

**Annual Report 2071/72  
(2014/15)  
Leprosy Control Programme**



Government of Nepal  
Ministry of Health  
Department of Health Services  
**Leprosy Control Division**  
Teku, Kathmandu  
Nepal





Government of Nepal  
Ministry of Health & Population

**DEPARTMENT OF HEALTH SERVICES**

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**Message**

Leprosy is the oldest disease of mankind. It has several physical, social, economic and psychological consequences. It was a serious public health problem in Nepal before 2009 with registered prevalence rate (PR) of 1.09 case per 10,000 population. Following intensified leprosy control activities in line with global strategies, the goal of leprosy elimination in the national level was achieved in 2009 and declared in 2010. At present, elimination status has been sustained in the national level but despite significant progress made in reducing the disease burden at national level, sustaining the achievement & further reducing the disease burden in sub-national level through delivering quality leprosy services still remain as a major challenge.

A total of 3053 new cases with NCDR 11.01 case per 100,000 population and 2461 patient under treatment with PR 0.89 case per 10,000 population had been reported this year. The PR trend of last six years portrays rise in PR since the elimination declaration in 2009 and detection of 3000 new cases of leprosy each year. Still 15 districts out of 75 districts have PR>1.

Department of Health Services reiterates its full commitment to implement the leprosy control activities to sustain the elimination in national level, accelerating the elimination in sub-national level and in increasing the number of districts with zero prevalence to attain universal elimination.

I would like to thank Dr. Basu Dev Pandey, Director of LCD & his team, partners and stakeholders for their dedication and endeavors towards leprosy control programme and wish them luck in the pursuits of leprosy free society.

.....  
*Pushpa Chaudhary*.....

Dr. Pushpa Chaudhary  
Director General





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## DEPARTMENT OF HEALTH SERVICES

LEPROSY CONTROL DIVISION



Pachali, Teku  
Kathmandu, Nepal

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### Message

It is our great pleasure to bring out the Annual Report of Leprosy Control Programme : 2071/72 (2014/15). The programme has sustained the elimination status since 2010 in Nepal. During this reporting year, the prevalence rate is 0.89 per 10,000 population which is slightly higher than previous year. Currently, 15 districts have registered PR more than 1 case per 10,000 population, 3053 new leprosy cases were detected and put on multi-drug therapy (MDT) and 2461 cases were reported at the end of the year. Similarly, 135 (4.42%) people with grade 2 disability and female proportion of 1100 (36.03%) among new cases were reported. The proportion of the child cases among new is 236 (7.33%) which indicates that there is still ongoing transmission in the community.

Leprosy Control Division (LCD) has been adopting the Global and Bangkok Declaration's strategies in order to achieve the objectives and targets of the programme. Currently, LCD has been implementing early new case detection & prompt treatment, leprosy post exposure prophylaxis programme, capacity building of health care facilities & referral centres in order to provide quality leprosy services and community based rehabilitation (CBR). At the same time, LCD has adopted the strategies for reducing stigma & discrimination by social mobilization and strengthening partnership and coordination with major stakeholders and affected people. Although programme has made significant achievements in leprosy control, it also has new challenges and problems. The major noticeable challenge is elimination of leprosy as a public health problem at district level, reducing the grade 2 disability and child proportion. Other important issues are interrupting the transmission, detecting cases among women, making accessible leprosy services at marginalized & disadvantaged communities and further reducing the leprosy related stigma & discrimination.

LCD has been implementing its programme activities smoothly and successfully in collaborations with partner organizations. At the same time, WHO has been adapting Global Leprosy Strategy (2016-2020) with the slogan of "Accelerating towards leprosy free world". LCD is committed to follow WHO-Strategy at the national level to achieve leprosy free Nepal.

In this regard, I would like to express my gratitude to Director General - Dr. Pushpa Chaudhary, Department of Health Services for providing valuable guidance, inspiration and continuous support to LCD. The leprosy programme could not have succeeded without generous support of all partner organizations (WHO, NLR, LMN, NLT), donor agencies (Sasakawa Memorial Health Foundation and Novartis Foundation) and others who deserve hearty acknowledgement. I also offer my sincere appreciation to leprosy affected people, community and their organizations, regional/district focal persons and LCD team members for their untiring efforts and contributions.

.....  
Dr. Basu Dev Pandey  
Director



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## Acronyms and Abbreviations

BIKASH	Building Knowledge, Attitude and Skills for Health
BLT	Basic Leprosy Training
CLT	Comprehensive Leprosy Training
DHO/DPHO	District Health Office/District Public Health Office
DRFU	Disability Prevention and Rehabilitation Focal Unit
EDR	Eastern Development Region
EHF score	Eyes, Hands and Feet score
FCHV	Female Community Health Volunteer
FWDR	Far-Western Development Region
FY	Fiscal Year
G2D	Grade 2 disability
GoN	Government of Nepal
HMS	Health Management and Information System
HP	Health Post
LCD	Leprosy Control Division
LMD	Logistic Management Division
LMN	Leprosy Mission Nepal
MB	Multibacillary
MDT	Multi Drug Therapy
MO	Medical Officers
MoH	Ministry of Health
MWDR	Mid-Western Development Region
NCDR	New Case Detection Rate
NLEC	National Leprosy Elimination Campaign
NLT	Nepal Leprosy Trust
No.	Number
NTDs	Neglected Tropical Diseases
PB	Pauci-bacillary
PHC	Primary Health Centre
PoD	Prevention of Disability
POID	Prevention of impairment and disability
PR	Prevalence Rate
RFT	Released from Treatment
RTLO	Regional TB-Leprosy Officers
SHP	Sub-health Post
TLA	TB Leprosy Assistants
TLO	TB Leprosy Officer
VDC	Village Development Committee
WDR	Western Development Region
WeBLeRS	Web-Based Leprosy Reporting and Management System
WHO	World Health Organization



## Executive Summary

Nepal has sustained elimination of leprosy as a public health problem at national level after the declaration in January 2010 (elimination is defined as the prevalence rate (PR) <1 case/10,000 population). At the end of fiscal year 2071/72 (2014/15), there were 2461 cases under treatment which converts to registered PR of 0.89/10,000 population at national level. Although this rate is below the cutoff point of <1/10,000 population set by the WHO to indicate the elimination of leprosy as a public health problem, there is slight increase in the PR as compared to previous fiscal year.

A total number of 3053 new cases were detected in 2071/72 (2014/15) from the new detected cases more than half i.e. 53.42% were multi bacillary. Approximately 36.03% of the new cases were female. Likewise, the proportion of children among new cases is 7.78% in this fiscal year. Similarly, 135 cases of visible disability (Grade 2 disability) were recorded and proportion of among new cases was 4.42 percent. Early case detection, prompt and timely treatment of leprosy is very essential for the prevention of disability due to leprosy. Grade 2 disability (G2D) among new cases and rate per hundred thousand populations are major monitoring indicators of early case detection as per National & Global Strategy: 2011-15.

The highest case load is in the central region with 39.06% of the total new cases in the country and the PR is highest in eastern region of Nepal with 0.94 case per 10,000 population. Routine and planned activities for the leprosy control programme like Multi drug therapy, active case detection, contact examination, supervision, monitoring, coordination meetings with partners, disseminating leprosy message

through electronics/non-electronics media, observation of 62<sup>nd</sup> World Leprosy Day were carried out on regular and timely basis. It is firmly believed that the introduction of activity like Leprosy post exposure prophylaxis (LPEP), where a single dose rifampicin is given to contacts of newly diagnosed leprosy patients to decrease their risk of transmission leprosy and establishment of Disability Prevention and Rehabilitation Focal Unit (DRFU) will help to control leprosy and reduce disability to greater extend.

