



ANNUAL REPORT  
2010

Nepali Fiscal Year 2066/67  
(mid-July 2009-10)

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## REFLECTIONS ON 2010 FROM NLT UK

For many charities 2010 was a challenging year, and NLT UK was also affected by a reduction in certain types of income due to economic recession. There was no corresponding reduction in the numbers of new cases of leprosy, however, although there was a small decrease in the number of visitors coming to Lalgadh for diagnosis and treatment—46,654 in the year July 2009-10. The number of new cases diagnosed remained at more than 1000/year (it was 1090 in the year), with visible impairment present in 16% of these people, and children accounting for more than 11%. In regard to new cases, Lalgadh Leprosy Services Centre remains the busiest leprosy centre in the world, which is exciting but also very daunting in these days when many charities have faltered. Once again we experienced the goodness of a faithful Heavenly Father, and many faithful friends and supporters, so NLT UK continues to be alive and well, and we were again able to continue supporting many projects in Nepal. As well as providing financial support, the UK office provides help in liaising internationally with donors and friends of NLT, helps to support project managers, provides opportunities for short-term visitors to Nepal, and assists the work through publicity. We are now entering our 40<sup>th</sup> year as a registered charity in the UK!

Our work has always been about much more than killing leprosy bacteria, although diagnosing leprosy and providing multi-drug therapy remains a key element of our work. The handicraft work in Kathmandu continues to provide an income for a number of disabled people, and their families, whose lives have been transformed by having steady work producing high quality fair trade goods. Altogether there were 24 producers (leather and felt work), 12 families (batik producers), and about 30 suppliers (paper, beads, pashminas, etc.) who received an income. The child sponsorship programme in Kathmandu enabled 56 children to receive an education in 2010, which otherwise would have been unobtainable. Other social support provided a real safety net for some 35 very poor families. And 154 clients received training to give them skills to support themselves or become employed. However, leprosy still remains our focus, because it affects every area of the lives of those who suffer from it, often leaving them broken in body, soul and spirit, as friends, family, and employers turn away—leaving them to suffer alone. NLT's staff at Lalgadh and Kathmandu have worked hard throughout 2010, once again in the face of many difficulties and much instability, to rescue damaged lives from the scrap heap, and bring people to restoration, recovery and hope.

The challenge still facing us today is epitomized by a lady called Indrakala, who comes from a small village nearly 3 hours journey from Lalgadh. Indrakala is now 35, and she has had leprosy since she was 13 years old. Ineffective treatment left her vulnerable to impairments, and after some years her condition became obvious. To protect themselves from the stigma and shame of leprosy, Indrakala's family shut her away in a small hidden space in the back of the house, the only exit being a hole in the back wall from which she could emerge at night. Her only human contact during the next 12 years was her mother, who provided food and shelter; so Indrakala was effectively 'dead' and soon forgotten by everyone else. During those 12 years of solitude and neglect, the leprosy which had already set in before she was hidden, continued to damage her eyes, hands and feet, so she is now severely disabled. Indrakala was discovered by our community team in June 2010 and, although afraid to leave her "safe haven", was brought to Lalgadh—where she is receiving medical care for her physical damage, emotional support from staff, and enjoying friendship with other patients. This is her first proper human contact for a very long time, and after only a few weeks she is a transformed woman! Nevertheless, her story shows that the stigma of leprosy is still strong in some places, and there is much work left for us to do.

The official target of leprosy 'elimination' was reached nationally in Nepal more than one year ago (by the end of 2009). This is good news, but in the districts around Lalgadh, the prevalence rate of leprosy remains high, so there is still much effort needed on the Terai (plains) of southern Nepal.

Services at Lalgadh are being expanded in response to some of the wider needs of the surrounding community, with a view to future sustainability of the centre. These services include an improved x-ray and maternity facility, additional capacity for in-patients, and better accommodation for patients with diseases such as resistant TB who need isolating. Much of this has been made possible by our expatriate staff at Lalgadh, Dr. Graeme Clugston and his wife Meena, who have done some remarkable fundraising to support the physical expansion of buildings at Lalgadh. The works should be completed in 2011. Alongside the centre-based expansion, there is on-going expansion of our leprosy services out in the community. This will reduce the need for so many patients to travel to the centre, and the satellite clinics are already proving popular with patients and with government staff.

The small team of part-time staff and volunteers in the NLT UK office is proud to be working with such rewarding and challenging projects, in partnership with our colleagues in Nepal. It is wonderful to see the effects of our work at "grassroots" level, as it transforms hopeless and broken lives into lives with renewed dignity, courage and purpose. Without the input NLT makes, many of these lives would end prematurely, and be quickly forgotten. We pay tribute to our brave and persevering staff in Nepal who regularly face terrible travel conditions, daily power cuts, heat and dust, the threat of violence sometimes, and the grinding day-to-day effects of poverty and disease.

We thank all our many supporters and friends who pray for the work and give so generously to make a difference to the lives of some of the poorest and most stigmatized people on earth. We also acknowledge our wonderful God in Heaven, who inspired this work some 40 years ago, and who has faithfully provided in remarkable ways. Visitors to our projects in Nepal are often amazed by what has been achieved. What they see today is a testimony to God's grace and faithfulness.

## **NLT UK Trustees and Office Team**

## **NLT IRELAND**

### **Combined Services Third World Fund (CSTWF)**

NLT Ireland is grateful to have received funding from the CSTWF for equipment to upgrade the laboratory facilities at LLSC.

### **ESB Electric Aid**

NLT Ireland is also grateful to have received a grant award from ElectricAid for a Socio Economic Rehabilitation project in 10 new Self Help Groups.

### **Fundraising**

The fundraising environment in Ireland has become very difficult, due to the severe economic downturn in the country.

NLT Ireland has been actively looking for ways to raise funds this year. Fundraising initiatives included a Céilí Fun Night and the sale of cards to 'Sponsor-a-Bed' at LLSC for Christmas. A number of energetic ladies joined more than 40,000 others in early June to run a Women's Mini Marathon to raise funds for NLT.

### **Himalayan Handicrafts**

Himalayan Handicraft products continue to be sold at Craft Fair events and at private home parties.

### **Personnel**

It is with great regret that NLT Ireland has had to say goodbye to Gary Hill as Chairman of the NLT Ireland Board of Directors. Gary stepped down from the Board at the end of 2009 after serving in the position for several years. He played an invaluable part in the organisation and his input will be missed. Dr Stephen Thomas has been elected as the new Chairman of the NLT Ireland Board of Directors.

### **Finally**

Finally we are very grateful to all the individuals, groups, churches, schools, trusts, donor agencies and other partners who have given their time, finances and prayer support to help NLT in the fight against leprosy and stigma in Nepal. Your support makes the work of NLT possible. Thank you all very much.

## **Emma Lynch, Coordinator, NLT Ireland**



NLT Ireland is a signatory to the Dóchas Code of Conduct on Images and Messages. We welcome feedback about our communications. If you have any comments, please contact us on [info@nlt.ie](mailto:info@nlt.ie).

# NLT at KATHMANDU

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## Message from the Chief Executive

Dear Friends,

It's my great pleasure to share with you NLT Kathmandu's annual activities for 2009 to 2010. This brief overview of our programmes shows how they have impacted the lives of people affected by leprosy, other disabilities, and marginalization.

Our vision is to successfully integrate these people back into their communities, both socially and economically, so that they can regain their self-esteem, dignity and independence.

