

# LEPROSY CONTROL & DISABILITY MANAGEMENT PROGRAMME

## ANNUAL REPORT 2076/77 (2019/20)

Annual Report: 2076/77 (2019/20)



Government of Nepal  
Ministry of Health & Population  
Department of Health Services

**Epidemiology and Disease Control Division**  
**Leprosy Control and Disability Management Section**  
Teku, Kathmandu, Nepal

*“Let's join hands for Leprosy Free Nepal”*

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Ministry of Health

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**FOREWORDS**

Leprosy disease has several physical, social, economic and psychological consequences along with stigma and discrimination in the community. Hence, Leprosy control programme has been implemented as a prioritized health programme since the initiation of Leprosy Control and Pilot Project in Nepal in 1966. Nepal achieved elimination of leprosy as a public health problem with registered prevalence rate of 0.77 at the national level in 2009 (elimination of leprosy is defined as a registered prevalence of less than one case of leprosy per 10,000 populations). Currently, 9 out of 77 districts have registered prevalence rate more than 1 per 10,000 populations with national prevalence at 0.69 per 10,000 population.

Despite the achievement made in reducing disease burden and sustaining elimination status in the national level, leprosy control programme is also focused on elimination of leprosy at sub-national level and local level, reducing the Grade-2 disability rate among new cases, reducing stigma and discrimination associated with leprosy, early and active case findings to break the transmission of leprosy through regular activities like contact tracing, Leprosy Post-Exposure Prophylaxis, focal campaigns and providing quality health and rehabilitative care services throughout the country based on 3 strategic pillars mentioned in the National Leprosy Strategy 2016-2020 which are stopping transmission of leprosy and its complications, Stopping discrimination against leprosy and promoting inclusion and strengthening government ownership, coordination, partnership and capacity building.

I would like to take this opportunity to congratulate EDCC director: Dr. Krishna Prasad Paudel and his team for their endeavors in publication of "Leprosy Control and Disability Management Annual Report FY 2076/77 (2019/20)". My sincere gratitude to all stakeholders and partners for providing their full commitments, cooperation and support in the leprosy control programme which will help us to achieve our ultimate goal of Leprosy Free Nepal.

.....  
Dr. Dipendra Raman Singh  
Director General





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Date: 26<sup>th</sup> June 2021

**ACKNOWLEDGEMENT**

Nepal achieved elimination of leprosy as a public health problem in 2009. Elimination is defined as a registered prevalence of less than one case of leprosy per 10,000 populations. The rigorous efforts of health workers, advocacy and public awareness raised in leprosy control at national and local level in the past three decades witnessed some impressive achievements in health care system as number of active, passive and voluntary leprosy case findings is increasing. General public are aware that Leprosy can be treated in hospitals and at primary health care levels through Multi-Drug Therapy.

In the fiscal year 2076/77 (2019/20), the registered prevalence rate (PR) has declined to 0.69 per 10,000 populations. The decline in PR of leprosy might be due to the effect of restrictions imposed during COVID-19 pandemic during which the active case detection activities were not implemented that resulted in low case detections and low prevalence. Leprosy is sustained at the national level likewise 9 out of 77 districts had PR >1 during the implementation of National Leprosy Strategy 2016-2020 which emphasized on "Accelerating towards a leprosy free Nepal". The regular activities like sustaining trained and skilled leprosy human resources, reducing stigma, promoting inclusiveness, conducting active case finding and systematic tracing of household contacts for earlier case diagnosis of pediatric, female and other vulnerable populations, strengthening referral systems, post-exposure prophylaxis and working towards a simplified treatment approach linked with universal health coverage are ongoing. It's now time to develop a National Leprosy Strategy 2021-2030 and to draft a medium to long term roadmap to Zero Leprosy for the attainment of zero leprosy in sub-national level. This year, the Rehabilitation Service Dataset has been included in the DHIS-2, Health Information Management System which will help to record the data of beneficiaries/people with disabilities receiving rehabilitation services (physiotherapy, prosthetics & orthoses, assistive devices, counseling, etc) from various hospitals/centers.

Finally, I am thankful to Director General of DoHS; Dr. Dipendra Raman Singh, LCDMS team members, all stakeholders related national leprosy and Disability management programmes, non-governmental organizations, development partners, people affected by leprosy and people with disabilities for the smooth and effective implementation of activities related to leprosy control and disability management/rehabilitation.

  
.....  
Dr. Krishna Prasad Paudel  
Director



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## **Acronyms and Abbreviations**

BLT	Basic Leprosy Training
CLT	Comprehensive Leprosy Training
DHO/DPHO	District Health Office/District Public Health Office
EDCD	Epidemiology and Disease Control Division
EHF score	Eyes, Hands and Feet score
FCHV	Female Community Health Volunteer
FY	Fiscal Year
G2D	Grade 2 disability
GoN	Government of Nepal
HMIS	Health Management and Information System
HO	Health Office
HP	Health Post
ISDT	Inform, Search, Diagnosis and Treatment Approach
LCDMS	Leprosy Control and Disability Management Section
LPEP	Leprosy Post-Exposure Prophylaxis
TLMN	The Leprosy Mission Nepal
MB	Multi-bacillary
MCBR	Medical & Community Based Rehabilitation
MDT	Multi Drug Therapy
MO	Medical Officer
MoHP	Ministry of Health & Population
MLEC	Mini Leprosy Elimination Campaign
NCDR	New Case Detection Rate
NLEC	National Leprosy Elimination Campaign
NLT	Nepal Leprosy Trust
NTDs	Neglected Tropical Diseases
PB	Pauci-bacillary
PHD	Province Health Directorate
POID	Prevention of impairment and disability
PR	Prevalence Rate
RFT	Released from Treatment
TLO	TB Leprosy Officer
WLD	World Leprosy Day
WHO	World Health Organization



## Executive Summary

Nepal has sustained elimination of leprosy as a public health problem at the national level since the declaration of elimination of leprosy in January 2010. At the end of fiscal year 2076/77 (2019/2020), total number of 1853 new leprosy cases were detected and put under Multi Drug Therapy (MDT). 2044 cases were under treatment and receiving MDT at the end of the fiscal year. Registered prevalence rate of 0.69 cases per 10,000 populations at national level, 101 (5.45%) new leprosy cases of Grade 2 Disability (G2D), 141 (7.61%) new child leprosy cases and 770 (41.55%) new female leprosy cases were recorded. The low prevalence rate of leprosy might be due to COVID-19 pandemic but early and active case detection activities, verification and validation of records/reports of local health facility level/municipalities and capacity building of health workers are mandatory and need to be amplified to obtain the goal of Zero Leprosy Nepal.

Out of 77 districts, 11 districts reported zero prevalence, 56 districts had a prevalence rate <1 and 10 districts had prevalence rate of more than 1 case per 10,000 population.

The highest number of leprosy cases under treatment was reported from Province-2 (554 cases, 27% of total cases) and lowest from Karnali Province (84 cases, 4% of total cases). The highest registered prevalence rate was reported from Province-2 (0.89 case per 10,000 population) and lowest prevalence was reported at Gandaki Province (0.40 case per 10,000 population).

Leprosy early and active case detection activities, verification and validation of records/reports of local health facility level/municipalities and capacity building of health workers are ongoing under regular activities. These activities need to be amplified to obtain the goal of Zero Leprosy Nepal.

Leprosy Control and Disability Management Section (LCDMS) being the focal unit of Ministry of Health and Population to oversee injury, short and long term disabilities and rehabilitation, is leading the development of national rehabilitation system including assistive technology & products. LCDMS is also coordinating with entities of MoHP and partners for the development of policies and strategies for the management of disability and rehabilitation and implementation of workplans put forward in Policy, Strategy and 10 Years Action Plan on Disability Management. From this year, EDCD, LCDMS has been able to incorporate the Rehabilitation Service Data Set in Integrated Health Management Information System.

The partnership, coordination, and support from organizations working for the leprosy related organizations and leprosy-affected people is very crucial for the programme to control leprosy as a whole and its elimination in provincial and local level to implement the activities like early case findings, contact examinations, LPEP, rehabilitation of persons affected by leprosy, reducing the stigma and discrimination in the community. The same effort is needed to implement and accelerate activities related to disability management and rehabilitation and the close coordination with rehabilitation professional associations, service providers, Disability Peoples' Organizations and international agencies for the development of policy and guideline related to rehabilitation and disability.

## Introduction Background

Nepal is a landlocked country, bounded by China in the north and by India in the south, east and west. Nepal has a total area of 147,181 square kilometers accounting 0.03% of the globe. It is divided into three main geographical regions- mountain (15%), hill (68%) and Terai (17%) regions. According to National Census 2011, the country has a total population of 26,494,504.

Leprosy is a chronic infectious disease caused by Mycobacterium leprae, an acid-fast, rod-shaped bacillus. The disease mainly affects the skin, the peripheral nerves, mucosa of the upper respiratory tract and the eyes. Leprosy is curable and treatment in the early stages can prevent disability.

Leprosy had been considered as one of the main public health problems in Nepal and existed here since time immemorial. Elimination and treatment of leprosy have always been a priority of the government's plan and policy. Routine activities to control leprosy effectively in Nepal started from 1960 onwards. According to a survey conducted in 1960 with WHO, the estimated number of leprosy case was 1,00,000 in the country. During that time, Dapsone monotherapy treatment was introduced as Pilot Project in the leprosy control programme and simultaneously the Multi Drug Therapy (MDT) was introduced in 1982/83 in few selected areas and hospital which successfully reduced leprosy case to 21,537 with a registered prevalence rate of 21 cases per 10,000 population. Considering the seriousness of the disease, the vertical leprosy programme was integrated into the general health services in 1987. MDT service was gradually expanded and by 1996, MDT coverage had extended to all 75 districts (now 77 districts).

Following the continuous efforts from the Government of Nepal, Ministry of Health & Population, Leprosy Control Programme, WHO-Nepal, district health/public health office and concerned agencies, leprosy was eliminated at the national level in 2009 and declared in

2010 with a national registered prevalence rate of 0.77 cases per 10,000 population. This rate was below the cut-off point of below 1 per 10,000 population definition set by World Health Organization, to measure the elimination of leprosy as a public health problem.

At present, the registered prevalence has remained below the elimination level with the national registered prevalence rate (RPR) is 0.69. Out of 77 districts, 56 districts had PR<1, 10 districts: PR >1 and 11 districts did not report any leprosy cases. Achieving leprosy free Nepal is a great challenge but Leprosy Control Programme strived forward towards achieving its goal with following vision, mission, goal, objectives, and strategies embracing the Federal Democratic Republic structure of Nepal.

### **Vision**

Leprosy free Nepal

### **Goal**

End the consequences of leprosy including disability and stigma

### **National Leprosy Strategy 2016-2020**

WHO launched the "*Global Leprosy Strategy 2016–2020: Accelerating towards a leprosy-free World*" – which aims to strengthen efforts for leprosy control and to avoid disabilities, especially among children affected by the disease in endemic countries with three pillars and components. Similarly, Nepal has launched National Leprosy Strategy 2016-2020 in 2017 with following strategies and targets:

### **Strategy (3 Pillars Components)**

**Pillar 1:** Stop transmission of leprosy and its complications

**Pillar 2:** Stop discrimination against leprosy and promote inclusion

**Pillar 3:** Strengthen government ownership, coordination, partnership and capacity building

**Objectives:**

- Achieve elimination status in sub-national level
- Expand services for early detection of leprosy cases at health facility especially in high prevalence districts
- Expansion, continuation and regular monitoring of Post-Exposure Leprosy Prophylaxis coverage
- Achieve the surveillance performance indicators

**Targets:**

- To reduce prevalence rate below 1 per 10,000 population in sub-national level
- Zero G2D among new child leprosy patients
- Reduction of new leprosy cases with G2D to less than one case per million population
- Zero legislation allowing discrimination on basis of leprosy

### Evolution and milestones of leprosy control programme in Nepal since 1960

Year	Landmarks
1960	Leprosy survey by Government of Nepal in collaboration with WHO
1966	Pilot project to control leprosy launched with Dapsone monotherapy
1982	Introduction of multi-drug therapy (MDT) in leprosy control programme
1987	Integration of vertical leprosy control programme into general basic health services
1991	National leprosy elimination goal was set
1996	Independent evaluation of Leprosy Control Programme 75 districts were brought under MDT programme
1999/2000– 2001/02	Two rounds of National Leprosy Elimination Campaign (NLEC) implemented
2008	Intensive efforts made for achieving elimination at the national level

2009 and 2010	Leprosy elimination achieved and declared at the national level
2011	National Leprosy Strategy (2011-2015)
2013-2014	Mid-term evaluation of implementation of National Leprosy Strategy (2011-2015)
2014-2015	Ministry of Health designated LCD as the Disability Focal Unit
2017	Policy, Strategy and 10 Years Action Plan on Disability Management (Prevention, Treatment and Rehabilitation) 2073-2082 developed and disseminated
2017/2018	National Leprosy Strategy 2016-2020 ( 2073-2077) develop and endorsed. Revised leprosy guide line in line with national leprosy strategy and global leprosy strategy.
2019	In-depth Review of National Leprosy Programme and Envisioning Roadmap to Zero Leprosy
2020	Developed and implemented: <ul style="list-style-type: none"> <li>1. Interim Guideline on delivery of Leprosy services during COVID-19 pandemic developed and implemented</li> <li>2. Interim Guideline on the delivery of Health Services to Persons with Disabilities in COVID-19 pandemic</li> <li>3. Interim Guidance for the Health related Rehabilitation and Physiotherapy of Person with COVID-19in Acute Care Settings</li> </ul>

## Major Activities Undertaken During FY 2076/77 (2019/20)

### Activities related to Leprosy Control Programme

#### MDT service delivery

In 2076/077, 1853 new leprosy cases were detected and put under multi-drug therapy and 2044 cases were under treatment at the end of the fiscal year. During the year, 2817 patients completed the MDT regime and were released from treatment. Secondary and tertiary care services were provided to leprosy-affected patients through the existing network of referral centres with partner support. MDT drugs (provided by Novartis Foundation through WHO) and anti-reaction drugs were freely available. The supply of drugs to all province and local level were managed smoothly throughout the year.

#### Capacity building

From LCDMS, EDCC, 2 days Orientation on Leprosy Post-Exposure Prophylaxis (LPEP) to health workers for 22 participants of Kailali and Kanchanpur in Dhangadi of Sudur Paschim Province and 40 participants from Jhapa, Morang and Sunsari (20 participants in each batch) at Biratnagar of Province 1. The basic leprosy training to health workers were also provided from seven Province Health Directorates respectively as listed under routine activity.

Similarly, some of the trainings and orientation programmes conducted from Training center of Anandaban Hospital in coordination with LCDMS are as follows:

SN	Training Activities	Sessions	Duration (Days)
Anandaban Based			
1	CLT-Basic (Basic health service staff)	4	5
2	Basic Leprosy Training to Medical Officer	3	6
3	Leprosy Training to MD Community medicine	3	7
4	Training for Trainer	1	6

5	Leprosy Training to MD Dermatologist	8	14
<b>FIELD BASED</b>			
1	Leprosy Orientation to Palika Health Coordinators (Dolakha)	1	1
2	Leprosy Training for Health Worker in Kavre	1	1

### **IEC materials Publication**

In order to enhance community awareness, passive case detection, voluntary case reporting and to reduce stigma, IEC activities were regularly undertaken using electronic and print media. Posters highlighting the diagnosis, treatment and availability of free leprosy services in Maithili language were printed and distributed for display at health facilities in high endemic districts of Province- 2 for raising public awareness. Pamphlets and posters were also developed. Leprosy awareness raising messages were broadcasted through Nepal Tele-vision during the time of World Leprosy Day.

### **World Leprosy Day**

World Leprosy Day is celebrated on the last Sunday in the month of January worldwide. In Nepal, the 67th World Leprosy Day was commemorated on 12th Magh 2076 (26th January 2020) by conducting various activities at national, province and district levels. A media interaction programme was arranged at DoHS in presence of the Director General, Directors of various divisions, WHO, partner organizations, media person, leprosy affected peoples' organization to highlight the situation of leprosy cases in Nepal and issues and stigma related to programme. The day received the enormous media coverage.