In conclusion, leprosy control programme has been sustaining the elimination at national level after the declaration in January 2010 (defined as the prevalence <1 case/10,000 populations) and achieved the majority of its objectives. However, elimination at sub-national level is still a challenge. Fifteen districts have PR above 1 case/10,000 population. Similarly, G2D rate has not decreased satisfactorily in order to achieve the target of 2015, which indicates that there is need to expand and strengthen the early case detection and prompt treatment activities.

The partnership, coordination and support from supporting organizations and leprosy affected people is strong backbone of the programme for the control of leprosy as a whole and its elimination in sub-regional level.

## 1. 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 sq. kms accounting 0.03% of the globe. It is divided into three main geographical regions- mountain (15%), hilly (68%) and terai (17%) regions. According to 2011 national census, the country has population of 26,494,504.

Leprosy is a least infectious, stigmatizing and potentially disabling disease caused by *Mycobacterium leprae*. It is also known as Hansen disease. The disease may lead to physical disability if treated promptly and completely.

For ages, Leprosy was considered as one of the main public health problems in Nepal and existed here since time immemorial. Elimination and treatment of leprosy has always been a priority of the government's plan and policy. Activities to control leprosy effectively started from 1960 onwards. According to a survey conducted in 1966, the estimated number of leprosy case was 1,00,000. Dapsone Monotherapy treatment was introduced as Pilot Project in the leprosy control programme and simultaneously the Multidrug Therapy (MDT) was also introduced in 1982/83 in few selected areas and hospital of the country which successfully reduced the leprosy cased to 21,537 with registered prevalence rate of 21 case per 10,000 population. Considering the seriousness of the disease, the vertical leprosy programme was integrated in the general health services in 1987. MDT service was gradually expanded and by 1996, MDT coverage had extended to all 75 districts.

Following the continuous efforts from the government, Ministry of Health, Leprosy Control Division, WHO, district health/ public health office and concerned agencies, leprosy was eliminated at national level in 2009 and declared so in 2010 with national registered prevalence rate of 0.77 case per 10,000 population. This rate is well below the cut-off point of below 1 per 10,000 population set by World Health

Organization, to measure the elimination of leprosy as public health problem.

At present, the registered prevalence has remained under cut off line so far because of continuous capacity building and training to health professionals, active case search and early case detection campaign, free distribution and availability of drugs and dedicated health professionals and organizations involved in leprosy control programme at national level (PR=0.89), 54 districts (PR<1) and 6 districts with PR=0.

Leprosy Control Division strived forward towards leprosy control with following vision, mission, goal, objectives and strategies.

## **1.1 Vision**

To make leprosy free society where there is no new leprosy case and all the needs of existing leprosy affected persons having been fully met.

## **1.2 Mission**

To provide accessible and acceptable cost effective quality leprosy services including rehabilitation and continue to provide such services as long as and wherever needed.

## **1.3 Goal**

Reduce further burden of leprosy and to break channel of transmission of leprosy from person to person by providing quality service to all affected community.

## **1.4 Objectives**

1. To eliminate leprosy (Prevalence Rate below 1 per 10,000 population) and further reduce disease burden at district level.
2. To reduce disability due to leprosy.
3. To reduce stigma in the community against leprosy.
4. To provide high quality service for all persons affected by leprosy.
5. To integrate leprosy in the integrated health care delivery set-up for provision of quality services.



## 1.5 Strategies

The national strategy envisions delivering quality leprosy services through greater participation and meaningful involvement of people affected by leprosy and right based approaches in leprosy services as follows:

1. Early new case detection and their timely and complete management
2. Quality leprosy services in an integrated setup by qualified health workers
3. Prevention of impairment and disability associated with leprosy
4. Rehabilitation of people affected by leprosy, including medical and community based rehabilitation
5. Reduce stigma and discrimination through advocacy, social mobilization and IEC activities and address gender equality and social inclusion
6. Strengthen referral centers for complications management
7. Meaningful involvement of people affected by leprosy in leprosy services and address human right issues
8. Promote and conduct operational researches/studies
9. Monitoring, supportive supervision including onsite coaching, surveillance and evaluation to ensure/strengthen quality leprosy services
10. Strengthen partnership, co-operation and coordination with local government, external development partners, civil society and community based organizations.

## 1.6 Targets

- Reduce New Case Detection Rate (NCDR) by 25 % at national level by the end of 2015 in comparison to 2010
- Reduce Prevalence Rate (PR) by 35 % at national level by the end of 2015 in comparison to 2010
- Reduce by 35% Grade 2 disability (G2D) amongst newly detected cases per 100,000 population by the end of 2015 in comparison to 2010
  - Additional deformity during treatment <5% by eyes, hands and feet (EHF) score
  - 80% health workers are able to recognize and manage /refer reaction/complications
  - Promote prevention of disability in leprosy(POD) and Self care

These targets will be revised after midterm evaluation.

Globally WHO has guided to reduce the burden due to Leprosy and Bangkok declaration has committed to reduce the G2D below 1/1 million and to increase the resources for leprosy, early diagnosis awareness to reduce stigma and rehabilitation in partnership approach.

## 1.7 Evolution and milestones of leprosy control program in Nepal

Though documented history of organized leprosy services are available scantily, establishment of Khokana leprosarium is considered the oldest organized leprosy services in Nepal. Some key milestones of leprosy control activities and programmes are given below.

1960	Leprosy survey by Government of Nepal (GoN) in collaboration with World Health Organization (WHO).
1966	Pilot project to control leprosy launched with Dapsone monotherapy.
1982	Introduction of Multi Drug Therapy (MDT) in leprosy control program.
1987	Integration of vertically shaped leprosy control program into general basic health services.
1991	National leprosy elimination goal was set.
1995	Focal persons (TB and Leprosy Assistants-TLAs) for districts & regions appointed.
1996	All 75 districts were brought on MDT
1999/2000-2001/02	Two rounds of National Leprosy Elimination Campaign (NLEC) were implemented.
2008	Intensive efforts made for achieving elimination at national level
2009	Leprosy elimination achieved at national level
2010	Elimination at national level declared
2011	National strategy 2011-15 was introduced and National guidelines was revised
2012-2013	Elimination sustained at national level
2013-2014	Mid Term Evaluation on Strategy 2011-2015
2014-2015	<ul style="list-style-type: none"> <li>• Leprosy elimination sustained at nations level.</li> <li>• Establishment of Disability Prevention and Rehabilitation Focal Unit</li> </ul>

## **2. Major Activities Undertaken During FY 2071/72**

### **2.1 MDT service delivery**

During the FY 2071/72 (2014/15), 3053 new leprosy cases were detected and were put under MDT and 2461 cases were under treatment at the end of the fiscal year. During this fiscal year, 2800 cases completed treatment and were released from treatment (RFT). Secondary and tertiary care services were provided to the needy and leprosy affected patients through the existing network of referral centers with support of partners. MDT drugs, which are made available by Novartis Foundation through WHO and anti-reaction drugs were freely available and the supply remained uninterrupted in the country throughout the year.