It has been another challenging year due to sustained political upheaval, power cuts, and national strikes. However, we were able to operate our programmes without major interruption and thereby benefit many people, either through direct employment or support. We generated 52.4% of our total income requirement from our Himalayan Handicraft workshop, and our export company, Lydia Trading, was able to contribute a significant amount from its profits to the Trust for its social work. This benefited a number of elderly people as well as people disabled by leprosy and/or other reasons. We also supported 66 children for their schooling from Nursery year to class 12 (aged 18). However, the global recession did affect us and our orders were reduced, making it challenging to maintain our staff and meet our administrative costs.

Being based in Kathmandu, we also provide significant logistics support to NLT's main project in Nepal - Lalgadh Leprosy Services Centre.

Our vocational training programme, funded by the Sasakawa Memorial Health Foundation, enabled 154 people to receive skills development training. Many of these people are now either self-employed, or have jobs working for others.

As always, NLT is grateful that it had enough resources to run its programmes. We are grateful to our donors, prayer partners, and valued customers (who bought our products and promoted NLT products in international markets) for their support during the year. We thank Fair Trade Group Nepal and its members, friends and organizations who referred appropriate clients to us, helping us through the year, and we especially thank our staff for their hard work that contributed so much to making the year successful despite the difficult circumstances. Thanks are also due to our partner organizations, our stakeholders, and all the government officials who enable our work to take place. Finally, I would like to express my thanks to the Executive Board members of NLT in Nepal, NLT UK and NLT Ireland for their support, guidance, valuable suggestions and encouragement to go on.

I look forward to your continued support, encouragement, suggestions, and cooperation in the coming year.

With warm regards,

**Kamal Shrestha**  
**Chief Executive**

## Our Vision

A society in which people affected by leprosy, and other disabled and marginalized people, are successfully integrated into their community, both socially and economically, and regain a feeling of self-esteem and dignity.

## Our Mission

Nepal Leprosy Trust works with people affected by leprosy as well as other disabled and marginalised people in Nepal by offering holistic support without discrimination. We seek to serve and empower such people with love, just as Christ does for us, and restore dignity. We work in partnership with the government of Nepal and other organisations to achieve these goals.

## In order to work towards this Vision and Mission, our Objectives are:

- ❖ To provide skills training and to develop job opportunities for people affected by leprosy and other marginalized people.
- ❖ To work towards "self-sustainability".
- ❖ To be involved in effecting cultural change by eradicating the stigma of leprosy in the community.
- ❖ To undertake welfare activities.
- ❖ To undertake projects for the social and financial benefit of disadvantaged women, children and extremely poor people.
- ❖ To provide medical treatment and practical help to persons affected by leprosy or other diseases.
- ❖ To improve the quality of life and provide security for those assisted by NLT.
- ❖ And, to work with other agencies with similar objectives.

There are three main projects working towards these objectives:

## 1. INCOME GENERATION PROJECT

The Income Generation Project is perhaps the main work of NLT in Kathmandu. It has provided steady employment to people affected by leprosy and other poor and disabled people for the last 35 years. Starting with a small handicraft and candle making venture, it now has a trading role in local and international markets.

### A. HIMALAYAN LEATHER WORKSHOP



*Our busy leather workshop*

The Himalayan Leather Workshop was once again busy throughout the year 2009-10, producing high quality leather products. Steady orders from domestic and international markets continue to show the capability and reputation of this workshop. The workshop began by giving employment to people affected by leprosy, but now it also provides financial, medical and educational security to them and their family members.

As an executive member of Fair Trade Group (FTG) Nepal and a member of the World Fair Trade Organization (WFTO), NLT produces its products under the standards set by WFTO. Thus we are helping our poor and

marginalized producers to live a better life with better pay. They receive medical help, educational support, provident funds (pension), and a decent working environment. Over many years, this project has proved that people affected by leprosy and disability are capable of producing high quality leather goods. These include handbags, purses, wallets, mobile cases, file cases, and key rings, etc. These are exported to Europe and America and helped Himalayan Leather to earn an income of Rs.4,156,718 (US\$57,832) in the year.



### **Bel and Maita Gurung**

19 year old Maita had no idea that calamity would happen when she married Bel Bahadur Gurung (24). She was very happy to tie the knot with Bel whom she loved. Sadly, that happiness was short-lived due to Bel falling when he was cutting grass for cattle. After only 15 days of happy marriage, Bel broke his back and is now unable to move his body below his hips. Since then his wheel chair has been his transport.

It is hard to say how Maita felt when her newly married husband was disabled forever and she became his carer. Her mother in law and others thought that she would not stay with a crippled man. But her unselfish love for her husband helped Maita to stay and to love him even more than before.



After the accident, life was very difficult and it was painful for both Bel and Maita. Bel's family worked in the field for their daily income but he spent his days on the floor doing nothing from morning till evening.

One day a foreign missionary named Robert asked them if they would be willing to learn some life skills and work in Kathmandu. They agreed and came with him to Nepal Leprosy Trust's project called Lalitpur Technical School. They took 2 years training on leather goods making there and studied hard. They were supported with food and a place to stay during that period. After the two years of training they were to return to their own place, but Maita and Bel stayed in Kathmandu because there was no future for them in their village. Bel was not welcome at his parents' home after the terrible incident.

After the training, they could not get a job because people didn't believe that they could work like others. Maita used to do daily wage work like carrying sand, bricks etc, to earn enough to live, but paying the rent was difficult. Sometimes they didn't have food to eat, but Maita never gave up. She trusted in God, who provided for them.

After two years they were called by Ms. Eileen Lodge, the founder of NLT, and she gave them a job in Himalayan Leather. They worked hard and gained people's trust and have now been working for NLT for 17 years. Maita and Bel do not have any children of their own, but they support Maita's mother, her sister and her two children. 40 year old Maita is thankful to NLT, "because her husband (45) would have died a long time ago without NLT's help."

### **B. FELT WORKSHOP**



*Felt products after 7 women completed their training*

Once again this workshop has produced good quality felt products and has exported a wide range of slippers, bags, mats, Christmas decorations, flowers, etc to our customers in Nepal and abroad. This year it has earned Rs.1,735,858 (US\$24,100) after selling quality products to European and American markets.

Felt making training is one of our programs to help needy women to become independent. We have been giving this training for the last 4 years.

This year we trained 7 marginalized women and the result of the training is visible. Almost 80 percent of the trainees have gained jobs inside or outside NLT.

### **C. BATIK WORKSHOP**



*Ruku Nepali producing Batiks*

NLT has been making batiks for the last 20 years with a skilled group of artists drawing designs and decorating them with colour and wax. During 2009-10, 14 families were employed making batik greeting cards, wall hangings, and bookmarks.

These producers are mainly poor, single women or people with disability.

The batik-making workshop sold products worth a total of Rs.1,793,933 (US\$24,916) this year.

## D. LYDIA TRADING

Lydia Trading is NLT's export section supporting the various producing sections of NLT Kathmandu. It exported Rs.8,881,122 (US\$123,349) worth of products this year. However the challenge of finding new customers and retaining our regular customers is increasing with the global recession. We have been pleased to attract two new buyers this year: Hatti Trading UK, and Tanzin, Canada. We hope that we can continue to work together for the benefit of people affected by leprosy and other marginalized groups, because this has enabled Lydia to donate a significant amount of its profits and retained earnings to the social work that NLT carried out this year.

## 2. CAPACITY BUILDING PROJECT



*Paper product making trainee with her sleeping son*



*Women are enjoying bead-making training*

Through this project, Nepal Leprosy Trust aims to empower people affected by leprosy, disability and other marginalized people by providing skills development training. Transferring skills is more sustainable than transferring money or materials, and can give the necessary help to move someone from dependence to independence. The main donor for this project, the Sasakawa Memorial Health Foundation (SMHF), has been supporting us for 4 years, and we hope that they will continue to support this work next year. We were very pleased to be able to welcome Ms. Hiroe Soyagimi and Ms. Aya Tobiki from SMHF who visited us during this year to see the programme progress.