### **Enhanced Contact Examination of Leprosy Cases in High Endemic District**

Contact examination was done for family members and neighbors in houses surrounding the index cases in Nawalparasi-West district in November 2019 (Mangsir 2076).

A total of 132 leprosy index cases were identified for the contacts survey out of total population of 2,11,877. 63 search teams were formed and mobilized to carry out the activity in 19 different health facilities. The targeted, screened and suspected family, neighbour and social contacts under the survey were as follows:

Number of HFs	Total Population	Index Cases	Target Population Contacts			Screened Population			Suspected Case Found		
			Family	Neighbor	Social	Family	Neighbor	Social	Family	Neighbor	Social
19	211877	132	677	3244	9	543	3022	2	18	71	2

During the survey, out of total targeted contacts: 3,930 of family, neighbor and social periphery, 3,567 members were screened. Among them, 91 cases were suspected of leprosy and referred to respective health facilities.

The team of supervisors and consultant dermatologists confirmed and validated 17 new cases of leprosy out of the suspected cases from the contact examination. The classification 17 new cases are as follows:

Types		Family contacts	Neighbor contacts	Social contacts	Total
Adult	MB	1	1	1	3
	PB	2	5	3	10
Child	MB	0	0	0	0
	PB	1	3	0	4
Total	MB	<b>1</b>	<b>1</b>	<b>1</b>	<b>3</b>
	PB	<b>3</b>	<b>8</b>	<b>3</b>	<b>14</b>

4 cases were detected from family contacts, 9 from neighbor and 4 from social contacts. Altogether, 3 MB and 14 PB new cases were

detected and put under MDT. The new cases consist of 6 female PB cases, 4 Child PB cases and 1 case of G2D. No cases of G2D in child were detected which a good sign is indicating that leprosy pediatric cases are treated on time.

### Grant to leprosy affected persons

Like every year, grant was provided to support leprosy affected residents in the Khokana and Pokhara Aarogya ashrams through the Nepal Leprosy Relief Association (NELRA). The grant of about three million has been provided for leprosy affected people to provide fuel, blanket, food and incentives to approximately 158 leprosy affected people. Similarly, in the current year, a grant was provided to READ-Nepal to support 7 leprosy affected people taking shelter at its organization.

### Recording, reporting, update, leprosy case validation, supervision and monitoring

Recording, reporting, update and case validation programme was carried out in Kapilvastu, Rupandehi, Chitwan, Bara, Rautahat and Kailali districts to verify data and records of cases in health facilities, to validate cases diagnosed by health facilities and to strengthen recording and reporting and the release of cases from treatment.

S N	District	Number of Health Facilities	No. of Cases Validated					Mis-classification				
			MBA	MBC	PBA	PBC	Total	MBA	MBC	PBA	PBC	Total
1	BARA	7	13	1	8	2	24	0	1	2	0	3
2	KAPILVASTU	7	7	1	12	2	22	0	0	0	1	1
3	CHITWAN	7	19	0	3	0	22	0	0	5	0	5
4	RUPANDEHI	9	22	1	4	0	27	0	0	2	0	2
	Grand Total	30	61	3	27	4	95	0	1	9	1	11

S N	District	No. of New Cases Detected During Case Validation					Not a case of Leprosy				
		MBA	MBC	PBA	PBC	Total	MBA	MBC	PBA	PBC	Total
1	BARA	0	0	0	0	0	0	0	1	0	1
2	KAPILVASTU	0	0	0	0	0	0	0	1	0	1
3	CHITWAN	0	0	0	0	0	1	0	0	0	1
4	RUPANDEHI	0	0	0	0	0	0	0	0	0	0
	Grand Total	0	0	0	0	0	1	0	2	0	3

### Coordination with partners

LCDMS organized coordination meetings among the partners working in the leprosy control and disability management sectors. Three meetings were held in this year. The meetings were attended by representatives from WHO-Nepal, Leprosy Mission Nepal (LMN), Nepal Leprosy Trust (NLT), International Nepal Fellowship (INF), NLR, Damien Foundation, FAIRMED Foundation, Partnership for New Life (PNL), Nepal Leprosy Fellowship (NLF), Nepal Leprosy Relief Association (NELRA), Sewa Kendra, READ Nepal, and IDEA Nepal to share regular updates on activities, to have common approach to celebrate World Leprosy Day and to develop programme guidelines. Similarly, coordination meetings with partners working on Disability Management and Rehabilitation sectors were also held simultaneously.

### Development of Guidelines

Following the nationwide lockdown in March 2020, all activities related to field activities were halted. Taking this opportunity, following guidelines were developed:

- i) Programme implementation guideline of Leprosy Post-Exposure Prophylaxis (LPEP)
- ii) Interim Guideline for management of Leprosy Programme/Service during COVID-19 Pandemic

### Transport support to released-from-treatment cases

The programme provided grants of NRs.. 1,000 to patients released from treatment to cover their transport costs after completing MDT

treatment. The treatment regularity rate of patients is increasing partly due to the provision of this incentive. 2817 leprosy cases who had completed MDT were believed to be benefitted by the transportation cash support budget allocated under the regular budget of local level.

### **Annual Report**

Annual report of Leprosy Control and Disability Management Programme 2075/76 (2018/19) was published highlighting the activities conducted in the same fiscal year including the activities implemented by partners to support leprosy control programme.

### **Seminar of Consultant Dermatologists**

1 day orientation programme was organized during the seminar of Consultant Dermatologists in Kartik 2076 in Pokhara, Gandaki Province.

### **Development of Orientation Materials**

Materials related to 5 days Orientation of Leprosy, Skin Disease, Disability, Injury and Rehabilitation was developed with technical assistance from partners and stakeholders. Even though the orientation was planned to be implemented in this fiscal year, it could not be conducted due to restrictions imposed during COVID-19 pandemic.

# Activities related to Disability Management and Rehabilitation

## **A situation assessment of rehabilitation in Nepal**

With an intention to guide the development of National Strategic Plan specific to rehabilitation, a situation assessment of Nepal was conducted based from 18th-29th November 2019. This assessment was conducted in coordination with rehabilitation service providers, service users, rehabilitation experts, and universities, provincial and local government. It was done using the WHO specific tool called template for rehabilitation information collection, consultations, focus group discussions and review of the available data on rehabilitation. The assessment has captured the status of rehabilitation alongside the six building blocks of health.

## **Development of Rehabilitation Module in Health Information Management System**

In collaboration with Management Division, USAID's physical rehabilitation activities managed by Handicap International and WHO, a rehabilitation module for HMIS were developed. It consists of rehabilitation recording form, rehabilitation reporting form and rehabilitation service card. In addition, the rehabilitation recording form was also created in DHIS2 software. This module will allow the facility level data collection for the rehabilitation services available in Nepal. The data generated by this module will also feed the following indicators for measuring the progress in rehabilitation,

- Number of rehabilitation service users
- Number of assistive product users
- Number of referral in and out

There is a provision to disaggregate each indicators by gender, age, address, ethnicity, disability, diagnosis, functioning, types of service received, number of sessions and rehabilitation time-line (in days).LCDMS will conduct training to the rehabilitation professionals and medical recorders of those facilities providing the rehabilitation services. The data generated through this module is expected to guide the evidence informed rehabilitation services in Nepal.

## **Development of disability inclusive COVID-19 precautionary messages**

Disability inclusive COVID-19 information, education and communication materials were developed in collaboration with National health education and communication center, USAID's physical rehabilitation activities managed by Handicap International, WHO Nepal and National Federation of Disabled Nepal. It consisted of the 3 leaflets and 2 disability inclusive videos for people with disability and users of the rehabilitation services aimed at providing the COVID-19 precautionary messages. The message was disseminated via the social Medias of MoHP, EDCD, NHEICC and disability and rehabilitation partners.

## **Two interim guidelines on rehabilitation related to COVID-19 pandemic**

Interim guideline to facilitate the disability inclusive health and essential rehabilitation in the COVID-19 pandemic context to ease the flow of these essential services. Likewise, another guideline on the rehabilitative and physiotherapy management of COVID-19 was also developed to support the rehabilitation of the severely infected COVID-19 patients. Both of these interim guidelines were developed in coordination with rehabilitation service users group, professionals associations, rehabilitation experts and service providers.

## ACTIVITIES SUPPORTED BY PARTNERS

In FY 2076/77 (2019/20), WHO-Nepal supported the supply of MDT drugs, provided technical support for the leprosy control programme, assisted in supervision and monitoring, and supported capacity building, active case detection and the community awareness programme.

Nepal is also a partner of Global Partnership for Zero Leprosy (GPZL) which is a coalition of people committed to ending leprosy, also known as Hansen's disease. The partnership includes the Novartis Foundation, the World Health Organization (WHO, as an observer), the International Federation of Anti-Leprosy Associations (ILEP), the Sasakawa Memorial Health Foundation and the International Association for Integration, Dignity and Economic Advancement (IDEA). It also includes the national leprosy programmes of Brazil and Ethiopia, the International Leprosy Association, scientific organizations and the academic community. The secretariat for the partnership is located at the Task Force for Global Health.

The partners: The Leprosy Mission Nepal, Nepal Leprosy Trust, International Nepal Fellowship, Damien Foundation, Netherland Leprosy Relief, FAIRMED Foundation supported the following activities in high endemic districts:

- Community awareness and participation programme
- Orientation of community members
- Provision of primary, secondary and tertiary care at referral centres/services
- Capacity building activities for government health workers
- Technical support through joint supervision and monitoring
- Prevention of disability in leprosy and rehabilitation service
- Formation, implementation and support of self-care and self-help groups operated by people affected by leprosy and people living with disabilities due to leprosy
- Support in Leprosy Post-Exposure Prophylaxis Programme

Leprosy Partners	The scope of work/support areas	Working area	Address, Contact Number, Email id & Contact Person
NLR Nepal	<ul style="list-style-type: none"> <li>- Human resource</li> <li>- Supervision and monitoring</li> <li>- Capacity building (training &amp; orientation)</li> <li>- Disability management and rehabilitation</li> </ul>	<ul style="list-style-type: none"> <li>- Province 1</li> <li>- Sudur Pashchim Province</li> </ul>	<ul style="list-style-type: none"> <li>- Sankhamul Kathmandu,</li> <li>- 01-5261864,</li> <li>- himalaya.sigdel@nlrnepal.org.np</li> <li>- Mr. Himalaya Sigdel</li> </ul>
Nepal Leprosy Trust (NLT) + Lalgadh Leprosy Hospital and Service Center	<ul style="list-style-type: none"> <li>- Special referral hospital service</li> <li>- POID &amp; Satellite Sewa</li> <li>- Capacity Building</li> <li>- Disability management and rehabilitation</li> <li>- Other technical support</li> </ul>	<ul style="list-style-type: none"> <li>- Lalgadh Service Centre Hospital</li> <li>- Province 2 (Dhanusa, Mahottari, Sarlahi &amp; Sindhuli district)</li> </ul>	<ul style="list-style-type: none"> <li>- Lalgadh, Dhanusa</li> <li>- 9849824228,</li> <li>- info@lalgadh.org</li> <li>- Mr. Les Kumar Sunuwar</li> </ul>
The Leprosy Mission Nepal (TLM-N) + Anandaban Hospital	<ul style="list-style-type: none"> <li>- Special referral hospital</li> <li>- Disability management &amp; Patients' care</li> <li>- Capacity building</li> <li>- IEC</li> <li>- Rehabilitation service (SCG/SHG)</li> <li>- Satellite clinic</li> <li>- Research and studies</li> <li>- Relapse sentinel centre</li> <li>- Monitoring &amp; Evaluation</li> </ul>	<ul style="list-style-type: none"> <li>-Anandaban Hospital</li> <li>-some districts of Province 2 and Bagmati Province</li> <li>- Sudur Pashchim Province</li> </ul>	<ul style="list-style-type: none"> <li>- Lalitpur</li> <li>- 01-6218398, 5572157,</li> <li>- info@tlmnepal.org</li> <li>- Mr. Shovakhar Kandel</li> </ul>

Leprosy Partners	The scope of work/support areas	Working area	Address, Contact Number, Email id & Contact Person
International Nepal Fellowship (INF)	<ul style="list-style-type: none"> <li>- Special referral hospital &amp; service centre</li> <li>- Capacity building</li> <li>- Patients' care</li> <li>- Outreach clinic</li> <li>- Disability management service</li> <li>- M&amp;E</li> <li>- Other technical support</li> </ul>	<ul style="list-style-type: none"> <li>-Green Pasture Hospital</li> <li>-Gandaki and Karnali Provinces</li> </ul>	<ul style="list-style-type: none"> <li>- Pokhara</li> <li>- 061-431015, 431083,</li> <li>- operations.director@nepalinf.org</li> <li>- Mr. Dhakaram Budha Magar</li> </ul>
TB-Nepal	<ul style="list-style-type: none"> <li>- Leprosy referral centre service</li> <li>- Other technical support</li> </ul>	<ul style="list-style-type: none"> <li>- Banke &amp; Bardiya</li> </ul>	<ul style="list-style-type: none"> <li>- Nepalgunj-5, Salyanibag, Banke</li> <li>- 9848029335</li> <li>- tbnepalnpj5@gmail.com</li> <li>- Mr. Hikmat Khadka</li> </ul>
Nepal Leprosy Fellowship (NLF)	<ul style="list-style-type: none"> <li>- POID Service</li> <li>- IEC/BCC</li> <li>- Rehabilitation (SHC/SCG)</li> <li>- Patients search</li> <li>- Disability management service</li> <li>- LPEP</li> </ul>	<ul style="list-style-type: none"> <li>- Province 1 (Siraha, Saptari, Sunsari, Jhapa &amp; Morang)</li> </ul>	<ul style="list-style-type: none"> <li>-Sunsari, Dharan</li> <li>- nlfdrn@gmail.com</li> <li>- Mr. Andrew Sithling</li> </ul>
Partner's for New Life (PNL)	<ul style="list-style-type: none"> <li>- Patient's care</li> <li>- Active case search</li> </ul>	<ul style="list-style-type: none"> <li>- Rupandehi, Kapilvastu,</li> </ul>	<ul style="list-style-type: none"> <li>- Butwal,</li> <li>- 071-541170</li> <li>- pnlnepal@ntc.net.np</li> </ul>

<b>Leprosy Partners</b>	<b>The scope of work/support areas</b>	<b>Working area</b>	<b>Address, Contact Number, Email id &amp; Contact Person</b>
<b>FairMed Foundation</b>	<ul style="list-style-type: none"> <li>- IEC/BCC</li> <li>- Rehabilitation/ Self Hep Group Support</li> <li>- Active case finding</li> <li>- Disability management service</li> </ul>	<ul style="list-style-type: none"> <li>- Kapilvastu</li> <li>- Rupandehi</li> <li>- Nawalparasi</li> <li>- Baglung</li> </ul>	<ul style="list-style-type: none"> <li>- Ms. Nirmala Sharma</li> <li>nirmala.sharma@fairmed.ch</li> </ul>
<b>Damien Foundation</b>	<ul style="list-style-type: none"> <li>- IEC/BCC</li> <li>- Support to leprosy referral clinic at Seti Hospital</li> </ul>	<ul style="list-style-type: none"> <li>- Nawalparasi</li> <li>- Dhangadi</li> <li>- Dadeldhura</li> </ul>	<ul style="list-style-type: none"> <li>- Dr. Sushil Koirala</li> <li>countryrep@damiennepal.org</li> </ul>

Activities related to Disability Management and Rehabilitation were carried out with regular coordination and cooperation partners and stakeholders working on disability management and rehabilitation sector. The partners and stakeholders: National Federation of Disabled Nepal (NFDN), National Disabled Fund, DPOs related 10 types of thematic Disabilities, Handicap International-Nepal, Army Rehab Centre, Hospital and Rehabilitation Centre of Disabled Children, Spinal Injury Rehab Centre, professional organizations like Nepal Physiotherapy Association, Nepal Occupational Therapy Association, Prosthetic and Orthotic Society, etc.