### **2.2 Capacity building**

The Leprosy Control Division (LCD) organized various capacity building activities during this reporting period. 6 days Medical Officer's course was conducted in Lalgadh Hospital (15 participants) and Far-west Regional Health Training Centre: Dhangadhi (15 participants). The training was technically supported by Anandaban Hospital and Lalgadh Hospital. Skin smear training for 18 lab staffs with technical support from Mid-Western Regional Health Directorate, INF Surkhet, Western Regional Health Directorate Pokhara and INF-Green Pasture hospital.

District Health Offices/Public Health Offices (DHOs/DPHOs) accomplished 2 days basic leprosy training (BLT) for 60 health workers in various districts. Moreover, 5 days Comprehensive Leprosy Training (87 participants), 6 days Medical officer course (52 participants), 14 days long Training to MD Dermatologists (11 participants) and 5 days Complication Management Training to Focal persons (14 participants) were also accomplished in Training centre of The Leprosy Mission Nepal - Anandaban Hospital.

### **2.3 IEC and advocacy**

To enhance community awareness, passive case detection, voluntary case reporting and to reduce stigma, IEC activities were undertaken on a regular basis using electronic and print medias. During the year, relevant messages on leprosy were broadcasted using mass media

and posters and leaflets were distributed. Likewise, leprosy messages were disseminated through flex charts which were displayed at district and health facility service centers. Leprosy Control Division (LCD) also printed bulletins (*Hamro Sawal*) and leprosy handbook for health care workers. Likewise, LCD has developed *Lok Dohari* CDs highlighting leprosy message in order to distribute in different districts and partner organizations.

## **2.4 World leprosy day celebration**

62<sup>nd</sup> World Leprosy Day was commemorated on 11 Magh 2071 (25 January 2015) by conducting various activities at national, regional and district levels. The media interaction activity was jointly organized to commemorate the day by LCD, partners and stakeholders.

## **2.5 Media interaction**

On the occasion of the 62<sup>nd</sup> "World Leprosy Day", a media interaction was organized in the premises of Department of Health Services, Ministry of Health on 11 Magh 2071 (25 January 2015). Shanta Bahadur Shrestha, Secretary of Ministry of Health, graced the programme as the chief guest. Dr. Senendra Raj Upreti, Director General, Department of Health Services chaired the program and Dr. Basu Dev Pandey Director of Leprosy Control Division, welcomed the dignitaries and facilitated the program. The LCD's director made a presentation on various aspects of leprosy and its current situation, strategies and activities conducted and plan to further reduce the disease burden due to leprosy and the role of media in leprosy control programme. The presentation was followed by interaction with media representatives and participants.

## **2.6 District and regional review meetings**

Regular quarterly (in every 4 months) review meetings were held at district and regional level. During these meetings aggregated data was presented and discussed. Administrative issues were attended too. Activities that are to be undertaken in the future were presented and the details regarding their implementation were discussed and agreed upon.

## **2.7 Trimester performance review workshop at central level**

Three quarterly review workshops were held at LCD to assess the outcome & monitoring of the program. These meetings were held in

the leprosy control division under the chair of the division director. RTLOs, regional medical store chiefs, regional statistical officers, representatives from and Health Management Information System (HMIS) section, INGO partners and WHO attended the workshops. Regional TB-Leprosy Officers (RTLOs) presented on leprosy programme situation, problems and issues in their respective regions and districts. Regional medical store chiefs also presented the MDT drugs stocks/demands and problems of their respective regions. Progress made, plans and problems/issues faced by partners were also presented and discussed in the workshops.

## **2.8 Health management information system (HMIS)**

Data generation, compilation, aggregation, and report submission were timely throughout the year. Consolidated data was received at every 4 months at districts, regions and center. Feedback on vital issues that had emerged was provided to specific programme area during the review.

## **2.9 Web-based leprosy reporting and management system (WeBLERS)**

WeBLERS was developed in 2013 with initiation of LCD and is a system complimentary to HMIS. WeBLERS training was provided to the DPHOs, DTLOs and statistic officers/ assistants of central, eastern, mid-western and far-western development regions to train them in feeding field level information in this system. This system is based on case-based recording and reporting system of the leprosy patients. The system is also expected to expedite leprosy reporting process and transmission of official communication regarding leprosy from central level to regional and district levels and also vice versa.

## **2.10 Early case detection activities**

### **2.10.1 Active case search in selected VDCs.**

Active case detection programme was designed and implemented in 20 VDCs of three high leprosy burden districts (Nawalparasi, Rupandehi and Kapilvastu). Prior to the search activities, one-day orientation was conducted to health workers and FCHVs of the concerned VDCs. The search was done by performing a house-to-house search by FCHVs and other health workers by using a pictorial search card and other IEC materials. A team consisting of senior and trained leprosy officers/supervisors from center, region, district and

partners provided technical support to the local health facilities in diagnosing and managing the identified cases. A total of 34 new cases were identified.

**Table 1: Identified cases during active case detection in Nawalparasi, Rupandehi and Kapilvastu**

Districts	No of VDCs	Cases Identified		
		MB	PB	Total
Nawalparasi	5	0	3	3
Rupandehi	10	3	0	3
Kapilvastu	5	4	5	9
<b>Total</b>	<b>20</b>	<b>7</b>	<b>8</b>	<b>15</b>

### 2.10.2 In socially disadvantaged groups:

In Bara and Rautahat districts, socially disadvantaged (Terai dalits) and religions minority communities (3 in each district) were identified and active search was carried out. The ethnic groups in the communities who were examined were Mushahar, Sadal, Mawlal, Chamar, Chidimana, Das and Rirahato.

**Table 2: The summarized findings are shown in the table below:**

Dis tricts	No. of communities	Population searched	Case Details				Total cases	Female cases	% of MB	% of G2D	% of Female
			Adult		Children (0-14)						
			MB	PB	MB	PB					
Rautahat	3	21,429	1	1	0	0	2	2	50%	0	100%
Bara	3	21,272	1	4	0	0	5	2	20%	0	40%
<b>Total</b>		<b>42,702</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>4</b>	<b>29%</b>	<b>0</b>	<b>57%</b>

### 2.10.3 In urban slums

During this reporting year, active case detection was also done in some slums of major urban areas/municipalities of Janakpur and Gulariya. The search methodologies was similar to the search done in the VDCs as mentioned before. The details are given in the table below.

**Table 3: Identified cases during active case detection in urban slums**

Districts	Municipalities	Total Population searched	Suspects	Case Details				
				MB	PB	Total	Child	Female
Bara	Janakpur	1,22,274	104	1	18	19	11	11
Banke	Gulariya	6,796	50	2	9	11	4	4
<b>Total</b>		<b>1,29,070</b>	<b>154</b>	<b>3</b>	<b>27</b>	<b>30</b>	<b>15</b>	<b>15</b>

#### **2.10.4 Contact examination: Patients their family and neighbours**

Contact examination is an index case based approach in which health workers and FCHVs visit every household of a newly detected leprosy case and their neighbours using the pictorial card. They examine all household family members and neighbours for any signs and symptoms of leprosy and refer suspected case of leprosy to nearest health institution for confirmation of diagnosis and treatment management. During this year, **65176** family members were targeted and examined.