Most of our beneficiaries, have gained a skill and started a small job related to their new skill. Some have gained the confidence for further development, and some have discovered the value of being self-dependent. We encourage our trainees to use their new skills. During 2009-10, we provided 11 types of training shown in the chart below, benefiting 154 people.

Bead training was the most popular this year and helped trainees to earn immediately with little investment. 26 people successfully participated in two bead-making trainings. 3 clients who took a driving course are now driving a taxi and private car. More than 70% of the sewing and tailoring trainees are now self-employed or working for others, and several of them went on to take an advanced course to improve their job opportunities.

S.No	Training	Target	Achieved	Comment
1.	Sewing and Tailoring	15	33	18 were orphans, low caste and needy people 4 were people affected by leprosy (PABL)
2.	Felt making training	7	7	Widows and women from large family 3 got a job after the training
3.	Beads Training *	5	26	1 Widow , 1 PABL family member, 4 disabled and their family members
4.	Plumbing/Electrical	5	1	2 orphans, 1 son of disabled father 2 of them are now working in the same field.
5.	Simple motor driving	2	2	1 grand child of PABL 1 low income lady. She now drives local micro van.
6.	Adult Literacy	3 groups (30)	58 (3 groups)	They can now read and write simple sentences.
7.	Beauty Parlour *	5	10	Marginalized sex workers. They wanted to do socially accepted work for their dignity.
8.	Basic Cooking *	2	1	A son of PABL.
9.	Nepali Paper Product*	5	10	This was a new training and was liked.



10.	Leather goods making*	3	1	People didn't want to take the course due to discriminated profession. Only the lower caste does leather work in Nepal (societal belief).
11.	Computer Basics	2	5	
	Total	81	154	

*Note: \* represents new training for the year*

### 3. SOCIO-ECONOMIC SUPPORT PROJECT

This part of our work includes supporting the education of needy children, financially supporting older and very poor people in various ways, and helping some poor or marginalized people start small businesses with the assistance of micro-credit loans. This helps people who are in difficulty, at key times in their lives, whether they are young, of working age, or elderly, in situations where there is no other system of support available.



*Amar making candles*

*We supported 62 year old Amar Gurung, with a loan to start a candle making business. Amar retired from NLT some time ago, and he and his wife are both disabled by leprosy and unable to do difficult physical work. In his family Amar is the only breadwinner, supporting his wife, daughter and four grown-up grandchildren.*

*Amar's candles are very good quality and are easy to sell with the current high levels of electricity power cuts throughout Nepal. His grandchildren help him to sell the candles in the marketplace.*

**Education** is a key issue in Nepal, where illiteracy is still a major obstacle to development. NLT has been supporting poor students at school for many years through the Lydia Children Fund – right up to class 12 (age 18).



*Lydia Children Fund children making Christmas cards*

We are pleased to see many of our students grow up to become independent adults with a variety of professions and careers. We support orphans, as well as poor or needy children of people affected by leprosy or disability, and children affected by disability themselves.

This year, we supported 66 students and 6 of them completed their 12<sup>th</sup> grade this year and are now studying at degree level. 6 new children also joined the programme.

We have also supported students beyond grade 12, particularly if they are affected by leprosy or if their sponsor wishes to help them with further study. This year, we supported **Sarathi Bhujel** with studying **Health Assistant (HA) medicine** – a 3 year course in a local private nursing school. She is working hard and is now in her second year.



*Sarathi Bhujel*



*Susan Shah*

NLT also helped **Susan Shah**, the daughter of an NLT staff member affected by leprosy, to take **Staff Nurse training** which she has successfully completed with good results (78.4%). NLT congratulates her on this success.

**Monthly support** is another way of helping poor people with things such as medical treatment, rent, food, etc depending on their needs. People affected by leprosy, single women, the physically disabled, and those who are poor and sick are the main beneficiaries of this programme. During this last year, we regularly supported over 40 people in this way.

The story of one them, **Nanimaya** is not unusual:

*Nanimaya's parents died when she was 3 years old and, at the same time, she was diagnosed with leprosy and put out of her house. Her uncle, who also had leprosy helped her and took her to Anandaban Leprosy Hospital at 5 years old and it became her home for 17 years. She was cared for by another leprosy affected lady called Radha, and Nanimaya grew up at Anandaban, helping the other patients and hospital staff with clothes washing, etc.*

*After leaving Anandaban, she lived alone in a room rent-free in return for child care services. However, for the last 8 years Nanimaya has had to pay rent and has struggled, as she earns about 50 pence per day from selling bananas. She is not strong and still gets ill. Her church helps a bit with food, but 7 years ago she came to NLT for help and we now support her with rent and medical treatment, giving her a little more security and peace of mind. Nanimaya is now 56 years old and still living alone. Physically, she is ill and weak, but spiritually she has strong faith in the Lord.*