**List of Activities accomplished by Partners working in Disability and Rehabilitation sector**

**From: Dec 3 2019 to Dec 15, 2020**

SN	Date	Name of Activities	Unit	Target	Achieved
<b>Name of organization:</b> Autism Care Nepal Society (ACNS) <b>Contact Details :</b> Hari Siddhi-29, Lalitpur, autismnepal@gmail.com					
1.	14th Dec, 2019	Research dissemination on "Identifying Young Children with Autism Spectrum Disorder in Nepal: Implementing and Evaluating Social Attention and Communication Surveillance" in Kirtipur Municipality(KM), Kathmandu	Person	30	40
2.	10th Jan 2020	Completed 38th Batch Parent and Child Training Program for 15 different families from different districts of Nepal.	Person	30	32
3.	3rd Feb 2020	workshop on Autism Spectrum Disorder "Feel the Autism-Feel the Difference" to the Lions, Leos, Parents and Teachers at Adarsa Bal Bikash Kendra, Banepa	Person	25	28
4.	3rd Feb 2020	39th batch parents and children in new Parent and Child Training Program.	Person	30	30
5.	24th Feb 2020	Workshop to form Autism Inclusive Club.	Person	40	36

SN	Date	Name of Activities	Unit	Person	Child
6.	6th March 2020	Orientation program to all staff members about Corona Virus safety & preventive measures.	Person	20	20
7.	7th March 2020	2nd workshop held of formed Autism Inclusive club.	Person	40	30
8.	24th June 2020	40th Batch Parent and Child Training Program through virtual session among 12 families.	Person	24	24
9.	11th July 2020	Webinar on Stress Management during COVID 19 Pandemic to the Parents of Children with Autism	Person	40	42
10.	24th Aug 2020	Started the Therap Global Online Training program to the parents which will help to interact parents and teachers to work together for the child's need and progress.	Person	15	12
11.	27th Aug 2020	Interaction program among all Parents Network Groups (PNGs) of Person with Autism in Nepal during the inauguration program of "Autism Family Vs COVID 19" Campaign	Person	80	75
12.	23th Sept 2020	Webinar on "Breaking the Chain of Infection-COVID 19".	Person	50	54

## Society of Deafblind Parents ( बहिरा दृष्टिबिहिन अभिभावक समाज )

### Contact Details:

Mid- Baneshwor Kathmandu Nepal,  
sdbpnepal@gmail.com, 01-4489143

SN	Date	Name of Activities	Unit	Target	Achieved
1.	30-Jan, 8-July, 24-Sep	Awareness workshop for Community Helath Volunteers and other Health workers	Person	75	80
2.	12, 19, 26 June 2020	Sexual and Reproductive Health training to young adults with Deafblindness	Person	14	14
3.	17th Dec 2020	Awareness training for local government officials	Fevent	20	17
4.	14, 17, 21, 24 June, 2020	Parents Training on DEAFBLINDNESS	Person	15	15
5.	2019/202 0	Phisiotherapy Service once per week to deafblindness childrens according to the need and importance/ EVERY SUNDAY	Event	52	40
6.	Jan 17, 2020	Parents Training on Deafblindness(Health Ttraining for Parents)	Events	20	16
7.	Jan 17th, 2020	Mobility Training on Deafblindness	Events	20	14

**Center for Independent Living of Persons with Disabilities (CIL)  
Kathmandu**

**Contact Details:** New Baneshwor-31, Thulo Khariko bot, Bhimsen Gola Marg, Kathmandu, Nepal, Tel: +977-1-4482210, E-mail: info@cil.org.np, Website: www.cil.org.np

SN	Date	Name of Activities
1	2076-4 to 2077-3	Orientation Program on Personal Attendant Service to School, College Intern Students and mobilization as PA.
2	2076-4 to 2077-3	Leadership and Capacity Building Training on members of organization
3	2076-4 to 2077-3	Peer Counselling program for persons with sever and profound disabilities
4	2076-4 to 2077-3	Independent Living Experience Program
5	2076-4 to 2077-3	Aluminium Wheelchair production and distribution program

**Nepal Spinal Cord Injury Sport Association (NSCISA)**

**Contact Details:** Gokarneshwor Municipality ward no 5, Jorpati, Kathmandu.

Email: nscisanepal2009@gmail.com, nscisa2009@yahoo.com,

Phone: 01417403

SN	Date	Name of Activities	Unit	Target	Achieved
1	10th, 12th, 15th and 20th Dec 2019	Student awareness program on Spinal Cord Injury's health Problems at Kadambari college & Bidhya Bikash Secondary Gothatar	Persons	90	90
2	19 Dec 2019	Spinal Cord Injury person health related awarness program at puspapal memorial college, Chabahil	Persons	150	30

SN	Date	Name of Activities	Unit	Target	Achieved
3	1st May 2020	Medical kit, Health and hygiene related relief distribution to Spinal Cord Injury persons at Jorpati, Kathmandu	Persons	35	35
4	19th Sept 2020	Personal experience, Problem and challenges by spinal Cord Injured persons in the time of Covid-19 situation	Persons	45	45
5	26th Sept 2020	Distribution Health related relief package supported by AZIZZ Foundation and Bagmati Province government	Persons	150	150
6	10th October 2020	Interaction program on Health challenges of spinal cord injury persons along with stakeholders roles and responsibility	Persons	79	79

## Spinal Injury Rehabilitation Centre (SIRC) run by Spinal Injury Sangh Nepal

### Contact Details:

Araniko highway Sanga, Kavre

E-mail: medicaldirectorsirc@gmail.com, info.sirc2002@gmail.com

Contact: 011-660847/48

SN	Date	Activities	Unit	Target	Achieved
1	1st March 2020	Wheelchair day celebration with "Wheelchair Rally"	Rally	1	1
2	5th Sept 2020	Int'l SCI day "Orientation session on COVID-19 precaution"	Session	1	1

SN	Date	Activities	Unit	Target	Achieved
3	Whole year	Providing Comprehensive in-patients, out-patients, outreach activities and rehabilitation services for SCI and brain injury patient	Patient	375	324
4	Whole year	Providing Vocational Skill training for PWDs	Person	60	53
5	Every Friday	Telerehabilitation consultations for People with SCI and brain injury	person	100	175
6	October 2020	COVID-19 precaution healthcare distribution	Person	100	100
7	3rd December 2020	International day of persons with disabilities	Person	32	32

## National Association of the Physical Disable- Nepal (NAPD-Nepal)

### Contact Details:

Jwagal-11, Lalitpur, Nepal

Telephone: +977-1-5260928, Fax: +977-1-5260350

Email: napdnepal@gmail.com, URL: www.napdnepal.org.np

S.N.	Date	Activities	Target	Achieved
1	16-17 January 2020	National Seminar on Identification of women with Disabilities issues	50	41
2	28th July 2020	Workshop on Access in Family Planning of Women with Disabilities	30	20
3	2020	Distribution of assistive device	15	10

4	2020	Counseling to PWDs	50	44
5	19 <sup>th</sup> July 2020	Distributions rations and health materials	20	20
6	8 <sup>th</sup> July 2020	Online Quiz on SRHR		
7	2020	Support for making accessible toilet	5	5
8	5 <sup>th</sup> Oct 2020	Distribution of Goats	20	20
9	13 <sup>th</sup> Sep 2020	Discussion about the legislation of the rights of Person with Disabilities	150	100
10	Dec 2020	Study on Implementation Status of CRPD, Incheon Strategy and SDG in Asia Pacific Region		
11	2020	Distribution of Sanitary Goods for Women with Disabilities	35	35
12	Dec 2020	Research study on how COVID-19 pandemic has impacted Dalits with Disabilities in Nepal		
13	13 <sup>th</sup> Dec 2020	National Seminar of Youth with Disabilities on Incheon Strategy to "Make the Right Real" for Persons with Disabilities in Asia and the Pacific, it's implementation Status, Gaps and Challenges in Nepal	25	28

## Self Help Group for Cerebral Palsy (SGCP), Nepal

Dhapakhel, Lalitpur.

Email: sgcp@cpnepal.org

Tel # 01-5573699/5573030

Notes: SGCP is working in following 16 districts:

Banke, Bardiya, Kavre, Solukhumbu, Morang, Dhankuta, Sunsari, Ilam, Palpa, Rupandehi, Tanahun, Nawalpur, Chitwan, Kathmandu, Lalitpur, Bhaktapur.

SN	Date	Name of Activities	Unit	Target	Achieved
1	6 <sup>th</sup> October 2020	Celebrate "World CP Day2020" through Virtually	-	100	100+
2	Whole pandemic period	Relief Package for deprive families of Children with CP during COVID	families	500	286
3	2019-2020 <b>Cerebral Palsy Rehabilitation Centre (centre based)</b>	Medical examination	children	600	539
		Physiotherapy, Speechtherapy services and physiological testing	children	600	675
		Medical Camps	-	500	173
		Epilepsy Medicine distributed	-	150	166
5	2019-2020 <b>OutReach Programme/Home Visits (ORP/HVs) (Field based)</b>	Home Visit Service of ORP/HV: in 16 district (including Kath Valley	children	1200	1084
		Care centers in home visit districts (center based)		220	325

SN	Date	Name of Activities	Unit	Target	Achieved
		22			
		Services during Lockdown period through virtual			742
4	2019-2020 <b>Care for Carers (Field based)</b>	Empower parents on health services, livelihood and disaster preparedness trainings, community caring centers and advocacy.	Person/ carers	500	391
		Create 30 carer self-help groups	Group of 12 Person	25	22
5	2019-2020	<b>Technical Aid to children with CP like Wheelchair, Special Chair /table ,Corner chair, Roller, Special shoes, etc</b>	pieces	150	167

### Nepal Stutters' Association (NSA) नेपाल भकभके संघ

SN	Date	Name of Activities	Unit	Target	Achieved
1	5th Dec 2020	Zoom meeting with members	1	28 Person with stuttering (PWS)	28

**The Leprosy Mission Nepal, Lalitpur,**  
 Phone No: 01-6218398, 5572157,  
 Email: info@tlmnepal.org

SN	Date	Name of Activities	Unit	Target	Achieved
1	Jan-June 2021	Diagnosis of Grade 2 Disability cases	Cases	20	8
2	DEC 20-21	New cooperatives formed	number	63	50
3	Jan-June	Ulcer septic surgeries	Procedures	200	85
4	Jan-June	Counselling of leprosy affected patients	Patients	600	282
5	Jan-June	Trainings on leprosy diagnosis to medical officers,nurses, interns	sessions	10	3
6	Dec -Dec 2020	School scholarships for primary school children	School children	64	64
7	Dec -Dec 2021	School scholarships for Secondary school children of Persons affected by Leprosy	Children	97	97
8	Dec -Dec 2022	School scholarships for higher secondary school children	Children	30	30

## Social Welfare Council-National Disabled Fund,

### Contact Details:

Bhirikutimandap, Kathmandu

E-mail: swc.ndf@gmail.com

Contact: 01-4239586,4224968

SN	Date	Activities	Unit	Target	Achieved
1	Dec 2020	Assistive Device Distribution	Pcs	116 person 125 Devices	79 person 82 Devices
2	Dec 2020	Physiotherapy Session	Session	108 person 350 Session	85 person 200 Session

## Nepal Hemophilia Society (NHS)

### Contact Details:

Shanktibinayak Marga, Anamnagar, Kathmandu, Nepal

E-mail: nepalhemo@gmail.com

Contact: 01-5172729

SN	Date	Activities
1.	March 17, 2020	Celebration of World Hemophilia Day 2020
2.	August, 2020	Conduction of a survey to understand the impacts of COVID-19 and lockdown in the lives of persons with hemophilia
3.	December 15, 2020	Meeting with the blood banks inside and outside valley regarding the need of the availability of fresh frozen plasma and cryoprecipitate for persons with hemophilia
4.	Throughout the year	Provide treatment facilities to persons with hemophilia through Hemophilia Care Unit at Bir Hospital
5.	December 01, 2020	Establishment of Care Unit at Kanti Children's Hospital for children with hemophilia

## Handicap International

233 Sallaghari Marg, Kathmandu | PO Box: 10179

Phone: +977-01-4378482

HI Nepal - info@nepal.hi.org

SN	Date	Activities	Unit	Target	Achieved
1.	Dec-19	Basic Physiotherapy training to Health Assistants in leadership of NHTC	Health Assistants	200	143
2.	Dec 2019 - Nov 2020	Provision of physiotherapy/ rehabilitation services from 7 PT/Rehab units	Clients	3000	3137
3.	Dec 2019- Dec 2020	Support the provincial/municipal hospital-based PT/Rehab units	event	32	29
4.	April-June 2020	COVID-19 stay healthy messages dissemination from local FMs, television and social media	FMs	7	111,951 populations reached
5.	Aug-20	Provision of PPE kits and hygiene materials for 7 provincial/ municipal hospitals	sets	56	56
6.	Aug-20	Developing functional linkage / collaboration (MOU) with PTUs	Event	5	1

7.	Feb 20, March 20, Oct 20, Dec 20	Municipality/ Province level stakeholders' coordination meetings	Events	15	6
8.	Dec-20	Dissemination of PRCs' services, brochures, FM radios, Televisions, pamphlets and hoarding boards	PRC	5	3
9.	Oct-20	Stakeholder meeting to develop policy brief and Advocacy tool kits of rehabilitation services.	Meeting	3	1
10.	Dec-20	Develop advocacy tool kit	Tool kit	1	1
11.	Dec-20	Meeting /policy dialogue with concern ministries for integration of rehab services	Meeting	1	1
12.	12/3/2019 12/20/020	Celebration of IDD day	Event	14	14
13.	June- Dec 2020	Provide tele Rehabilitation service to clients	Sessions	1800	1575
14.	June- Dec 2021	Home visit to clients to rehab clients for repair of device	Clients	195	182
15.	June- Dec 2022	Essential assitive devices repair	Clients	36	76
16.	June- Dec 2023	Essential assitive devices replacement	Clients	75	86

## **Nepal Hemophilia Society (NHS)**

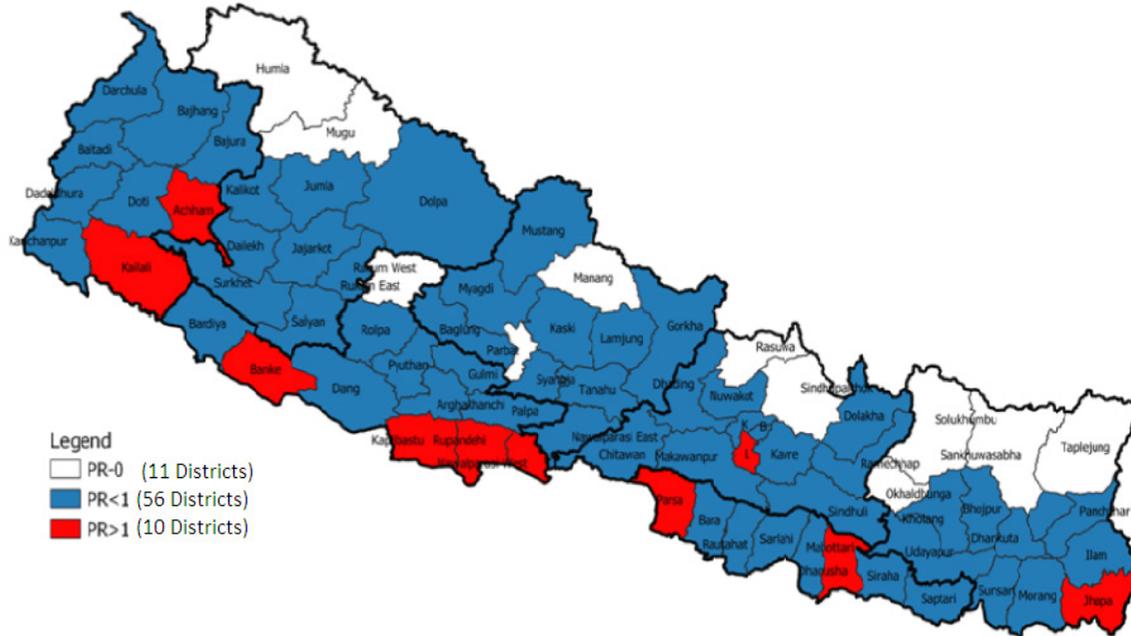
Shanktibinayak Marga, Anamnagar, Kathmandu, Nepal

E-mail: nepalhemo@gmail.com

Contact: 01-5172729

<b>SN</b>	<b>Date</b>	<b>Activities</b>
1.	March 17, 2020	Celebration of World Hemophilia Day 2020
2.	August, 2020	Conduction of a survey to understand the impacts of COVID-19 and lockdown in the lives of persons with hemophilia
3.	December 15, 2020	Meeting with the blood banks inside and outside valley regarding the need of the availability of fresh frozen plasma and cryoprecipitate for persons with hemophilia
4.	Around the year	Provide treatment facilities to persons with hemophilia through Hemophilia Care Unit at Bir Hospital
5.	December 01, 2020	Establishment of Care Unit at Kanti Children's Hospital for children with hemophilia

Figure 1: Province wise leprosy prevalence in FY 2076/77 (2019/20)



**Districts with PR>1 :** Jhapa, Dhanusha, Parsa, Lalitpur, Nawalparasi West, Kapilvastu, Rupandehi, Banke, Kailali and Accham.