#### **2.10.5 Enhance special contact examination**

Special contact examination was conducted in four districts viz., Sarlahi, Mahottari, Dhanusha and Sarlahi from 22<sup>nd</sup> June to 9<sup>th</sup> July 2015. 1207 family members were examined out of 23 index cases, which resulted in the diagnosis of 4 new cases (1MB and 3 PB). Similarly, 7240 neighbour's family members were examined i.e. 4 houses of the neighbours of the each index case, from which 14 new cases (all PB) were diagnosed. This special contact examination indicates that new case detection proportion is high in community than family among the detected cases. But new case detection rate among the index cases is 331 and 193 cases in neighbour community per 1,00,000 population reported as per the enhance contact examination activities.

**Table 4: Special Contact examination of patient's and neighbour's family members in 4 districts**

Districts	Index cases	Members examined		Suspected cases referred by FCHVs		Diagnosed cases						
						Family			Neighbour			Grand Total
		Family	Neighbour	Family	Neighbour	MB	PB	Total	MB	PB	Total	
Sarlahi	94	497	3260	20	65	1	1	2	0	3	3	5
Mahottari	35	224	1417	6	34	0	0	0	0	2	2	2
Dhanusha	59	295	1899	30	29	0	2	2	0	4	4	6
Siraha	49	191	664	12	12	0	0	0	0	5	5	5
<b>Total</b>	<b>237</b>	<b>1207</b>	<b>7240</b>	<b>68</b>	<b>140</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>0</b>	<b>14</b>	<b>14</b>	<b>18</b>

## 2.11 Orientation on community based rehabilitation

One day orientation program for leprosy affected people and concerned stakeholders were organized in 20 districts to make them aware on United Nations Convention on the Rights of Persons with Disabilities (UNCPRD).

## 2.12 Interaction with stakeholders on MCBR for leprosy affected people

Interaction programme on Medical and community based rehabilitation (MCBR) was held in all 75 districts. The representative from major stakeholders (Leprosy affected people, other people with disability, local health professionals, representative of VDCs, community leaders, local partner organizations, and disable people's organizations) participated the program and discussed on the issues of MCBR.

## 2.13 Interaction on Leprosy with clinical specialists & other practitioners

One day interaction program was conducted with clinical specialists and other practitioners in Janakpurdhm: Dhanusha (40 participants), Narayangadh: Chitwan (65 participants), Butwal: Rupandehi (49 participants), Nepalgunj: Banke (54 participants) and Dhangadhi: Kailali (47 participants). During the interaction program various aspects of leprosy and its current situation, strategies and activities conducted to reduce the disease burden were discussed. Moreover, the role of clinical specialists and other practitioners in leprosy control programme and leprosy stigma reduction activities were also highlighted.



## **2.14 Financial support for Transportation to RFT cases**

LCD has provided one thousand rupees for each RFT cases to cover the transportation cost after completion of MDT.

## **2.15 Recording Reporting Update & Leprosy Case Validation Activities**

Recording reporting update & leprosy case validation activity was done in Jhapa, Dhanusa, Mahottari and Bara. One case was reclassified from MB to PB in Rautahat and one recycle case was found in Bara. Four over reporting cases were found in Sarlahi district. These results urge programme managers to continue such update and validation activities in other districts in future too.

## **2.16 Skin camps**

This camp is an approach to screen and identify/detect leprosy cases early in areas with high disease burden and other areas. A team consisting of dermatologists, trained health workers and leprosy focal persons conducted the camps in the local health facility. FCHVs and other health workers are mobilized and IEC activities were also done to inform community people about the camp. During this fiscal year, 39 such camps were conducted in various districts.

## **2.17 School health education**

This activity targets mainly secondary level school students. The main objective of this activity is to make students and teachers aware about early signs and symptoms of leprosy, benefits of early treatment and options of treatment available at treatment facilities. During this FY 105, schools were given health education against targeted 185 schools.

## **2.18 Publications**

During this reporting year, leprosy control division published its annual report 2070/71 (2013/14) containing the salient features of the current leprosy situation, activities undertaken during previous year, achievements and obstacles faced by the program.

National operational guideline has been developed and 500 copies printed which were distributed to the health workers which provides technical as well as programmatic information on leprosy including disease surveillance, suspecting of leprosy cases etc. In addition, *Hamro Sawal*, quarterly bulletins of LCD were also published twice in the months of *Magh & Ashad*.

## **2.19 Disadvantaged group program**

This activity was conducted to increase the access of unreached/marginalized communities (Dalits, Janajatis and other disadvantaged groups) to leprosy control activities and services. The communities were educated on stigma reduction and motivation for active participant in leprosy control activities. One day orientation was done on signs & symptoms to suspect the cases and the participants were mobilized in the communities to suspect potential cases. During this fiscal year this activity was conducted in 180 places of different districts. In some places and the community identified suspected cases and referred them to nearby health institutions for diagnosis & treatment.

## **2.20 Supervision and monitoring**

To provide technical guidance to health workers at peripheral health facilities and district health offices, supervisory visits were undertaken regularly by the staff of LCD, regional health directorate (RHD) and district health offices (DHO). Apart from the budget made available by GoN for this activity, additional funds were also provided by WHO, NLR and other supporting partners. Additional technical support through supervisory visits was also provided by the staff of WHO, NLR, NLT, INF, Anandaban hospital & other supporting partners.

## **2.21 Involvement of people affected by leprosy in leprosy programmes**

The leprosy control division initiated and supported in forming the network of people affected by leprosy in Nepal at national level. This initiative brought several organizations of people affected by leprosy together and empowered them to widen their involvement and participation of people affected by leprosy in various leprosy related programmes and activities. This initiative was highly appreciated by the people affected leprosy and the partners working in leprosy in Nepal.

## **2.22 On-site coaching, education and management at local level in leprosy endemic districts**

On-site coaching was organized in Rupandehi and Kapilvastu districts. Personnel from SHPs, HPS and PHC met at Ilaka level to compile and aggregate data, discuss problems faced in the field visits and to share their experiences. Facilitator from LCD,

district regional health directorates and supporting partners assisted the staff in these meeting.

### **2.23 Coordination meeting with partners**

During this fiscal year, the leprosy control division organized/held coordination meetings among the partners working in leprosy In Nepal. Two such meetings were held in LCD with participation from partners like WHO, NLR, Leprosy Mission Nepal (LMN), Nepal Leprosy Trust(NLT), International Nepal Fellowship (INF), BIKASH Nepal, Partnership for New Life(PNL), Nepal Leprosy Fellowship (NLF) Nepal Leprosy Relief Association (NELRA), Sewa Kendra, Shanti Sewa Griha, Rehabilitation, Empowerment And Development (READ) Nepal, IDEA Nepal and government institutions.

### **2.24 Reporting of relapse cases**

Though relapse of leprosy cases after completing a standard and recommended course of treatment is quite rare, the programme reported 8 laboratory confirmed cases of relapse. Anandaban hospital has been serving as a sentinel surveillance site of drug resistance in Nepal. Any suspected case of relapse should be referred to this site for confirmation of the resistance and relapse.

### **2.25 Leprosy Post Exposure Prophylaxis (LPEP) for leprosy contacts**

Orientation and capacity building training on Leprosy post exposure prophylaxis to health workers was conducted in Dhanusa, Parsa, Jhapa, Banke and Morang districts. The LPEP aims to test the feasibility and effectiveness of a single dose rifampicin as leprosy post-exposure prophylaxis. Rifampicin is given to contacts of newly diagnosed leprosy patients to decrease their risk of developing leprosy. LPEP programme had been already initiated in Morang, Jhapa and Parsa districts and this service is planned to be extended in other districts like Dhanusa, Kapilvastu, etc in the years to come.