*Nanimaya selling bananas*

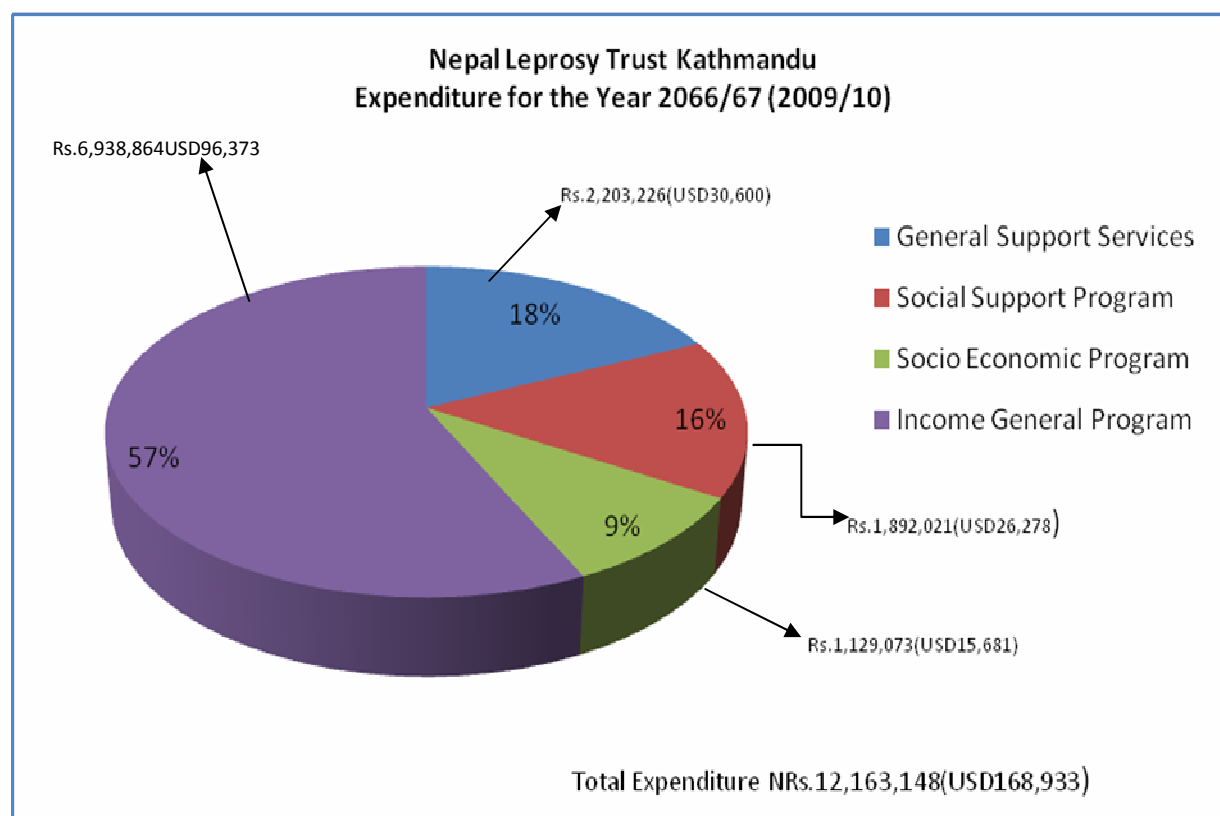
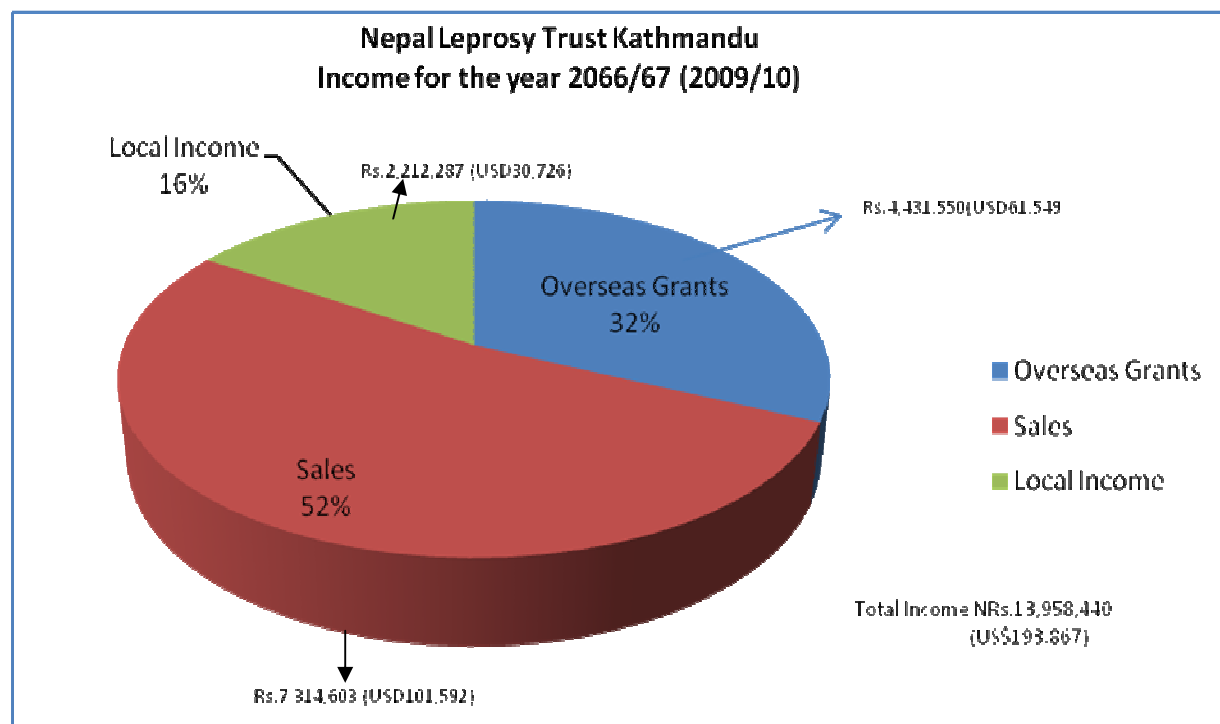
To complement such financial support, NLT also has some **sheltered housing** where vulnerable people can live. It is currently home to 4 families, 3 of them being people affected by leprosy and one being a heart patient who doesn't have anyone to look after them.

## OUR STAFF

There are 11 administration staff and 66 producers (including home-based producers) continuously working in NLT Kathmandu to fulfil its vision of serving marginalized people. There were a few staff movements this year:

- After serving in accountancy for more than 10 years, Mr. Hari Ghimire left the organization to work in Korea. NLT gave him a good farewell and wishes him well for the future.
- Although Chimsi Nepali, a cleaner who was affected by leprosy, retired last year, NLT has given her a contract job again in view of her situation and long service.
- Disabled worker Babukaji Adhikary left batik making this year. He is now independent.

## Financial Summary of the Fiscal Year 2066/67 (2009-10) – NLT Kathmandu



# Lalgadh Leprosy Services Centre

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## Programme Director's Executive Summary

As in past years, Lalgadh Leprosy Services Centre (LLSC) has continued to work towards the goals and objectives of its Stigma Elimination Programme (STEP). LLSC successfully completed the fourth year of STEP by providing medical services, capacity building and community awareness activities, and by working in the community around us, fighting against the stigma that still exists in many villages. We are proud to be a long-standing partner with the Nepal Government's Leprosy Control Division, working towards the national leprosy elimination target which was achieved in November 2009, but much work remains to reduce the endemic leprosy burden remaining in our three Terai districts.

This year, over 46,500 patients came for medical consultations in the Out-Patients Department of LLSC. Around 40,000 were general patients and slightly over 6000 were people affected by leprosy. Almost 1100 new cases of leprosy were diagnosed, continuing the trend from previous years.

The In-Patient wards were also busy throughout the year, working to capacity, looking after patients with acute leprosy complications such as reactions, complicated ulcers, and Dapsone (medicine) allergy. Surgery performed this year included 63 reconstructive operations on clawed fingers, lagophthalmos (paralysis of eyelids), and nasal collapse, as well as 141 other orthopaedic and general surgeries, and 172 septic surgeries.

Taking our services into the community continues to be a priority with our new Rekhdekh Chautari project ("platform for prevention of disability") which is carrying referral services nearer to patients' homes with more district and peripheral health clinics. We have also established 17 new self-care cells, to further win the confidence of people affected by leprosy with disability problems, and have consolidated 10 old self-care cells into self-help groups by extending membership to people with a disability or who are marginalised. LLSC will help these groups to fight the discrimination still prevalent in their communities. This is further supported by street drama and FM radio in local languages to encourage people to report to health institutions near to their home at an early stage of the disease, backed up with leprosy training provided by LLSC to Government health service staff, and community members from our catchment districts.

Visitors to LLSC this year included the General Director of The Leprosy Mission International and his team, and representatives of other donor partners including Sasakawa Memorial Health Foundation, American Leprosy Missions, and Fontilles. These visits were helpful in monitoring the quality of our services, with a view to developing and improving them. The Government's Social Welfare Council also carried out a Mid-Term Evaluation of our STEP Programme in November 2009, under the leadership of Dr. Krishna Prasad Dhakal. This was a useful exercise and highlighted our many strengths, as well as some areas needing improvement.

To increase our capacity to provide referral services, some expansion of infrastructure has been taking place this year. This will result in improved maternity and child health services and X-ray services, 25 more in-patient beds and a separate isolation facility with 5 beds. This expansion is the result of more than a year's planning and visioning with staff on the future of LLSC's healthcare services, and the drive towards increased self-sustainability.

All our work for people affected by leprosy is provided **free of charge**, and this year has again been entirely dependent on the generosity of many individuals, our donor partners, and the cordial support of our Government partners including the Leprosy Control Division, the Social Welfare Council, the Central Region Health Directorate, and the District Public Health Offices, District Development Committees and District Education Offices in our 4 catchment districts. We express our sincere gratitude to all those partners who have generously supported us in serving people affected by leprosy and other very needy people.