## Epidemiological Details

### Prevalence

At the end of FY 2076/77 (2019/20), a total of 2044 leprosy cases were receiving MDT in Nepal. Registered prevalence rate was 0.69 cases per 10,000 populations at the national level. Till date, this rate is below the cut-off point of 1 case per 10,000 population set by WHO to indicate the elimination of leprosy as a public health problem which indicates that Nepal's elimination status from 2009 is being sustained. This prevalence rate is lower than the recorded PR of the previous year of 0.99. Out of 77 districts, 11 districts reported zero prevalence, 56 districts had a prevalence rate <1 and 10 districts had prevalence rate of more than 1 case per 10,000 population.

The highest number of leprosy cases under treatment was reported from Province-2 (554 cases, 27% of total cases) and lowest from Karnali Province (84 cases, 4% of total cases). The highest registered prevalence rate was reported from Province-2 (0.89 case per 10,000 population) and lowest prevalence was reported at Gandaki Province (0.40 case per 10,000 population).

**Table 1 : Province-wise distribution of registered cases with percentage and prevalence rate**

Provinces	No. of registered prevalence cases at the end of the year		
	Total cases	Percentage	Reg. prevalence rate/ 10,000 population
Province-1	291	14%	0.59
Province-2	554	27%	0.89
Bagmati Province	367	18%	0.57
Gandaki Province	100	5%	0.40
Lumbini Province	420	21%	0.83
Karnali Province	84	4%	0.47
Sudur Paschim Province	228	11%	0.78
<b>National</b>	<b>2044</b>	<b>100%</b>	<b>0.69</b>

The number of districts reporting a prevalence rate of more than 1 case per 10,000 populations decreased to 10 districts from 17 in the previous year (Figure). Lalitpur district reported the highest prevalence rate of 4.28 cases per 10,000 population among all 10 districts with PR>1. The cases which are being treated at Anandaban hospital from all around the country were also included in Lalitpur district reporting which had resulted in the high PR of the district.

**Figure 1: Districts with leprosy prevalence rate above 1 per 10,000 population**

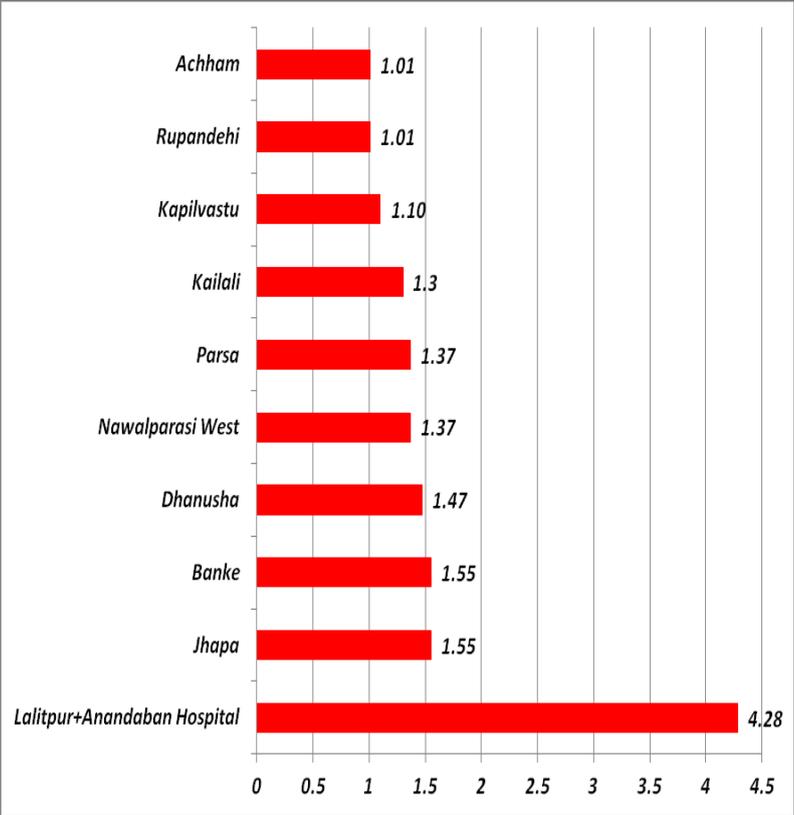
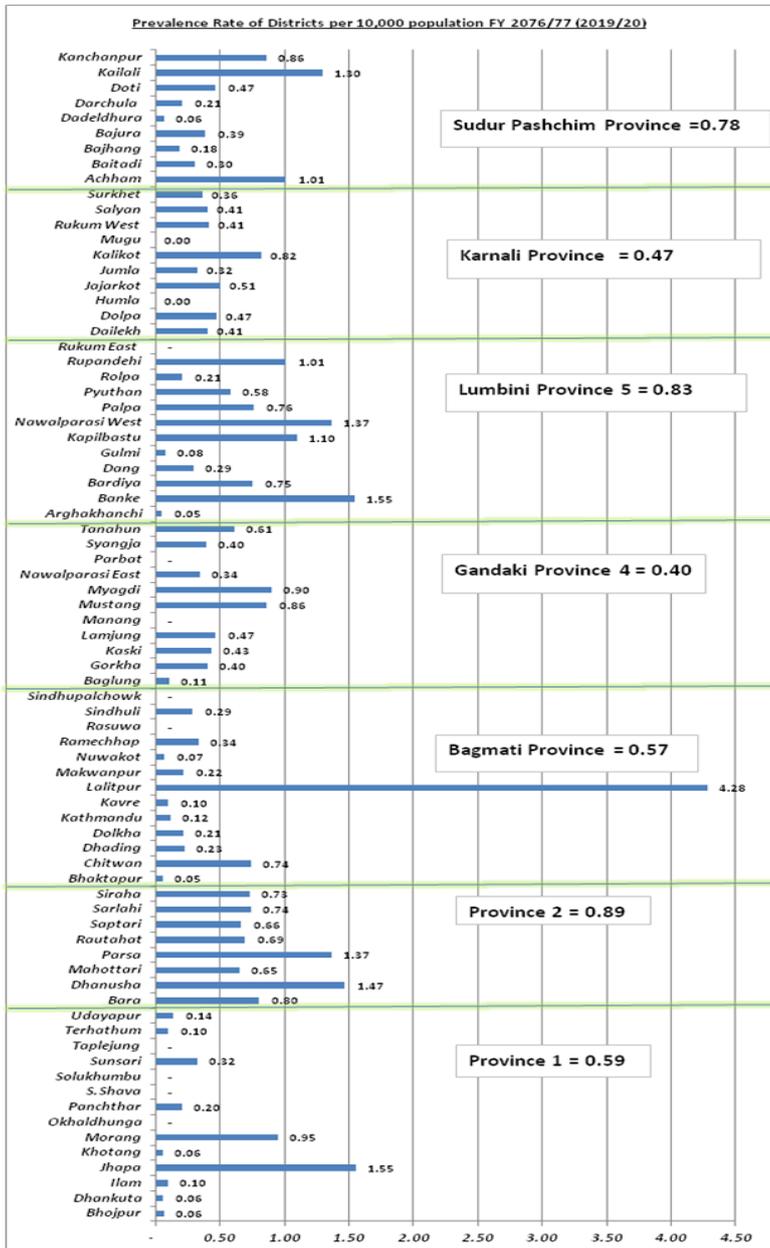


Figure 2: Prevalence Rate of 77 districts



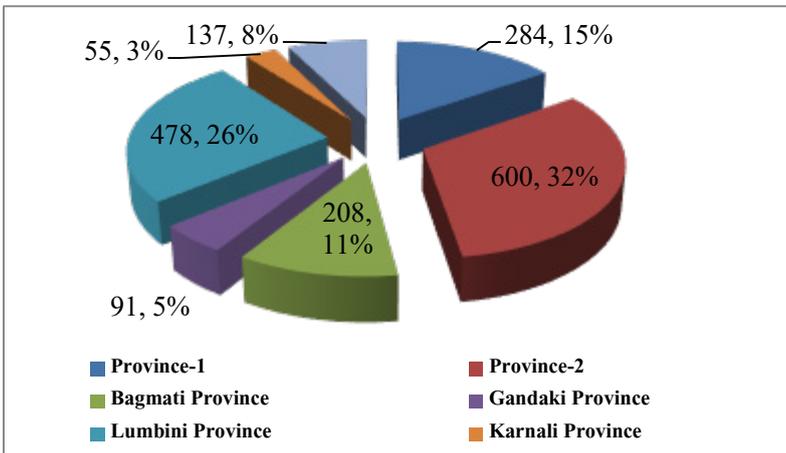
### New Case Detection

The detection of new cases signifies ongoing transmission with the rate measured per 100,000 populations. A total of 1853 new leprosy cases were detected in 2076/77 with 600 of new cases in Province-2 (32% of total cases). Meanwhile, Karnali Province has the lowest new case detection with 55 cases (as shown in the figure). The new case detection rate (NCDR) per 100,000 populations for FY 2076/77 was 6.22 nationally.

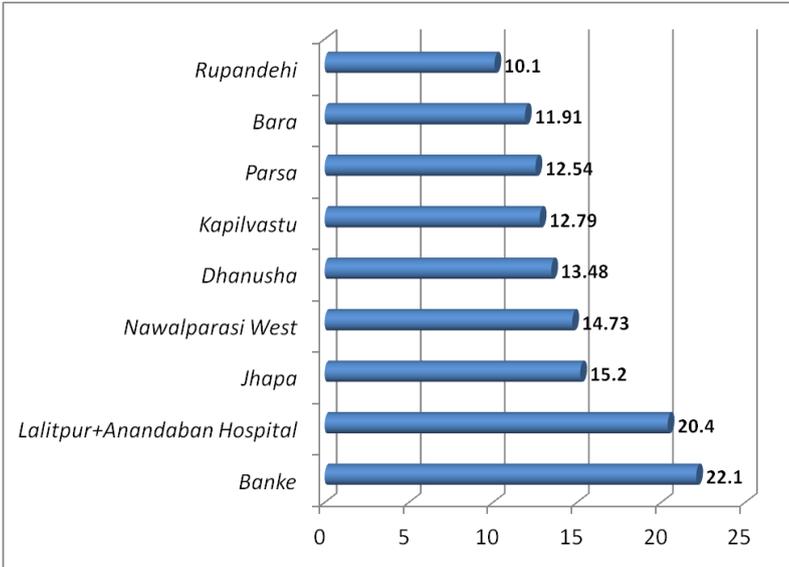
Eleven districts (Khotang, Panchthar, Sankhuwasabha, Solukhumbhu, Taplejung, Bhaktapur, Rasuwa, Sindhupalchok, Parbat, Manang, Rukum-East, Dolpa, Mugu and Dadeldhura) reported no new cases of leprosy this year.

69 percent of new cases were Multi bacillary (MB) and the rest were Pauci bacillary (PB). This proportion has remained around fifty percent for the last few years but proportion of MB cases has increased this year. More than one third i.e. 41.55% of the new cases were females. The female proportion has remained in the range of 30-40 percent for the last five years.

**Figure 3 : Province-wise new leprosy cases**



**Figure 4: Districts with more than 10 new case detection rate per 100,000 population**



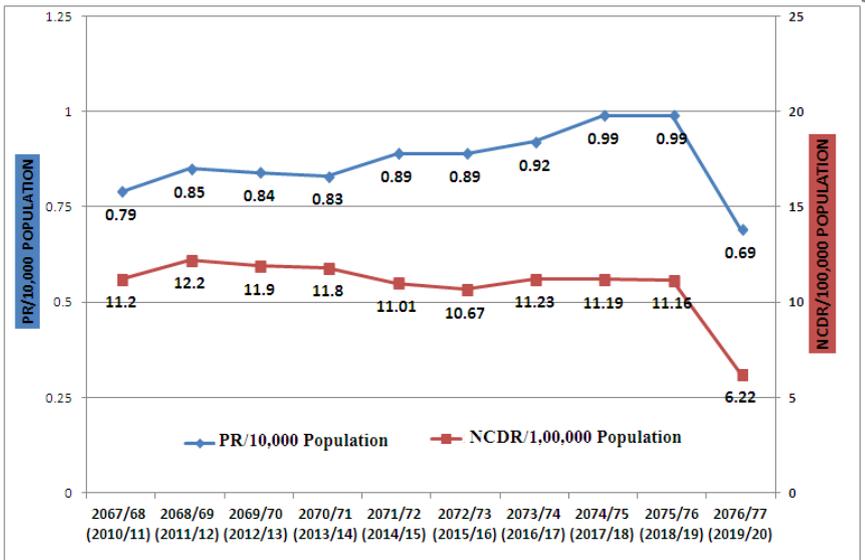
**Table 2: Province-wise distribution of new leprosy cases 2076/77 (2019/2020)**

Province	New Cases			NCDR/ 100000	Total New Cases:			Proportion of		
	MB	PB	Total		Female	Child	G2D	New Female	New Child	New G2D
Province-1	214	70	284	5.7	124	21	17	43.66	7.39	5.99
Province-2	331	269	600	9.66	268	58	30	44.67	9.67	5.00
Bagmati Province	183	25	208	3.26	77	13	21	37.02	6.25	10.10
Gandaki Province	87	4	91	3.62	42	5	4	46.15	5.49	4.40
Lumbini Province	310	168	478	9.43	190	28	19	39.75	5.86	3.97
Karnali Province	47	8	55	3.06	23	6	5	41.82	10.91	9.09
Sudur Pashchim Province	113	24	137	4.71	46	10	5	33.58	7.30	3.65
<b>Total</b>	<b>1285</b>	<b>568</b>	<b>1853</b>	<b>6.22</b>	<b>770</b>	<b>141</b>	<b>101</b>	<b>41.55</b>	<b>7.61</b>	<b>5.45</b>

## Trend In Prevalence and Case Detection

The trend of new case detection and the number of registered cases in the last nine years had remained stagnant. The prevalence rate and new case detection rate had decreased this year to 0.69 and 6.22 respectively which might be due to the lockdown imposed during COVID-19 pandemic. 19 relapse cases were recorded in the year 2076/77 (2019/20).

**Figure 5 : Trend in new leprosy case detection rate and prevalence rate 2067/68-2075/76(2010/11-2018/19)**

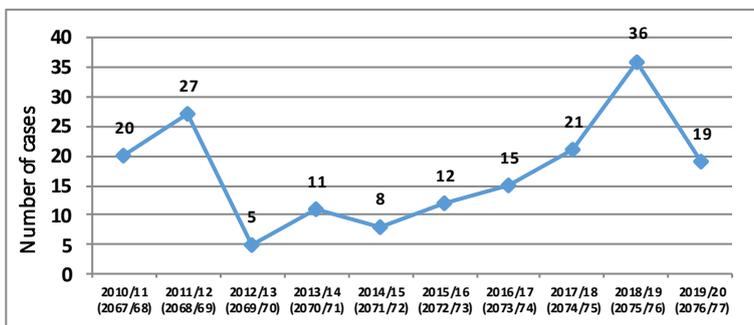


## Relapse and Re-starter Cases

Relapse cases had decreased in the current as compared to last year. 19 relapse cases were reported this year from the report gathered from 7 Province Health Directorates as confirmed via Anandaban Leprosy Hospital which is the only one designated sentimental site for lab confirmation for relapse case in Nepal. The trend of relapse cases is increasing which is shown in below graph.