The inauguration of LPEP in Morang, Sivsani Jahada VDC, was done by giving first dose of rifampicine by honorable Secretary Mr. Shanta Bahadur Shrestha from MoH and Dr. Basu Dev Pandey, Director of LCD on Jestha 12, 2072 (May 26. 2015).

## **2.26 Activities supported by different partners**

### **2.26.1 Activities Supported by WHO**

- MDT drug supply
- Technical support for leprosy control programme
- Supervision and monitoring
- Capacity building activities
- Leprosy day observation
- Active case detection programme
- Community awareness programme

### **2.26.2 Activities supported by partners (NLR, LMN, NLT, INF etc.)**

**Following activities were carried out in high endemic districts with the assistance from supporting partner/s:**

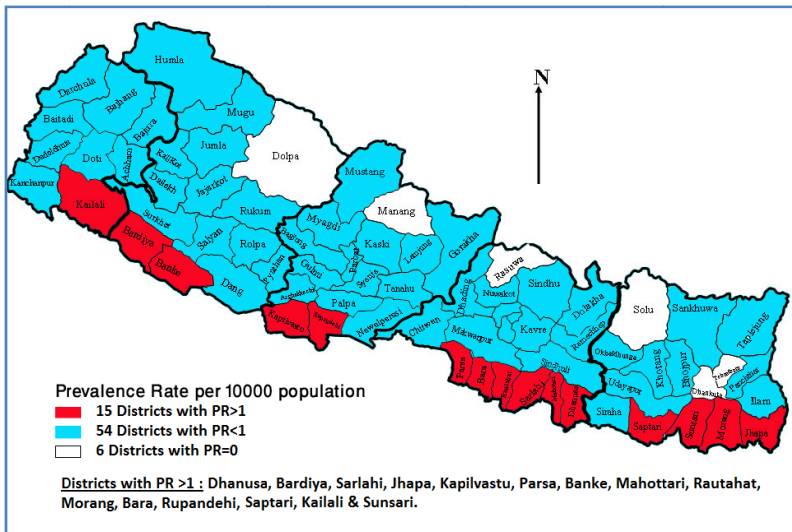
- Community awareness & participatory program at different level.
- Orientation of different community members
- Provision of primary, secondary and tertiary care through referral centers.
- Capacity building activities for government health staff.
- Technical support through joint supervision and monitoring.
- POID & Rehabilitation services.
- Formation of self care and self help groups of people affected by leprosy or people living with disabilities due to leprosy.

### 3. Current Leprosy Situation, achievement and disease trend

#### 3.1 Prevalence

At the end of the FY 2071/72 (2014/15), there were 2461 leprosy cases receiving MDT in the country, which makes the registered prevalence rate of 0.89/10,000 populations at national level. This rate is well below the cut-off point of below 1 per 10,000 population set by WHO to measure the elimination of leprosy as public health problem. Thus the national programme has sustained the status of elimination of leprosy as public health problem achieved at the end of 2009. There is minimal increase in PR as compared to previous year (i.e. 0.83 in FY 2070/71). Six districts reported zero prevalence rate.

*Figure 1: District-wise leprosy prevalence in FY 2071/72 (2014/15)*



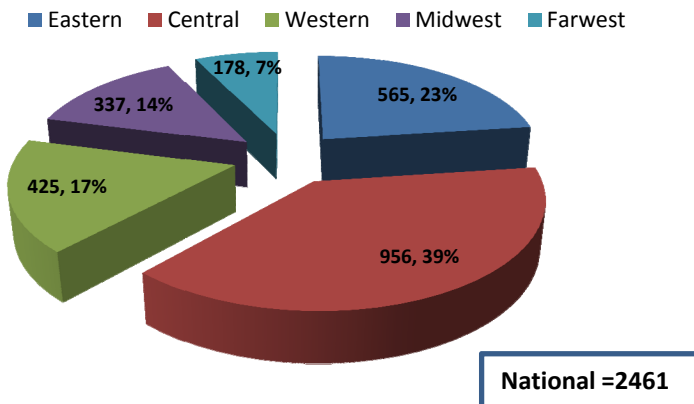
Region wise, the highest number of leprosy cases under treatment was reported from the central development region with 956 cases (38.85% of total) followed by eastern development region with 565 (22.96%) cases under treatment. Though far western developmental region reported the least number (178) and share (7.23%) of total cases under treatment, the registered prevalence rate (RPR) was the highest in the eastern region (0.94/10,000 population) followed by central region (0.93/10000 population). Region wise registered prevalence rate are shown in the table.

**Table 5: Region-wise distribution of registered prevalence rates (RPR) in FY 2071/72(2014/15)**

Regions	Number of registered prevalence cases at the end of the year				
	MB	PB	Total	%	PR/ 10,000 population
EDR	345	220	565	22.96	0.94
CDR	581	375	956	38.85	0.93
WDR	330	95	425	17.27	0.84
MWDR	242	95	337	13.69	0.91
FWDR	143	35	178	7.23	0.66
<b>National</b>	<b>1641</b>	<b>820</b>	<b>2461</b>	<b>100</b>	<b>0.89</b>

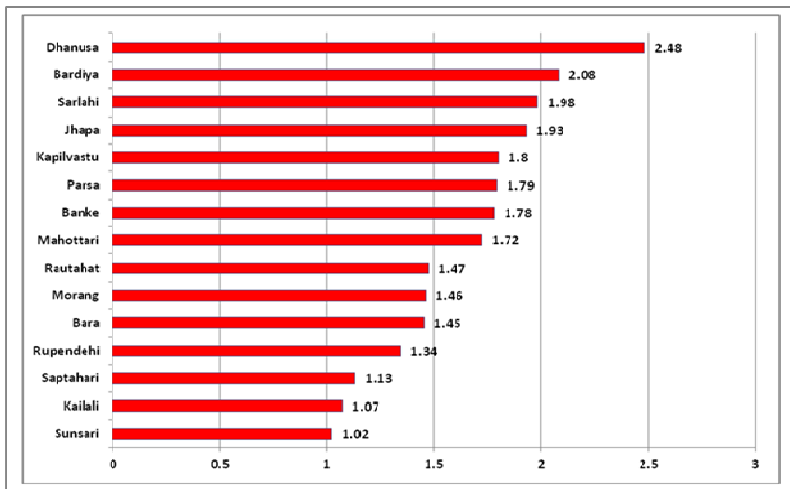
**Figure 2: Region-wise under treatment cases FY 2071/72 (2014/15)**

**Patients at the End of this Fiscal Year**



During this reporting year, 15 districts reported PR more than 1 case per 10,000 population. The number of districts has decreased than previous year reporting of 16 districts with PR>1. All these 15 districts are in the Terai regions bordering Bihar and UP states of India. District wise, Dhanusa reported the highest PR of 2.48/10,000 population followed by Bardiya, Sarlahi, Jhapa and others. The figure below shows the district wise PR in endemic districts.