**Mr. Dambar Bahadur Ale**

**Acting Programme Director** - Lalgadh Leprosy Services Centre

## Background

The work at Lalgadh Leprosy Services Centre (LLSC) was established in the 1990s and grew out of the work of Nepal Leprosy Trust (NLT) in Kathmandu that began in the early 1970s. NLT is a non-profit, non-government organisation founded with the clear aim of serving people affected by leprosy, as well as other marginalised and needy people. It uses a holistic approach that seeks to address the physical, social, economic, spiritual and emotional needs of those it serves. It has always worked on the principle of serving the poor, the sick and the vulnerable, in recognition of God's personal love for these individuals - and this remains its aim. Since the official inauguration of LLSC in 1996, the work of this centre and its programmes has grown considerably, and now includes a broad range of medical, social, and economic development activities.

Our Stigma Elimination Programme (STEP) became our core work after a pilot project from 2002 to 2004 proved that STEP was very effective at changing the attitudes of people in the community towards people affected by leprosy. The overwhelming majority of those who took part found that they could regain independence, dignity, and a proper place in their communities, as well as gain control over their disabilities caused by leprosy. This gave NLT a new strategic direction for its work and, since then, the STEP principles have been its guide and the basis of its current project agreement with the Social Welfare Council,. This 5 year agreement started on November 24<sup>th</sup>, 2006 and included the following objectives:

1. Increased social and economic integration of stigmatised people in society.
2. Significant progress towards leprosy elimination in the target districts, including increased early detection and diagnosis of new cases of leprosy, and decreased leprosy defaulter rates.
3. Decreased rate of primary and secondary disability due to leprosy.
4. Increased capacity of Government of Nepal (GoN) health staff, influential community groups and leaders to meet the needs of people affected by leprosy and other marginalized groups, and to acknowledge their rights.
5. To develop NLT Nepal as a self-governing, self-funding and self-propagating NGO, whose goal, purpose and activities reflect the vision of its local members.

As the Executive Summary has outlined, we have worked hard this year to push our services and the STEP principles further into the community around us, as well as continuing to provide the vital leprosy referral services that Lalgadh Leprosy Services Centre (LLSC) is so well known for. The following report gives a brief summary of the work that LLSC is doing.

## INSIDE Lalgadh Leprosy Services Centre

**The Out-patient Department** of LLSC experienced a reduction in the total number of consultations from 52,209 last year to 46,654 during this reporting year. This was at least partly due to the frequent strikes called by political parties, which made it difficult for patients to travel. To support these patients, LLSC provided a range of clinical services.

1090 people (628 males, 337 females and 125 children) were diagnosed as new leprosy cases, of which 22% were from India. A total of 6011 leprosy-related visits were made along with a total of 40,643 general patient visits.



*The Outpatient Department*

The 2008-09 figures showed a 16% disability rate among new cases. This has remained the same for the current year.



The **Laboratory** is responsible for conducting various diagnostic tests for leprosy and for general illness. This year, 18,050 patients received laboratory services, of which 2835 were leprosy-specific, and the balance were routine blood, urine and stool tests. 37 HIV tests were also conducted and found negative.

The workload of the **Physiotherapy** Department has increased this year with a total of 4796 nerve function assessments carried out for new leprosy patients, and for follow-up patients with reaction and neuritis problems. 2459 physiotherapy treatments were provided, and a brand new Ultrasound Massager has been very helpful for providing physiotherapy of post-operative patients. We hope to acquire some more physio equipment in the coming year to support our increasing pre and post operation care.

Our **X-Ray** service assists our medical team in diagnosing patients' problems, and is provided by our physio technicians trained in taking x-rays. Last year we struggled with a broken X-ray machine but this year, we received a new machine from our donor partners who have a great heart for the work at LLSC. 1932 X-rays were taken this year.

The **Wound Care** Unit is a vital part of the OPD because good care and management of wounds caused by leprosy greatly help the healing process. This year, we have seen a reduction of 14% in ulcer patient visits, and we believe this is due to more wounds being treated by our new Prevention of Disability (POD) satellite and outreach clinics.

946 people (673 leprosy and 273 general) received **Primary Eye Care** this year. People with more complicated eye problems were referred to the Eye Hospital at Lahan, or to Janakpur Eye Hospital for further management.

Our busy **Footwear** service supported patients with anaesthetic feet, foot drop, or deformed feet by producing specialist protective foot wear and appliances. 2802 appliances and items of footwear were supplied this year.

**Self Care Training** was affected by general strikes this year, and the number of trainees was reduced by 8%. Nevertheless, 273 people learned about their disability, and learned practical skills in taking care of their leprosy-affected eyes, hands and feet to prevent further deterioration. Some of these people are now part of 17 new self-care cells that have been established in the LLSC catchment area. These groups usually meet in community venues such as a school compound, a health post, or on Village Development Committee premises. This is a positive sign of support by the general public towards our STEP programme.

### **New hope with a "new job"**



*Mohammed's story is a success story. He was born to an illiterate farmer's family in India and his parents wanted Mohammed to be educated. He was a reluctant student and only reached class 5 before running away in 2001 to Delhi where he worked as a labourer. He began to notice numbness and pain in his right hand, but ignorance made him ignore this for a year. Soon he was losing all feeling in his hand and saw that clawing of his fingers was occurring. In 2002, at 14 years old, he received a year's MDT treatment and at the same time fell in love and married. They now have three children.*

*Despite his treatment, his hands were becoming more deformed and he heard about Lalgadh Leprosy Services Centre through a radio broadcast about leprosy awareness. He says "LLSC gave me the confidence to lead a new life." Mohammed came to our Self Care Training Centre for 15 days to learn simple techniques for self care which are essential to protect him from further damage. In the Centre, people affected by leprosy work together towards finding solutions to their shared problems and Mohammed was surprised to see the improvement in his condition after his training, and appreciated the need for protecting his hands and feet from damage.*

*In April 2010, Mohammed visited LLSC again, very happy because Self Care has inspired him to promote the idea that leprosy is a curable disease and that self-care can really help a person restore their life to normality. He has shared these ideas with a community of people affected by leprosy in Basopatti and he now has a good job as a self-care assistant there. He says "LLSC has opened up a complete new life for me, with a lot of encouragement from the staff of the Self Care Training Centre".*



**The In-Patient department (IPD)** is responsible for the care of people admitted for acute leprosy and related general problems. Currently there are 52 beds in IPD, which provides 50 beds for leprosy and 2 for general patients, with facilities for reconstructive surgery, septic surgery and other services such as self-care, counselling, literacy classes and recreational activities. The IPD also provides some services for general acute problems such as pneumonia, meningitis, various acute infections, fractures, and helps with local Road Traffic Accidents.



This year, 493 patients were admitted into the IPD, 418 for acute leprosy complications and 75 for general illnesses. Bed occupancy remained high at 98%. All this has been achieved through the team effort of dedicated doctors, nurses, ward aids, physiotherapy technicians and footwear technicians.

**Septic Surgery** is an important aid to healing complicated ulcers and the IPD provided 172 surgical procedures specifically for this.

**Reconstructive Surgery** continues to be a vital input to our patients' lives, often helping them to be able to work again, or simply to be "acceptable" to their neighbours, once unsightly deformities have been corrected. Many patients have virtually got a "new" life due to this surgery performed in our IPD, which can correct claw fingers and toes, claw thumb, foot-drop, nasal bridge collapse, and eye problems, etc. 204 surgeries (63 leprosy and 141 general) were carried out to improve the functionality, appearance and social acceptance of leprosy and general patients. We are grateful to Mr Donald Sammut, a Consultant Hand Surgeon from the UK, who provided training and his operating skills to our surgical team during a visit in 2010.



