamal Shrestha  
Chief Executive  
Nepal Leprosy Trust  
P.O.Box 96  
Kathmandu

Tel: +977 1 5521622/5523322

Fax: +977 1 5523322

Email: [nlt@mail.com.np](mailto:nlt@mail.com.np)

Website: [www.nepalleprosytrust.org](http://www.nepalleprosytrust.org)

### Lalgadh Leprosy Services Centre (LLSC)

Mr. Dambar Ale  
Acting Programme Director  
Lalgadh Leprosy Services Centre  
Dhanusha, Janakpur  
Tel: +977 41 620182/620467  
Email: [lalgadh@lalgadh.org](mailto:lalgadh@lalgadh.org)

### NLT Nepal – Executive Committee

Chairman	Mr. Bir Bahadur Khawas
Vice Chairman	Mrs. Draupadi Rokaya
Secretary	Ms. Seeta Gurung
Treasurer	Mr. Bhim Lal Maharjan
Member	Mr. Uttam Raj Karnikar
Member	Mr. Bir Bahadur Ale
Member	Mr. Jay Prakash Mandal
Member	Mrs. Gyanu Sodemba
Member	Mrs. Hanna Gurung
Member	Mrs. Bishnu Nepali Gurung

### NLT UK- Trustees/Directors

Secretary/Treasurer	Mr. James Lowther
Member	Mrs. Sue Wells
Member	Mr. Richard Sykes (until August 2013)
Member	Dr. E. Jordan
Member	Dr. Michele Ghimire
Member	Mr. Peter Short
Member	Mr. Ian Beech
Member	Mr Matthew Wetherall (from August 2013)

### NLT Ireland – Trustees/Directors

Dr. Stephen Thomas  
Ms. Patricia Linehan  
Ms. Deborah Thomas  
Ms. Gillian McCutcheon  
Mr Mike Winterburn

### UK

Mr. Mike Houghton  
General Manager  
Nepal Leprosy Trust  
10A The Vineyard  
Richmond, Surrey  
TW10 6AQ, England  
Tel: +44 20 89401200  
Fax: +44 20 89482703  
Email: [info@nlt.org.uk](mailto:info@nlt.org.uk)  
Website: [www.nlt.org.uk](http://www.nlt.org.uk)

### Ireland

Mr Mike Winterburn  
Nepal Leprosy Trust Ireland  
Killeline, Newcastle West  
Co.Limerick, Ireland  
Email: [info@nlt.ie](mailto:info@nlt.ie)  
Website: [www.nlt.ie](http://www.nlt.ie)