60 patients had restarted MDT in the current year. Province-2 and Lumbini Province reported highest re-starter cases of 27 and 24 respectively.

**Figure 6: Trend in relapse cases from 2067/68-076/77 (2010/11-2019/20)**



### New Grade 2 Disability

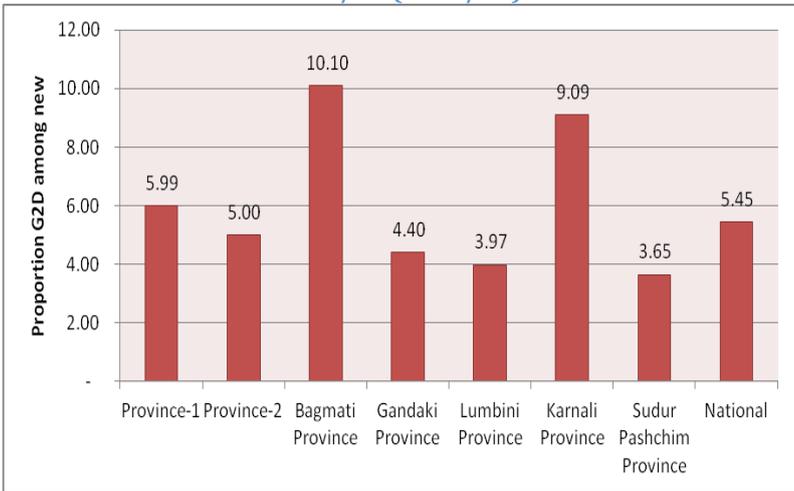
Leprosy cases which are not detected during early stage may result in disabilities. Early detection, timely and complete treatment of leprosy are significant factors for preventing disabilities. The Proportion of Grade 2 Disability (G2D) among new cases and the rate of G2D per 10,00,000 population are major monitoring indicators of early case detection. During the fiscal year 2076/77, 101 cases of visible disability (G2D) were recorded with a proportion among new cases of 5.45% nationally and G2D rate 3.40 per million population. 6 new G2D child cases were detected equivalent to 0.32 proportion of new child G2D cases.

Bagmati Province has reported the highest proportion of G2D with 10.10% followed by Karnali province of 9.09%.

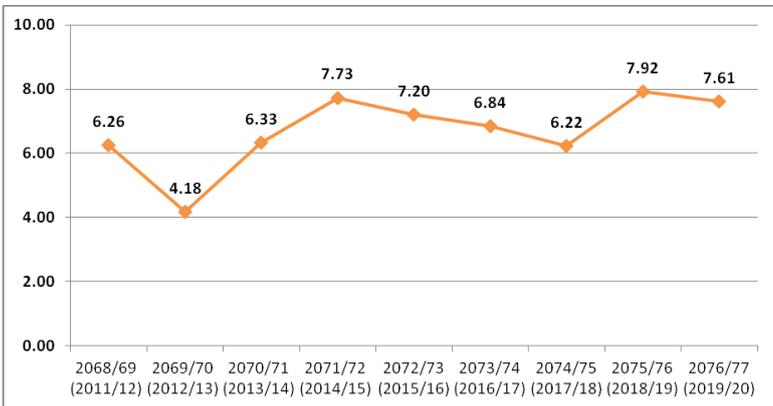
**Figure 7: Trend in Grade 2 Disability proportion from 2068/69 to 2076/077 (2011/12-2019/20)**



**Figure 8: Province wise status of proportion of new G2D in 2076/77 (2019/20)**



**Figure 9: Trend in child proportion from 2068/69 to 2076/077 (2011/12-2019/20)**



A total of 141 new child cases were diagnosed in 2076/77 (2019/2020) resulting to 7.61% of new cases. There had been decrease in this rate than the previous year and the trend is fluctuating.

### Released from Treatment cases

Out of 5264 cases taking MDT, 2817 (MB=1780 and PB=1037) cases completed MDT regime and were released from treatment. The remaining 2044 cases are undergoing treatment. Total transferred out cases were 84, number of defaulter cases was 153 and other deductions were 166 (excluding defaulters and transferred outs) which include death, double registration, recycle and wrong diagnosis.

### Reaction and complication cases

During this year, total 1812 leprae reaction cases (Type-1: 1067 cases of Type 2: 745 cases) were treated at different referral centers as indicated in the table. The patients were provided with NRs. 1000/- after the admission to hospital for the treatment and management.

**Table 3: Reaction Cases reported by different leprosy referral centers**

Referral Centres	Leprae Reaction		Total treated
	Type-1	Type-2	
Anandaban Hospital, Lalitpur	58	182	240
Green Pasture Hospital, Pokhara	544	384	928
Shining Hospital, Nepalgunj	138	175	313
Shining Hospital INF, Surkhet	48	109	157
Lalgadh Hospital, Dhanusa	356	58	414
Seti Zonal Hospital	20	44	64
Koshi Zonal Hospital, Biratnagar	33	15	48
<b>Total cases</b>	<b>1153</b>	<b>967</b>	<b>2120</b>

### Foreign Cases

Every year new foreign cases are treated in Nepal. These foreign cases are assumed to be from India who seek treatment in Nepal due to open cross border area as well as stigma in their community. Some were migrant and daily wages workers. The cases are not counted in the new cases reported in our health information system.

This year, 451 new foreign cases were diagnosed and treated from referral centres and leprosy hospitals as follows.

**Table 4: Foreign cases diagnosed and treated in referral centres and hospitals**

<b>Institutions</b>	<b>MB</b>	<b>PB</b>	<b>Total</b>
Shining Hospital INF Nepalgunj	14	6	20
Shining Hospital INF Surkhet	-	-	0
Green Pastures Hospital, Pokhara	-	-	0
Koshi Zonal Hospital, Biratnagar	127	48	175
Seti Zonal Hospital, Dhangadi	3	1	4
Lalgadh Leprosy Hospital and Service Centre	149	103	252
Anandaban Leprosy Hospital, Lalitpur	0	0	0
<b>Total</b>	<b>293</b>	<b>158</b>	<b>451</b>

### **Some issues in new case detection and prevalence of cases**

A field verification and validation of records and cases were performed in the current fiscal year. The prospective data verification and case validation activity was conducted in some endemic districts of Terai belt which shows

- Over Diagnosis
- Over holding of cases/RFT due
- Recycled cases/double registration
- Cross border cases need to be addressed
- Under reporting of leprosy cases in Integrated Health Management Information System

## **Strength, Weakness, Challenges, Future course of action and Opportunities**

### **Strength**

- Commitment from political level –government's commitment to Bangkok Declaration for Leprosy
- Accessible leprosy service
- Free MDT, transport allowance for regular free from treatment cases and other services for treating complications
- Uninterrupted supply of MDT

- Good communication and collaboration among supporting partners
- Improved participation of leprosy affected people in national programme
- Steering, coordination and technical committees
- Contact examination/ surveillance of patient, family members and neighbours
- Leprosy Post-Exposure Prophylaxis

### **Weaknesses**

- Low priority for leprosy programme
- Low motivation of health workers
- Very few rehabilitation activities
- Inadequate training and orientation for newly recruited health workers and refresher trainings for focal persons and managers
- Poor institutional set-up and inadequate human resources
- Problem for reaction and complication management at periphery level
- Poor recording, reporting and contact examination activities
- Poor coverage and monitoring of LPEP in implementing districts
- Under and over reporting of leprosy data in HMIS
- Poor IEC activities

### **Challenges**

- To sustain the elimination achieved at national level and achieve elimination at municipality level
- To maintain access and quality of services in low endemic mountain and hill districts
- To strengthen surveillance and logistics
- To further reduce stigma and discrimination against affected persons and their families
- Insufficient activities in low endemic districts for reducing the disease burden
- Strengthening of index case & contact surveillance, recording and reporting system

## **Future course of action and opportunities**

- Intensify IEC activities to raise community awareness on early diagnosis and treatment, the prevention of disability and rehabilitation services
- Strengthen early case detection by focusing on pocket areas  
Develop an intensified case search activity for the municipality level elimination
- Promote community participation in the National Leprosy Elimination Programme.
- Improve the access of unreached, marginalized and vulnerable groups to leprosy services.
- Intensify the involvement of people affected by leprosy in leprosy programmes.
- Build the capacity of health workers for early case detection, management and community based rehabilitation.
- Carry out operational research on specific issues for delivering quality services.
- Expand commitments for implementation of chemoprophylaxis /LPEP to protect contacts and break transmission.
- Intensify vocational education and income generation activities for people affected by leprosy.
- Ensure resource mobilization, partnership and participation of local government and collaboration with new partners including Global partnership for zero leprosy
- Strengthen the capacity of LCDMS for effective implementation of national policies and strategies.
- Strengthen surveillance in low endemic districts and areas.
- Strengthen the evidence-based (laboratory confirmed) reporting of relapse cases.
- Address cross-border issues.
- Sustain the newly initiated programme and services e.g. satellite services, interactions with medical college/ hospitals, joint monitoring, training and observation in partnership approach.
- Strengthen referral hospital (efficiency, quality service in handed over provincial hospitals) and proper referral mechanism.
- Expand the coverage of rehabilitation service dataset module of HMIS
- Development of rehabilitation clinical protocols, procedures and national standard on the assistive technology

- Strengthen the existing physiotherapy units and promote the establishment of new units in government hospital
- Focus on the multidisciplinary approach of rehabilitation
- Support the assistive product service provision through rehabilitation centers/hospital
- Integrate the basic rehabilitation service into the primary health care
- Promote the continuing professional development of rehabilitation professionals
- Develop the national rehabilitation strategic plan
- Conduct the operational research related to rehabilitation and disability

## **Conclusion**

Overall, leprosy control programme has been sustaining elimination at national level and on the track to achieve the majority of its objectives. However, elimination at sub-national/municipality level is still a challenge. 10 districts have prevalence above 1 case/10,000 population. Similarly, Grade 2 disability rate has not decreased in order to achieve the target set in NLS 2016-2020 and 9 districts have NCDR>10 per 1,00,000 population which indicates that there is a need to expand and strengthen the early case detection and treatment activities to achieve elimination status and control leprosy in the sub-national/municipality level.

Early interventions including chemoprophylaxis need to be scaled up rapidly with implementation of intensified leprosy active case search campaign. The partnership with supporting organizations and leprosy affected people is strong backbone of the programme. The collaboration is well functioning.

Similarly, the activities related to disability and rehabilitation programme need to be intensified in all levels in collaboration with partnership of all stakeholders, beneficiary group and actors.

# **ANNEXES**



**ANNEX 1: Annual Target v/s Achievement:**  
**Central level FY 2076/77 (2019/20)**

SN	Activity	Unit	Annual Target	Achievement	%
1	Procurement of Printer, Projector, Photocopy	Pcs	1	-	-
2	Procurement of Laptop	Pcs	7	-	-
3	Support service staff on contract basis	Person	3	1	33%
4	Technical Supervision, monitoring and case validation	Times	10	6	60%
5	Trimester review meeting	Times	4	0	0%
6	Printing & Dissemination of IEC materials related to Skin Disease, Leprosy, Disability, Injury and Rehabilitation	Times	3	0	0%
7	Delivery and management of MDT drugs	Times	2	2	100%
8	Public Awareness Programme during World Leprosy Day and Disability Day	Times	3	3	100%
9	Public awareness and publicity related to Leprosy programme	Times	3	1	33%
10	Meetings of Steering, Technical, Coordination Committees and coordination with partners	Times	3	3	100%
11	Operational Research	Times	1	0	0%
12	Leprosy Orientation programme during seminar of dermatologists	Times	1	1	100%
13	Development of Information system related to Skin Disease, Leprosy, Disability, Injury and Rehabilitation	Times	3	0	0%
14	MTOT to healthworkers on Skin Disease, Leprosy, Disability, Injury and Rehabilitation	Times	3	0	0%
15	Amendment of Disability policy and strategy, Printing and Dissemination of Annual report, bulletin and programme implementation Guideline	Times	3	2	67%
16	Orientation on Leprosy Post-Exposure Prophylaxis on its Planning and Monitoring	Times	3	2	67%
17	Leprosy Elimination Programme	Times	3	1	33%

**Annex 2: Annual Activities and Budget of Leprosy Control  
and Disability Management : Central level FY 2076/77  
(2019/20)**

S N	Activity	Unit	Annual Target	Annual Budget in 1000
1.	Technical monitoring and Leprosy Case Validation	Times	3	1800
2	Trimester work performance review meeting	Times	3	1420
3	Development / printing of IEC materials related to Skin disease , Leprosy disease, Disability , Injury & Rehabilitation	Times	1	700
4	Management of MDT drugs	Times	3	500
5	Leprosy awareness activities	Times	1	500
6	Public awareness programme during World Leprosy & International disability day celebration	Times	2	600
7	Technical committee, Steering Committee & partners Co-ordination meeting	Times	1	200
8	Operational Research	Times	1	1000
9	Development of Information Systems related to Disability, Dermatology, Leprosy & Rehabilitation	Times	1	200
10	MTOT to health workers on Disability, Dermatology, Leprosy & Rehabilitation	Times	1	400
11	Amendment of Disability Policy & Strategy, printing Annual report and Bulletin			
12	Orientation on Post- Exposure Prophylaxis on its planning and Monitoring	Times	2	1000
13	Development and printing of SOPs and Protocols related to Rehabilitation and Disability	Times	3	1500

S N	Activity	Unit	Annual Target	Annual Budget in 1000
14	Development of training manual related to leprosy, disability and rehabilitation	Times	1	500
15	Leprosy Elimination Programme	Times	1	6500
16	National seminar for Dermatologist	Times	1	300
<b>Total</b>				

### Annex 3 : Cumulative of Released from Treatment (RFT) cases

Year	Number of RFT cases	Remarks
From 2039/40 - 2067/68	1,65,000	Since inception of MDT, reference annual report since FY 2067/68
2068/69	3190	
2069/70	3374	
2070/71	3187	
2071/72	2800	
2072/73	2902	
2073/74	3040	
2074/75	2852	
2075/76	3221	
2076/77	2817	
<b>Total</b>	<b>27,383</b>	

### Annex 4: Leprosy Data and indicators (2066/67 - 2075/76)

Indicators	2068/69 (2011/12)	2069/70 (2012/13)	2070/71 (2013/14)	2071/72 (2014/15)	2072/73 (2015/16)	2073/74 (2016/17)	2074/75 (2017/18)	2075/76 (2018/19)	2076/77 (2019/20)
New patients	3,481	3,253	3,223	3,053	3,054	3215	3249	3282	1853
New case detection rate	12.2	11.9	11.8	11.01	10.67	11.23	11.19	11.16	6.22
Under Treatment cases at the end	2,430	2,228	2,271	2,461	2,559	2626	2882	2921	2044
PR/10,000 population	0.85	0.82	0.83	0.89	0.89	0.92	0.99	0.99	0.69
New child cases	218	136	204	236	220	220	202	260	141
Proportion child cases	6.26	4.18	6.33	7.73	7.20	6.84	6.22	7.92	7.61
New G2D cases	110	94	109	135	109	87	133	156	101
Proportion G2D cases	3.16	2.89	3.38	4.42	3.57	2.71	4.09	4.75	5.45
G2D rate/100,0000	3.9	3.5	4.0	4.9	3.8	3.04	4.58	5.30	3.39
New G2D Child cases	N/A	N/A	N/A	N/A	N/A	N/A	2	2	6
Proportion of G2D Child	N/A	N/A	N/A	N/A	N/A	N/A	0.06	0.06	0.32
New female cases	1,100	1,004	1,143	1,100	1,169	1348	1375	1376	770
Proportion female cases	31.6	30.8	35.46	36.03	38.28	41.93	42.32	34.83	41.55
Released from treatment	3,190	3,374	3187	2,800	2,902	3040	2852	3221	2817
No. Defaulters	24	43	24	38	44	57	93	142	153
No. relapse cases	25	14	11	8	12	15	21	36	19