**Figure 3: Districts with PR above 1 per 10,000 population  
FY 2071/72 (2014/15)**

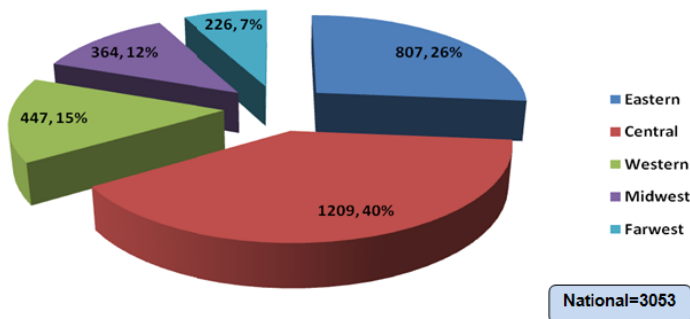


### 3.2 New case detection

Detection of new cases signifies ongoing transmission of leprosy and the rate measured per hundred thousand populations helps monitoring the progress towards control. 3053 new leprosy cases were detected during this reporting year (2071/72), which has slightly decrease in number of cases. Region wise, the highest number was reported from CDR with 1209 cases followed by EDR, WDR, MDR and FWDR with 807, 447, 364 and 226 new cases respectively.

**Figure 4: Region-wise new cases in FY 2071/72 (2014/15)**

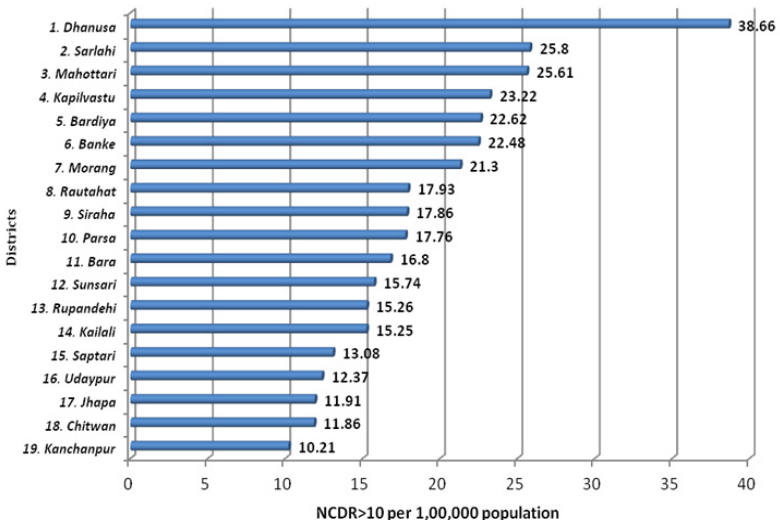
#### New Cases Detection 2072/73 (2014/15)



The new case detection rate (NCDR) per 100,000 populations for FY 2071/72 was 11.01 nationally, whereas EDR reported the highest rate among the regions with NCDR 13.43. More than 86 percent of the new cases were detected from Terai districts alone.

By type, more than 53.42% of these new cases were Multi Bacillary (MB) and the rest were Pauci Bacillary (PB). This proportion has constantly remained around fifty percent for the last several years, however MB cases had slightly increased this year. By region, western region has the highest MB proportion (63.76%) followed by Mid-western region (62.64%) and the lowest proportion was seen in Central region with 48.06%. Nearly one third (36.03%) of the new cases were female. Female proportion had remained consistently around thirty percent for the last 5 years (from 2065/66-2071/72). Likewise, children constituted 7.73% of the total new cases detected in this reporting year which has also increased as compared to previous fiscal year record (i.e. 6.33%). The increase in child cases signifies ongoing transmission of leprosy is still prevalent in the community.

**Figure 5: Districts which have more than 10 NCDR per 100,000 population FY 2071/72(2014/15)**



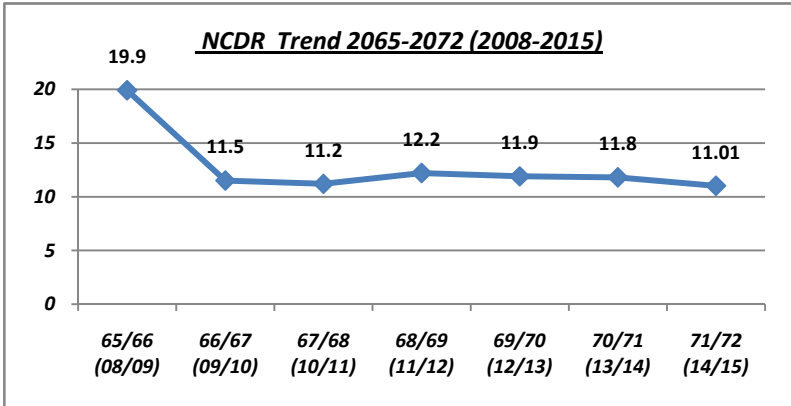
District wise, nine mountain and hilly districts reported zero new cases during this year. But there are 19 districts which have more



than 10 NCDR, per 1,00,000 population. Out of them; Dhanusa has the highest NCDR (i.e. 38.66/100,000).

The figure below shows seven years trend in new case detection and it has remained almost more or less same since last 7 years.

*Figure 6: NCDR Trend /100,000 population 2065/66-2071/72 (2008/09 – 2014/15)*



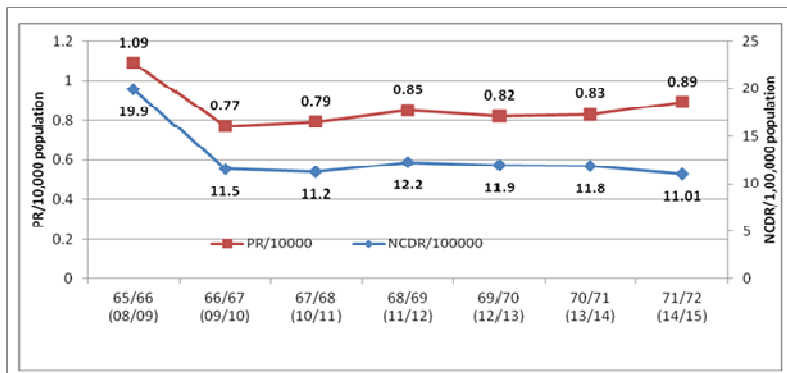
*Table 6: New cases and proportions among new FY 2071/72 (2014/15)*

Region	New Cases			NCDR/ 100,000	Proportion among new cases		
	MB	PB	Total		Female	Child	G2D
<b>EDR</b>	399	408	807	13.43	319(39.52%)	61 (7.56%)	47 (5.82%)
<b>CDR</b>	581	628	1209	11.82	366 (30.27%)	128 (10.59%)	48 (3.97%)
<b>WDR</b>	285	162	447	8.82	222 (49.66%)	15 (3.36%)	8 (1.79%)
<b>MWDR</b>	228	136	364	9.75	143 (39.29%)	25 (6.87%)	14 (3.85%)
<b>FWDR</b>	138	88	226	8.42	50 (22.12%)	7 (3.10%)	18 (7.96%)
<b>National</b>	<b>1594</b>	<b>1377</b>	<b>2971</b>	<b>11.01</b>	<b>1100 (36.03%)</b>	<b>236 (7.73%)</b>	<b>135 (4.42%)</b>

### 3.3 Trend in new case detection and prevalence

Both the new case detection and registered cases have not much changed since last six years. Looking into the PR trend of last six years, it was suddenly going down in 2066/67 and has consistently maintained the elimination status since last six years.

**Figure 7: Trend in NCDR and PR from 2064/65-2071/72 (2007/08 – 2014/15)**



Region wise, Eastern region reported the highest prevalence rate (0.94/10,000 population) followed by Central, Midwestern, Western and Far Western regions respectively. Three regions (Eastern, Central and Midwestern) have observed an increase in the trend as compared to the last reporting year however Western region's PR rate is similar to that of previous year. Six-year trend in registered prevalence rate by region is given in the table below.