Sangita is one patient who is currently benefiting from this type of surgery:

### New Appearance



**Sangita** is currently 17 years old and is from the Bihar State of India. She developed leprosy symptoms and nerve damage when she was a child but nobody realized at that time that the cause was leprosy. Sangita developed recurrent ulcers on her insensitive foot, and then subsequently, foot drop and clawed fingers on both hands. She felt very ashamed of her deformed hands and horrible ulcer and from that day she stopped smiling and had to stop going to school. Her social contact ceased and she became demoralized. Fortunately, her family have continued to love and care for her throughout her illness, and so she could remain at home. Only her aunt and some community people wanted her father to remove her from his house, fearing contamination from the disease.

In 2009, she visited Lalgadh Leprosy Services Centre (LLSC) with her grandfather to seek help for her deformities. She joined a two weeks training course in the Self Care Training Centre and, through the training, she saw much improvement in her deformed hands and ulcer. She received reconstructive surgery for her left hand and is now practicing post-operative exercises regularly in the Physiotherapy Department. Sangita is now a completely different girl, with a big smile on her face and a new self-confidence. She will need more surgery to correct her other hand but, already, our reconstructive surgical programme has given her a new appearance and real hope for a full restoration.

**Patient counselling, literacy classes and recreational activities** are also being provided in the IPD and the Mother & Child Health Clinic. The literacy class in particular, provides education for long-term patients at Lalgadh and many participants learn to read, write and do simple maths. This year, 179 people affected by leprosy participated in the Literacy Classes.





*Routine Antenatal Check-up*

**Mother and Child Health (MCH) & Delivery Services** help local people who are not able to go to a referral centre for their routine check ups due to their poor economic condition. LLSC provides this service once a week and it includes immunizations, family planning, antenatal check ups, nutritional programme, etc.



*A healthy new born baby*

This year 111 expectant mothers received this service and 14 deliveries were conducted successfully at LLSC. This service has proved a rewarding experience for our nursing staff, 5 of whom received training in obstetric nursing at Patan Hospital for 2 weeks.

## OUTSIDE Lalgadh Leprosy Services Centre

Besides all the outstanding work that is done on-site at LLSC, there is also a great deal done "outside the walls" in the communities around us. Some of this work aims to carry our referral services to patients who find it difficult to get to Lalgadh itself, and some is aimed at changing attitudes of people in the community towards people affected by leprosy. Both of these areas have had much success, with many patients grateful to be able to receive care near to their homes, and many lives transformed through improved relations with their neighbours and family.

**Rekhdekh Chautari** is a phrase chosen by LLSC team members, as a new name for our "Prevention of Disability" (POD) programme, to make the disability prevention work more meaningful to our clients. "Rekhdekh" means *look and see*, or *take care*, and a "Chautari" is a *platform* in a village, often under a tree, where people sit and chat. In our Rekhdekh Chautari programme, people affected by leprosy, who also have disability problems, can come and share their physical, social, and other challenges and experiences and work with the LLSC medical team to overcome them. The motto of Rekhdekh Chautari is to "prevent, control and restore back to normal physical condition from disability and its deteriorating causes". The Rekhdekh services are provided through different units of the OPD, the Self Care Training Centre, and district satellite and POD outreach clinics in the community.

Where necessary, patients diagnosed with leprosy may be brought to LLSC for more specialist care such as orthotic appliances, and intensive training in self care skills to help them stay clear of developing further disability.



*Patient examination at POD Satellite Clinic*

We are finding that **Rekhdekh** is leading to a reduction in the number of patients who need to visit LLSC for management of wounds, reaction and neuritis. Instead, these complications are being tackled through Rekhdekh Chautari at district and local level, through bi-monthly satellite clinics carried out in District Public Health Centres and District Hospitals, staffed by 5 LLSC medical staff, and supplemented by monthly POD outreach



*Chautari – POD satellite Clinic- Dhanusha*

clinics in 7 peripheral health facilities in the districts around LLSC. We also provide technical assistance and logistical support to the government-run POD clinics on a regular basis. During the year, we supported 200 patients with ulcer problems, 89 patients with neuritis and 117 with reaction.

An evaluation carried out in 2010 showed a positive impact on LLSC staff attitudes, government staff reported improvements in local attitudes, and existing patients were able to bring other possible new cases to the clinics due to reduced stigma. Numbers attending the clinics are growing and, although it is early days, the signs are that the concept is working and will help to provide an effective service.



The **Stigma Elimination Programme (STEP)** continues to fight **Stigma** in the 3 Terai districts (Dhanusha, Mahottari, Sarlahi) around LLSC where leprosy is still highly endemic. Visible deformity is still a significant contributor to the stigma prevailing in the local community towards people affected by leprosy, and WHO grade 2 levels have remained comparatively high this year at 13%. The degree of stigma increases with the deformity level, for example chronic ulcers on feet and hands, loss of toes and/or fingers, inability to close eyes, and the collapse of the nose. All these result in disfigurement and cause many individuals and their family members to be restricted in participating in family and community activities. NLT therefore developed its strategy of empowering people affected by leprosy to become champions for the prevention of impairment and disabilities, and for the fight against the stigma attached to them.

The STEP programme has brought great relief from discrimination for people affected by leprosy taking part, and is now into its 4<sup>th</sup> year of activity. It works by developing **Self Care Cells (SCC)** in the community, composed mostly of patients who have received our self care training. Members of the groups are encouraged to meet together regularly and practise their self care exercises, and thereby take control of their own physical condition. At the end of this year there were 17 SCCs and the members were empowered to take care of eyes, hands and feet through regular self-care practice. Out of 134 members, 86% regularly attended the weekly meetings, and 37 out of 50 members with ulcers on different parts of their body were able to make good progress in healing them. Only 3 members had to come to LLSC for further ulcer management.



*Self care practice in a group*

From effective Self Care Cells, STEP develops new **Self Help Groups (SHGs)**, whose members work together at disability prevention, raising awareness in the community about stigma, advocating for the rights of the group members, and economic empowerment. This year they planned and implemented micro credit schemes for 26 people, including animal rearing and small businesses. They also arranged vocational training with the help of LLSC, as well as early child development, and adult literacy classes in conjunction with government staff. This year, 10 new SHGs were established in the villages around LLSC, with 230 members (167 males and 63 females). There are altogether **51 SHGs** functioning now, all facilitated by LLSC.



*SHG meetings - a process of empowerment*



*Women's Literacy Class*



*Early Child Development*

**April 26, 2010** is a day that will be specially remembered by people affected by leprosy in Dhanusha District, and by the staff of LLSC because, for the first time, a Blood Donation Programme was successfully organised by the Dhanusha district Self Help Group, now a registered NGO, in order to bring changes in local attitudes towards leprosy affected people. Five leprosy affected people and 4 LLSC staff donated their blood to the Red Cross Society of Dhanusha blood bank which supplies donated blood to the general public who need it. The programme received extensive publicity on the local radio and 5 local newspapers, and has led to the leader of the Dhanusha self help group subsequently receiving an international award for his achievements.



*Blood donors – Leprosy Affected people*



*SER Support - Goat rearing project*

**Another part** of our work “outside the walls” supports very poor people affected by leprosy with “**Socio-Economic Rehabilitation**” (SER) inputs. These include low-cost houses, drinking water supplies, sanitation, food production initiatives, income generating opportunities, as well as education for children of leprosy affected parents. This year 41 students received scholarship support, 20 people were supported in starting income generation activities, 31 people received short-term financial support, and 22 people received long-term living support. We also constructed 9 houses and installed 4 hand water pumps, and provided cow, buffalo, and goat rearing opportunities, and a sewing machine and a rickshaw for self employment.