## Annex 5: Annual, Province and District Leprosy Statistics FY 2076/77 ( 2019/20)

### Annex 5.1: Annual National Leprosy Statistics of FY 2076/77 ( 2019/20)

Province	Type	Patients at end of previous year	New Cases	Relapse case	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	Child among New Cases	G2D among new cases	G2D Child among new cases	Female among new cases
Province-1	MB	345	214	5	4	29	597	303	11	10	29	353	244	12	72	45	10	17	1	89
	PB	81	70	0	0	18	169	108	1	10	3	122	47	11	29	4	11	0	0	35
	<b>Total</b>	<b>426</b>	<b>284</b>	<b>5</b>	<b>4</b>	<b>47</b>	<b>766</b>	<b>411</b>	<b>12</b>	<b>20</b>	<b>32</b>	<b>475</b>	<b>291</b>	<b>23</b>	<b>101</b>	<b>49</b>	<b>21</b>	<b>17</b>	<b>1</b>	<b>124</b>
Province-2	MB	634	331	5	17	73	1060	573	6	24	35	638	422	15	75	58	15	30	2	135
	PB	543	269	0	10	60	882	601	25	64	60	750	132	43	31	6	43	0	0	133
	<b>Total</b>	<b>1177</b>	<b>600</b>	<b>5</b>	<b>27</b>	<b>133</b>	<b>1942</b>	<b>1174</b>	<b>31</b>	<b>88</b>	<b>95</b>	<b>1388</b>	<b>554</b>	<b>58</b>	<b>106</b>	<b>64</b>	<b>58</b>	<b>30</b>	<b>2</b>	<b>268</b>
Bagmati Province	MB	285	183	2	4	136	610	252	1	2	8	263	347	15	103	66	13	21	2	61
	PB	9	25	0	0	9	43	21	0	0	2	23	20	0	3	0	0	0	0	16
	<b>Total</b>	<b>294</b>	<b>208</b>	<b>2</b>	<b>4</b>	<b>145</b>	<b>653</b>	<b>273</b>	<b>1</b>	<b>2</b>	<b>10</b>	<b>286</b>	<b>367</b>	<b>15</b>	<b>106</b>	<b>66</b>	<b>13</b>	<b>21</b>	<b>2</b>	<b>77</b>
Gandaki Province	MB	96	87	0	1	6	190	86	1	2	1	90	100	9	45	19	5	4	0	42
	PB	5	4	0	0	0	9	8	0	0	1	9	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>101</b>	<b>91</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>199</b>	<b>94</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>99</b>	<b>100</b>	<b>9</b>	<b>45</b>	<b>19</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>42</b>

Province	Type	Patients at end of previous year	New Cases	Relapse case	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	Child among New Cases	G2D among new cases	G2D Child among new cases	Female among new cases
Province-5	MB	380	310	2	22	55	769	368	16	17	13	414	355	12	145	92	12	19	1	106
	PB	147	168	0	2	7	324	225	16	9	9	259	65	16	41	6	16	0	0	84
	<b>Total</b>	<b>527</b>	<b>478</b>	<b>2</b>	<b>24</b>	<b>62</b>	<b>1093</b>	<b>593</b>	<b>32</b>	<b>26</b>	<b>22</b>	<b>673</b>	<b>420</b>	<b>28</b>	<b>186</b>	<b>98</b>	<b>28</b>	<b>19</b>	<b>1</b>	<b>190</b>
Karnali Province	MB	89	47	1	0	6	143	58	5	1	0	64	79	4	19	13	4	5	0	16
	PB	6	8	0	0	0	14	9	0	0	0	9	5	2	4	0	2	0	0	7
	<b>Total</b>	<b>95</b>	<b>55</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>157</b>	<b>67</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>73</b>	<b>84</b>	<b>6</b>	<b>23</b>	<b>13</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>23</b>
Sudur Pashchim Province	MB	242	113	4	0	7	366	140	2	13	5	160	206	4	13	10	8	5	0	39
	PB	59	24	0	0	5	88	65	0	1	0	66	22	0	0	0	2	0	0	7
	<b>Total</b>	<b>301</b>	<b>137</b>	<b>4</b>	<b>0</b>	<b>12</b>	<b>454</b>	<b>205</b>	<b>2</b>	<b>14</b>	<b>5</b>	<b>226</b>	<b>228</b>	<b>4</b>	<b>13</b>	<b>10</b>	<b>10</b>	<b>5</b>	<b>0</b>	<b>46</b>
National 2076/77	<b>MB</b>	2071	1285	19	48	312	3735	1780	42	69	91	1982	1753	71	472	303	67	101	6	488
	<b>PB</b>	850	568	0	12	99	1529	1037	42	84	75	1238	291	72	108	16	74	0	0	282
	<b>Total</b>	<b>2921</b>	<b>1853</b>	<b>19</b>	<b>60</b>	<b>411</b>	<b>5264</b>	<b>2817</b>	<b>84</b>	<b>153</b>	<b>166</b>	<b>3220</b>	<b>2044</b>	<b>143</b>	<b>580</b>	<b>319</b>	<b>141</b>	<b>101</b>	<b>6</b>	<b>770</b>

### Annex 5.2: Annual National Leprosy Indicators of FY 2076/77 ( 2019/20)

Province	Population	New Case Detection Rate per 100,000 population	Prevalence Rate per 10,000 population	MB proportion among new	Child proportion among new	Proportion G2D among new	Proportion G2D Child among new	Defaulter proportion	Female Proportion among new	G2D Rate per million Population
<b>Province-1</b>	4921498	5.77	0.59	75.35	7.39	5.99	0.35	4.69	43.66	3.45
<b>Province-2</b>	6209507	9.66	0.89	55.17	9.67	5.00	0.33	7.48	44.67	4.83
<b>Bagmati Province</b>	6387632	3.26	0.57	87.98	6.25	10.10	0.96	0.68	37.02	3.29
<b>Gandaki Province</b>	2511136	3.62	0.40	95.60	5.49	4.40	-	1.98	46.15	1.59
<b>Province-5</b>	5066640	9.43	0.83	64.85	5.86	3.97	0.21	4.93	39.75	3.75
<b>Karnali Province</b>	1796822	3.06	0.47	85.45	10.91	9.09	-	1.05	41.82	2.78
<b>Sudur Pashchim Province</b>	2910497	4.71	0.78	82.48	7.30	3.65	-	4.65	33.58	1.72
<b>National 2076/77</b>	<b>29803732</b>	<b>6.22</b>	<b>0.69</b>	<b>69.35</b>	<b>7.61</b>	<b>5.45</b>	<b>0.32</b>	<b>5.24</b>	<b>41.55</b>	<b>3.39</b>

### Annex 5.3: Annual Leprosy Statistics of FY 2076/77 ( 2019/20): Province-1

District	Type	Patients at end of previous year		Relapse	Restarter	Transferred In	Total Registered	RFT	Transferred Out	Defaulter	Other Deduction	Total Deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	New Child Case	Grade 2 Disability among new	G2D Child among new	Female among new
			New Cases																	
Bhojpur	MB	2	1	0	0	1	4	2	1	0	0	3	1	1	1	0	1	0	0	1
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
Dhankuta	MB	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Ilam	MB	3	1	0	1	0	5	2	0	0	0	2	3	0	1	1	0	0	0	1
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Jhapa	MB	148	105	1	1	1	256	125	0	0	6	131	125	5	7	7	5	6	0	45
	PB	29	35	0	0	8	72	50	0	4	0	54	18	1	3	2	1	0	0	19
	<b>Total</b>	<b>177</b>	<b>140</b>	<b>1</b>	<b>1</b>	<b>9</b>	<b>328</b>	<b>175</b>	<b>0</b>	<b>4</b>	<b>6</b>	<b>185</b>	<b>143</b>	<b>6</b>	<b>10</b>	<b>9</b>	<b>6</b>	<b>6</b>	<b>0</b>	<b>64</b>
Khotang	MB	1	0	1	0	0	2	1	0	0	0	1	1	0	0	0	0	0	0	0
	PB	2	0	0	0	0	2	2	0	0	0	2	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Morang	MB	115	64	0	0	13	192	91	0	9	15	115	77	4	42	25	4	5	1	24
	PB	41	27	0	0	4	72	40	0	6	0	46	26	8	21	1	8	0	0	12
	<b>Total</b>	<b>156</b>	<b>91</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>264</b>	<b>131</b>	<b>0</b>	<b>15</b>	<b>15</b>	<b>161</b>	<b>103</b>	<b>12</b>	<b>63</b>	<b>26</b>	<b>12</b>	<b>5</b>	<b>1</b>	<b>36</b>

District	Type	Patients at end of previous year	New Cases	Relapse	Restarter	Transferred In	Total Registered	RFT	Transferred Out	Defaulter	Other Deduction	Total Deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	New Child Case	Grade 2 Disability among new	G2D Child among new	Female among new
Okhaldhunga	MB	3	1	3	0	2	9	5	2	0	2	9	0	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Panchthar	MB	2	0	0	0	1	3	1	0	0	0	1	2	0	0	0	0	0	0	0
	PB	0	0	0	0	2	2	0	0	0	0	0	2	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
S.Shava	MB	1	0	0	1	0	2	2	0	0	0	2	0	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Solukhumbu	MB	2	0	0	0	0	2	2	0	0	0	2	0	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	
Sunsari	MB	32	36	0	1	9	78	36	8	0	6	50	28	0	20	11	0	6	0	16
	PB	4	4	0	0	0	8	6	0	0	1	7	1	2	4	1	2	0	0	2
	<b>Total</b>	<b>36</b>	<b>40</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>86</b>	<b>42</b>	<b>8</b>	<b>0</b>	<b>7</b>	<b>57</b>	<b>29</b>	<b>2</b>	<b>24</b>	<b>12</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>18</b>
Taplejung	MB	1	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	

District	Type	Patients at end of previous year	New Cases	Relapse	Restarter	Transferred In	Total Registered	RFT	Transferred Out	Defaulter	Other Deduction	Total Deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	New Child Case	Grade 2 Disability among new	G2D Child among new	Female among new
Terhathum	MB	1	1	0	0	0	2	1	0	0	0	1	1	0	0	0	0	0	0	0
	PB	0	1	0	0	3	4	3	0	0	1	4	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Udayapur	MB	34	4	0	0	2	40	34	0	1	0	35	5	2	1	1	0	0	0	1
	PB	5	3	0	0	1	9	7	1	0	1	9	0	0	1	0	0	0	0	2
	<b>Total</b>	<b>39</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>49</b>	<b>41</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>44</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Total cases	MB	345	214	5	4	29	597	303	11	10	29	353	244	12	72	45	10	17	1	89
	PB	81	70	0	0	18	169	108	1	10	3	122	47	11	29	4	11	0	0	35
	<b>Total</b>	<b>426</b>	<b>284</b>	<b>5</b>	<b>4</b>	<b>47</b>	<b>766</b>	<b>411</b>	<b>12</b>	<b>20</b>	<b>32</b>	<b>475</b>	<b>291</b>	<b>23</b>	<b>101</b>	<b>49</b>	<b>21</b>	<b>17</b>	<b>1</b>	<b>124</b>

### Annex 5.4 : Annual Leprosy Statistics of FY 2076/77 ( 2019/20): Province-2

District	Type	Patients at end previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other deduction	Total deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	New Child Case	Grade 2 Disability among new	G2D Child among new	Female among new
BARA	MB	116	55	0	2	29	202	132	1	3	17	153	49	4	5	2	4	3	1	33
	PB	74	43	0	1	17	135	95	12	1	10	118	17	4	3	1	4	0	0	23
	<b>Total</b>	<b>190</b>	<b>98</b>	<b>0</b>	<b>3</b>	<b>46</b>	<b>337</b>	<b>227</b>	<b>13</b>	<b>4</b>	<b>27</b>	<b>271</b>	<b>66</b>	<b>8</b>	<b>8</b>	<b>3</b>	<b>8</b>	<b>3</b>	<b>1</b>	<b>56</b>
DHANUSHA	MB	123	58	0	2	9	192	97	3	5	1	106	86	1	31	20	1	7	0	18
	PB	166	55	0	6	5	232	143	0	31	21	195	37	16	8	0	16	0	0	29
	<b>Total</b>	<b>289</b>	<b>113</b>	<b>0</b>	<b>8</b>	<b>14</b>	<b>424</b>	<b>240</b>	<b>3</b>	<b>36</b>	<b>22</b>	<b>301</b>	<b>123</b>	<b>17</b>	<b>39</b>	<b>20</b>	<b>17</b>	<b>7</b>	<b>0</b>	<b>47</b>
MAHOTTARI	MB	45	27	1	0	12	85	45	0	5	4	54	31	2	4	4	2	2	1	8
	PB	51	23	0	1	9	84	52	1	16	0	69	15	6	9	0	6	0	0	16
	<b>Total</b>	<b>96</b>	<b>50</b>	<b>1</b>	<b>1</b>	<b>21</b>	<b>169</b>	<b>97</b>	<b>1</b>	<b>21</b>	<b>4</b>	<b>123</b>	<b>46</b>	<b>8</b>	<b>13</b>	<b>4</b>	<b>8</b>	<b>2</b>	<b>1</b>	<b>24</b>
PARSA	MB	78	46	1	6	3	134	46	0	7	3	56	78	0	2	3	0	1	0	16
	PB	65	43	0	1	1	110	75	0	9	7	91	19	3	0	0	3	0	0	18
	<b>Total</b>	<b>143</b>	<b>89</b>	<b>1</b>	<b>7</b>	<b>4</b>	<b>244</b>	<b>121</b>	<b>0</b>	<b>16</b>	<b>10</b>	<b>147</b>	<b>97</b>	<b>3</b>	<b>2</b>	<b>3</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>34</b>
RAUTAHAT	MB	75	44	0	0	4	123	64	2	0	9	75	48	6	5	4	6	4	0	17
	PB	42	26	0	0	5	73	55	4	0	4	63	10	3	0	0	3	0	0	11
	<b>Total</b>	<b>117</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>196</b>	<b>119</b>	<b>6</b>	<b>0</b>	<b>13</b>	<b>138</b>	<b>58</b>	<b>9</b>	<b>5</b>	<b>4</b>	<b>9</b>	<b>4</b>	<b>0</b>	<b>28</b>

District	Type	Patients at end previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other deduction	Total deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	New Child Case	Grade 2 Disability among new	G2D Child among new	Female among new
SAPTARI	MB	60	28	1	4	7	100	59	0	0	0	59	41	0	8	8	0	7	0	14
	PB	3	18	0	1	3	25	10	5	0	4	19	6	1	3	2	1	0	0	9
	<b>Total</b>	<b>63</b>	<b>46</b>	<b>1</b>	<b>5</b>	<b>10</b>	<b>125</b>	<b>69</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>78</b>	<b>47</b>	<b>1</b>	<b>11</b>	<b>10</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>23</b>
SARLAHI	MB	83	37	0	3	6	129	76	0	4	0	80	49	2	9	6	2	3	0	12
	PB	88	44	0	0	8	140	104	0	7	12	123	17	5	7	3	5	0	0	19
	<b>Total</b>	<b>171</b>	<b>81</b>	<b>0</b>	<b>3</b>	<b>14</b>	<b>269</b>	<b>180</b>	<b>0</b>	<b>11</b>	<b>12</b>	<b>203</b>	<b>66</b>	<b>7</b>	<b>16</b>	<b>9</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>31</b>
SIRAHA	MB	54	36	2	0	3	95	54	0	0	1	55	40	0	11	11	0	3	0	17
	PB	54	17	0	0	12	83	67	3	0	2	72	11	5	1	0	5		0	8
	<b>Total</b>	<b>108</b>	<b>53</b>	<b>2</b>	<b>0</b>	<b>15</b>	<b>178</b>	<b>121</b>	<b>3</b>	<b>0</b>	<b>3</b>	<b>127</b>	<b>51</b>	<b>5</b>	<b>12</b>	<b>11</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>25</b>
Province -2 Total	MB	634	331	5	17	73	1060	573	6	24	35	638	422	15	75	58	15	30	2	135
	PB	543	269	0	10	60	882	601	25	64	60	750	132	43	31	6	43	0	0	133
	<b>Total</b>	<b>1177</b>	<b>600</b>	<b>5</b>	<b>27</b>	<b>133</b>	<b>1942</b>	<b>1174</b>	<b>31</b>	<b>88</b>	<b>95</b>	<b>1388</b>	<b>554</b>	<b>58</b>	<b>106</b>	<b>64</b>	<b>58</b>	<b>30</b>	<b>2</b>	<b>268</b>