**Table 7: Region wise trend in prevalence rate from 2065/66 – 2071/72(2009/10 – 2014/15)**

Regions	2066/67	2067/68	2068/69	2069/70	2070/71	2071/72
EDR	0.92	0.87	0.89	0.90	0.93	0.94
CDR	0.79	0.82	0.86	0.87	0.80	0.93
WDR	0.68	0.64	0.70	0.76	0.84	0.84
MWDR	0.48	0.72	0.92	0.80	0.81	0.90
FWDR	0.88	0.91	0.94	0.81	0.73	0.66
<b>National</b>	<b>0.77</b>	<b>0.79</b>	<b>0.85</b>	<b>0.84</b>	<b>0.83</b>	<b>0.89</b>

### 3.4 Relapse cases

The information of relapse of leprosy cases are mentioned in below table. This fiscal year, relapse cases had reduced as compared to last fiscal year. Anandaban hospital is only one designated sentimental site for lab confirmation for relapse case.

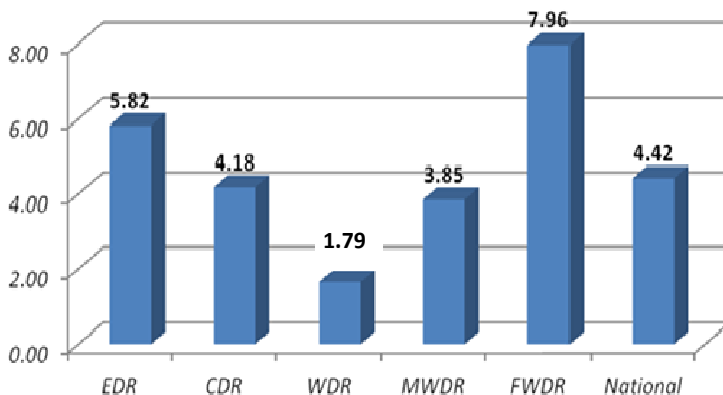
**Table 8: Trend in relapse cases for last five fiscal years (2067- 2072) (2010-2015)**

Year	2067/68	2068/69	2069/70	2070/71	2071/72
Relapse Cases	20	25	14	11	8

### 3.5 Disability

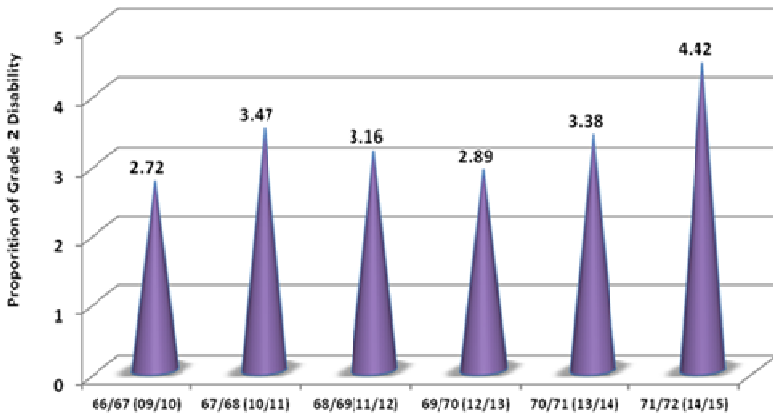
If not detected early and not timely and completely treated, leprosy variably results into disability of varied degree and type. Thus early detection and timely and complete treatment is very crucial for prevention of disability due to leprosy. Proportion of Grade II Disability (G2D) among new cases and rate per hundred thousand populations are major monitoring indicators of early case detection. During this reporting year, 135 cases of visible disability (G2D) were recorded and its proportion among new cases was 4.42% nationally and by region it was the highest in Far Western regions (7.96%) and the lowest in Western region (1.79%).

**Figure 8:Region-wise proportion of G2D among new cases in 2071/72 (2014/15)**



The G2D proportion among new cases has been fluctuating within 2 to 4 percent since last 6 years and it has increased this fiscal year as compared to last year's report.

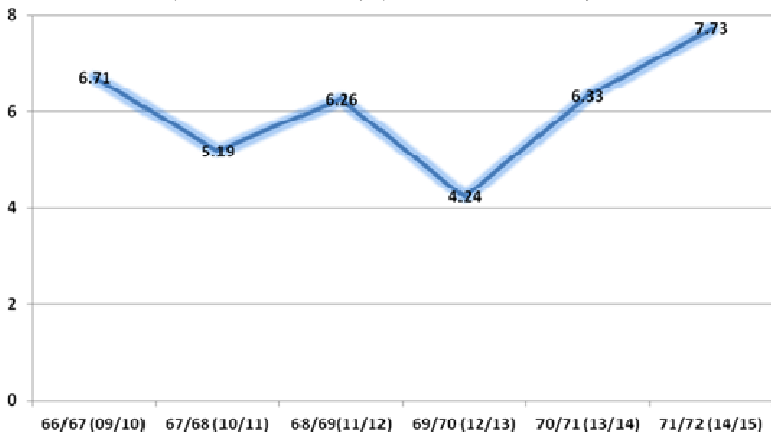
**Figure 9: Trend in proportion of G2D among new cases from 2066/67 to 2071/72 (2009/10-2014/15)**



### 3.6 Child cases

A total of 236 new child cases were diagnosed during the Fiscal Year 2071/72. The proportion of child cases among new cases is 7.73% for this fiscal year. The trend reflects that child proportion is fluctuating and has increased this fiscal year as compared to last year.

**Figure 10: Trend in Child Proportion among new for last 6 years (2066/67-2071/72) (2009/10 – 2014/15)**



### 3.7 Outcome of the registered cases

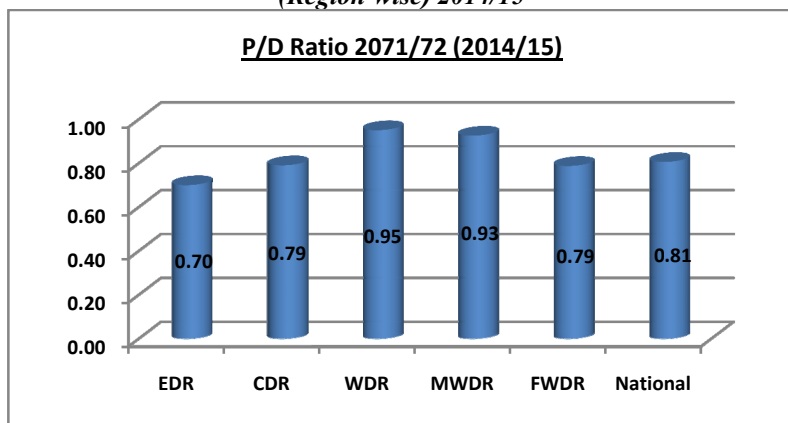
A total of 2800 (MB=1490 and PB=1310) cases had completed treatment and were released from treatment. The remaining cases are undergoing treatment. Total transferred out cases were 32, number of defaulter cases was 38 and other deductions were 146 (other than defaulters and transferred outs), which include death, double registration, recycle, foreign cases and wrong diagnosis. The number of patients who restarted MDT in the current year was 73. (See **annexes** for detail information on district, regional & national level data for segregated data).