*Women empowerment activities*

The **Village Alive Project** (VAP) phase 2 is an exciting project begun in 2009 with the aim of improving the health and well being of low caste and extremely poor people living in the area around LLSC. This project does not focus on leprosy but on core interventions that work on enhancing commercial farming skills, improving health and education, and on overcoming poverty. VAP is working well in two “Sada” caste villages called Dathora and Pakariya. The activities conducted by VAP are led by the Women’s Group and the Farmers’ group, both established under VAP to help the community to work together for agreed goals. A Participatory Rural Appraisal process, carried out in Dathora

before VAP phase 2 started, identified a number of problems, including inadequate water supply, poverty, and a high prevalence of health issues, as being major concerns to the villagers. After one year, positive progress has been made: 18 households took the decisive step to construct proper pit latrines to help improve the village environment. They were given technical assistance and materials by the VAP project. Tuition classes were organized for 50 children. 3 water pumps were installed. Group members participated in income generation and saving programmes to encourage independence.



*Rural Health Volunteers of Dathora & Pakariya villages*



*Care Haven building*

Also “outside the Walls” is our new **Care Haven** – a sheltered home for elderly or vulnerable people affected by leprosy who have no one to take care of them. The Care Haven was dedicated in April 2010 and currently cares for 5 people who live together in peace and rest. For these folk it represents the first real “rest” they have had in their lives,



*Care Haven residents with caretakers*

which have all been very hard. One resident is Bal Kumari, who is blind due to leprosy, and has lived more or less alone for several years since her son disappeared. She had had some support before from a local person assisted by Lalgadh, but Bal Kumari is now cared for, and happy, in her old age. Another resident is Dambar Kumari, the daughter of one of our very early patients. Dambar Kumari is physically and mentally disabled, as well as being affected by leprosy, and would not be alive if LLSC staff had not found her 15 years ago in a corner of her house wrapped in rags. She weighed very little and we thought she was about 12 years old. After 18 months of good food as an inpatient, she transitioned from a girl to a woman of about 30 years old. Dambar Kumari will always be vulnerable but is safe in the Care Haven.



**Capacity Building** has been an important part of the work of LLSC for many years and aims to give relevant skills to a range of people, some in government service and some ordinary people in the community. These skills are generally designed to orientate people to a better understanding of leprosy and thereby enhance their ability to serve and support people affected by leprosy. This year we provided training to 71 people, including medical officers in government service, other government health personnel, leprosy affected people including self help group members, and influential community members.

The training for self help group members is particularly designed to help groups function better and enable them to handle money effectively. Training for community members aims to make them more supportive to people affected by leprosy in their communities.



*CLT for Medical Officers*

Capacity Building also includes input to our own staff, and this year we were able to include staff in Hygiene Management training, Obstetrics training for nurses, a one week training visit to the Comprehensive Rural Health Project at Jamkhed, and a hand surgery workshop at Anandaban Hospital. These inputs all help our staff to maintain and improve our work at LLSC.



To support much of our work outside the walls, effective **Information-Education-Communication** activities are carried out in the districts around Lalgadh in order to create awareness about leprosy. These activities include street dramas, radio jingles, talks to various groups, and district level advocacy meetings. Some of the people we have oriented in leprosy have been able to bring patients to treatment who were previously scared of being exposed in the community. Street drama has played a vital role in raising awareness in the community and the Dhanusha Street Drama Team alone found 19 suspected cases of leprosy who contacted the team after they had watched street drama in their villages. 785 Street dramas were performed in 2010, reaching nearly 200,000 people.

To support the various field programmes, LLSC staff carry out comprehensive **monitoring and supervision** of the field activities. Workshops were conducted for all community supervisors to develop a supervision plan for 2010. Feedback from these workshops was given to the respective programme managers, so that corrective actions could be



*TLMI Director and his team*

carried out to improve the field work. The information collected is also held on a computer database and helps to keep track of progress. A supervisory checklist has been designed for the supervisors in order to strengthen the monitoring and supervision activities.



*Joint monitoring*

This year, Joint Supervision activities were carried out with government staff in order to evaluate the programme impact in the project areas. International donor representatives also made field visits to assess our work in areas they are supporting. Mr Geoff Warne, General Director of The Leprosy Mission International (TLMI), Dr Hugh Cross, Country Representative TLM-Nepal, Mr. Chris Macdonald, TLMI Country Support Facilitator, Mr. Brent Morgan, Director TLM New Zealand, and Fatima Moll, Fontilles' Technical Advisor and physiotherapist, all visited the programmes of LLSC. Their feedback was very encouraging and positive towards our programmes.

**In support of the Nepali Government health service**, LLSC provided technical manpower, finance and logistical support to the District Public Health Office's leprosy control programme to enable 10 skin camps and Household Contact Examination programmes to take place in 4 districts. These camps identified 9 new leprosy cases, and many irregular and defaulting cases were also identified, counselled and brought back under regular treatment.

## New initiatives at LLSC for the coming year

2010 has seen the start of some significant improvements to our facilities. This includes:

- The renovation of the Operating Theatre with new lighting, new equipment and repaired windows and doors. Equipment includes an infant resuscitation table.
- LLSC has acquired an ultrasound machine to assist in deep wound examination and maternity care.
- A building programme that will include four new buildings to address a shortage of space in our inpatient department, very poor isolation facilities for TB patients that we are required to care for, and poor facilities available to expectant mothers. The buildings are:
  - A 5-bed Isolation Ward
  - A 25-bed ward extension to help meet the demand for inpatient care.
  - An extension for improved maternity services, mother & child health clinics, and ultrasound/X-ray services.
  - A low-cost shelter accommodation unit for very poor families who have come a long distance or are waiting for a hospital bed to become free.



*New buildings at LLSC*

The **STEP** Programme is being taken to the next level in our new **RECLAIM** (Releasing the Energy and Capabilities of Leprosy Affected Individuals and Marginalised People) Project that is partnered with American Leprosy Missions, TLM Canada, and the Sasakawa Memorial Health Foundation. RECLAIM will work to ensure that disabled people, particularly those affected by leprosy, will initiate and actively participate in self-generated development activities that contribute to the achievement of: the Millenium Development Goals of poverty reduction in Nepal; and the aspirations of the UN Convention on the Rights of Persons with Disabilities. This exciting programme will see another 50 self help groups established in our work area, with all the associated benefits of changed community attitudes, improvement in living conditions, and gains in independence and dignity that we have seen in the STEP programme so far. RECLAIM started in April 2011.

The **Essential Oil** programme produced a more convincing yield of 8 litres of essential oil in 2010 after the initial yield of one litre in 2009. We are aiming for this programme to support our self help groups in new income generating opportunities as well as generate some useful income for LLSC itself.

## Conclusions

As you can see, the work of NLT at both Kathmandu and Lalagadh is continuing to have a life-changing impact on thousands of people's lives every year. The vital leprosy referral services provided at Lalagadh continue to be in high demand and have been instrumental in improving many lives. Alongside our continued efforts to eliminate leprosy from the Terai districts of southern Nepal, and to reduce stigma in village communities, we are focusing on practical ways to teach job skills, self-care skills, and other life skills for people affected by leprosy and their families. This work is also benefiting many other marginalised and very disadvantaged people.

In 2011 our STEP programme was evaluated after 5 years of activities, and the report by the Social Welfare Council of the Government of Nepal acknowledged that there have been excellent results. NLT is soon to start a new 5-year programme of work in Nepal, under a new agreement with the Government. The next NLT Annual Report will be published soon, in early 2012, and will give more details about these important developments.