### Annex 5.5 : Annual Leprosy Statistics of FY 2076/77 ( 2019/20) : Bagmati Province

District	Type	Patients at end previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other deduction	Total deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	New Child Case	Total G2D among new	G2D Child among new	Female among new
BHAKTAPUR	MB	4	0	0	0	0	4	2	0	0	0	2	2	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
CHITWAN	MB	59	37	1	0	2	99	47	0	2	5	54	45	2	0	0	2	0	0	17
	PB	4	15	0	0	0	19	13	0	0		13	6	0	0	0	0	0	0	10
	<b>Total</b>	<b>63</b>	<b>52</b>	<b>1</b>	<b>0</b>	<b>2</b>	<b>118</b>	<b>60</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>67</b>	<b>51</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>27</b>
DHADING	MB	3	11	1	0	1	16	5	0	0	3	8	8	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>8</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
DOLKHA	MB	3	3	0	0	0	6	2	0	0	0	2	4	0	0	0	0	0	0	2
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
KATHMANDU	MB	99	9	0	0	0	108	82	1	0	0	83	25	1	3	1	1	0	0	4
	PB	1	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
	<b>Total</b>	<b>100</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>109</b>	<b>82</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>83</b>	<b>26</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>4</b>
KAVRE	MB	0	2	0	0	0	2	0	0	0	0	0	2	0	0	0	0	0	0	2
	PB	0	1	0	0	1	2	0	0	0	0	0	2	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>

District	Type	Patients at end previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other deduction	Total deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	New Child Case	Total G2D among new	G2D Child among new	Female among new
LALITPUR	MB	94	110	0	4	121	329	94	0	0	0	94	235	12	99	63	10	21	2	33
	PB	2	6	0	0	4	12	2	0	0	2	4	8	0	3	0	0	0	0	5
	<b>Total</b>	<b>96</b>	<b>116</b>	<b>0</b>	<b>4</b>	<b>125</b>	<b>341</b>	<b>96</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>98</b>	<b>243</b>	<b>12</b>	<b>102</b>	<b>63</b>	<b>10</b>	<b>21</b>	<b>2</b>	<b>38</b>
MAKWANPUR	MB	12	2	0	0	0	14	6	0	0	0	6	8	0	0	0	0	0	0	1
	PB	0	2	0	0	2	4	2	0	0	0	2	2	0	0	0	0	0	0	1
	<b>Total</b>	<b>12</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>18</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
NUWAKOT	MB	3	1	0	0	0	4	2	0	0	0	2	2	0	0	1	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
RAMECHHAP	MB	0	1	0	0	7	8	1	0	0	0	1	7	0	0	0	0	0	0	1
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
RASUWA	MB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
SINDHULI	MB	8	7	0	0	5	20	11	0	0	0	11	9	0	1	1	0	0	0	1
	PB	2	0	0	0	2	4	4	0	0	0	4	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>10</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>24</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

District	Type	Patients at end previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other deduction	Total deduction	Patients at the End of this FY	Total child	Smear Tested	Smear Positive	New Child Case	Total G2D among new	G2D Child among new	Female among new
SINDHUPAL CHOWK	MB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Province Total	MB	285	183	2	4	136	610	252	1	2	8	263	347	15	103	66	13	21	2	61
	PB	9	25	0	0	9	43	21	0	0	2	23	20	0	3	0	0	0	0	16
	<b>Total</b>	<b>294</b>	<b>208</b>	<b>2</b>	<b>4</b>	<b>145</b>	<b>653</b>	<b>273</b>	<b>1</b>	<b>2</b>	<b>10</b>	<b>286</b>	<b>367</b>	<b>15</b>	<b>106</b>	<b>66</b>	<b>13</b>	<b>21</b>	<b>2</b>	<b>77</b>

### Annex 5.6 : Annual Leprosy Statistics of FY 2076/77 ( 2019/20): Gandaki Province

District	Type	Patients at start of this year	New patients	Relapse	Restarter	Transferred in	Total	RFT	Transferred out	Defaulter	Other deduction	Total deduction	Patients at end of this FY	Total Child	Smear Tested	Smear Positive	New Child Case	Total G2D among new	New G2D Child	Female among new
Baglung	MB	6	2	0	0	0	8	5	0	0	0	5	3	0	0	0	0	0	0	2
	PB	1	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Gorkha	MB	5	4	0	0	5	14	4	0	0	0	4	10	0	1	1	0	0	0	0
	PB	1	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>15</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Kaski	MB	29	27	0	1	0	57	29	0	2	1	32	25	4	27	8	4	1	0	14
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>29</b>	<b>27</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>57</b>	<b>29</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>32</b>	<b>25</b>	<b>4</b>	<b>27</b>	<b>8</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>14</b>
Lamjung	MB	2	9	0	0	0	11	2	1	0	0	3	8	1	0	0	1	1	0	6
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>6</b>
Manang	MB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Mustang	MB	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

District	Type	Patients at start of this year	New patients	Relapse	Restarter	Transferred in	Total	RFT	Transferred out	Defaulter	Other deduction	Total deduction	Patients at end of this FY	Total Child	Smear Tested	Smear Positive	New Child Case	Total G2D among new	New G2D Child	Female among new
Myagdi	MB	5	10	0	0	0	15	5	0	0	0	5	10	0	0	0	0	0	0	5
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
Nawalpur	MB	28	10	0	0	1	39	27	0	0	0	27	12	3	3	3	0	0	0	7
	PB	1	4	0	0	0	5	4	0	0	1	5	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>29</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>44</b>	<b>31</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>32</b>	<b>12</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>
Parbat	MB	4	0	0	0	0	4	4	0	0	0	4	0	0	0	0	0	0	0	0
	PB	1	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Syangja	MB	6	9	0	0	0	15	5	0	0	0	5	10	1	0	0	0	2	0	3
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>3</b>
Tanahun	MB	11	15	0	0	0	26	5	0	0	0	5	21	0	14	7	0	0	0	5
	PB	1	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>12</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>27</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>21</b>	<b>0</b>	<b>14</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>
Gandaki Province Total	MB	96	87	0	1	6	190	86	1	2	1	90	100	9	45	19	5	4	0	42
	PB	5	4	0	0	0	9	8	0	0	1	9	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>101</b>	<b>91</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>199</b>	<b>94</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>99</b>	<b>100</b>	<b>9</b>	<b>45</b>	<b>19</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>42</b>

### Annex 5.7 : Annual Leprosy Statistics of FY 2076/77 ( 2019/20): Lumbini Province

Districts	Types	Patients at the end of previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patients at the end of this FY	Total child	Smear Tested	Smear Positive	New Child Case	G2D among new	New G2D Child	Female among new
Argha khachi	MB	4	1	0	0	0	5	4	0	0	0	4	1	0	1	0	0	0	0	1
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Banke	MB	114	71	0	4	1	190	106	0	6	0	112	78	3	49	31	3	3	0	29
	PB	11	62	0	2	0	75	41	15	1	3	60	15	4	23	5	4	0	0	34
	<b>Total</b>	<b>125</b>	<b>13</b>	<b>0</b>	<b>6</b>	<b>1</b>	<b>265</b>	<b>147</b>	<b>15</b>	<b>7</b>	<b>3</b>	<b>172</b>	<b>93</b>	<b>7</b>	<b>72</b>	<b>36</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>63</b>
Bardiya	MB	32	22	0	1	8	63	31	0	0	2	33	30	0	12	14	0	4	0	8
	PB	33	17	0	0	1	51	44	0	0	1	45	6	3	8	0	3	0	0	6
	<b>Total</b>	<b>65</b>	<b>39</b>	<b>0</b>	<b>1</b>	<b>9</b>	<b>114</b>	<b>75</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>78</b>	<b>36</b>	<b>3</b>	<b>20</b>	<b>14</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>14</b>
Dang	MB	16	18	0	0	2	36	16	0	1	0	17	19	0	11	5	0	2	0	4
	PB	3	2	0	0	0	5	4	0	1	0	5	0	0	1	0	0	0	0	0
	<b>Total</b>	<b>19</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>41</b>	<b>20</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>22</b>	<b>19</b>	<b>0</b>	<b>12</b>	<b>5</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4</b>
Gulmi	MB	1	4	0	0	0	5	1	2	0	0	3	2	0	1	1	0	0	0	3
	PB	1	1	0	0	0	2	2	0	0	0	2	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Kapil bastu	MB	56	56	0	5	16	133	69	5	2	2	78	55	4	11	7	4	1	1	19
	PB	44	29	0	0	4	77	55	0	3	1	59	18	5	0	0	5	0	0	14
	<b>Total</b>	<b>100</b>	<b>85</b>	<b>0</b>	<b>5</b>	<b>20</b>	<b>210</b>	<b>124</b>	<b>5</b>	<b>5</b>	<b>3</b>	<b>137</b>	<b>73</b>	<b>9</b>	<b>11</b>	<b>7</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>33</b>

Districts	Types	Patients at the end of previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patients at the end of this FY	Total child	Smear Tested	Smear Positive	New Child Case	G2D among new	New G2D Child	Female among new
Nawal parasi West	MB	42	31	2	1	4	80	26	4	5	4	39	41	0	9	4	0	5	0	10
	PB	11	24	0	0	1	36	21	1	3	1	26	10	3	5	0	3	0	0	11
	<b>Total</b>	<b>53</b>	<b>55</b>	<b>2</b>	<b>1</b>	<b>5</b>	<b>116</b>	<b>47</b>	<b>5</b>	<b>8</b>	<b>5</b>	<b>65</b>	<b>51</b>	<b>3</b>	<b>14</b>	<b>4</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>21</b>
Palpa	MB	10	15	0	1	1	27	10	1	0	0	11	16	0	15	11	0	1	0	0
	PB	1	3	0	0	0	4	1	0	0	0	1	3	0	2	0	0	0	0	1
	<b>Total</b>	<b>11</b>	<b>18</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>31</b>	<b>11</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>19</b>	<b>0</b>	<b>17</b>	<b>11</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>
Pyuthan	MB	10	10	0	0	6	26	10	3	0	0	13	13	1	9	6	1	0	0	6
	PB	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	1
	<b>Total</b>	<b>10</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>27</b>	<b>10</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>14</b>	<b>1</b>	<b>9</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>7</b>
Rolpa	MB	5	4	0	3	1	13	6	1	1	0	8	5	0	0	0	0	0	0	1
	PB	3	0	0	0	0	3	3	0	0	0	3	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>8</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>16</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>11</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Rupan dehi	MB	90	78	0	7	16	191	89	0	2	5	96	95	4	27	13	4	3	0	25
	PB	40	29	0	0	1	70	54	0	1	3	58	12	1	2	1	1	0	0	17
	<b>Total</b>	<b>130</b>	<b>10</b>	<b>0</b>	<b>7</b>	<b>17</b>	<b>261</b>	<b>143</b>	<b>0</b>	<b>3</b>	<b>8</b>	<b>154</b>	<b>107</b>	<b>5</b>	<b>29</b>	<b>14</b>	<b>5</b>	<b>3</b>	<b>0</b>	<b>42</b>
Rukum East	MB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Province Total	MB	380	31	2	22	55	769	368	16	17	13	414	355	12	145	92	12	19	1	106
	PB	147	16	0	2	7	324	225	16	9	9	259	65	16	41	6	16	0	0	84
	<b>Total</b>	<b>527</b>	<b>47</b>	<b>2</b>	<b>24</b>	<b>62</b>	<b>1093</b>	<b>593</b>	<b>32</b>	<b>26</b>	<b>22</b>	<b>673</b>	<b>420</b>	<b>28</b>	<b>186</b>	<b>98</b>	<b>28</b>	<b>19</b>	<b>1</b>	<b>190</b>

### Annex 5.8 : Annual Leprosy Statistics of FY 2076/77 ( 2019/20): Karnali Province

Districts	Types	Patients at the end of previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patients at the end of this FY	Total child	Smear Tested	Smear Positive	New Child Case	G2D among new	New G2D Child	Female among new
Dailekh	MB	10	7	0	0	1	18	7	0	0	0	7	11	0	6	3	0	2	0	1
	PB	1	1	0	0	0	2	1	0	0	0	1	1	0	1	0	0	0	0	0
	<b>Total</b>	<b>11</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>20</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>12</b>	<b>0</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>
Dolpa	MB	2	0	0	0	1	3	1	0	0	0	1	2	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Humla	MB	2	1	0	0	0	3	1	0	0	2	3	0	0	1	1	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Jajarkot	MB	16	7	0	0	3	26	11	0	4	1	16	10	2	2	2	2	1	0	2
	PB	2	1	0	0	0	3	2	0	1	0	3	0	0	1	0	0	0	0	1
	<b>Total</b>	<b>18</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>29</b>	<b>13</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>19</b>	<b>10</b>	<b>2</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>3</b>
Jumla	MB	5	1	0	0	0	6	2	0	0	0	2	4	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Kalikot	MB	10	8	0	0	0	18	4	0	0	1	5	13	0	4	4	0	2	0	4
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Districts	Types	Patients at the end of previous year	New Patients	Relapse	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patients at the end of this FY	Total child	Smear Tested	Smear Positive	New Child Case	G2D among new	New G2D Child	Female among new
	<b>Total</b>	<b>10</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>13</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>4</b>
<b>Mugu</b>	MB	3	0	0	0	0	3	3	0	0	0	3	0	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Rukum West</b>	MB	13	4	0	0	0	17	7	0	1	2	10	7	0	1	1	0	0	0	2
	PB	1	0	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>14</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>18</b>	<b>8</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>11</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
<b>Salyan</b>	MB	13	6	0	0	1	20	6	1	0	3	10	10	0	1	1	0	0	0	3
	PB	0	1	0	0	0	1	0	0	0	0	0	1	0	1	0	0	0	0	1
	<b>Total</b>	<b>13</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>21</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>10</b>	<b>11</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
<b>Surkhet</b>	MB	15	13	1	0	0	29	16	0	0	0	16	13	2	4	1	2	0	0	4
	PB	2	5	0	0	0	7	5	0	0	0	5	2	2	1	0	2	0	0	5
	<b>Total</b>	<b>17</b>	<b>18</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>36</b>	<b>21</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>21</b>	<b>15</b>	<b>4</b>	<b>5</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>9</b>
<b>Karnali Province</b>	<b>MB</b>	<b>89</b>	<b>47</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>143</b>	<b>58</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>64</b>	<b>79</b>	<b>4</b>	<b>19</b>	<b>13</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>16</b>
	<b>PB</b>	<b>6</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>7</b>
	<b>Total</b>	<b>95</b>	<b>55</b>	<b>1</b>	<b>0</b>	<b>6</b>	<b>157</b>	<b>67</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>73</b>	<b>84</b>	<b>6</b>	<b>23</b>	<b>13</b>	<b>6</b>	<b>5</b>	<b>0</b>	<b>23</b>