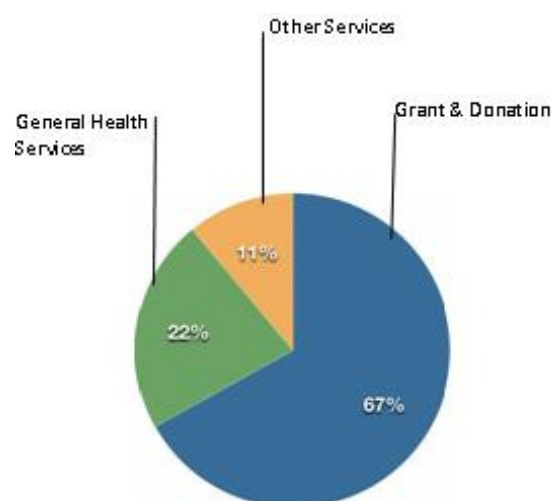
On some days there are more than 400 visitors to the out-patients department at Lalagadh. This is a huge workload, and stretches NLT's staff and resources to the limit on many occasions. Throughout 2010, the staff of NLT in Nepal have continued to do an amazing job, under difficult circumstances, and have met every challenge that has arisen. We are also deeply grateful for the support of partner organizations, Government departments, and individuals who have helped in various ways. We hope that many readers of this Report will recognise the effectiveness of our work, and how worthwhile it is, and be willing to continue supporting NLT's activities in the years ahead - activities that help to restore dignity, hope and meaning to so many people.

## LLSC - Financial Summary of the Fiscal Year 2066/67 (2009-10)

### Income & Expenditure (in Nepali Rupees)

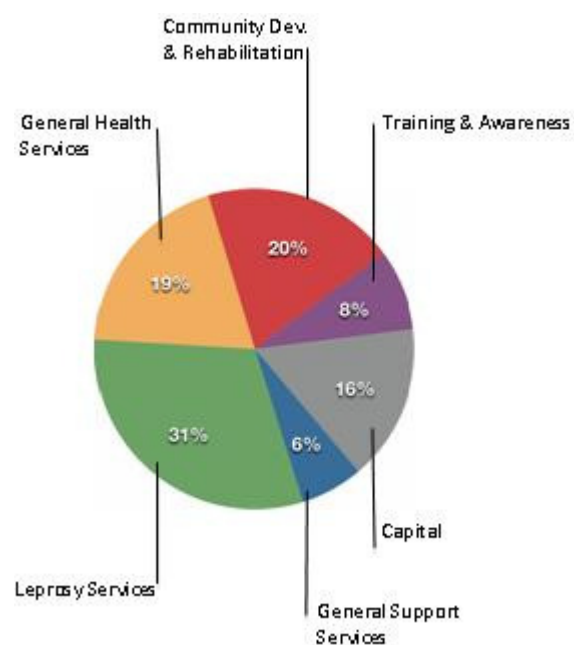
#### Revenues

Grant & Donation	49,577,287
General Health Services	16,330,124
Other Services	<u>8,182,935</u>
<b>Total</b>	<b>74,090,346</b>



#### Expenses

Leprosy Services	22,520,949
General Health Services	14,146,855
Community Development & Rehabilitation	14,282,232
Training & Awareness	5,996,897
General Support Services	4,634,492
Capital	<u>11,573,086</u>
<b>Total</b>	<b>73,154,511</b>



## Some Statistics for 2009-10 – work achieved at LLSC

Activities	Attained	Activities	Attained
<b>Out Patient Department</b>		<b>In Patient Services</b>	
Total OPD visit	46,654	Total Admission	493
Leprosy visit	6,011	Leprosy complication	418
Skin cases	33,242	Ulcer	254
New cases	1,090	Reaction	80
MB Cases	490	Neuritis	4
PB Cases	600	DDS Allergy	19
Disability Grade 0	811	Reconstructive surgeries (Leprosy)	63 (General) 141
Grade I	105	Septic surgeries	172
Grade II	174	Bed occupation rate -Leprosy	98%
Primary Eye Care Services	946	General cases	75
<b>Wound Care</b>		General Bed occupancy	73% (2 beds)
Ulcer patients visits	3,368	<b>Self Care Training Centre</b>	
Leprosy ulcer visits	2,353	SCT Participants	273
General ulcer visits	1,015	Completion rate	100%
Infected ulcer in leprosy	905	<b>Self Care Cells</b>	
Simple ulcer	991	SCC Established (in 2009-10)	8
Recurrent	35	Total members at SCC	134
<b>Physiotherapy Service</b>		<b>Self Help Groups</b>	
Nerve Function test	4,796	SHG Established (in 2009-10)	10
Visual Acuity test	1,317	Members at SHGs	230
Physio therapy	2,459	Female participation	27.4%
<b>X-ray Services</b>	1,932	Marginalized	5
<b>Laboratory Service</b>		Disabled	20
Smear test	2,835	<b>Socio-Economic Supports</b>	
Routine test	15,215	Hand Water pump	4
Malaria Test	576	Living support	53
Fungus	3,726	Scholarship	41
Biochemistry	2,169	Cloth distribution	58
<b>Foot Wear Service</b>	2,802	House build	9
<b>Counseling Services</b>		Income generation	20
Counseling for new leprosy case	841	<b>Training &amp; Awareness</b>	
Counseling for old leprosy cases	245	Street drama shows	785
<b>Pharmacy services</b>	42,329	CLT Training	17
<b>Skin Camp</b>	8 Places	Medical Officers Training	13
<b>Patient visits at POD Clinic</b>	591	Leprosy Orientation to PABL	41



## Acknowledgements

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NLT would like to express its gratitude to the many individuals and partner organizations that generously supported its work during 2009-10. Without their 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
- The Director and staff of the Leprosy Control Division, Department of Health Services
- IDEA Nepal and CBR Network
- International Nepal Fellowship (INF)
- Lahan and Janakpur Eye Hospitals
- Leprosy Mission Nepal/TLM (Anandaban Leprosy Hospital)
- Ministry of Health and Department of Health Services, Government of Nepal
- Ministry of Women, Children and Social Welfare
- Ministry of Finance
- Social Welfare Council
- Nepal Leprosy Fellowship
- Nepal Leprosy Relief Association
- Netherlands Leprosy Relief Association (NLR/NSL)
- Network of Leprosy NGOs, Nepal (NLN)
- Fair Trade Group Nepal
- WHO Consultants

### Main Donor Partners in 2009-10

American Leprosy Missions (ALM)  
BuildAid  
Chartsand Ltd  
Church of Scotland, Geneva, Switzerland  
Combined Services Third World Fund (Ireland)  
ESB Electric Aid Ireland  
Fontilles  
Four Acre Trust  
IM-Soir (Sweden)  
International Women's Club of Nyon, Switzerland  
Irish Aid (Government of Rep. Ireland)  
LEPRA Health in Action  
Maya Leprosy Fund  
Nepal Leprosy Trust UK  
Nepal Leprosy Trust Ireland  
Sasakawa Boat Race Charity Fund  
Sasakawa Memorial Health Foundation  
St Columba's and South Woden Uniting Churches, Canberra, Australia  
The Leprosy Mission International (TLMI)  
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 grateful to the many other grant-making trusts, small organizations, churches, companies and individuals who gave generously towards the work of NLT during July 2009-10, either regularly or by making one-off gifts. Every such gift is important in enabling NLT to fulfil its objectives.



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Vice Chairman	Mrs. Droupadi Rokaya
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Secretary	Ms. Seeta Gurung
Member	Mr. Ram Prasad Shrestha
Member	Mr. Bir Bahadur Ale
Member	Mr. Jay Prakash Mandal
Member	Mrs. Gyanu Sodemba
Member	Mrs. Hanna Gurung

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Member	Dr. E. Jordan
Member	Dr. Michele O'Connor
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Member	Mr. Ian Beech

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