### Annex 5.9: Annual Leprosy Statistics of FY 2076/77 ( 2019/20):Sudur Paschim Province

Districts	Type	Patients at end of Previous Year	New Patients	Relapse	Re-start	Transferred In	Total Patients	RFT	Transferred Out	Defaulter	Other Deduction	Total Deduction	Patients at end of this FY	Total Child	Smear Done*	Smear Positive*	New Child Case	G2D among new cases	New G2D Child	New Female cases
Achham	MB	47	20	0	0	1	68	30	2	5	2	39	29	2	5	5	2	2	0	4
	PB	4	0	0	0	2	6	6	0	0	0	6	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>51</b>	<b>20</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>74</b>	<b>36</b>	<b>2</b>	<b>5</b>	<b>2</b>	<b>45</b>	<b>29</b>	<b>2</b>	<b>5</b>	<b>5</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>4</b>
Baitadi	MB	6	4	0	0	0	10	2	0	0	0	2	8	1	0	0	1	1	0	2
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>
Bajhang	MB	2	4	0	0	1	7	3	0	0	0	3	4	1	0	0	1	0	0	1
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
Bajura	MB	6	6	0	0	0	12	6	0	0	0	6	6	0	0	0	0	0	0	1
	PB	0	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	0	1
	<b>Total</b>	<b>6</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Dadeldhura	MB	6	0	0	0	0	6	4	0	1	0	5	1	0	0	0	0	0	0	0
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

Districts	Type	Patients at end of Previous Year	New Patients	Relapse	Re-start	Transferred In	Total Patients	RFT	Transferred Out	Defaulter	Other Deduction	Total Deduction	Patients at end of this FY	Total Child	Smear Done*	Smear Positive*	New Child Case	G2D among new cases	New G2D Child	New Female cases
Darchula	MB	2	1	0	0	0	3	1	0	0	0	1	2	0	0	0	0	0	0	0
	PB	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0
	<b>Total</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Doti	MB	6	10	0	0	1	17	4	0	0	3	7	10	0	6	3	0	0	0	3
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>17</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Kailali	MB	124	36	0	0	3	163	54	0	6	0	60	103	0	0	0	4	2	0	16
	PB	52	18	0	0	3	73	53	0	1	0	54	19	0	0	0	2	0	0	5
	<b>Total</b>	<b>176</b>	<b>54</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>236</b>	<b>107</b>	<b>0</b>	<b>7</b>	<b>0</b>	<b>114</b>	<b>122</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>2</b>	<b>0</b>	<b>21</b>
Kanchanpur	MB	43	32	4	0	1	80	36	0	1	0	37	43	0	2	2	0	0	0	12
	PB	3	4	0	0	0	7	5	0	0	0	5	2	0	0	0	0	0	0	1
	<b>Total</b>	<b>46</b>	<b>36</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>87</b>	<b>41</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>42</b>	<b>45</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>
Sudur Paschim Province	<b>MB</b>	<b>242</b>	<b>113</b>	<b>4</b>	<b>0</b>	<b>7</b>	<b>366</b>	<b>140</b>	<b>2</b>	<b>13</b>	<b>5</b>	<b>160</b>	<b>206</b>	<b>4</b>	<b>13</b>	<b>10</b>	<b>8</b>	<b>5</b>	<b>0</b>	<b>39</b>
	<b>PB</b>	<b>59</b>	<b>24</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>88</b>	<b>65</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>66</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>7</b>
	<b>Total</b>	<b>301</b>	<b>137</b>	<b>4</b>	<b>0</b>	<b>12</b>	<b>454</b>	<b>205</b>	<b>2</b>	<b>14</b>	<b>5</b>	<b>226</b>	<b>228</b>	<b>4</b>	<b>13</b>	<b>10</b>	<b>10</b>	<b>5</b>	<b>0</b>	<b>46</b>

### Annex 5.10: Annual Leprosy Indicators District wise of FY 2076/77 ( 2019/20): Province-1

Districts	Populations	New Case Detection Rate/100,000 population	Prevalence Rate/10,000 population	MB proportions among New	Child proportions among New	Proportion G2D among New Cases	Defaulter proportions	Proportion Child G2D among New	Female proportion among New	G2D Rate (Per Million Population)
Bhojpur	156949	0.64	0.06	100.00	100.00	-	-	-	100.00	-
Dhankuta	170803	0.59	0.06	100.00	-	-	-	-	100.00	-
Ilam	310944	0.32	0.10	100.00	-	-	-	-	100.00	-
Jhapa	920895	15.20	1.55	75.00	4.29	4.29	2.26	-	45.71	6.52
Khotang	175334	-	0.06	-	-	-	-	-	-	-
Morang	1087721	8.37	0.95	70.33	13.19	5.49	9.62	-	39.56	4.60
Okhaldhung	151414	0.66	-	100.00	-	-	-	-	-	-
Panchthar	196878	-	0.20	-	-	-	-	-	-	-
S.Shava	156064	-	-	-	-	-	-	-	-	-
Solukhumbu	102517	-	-	-	-	-	-	-	-	-
Sunsari	906043	4.41	0.32	90.00	5.00	15.00	-	-	45.00	6.62
Taplejung	130649	-	-	-	-	-	-	-	-	-
Terhathum	100821	1.98	0.10	50.00	-	-	-	-	-	-
Udayapur	354466	1.97	0.14	57.14	-	-	2.56	14.29	42.86	-
<b>Province- 1</b>	<b>4921498</b>	<b>5.77</b>	<b>0.59</b>	<b>75.35</b>	<b>7.39</b>	<b>5.99</b>	<b>4.69</b>	<b>0.34</b>	<b>43.66</b>	<b>3.45</b>

**Annex 5.11: Annual Leprosy Indicators District wise of FY 2076/77 ( 2019/20): Province-2**

District	Population	New Case Detection Rate/100,000 population	Prevalence Rate/10,000 population	MB proportion among New	Child proportion among New	Proportion G2D among New	Proportion G2D Child among New	Defaulter proportion	Female proportion among New	G2D Rate (Per Million Population)
BARA	822,555	11.91	0.80	56.12	8.16	3.06	1.02	2.11	57.14	3.65
DHANUSHA	838,084	13.48	1.47	51.33	15.04	6.19	-	12.46	41.59	8.35
MAHOTTARI	705,838	7.08	0.65	54.00	16.00	4.00	2.00	21.88	48.00	2.83
PARSA	709,867	12.54	1.37	51.69	3.37	1.12	-	11.19	38.20	1.41
RAUTAHAT	835,944	8.37	0.69	62.86	12.86	5.71	-	-	40.00	4.79
SAPTARI	707,568	6.50	0.66	60.87	2.17	15.22	-	-	50.00	9.89
SARLAHI	888,986	9.11	0.74	45.68	8.64	3.70	-	6.43	38.27	3.37
SIRAHA	700,665	7.56	0.73	67.92	9.43	5.66	-	-	47.17	4.28
<b>Total</b>	<b>6209507</b>	<b>9.66</b>	<b>0.89</b>	<b>55.17</b>	<b>9.67</b>	<b>5.00</b>	<b>0.33</b>	<b>7.48</b>	<b>44.67</b>	<b>4.83</b>

### Annex 5.12: Annual Leprosy Indicators District wise of FY 2076/77 ( 2019/20): Bagmati Province

District	Population	New Case Detection Rate/100,000 Population	Prevalence Rate/10,000 population	MB proportion among New	Child proportion among New	Proportion G2D among New	Proportion G2D Child among New	Defaulter proportion	Female proportion among New	G2D Rate (Per Million Population)
BHAKTAPUR	366497	-	0.05	-	-	-	-	-	-	-
CHITWAN	691674	7.52	0.74	71.15	3.85	-	-	3.17	51.92	-
DHADING	353434	3.11	0.23	100.00	-	-	-	-	-	-
DOLKHA	187120	1.60	0.21	100.00	-	-	-	-	66.67	-
KATHMANDU	2214130	0.45	0.12	90.00	10.00	-	-	-	40.00	-
KAVRE	401643	0.75	0.10	66.67	-	-	-	-	66.67	-
LALITPUR	567905	20.43	4.28	94.83	8.62	18.10	1.72	-	32.76	36.98
MAKWANPUR	460084	0.87	0.22	50.00	-	-	-	-	50.00	-
NUWAKOT	287092	0.35	0.07	100.00	-	-	-	-	-	-
RAMECHHAP	208547	0.48	0.34	100.00	-	-	-	-	100.00	-
RASUWA	44977	-	-	-	-	-	-	-	-	-
SINDHULI	310406	2.26	0.29	100.00	-	-	-	-	14.29	-
SINDHUPALCHOWK	294123	-	-	-	-	-	-	-	-	-
BAGMATI	6,387,632	3.26	0.57	87.98	6.25	10.10	0.96	0.68	37.02	3.29

**Annex 5.13: Annual Leprosy Indicators District wise of FY 2076/77 ( 2019/20): Gandaki Province**

Districts	Population	New case detection Rate/100,000 Population	Prevalance rate/10,000 Population	MB proportion among New	Child proportion among New	Proportion Total G2D among New	Proportion G2D Child among New	Defaulter Proportion	Female Proportion among New	G2D Rate (Per Million Population)
Baglung	282,993	0.71	0.11	100.00	-	-	-	-	100.00	-
Gorkha	247,845	1.61	0.40	100.00	-	-	-	-	-	-
Kaski	581,962	4.64	0.43	100.00	14.81	3.70	-	6.90	51.85	1.72
Lamjung	171,739	5.24	0.47	100.00	11.11	11.11	-	-	66.67	5.82
Manang	6,330	-	-	-	-	-	-	-	-	-
Mustang	11,587	8.63	0.86	100.00	-	-	-	-	-	-
Myagdi	111,082	9.00	0.90	100.00	-	-	-	-	50.00	-
Nawalpur	350,820	3.99	0.34	71.43	-	-	-	-	50.00	-
Parbat	148,392	-	-	-	-	-	-	-	-	-
Syangja	253,089	3.56	0.40	100.00	-	22.22	-	-	33.33	7.90
Tanahun	345,297	4.34	0.61	100.00	-	-	-	-	33.33	-
<b>Gandaki Province</b>	<b>2,511,136</b>	<b>3.62</b>	<b>0.40</b>	<b>95.60</b>	<b>5.49</b>	<b>4.40</b>	<b>-</b>	<b>1.98</b>	<b>46.15</b>	<b>1.59</b>

### Annex 5.14: Annual Leprosy Indicators District wise of FY 2076/77 ( 2019/20): Lumbini Province

Districts	Population	New Case Detection Rate/100,000 Population	Prevalence Rate/10,000 Population	MB proportion among New	Child proportion among New	Proportion Total G2D among New	Proportion G2D Child among New	Defaulter proportion	Female Proportion among New	G2D Rate (Per Million Population)
Arghakhanchi	202283	0.49	0.05	100.00	-	-	-	-	100.00	-
Banke	601876	22.10	1.55	53.38	5.26	2.26	-	5.60	47.37	4.98
Bardiya	477666	8.16	0.75	56.41	7.69	10.26	-	-	35.90	8.37
Dang	644563	3.10	0.29	90.00	-	10.00	-	10.53	20.00	3.10
Gulmi	257266	1.94	0.08	80.00	-	-	-	-	60.00	-
Kapilbastu	664674	12.79	1.10	65.88	10.59	1.18	1.18	5.00	38.82	1.50
Nawalparasi West	373380	14.73	1.37	56.36	5.45	9.09	-	15.09	38.18	13.39
Palpa	248875	7.23	0.76	83.33	-	5.56	-	-	5.56	4.02
Pyuthan	241751	4.55	0.58	90.91	9.09	-	-	-	63.64	-
Rolpa	237240	1.69	0.21	100.00	-	-	-	12.50	25.00	-
Rupandehi	1058940	10.10	1.01	72.90	4.67	2.80	-	2.31	39.25	2.83
Rukum East	58126	-	-	-	-	-	-	-	-	-
<b>Lumbini Province</b>	<b>5066640</b>	<b>9.43</b>	<b>0.83</b>	<b>64.9</b>	<b>5.9</b>	<b>4.0</b>	<b>0.2</b>	<b>4.9</b>	<b>39.7</b>	<b>3.8</b>

### Annex 5.15: Annual Leprosy Indicators District wise of FY 2076/77 ( 2019/20): Karnali Province

Districts	Population	New Case Detection Rate/100,000 Population	Prevalence Rate/10,000 Population	MB proportion among New	Child proportion among New	Proportion Total G2D among New	Proportion G2D Child among New	Defaulter proportion	Female Proportion among New	G2D Rate (Per Million Population)
Dailekh	296147	2.70	0.41	87.50	-	25.00	-	-	12.50	6.75
Dolpa	42111	-	0.47	-	-	-	-	-	-	-
Humla	58468	1.71	-	100.00	-	-	-	-	-	-
Jajarkot	197353	4.05	0.51	87.50	25.00	12.50	-	27.78	37.50	5.07
Jumla	124503	0.80	0.32	100.00	-	-	-	-	-	-
Kalikot	158482	5.05	0.82	100.00	-	25.00	-	-	50.00	12.62
Mugu	63636	-	-	-	-	-	-	-	-	-
Rukum West	169732	2.36	0.41	100.00	-	-	-	7.14	50.00	-
Salyan	271187	2.58	0.41	85.71	-	-	-	-	57.14	-
Surkhet	415203	4.34	0.36	72.22	22.22	-	-	-	50.00	-
<b>Karnali Province</b>	<b>1796822</b>	<b>3.06</b>	<b>0.47</b>	<b>85.45</b>	<b>10.91</b>	<b>9.09</b>	<b>0.00</b>	<b>6.32</b>	<b>41.82</b>	<b>2.78</b>

**Annex 5.16: Annual Leprosy Indicators District wise of FY 2076/77 ( 2019/20): Sudur Pashchim Province**

Districts	Population	New Case Detection Rate/100,000 Population	Prevalence Rate/10,000 population	MB proportion among New	Child proportion among New	Proportion G2D among New new cases	Defaulter proportion	Proportion G2D among New Child	Female proportion among New	G2D Rate (Per Million Population)
<b>Achham</b>	286539	6.98	1.01	100.00	10.00	10.00	9.80	-	20.00	6.98
<b>Baitadi</b>	265690	1.51	0.30	100.00	25.00	25.00	-	-	50.00	3.76
<b>Bajhang</b>	220871	1.81	0.18	100.00	25.00	-	-	-	25.00	-
<b>Bajura</b>	154637	4.53	0.39	85.71	-	-	-	-	28.57	-
<b>Dadeldhura</b>	157782	-	0.06	-	-	-	16.67	-	-	-
<b>Darchula</b>	144026	1.39	0.21	50.00	-	-	-	-	-	-
<b>Doti</b>	213535	4.68	0.47	100.00	-	-	-	-	30.00	-
<b>Kailali</b>	941430	5.74	1.30	66.67	11.11	3.70	3.98	-	38.89	2.12
<b>Kanchanpur</b>	525987	6.84	0.86	88.89	-	-	2.17	-	36.11	-
<b>Sudur Pashchim Province</b>	<b>2,910,497</b>	<b>4.71</b>	<b>0.78</b>	<b>82.48</b>	<b>7.30</b>	<b>3.65</b>	<b>4.65</b>	<b>-</b>	<b>33.58</b>	<b>1.72</b>

## Annex 6: Glimpse of activities carried out in FY 2076/77(2019/20)



Interaction with Journalist during 67<sup>th</sup> World Leprosy Day (WLD) at National Health Training Centre, Teku







**Orientation to healthworkers for the leprosy case validation programme**



**Supervision, Monitoring of Recording, Reporting and Case Validation in Bara**



**Case Validation programme in Rautahat**



**Consultation Meeting with Stakeholders for Situation Assessment of Rehabilitation (STAR) in Nepal**



**Virtual Meeting with Stakeholders for the Finalization of Interim Guideline on delivery of Leprosy services during COVID-19**



**Workshop for the Development of contents of Leprosy, Skin Disease, Disability, Injury and Rehabilitation for the orientation to healthworkers**



**Discussion on Drafts of Disability Inclusive Health Service Guidelines 2076 and In-depth Review of Leprosy programme at Knowledge Café of MoHP for approval**



**Dissemination of Findings of In-depth Review of Leprosy programme in presence of Honorable State Minister, Ministry of Health, Secretaries and Direction General of DoHS**