**Table 9: Number of cases released from treatment (RFT), by region in 2071/72 (2014/15)**

Region	MB	PB	Total
EDR	391	376	767
CDR	486	570	1056
WDR	293	144	437
MWDR	208	107	315
FWDR	112	113	225
<b>National</b>	<b>1490</b>	<b>1310</b>	<b>2800</b>

### 3.8 Prevalence/Detection (P/D) Ratio

**Figure 11: Prevalence and Case Detection Ratio (Region-wise) 2014/15**



**Table 10: Comparison of leprosy indicators (year-wise from 2066/67 – 2071/72)**

Data/ Indicators	2066/67 (2009/10)	2067/68 (2010/11)	2068/69 (2011/12)	2069/70 (2012/13)	2070/71 (2013/14)	2071/72 (2014/15)
<b>New patients</b>	3157	3142	3481	3253	3223	3053
<b>NCDR</b>	11.5	11.2	12.2	11.9	11.18	11.01
<b>UT at the end</b>	2104	2210	2430	2228	2271	2461
<b>RPR/10,000</b>	0.77	0.79	0.85	0.82	0.83	0.89
<b>No. of New child</b>	212	163	218	136	204	236
<b>Child proportion</b>	6.71	5.19	6.26	4.24	6.33	7.73
<b>No. of G2D</b>	86	109	110	94	109	135
<b>G2D Proportion</b>	2.72	3.47	3.16	2.89	3.38	4.42
<b>G2D rate/100,000</b>	0.31	0.39	0.39	0.35	0.40	0.49
<b>No. of female</b>	1030	892	1100	1004	1143	1100
<b>Female proportion</b>	32.6	28.4	31.6	30.8	35.46	36.03
<b>RFT</b>	3844	2979	3190	3373	3187	2800
<b>No. of defaulters</b>	25	31	24	43	24	38
<b>No. of relapse</b>	18	20	25	14	11	8

### **Some reasons of decrease in new cases and increase in prevalence rate**

A field verification and validation of records and cases were performed in the current fiscal year. The retrospective data verification and case validation activity was conducted in endemic districts of terai.

- Over holding of cases/RFT due
- Recycled cases/double registration
- Local address given to cross border cases

### **Impression**

- Sustained elimination but overall prevalence has slightly increased as compared to last fiscal year
- 15 districts have prevalence rate above 1 case/10,000 population which was in 16 districts last year
- Increased proportion of Grade 2 Disability
- Good coordination exists with partners

## **4. Strength, weakness, challenges and way forward**

### **4.1 Strength**

- Commitment from political level – Minister’s commitment towards Bangkok Declaration for Leprosy
- Trained manpower serving in all health facilities.
- Accessible network of public health and services provided by partner organizations.
- Free MDT and other services
- Regular review meetings
- Uninterrupted MDT supply
- Good communication and collaboration among supporting partners
- Participation of Leprosy affected in the national programme has been improving
- Steering, coordination and technical committees are formed in last F/Y and conducting meeting in regular basis.
- Focus has been given to medical & community based rehabilitation (MCBR)

### **4.2 Weaknesses**

- Low priority to leprosy program at periphery.
- Low motivation of health workers
- District and regional focal persons are overburdened with TB programme
- Very few activities on rehabilitation
- Inadequate training and orientation (eg: CLT, BLT, CBR) for health workers, focal persons and managers
- Poor institutional set-up and inadequate human resources at central level

### **4.3 Challenges**

- To sustain the achievement of elimination at national level and further reduce disease burden
- To maintain access/quality of services in low endemic mountain & hilly districts.
- To strengthen surveillance, drug supply, logistic, information, and job oriented capacity-building for general health workers and an efficient referral network.
- To assess the magnitude of the disability burden due to leprosy.
- To further reduce stigma and discrimination against affected persons and their families.
- Information sharing and integration of leprosy services in private sector, including medical colleges.
- Possibility of recycled cases registered in medical colleges, central hospitals & referral centers
- Sustainability and recognition of DRFU Unit

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

- Policy related issues to be addressed by MoH.
- Implementation of national strategy within ministry and through partners.
- Use of/follow national operational guideline as per new strategy.
- Intensify IEC activities to raise community awareness on leprosy: early diagnosis and treatment, prevention of disability, rehabilitation, and social benefits.
- Strengthen early case detection activities- focus in some VDCs of high endemic districts.
- Establish and strengthen cross notification and information sharing on cross border cases.
- Promote community participation in National Leprosy Elimination Program.



- Improve access of unreached, marginalized and vulnerable groups to leprosy services.
- Strengthen greater and meaningful involvement of people affected by leprosy in leprosy services and programmes.
- Capacity building of health workers for early case detection, management and community based rehabilitation.
- Strengthen functional integration of leprosy services in remaining areas
- Use of available resources and infrastructure for other services, eg: lymphatic filariasis, geriatrics, diabetes and other NTDs & disabilities.
- Operational research studies in high endemic districts and pockets on specific issues for quality services
- High time to start chemoprophylaxis and immunoprophylaxis (one, either or both) to protect the contacts and break the transmission
- Ensure resource mobilization, partnership and participation of local government and collaboration with new partners, institutions and individuals for leprosy services and rehabilitation
- Strengthen capacity of leprosy control division and DRFU Unit for effective implementation of national policy and strategies and quality services
- Innovative activities for efficient utilization of resources, services and management Efficient use of health management information system and strengthening e-health
- Strengthen surveillance in low endemic districts and areas
- Evidence based (laboratory confirmed) reporting of relapse through utilization of available resource
- Address cross border issues
- Sustaining the newly initiated program and service e.g. satellite services, interaction with medical college hospitals, joint monitoring, training & observation in partnership approach with the Government.

- Strengthening of referral hospital (efficiency, quality service in zonal hospitals that were handed over) & proper referral mechanism.

## **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 level is still a challenge. 15 districts have prevalence above 1 case/ 10,000 population. Similarly, Grade 2 disability rate has not decreased satisfactorily in order to achieve the target. Therefore, it indicates that there is need to expand and strengthen the early case detection and treatment activities. The partnership with supporting organizations and leprosy affected people is strong backbone of the programme and it is well functioning. The programme has been organized at the national health programme in the country. Capacity building programmes are being continued but need to be strengthened.

## ANNEXES

### ANNEX 1: Annual Target v/s Achievement (370120/3) : Central level FY 2071/72 (2014/15)

SN	Activity	Annual Target		Annual Progress	
		Physical	Budget	Physical	Budget
1.	Furniture for meeting and resource room	1	60	1	60
2.	Photocopy machine	1	300	1	300
3.	Laptop computer	2	140	2	140
4.	Establishment of museum at “ <i>Khokana Aarogya Ashram</i> ” and construction of a residential building for 10-15 family	3	10000		
5.	Publication of quarterly bulletin and other supportive materials for health care workers (production, printing & distribution) (times)	3	450	2	300
6.	Supportive review meeting at 17 leprosy service centres	20	850	20	440
7.	Update review meeting on WeBLERS reporting system among DHO/DPHOs, RTLOs, DTLOs (5 regions)	5	2000	4	1447
8.	Review meeting on planning & procurement of chemoprophylaxis	2	800	2	800
9.	Review meeting on “planning of chemoprophylaxis” among doctors, managers and health care workers	2	400	1	71
10.	MCBR study, Resource Center for WeBLERS and implementation	1	300	0	0
11.	MCBR study, WeBLERS, Book, Resource & counseling service	3	150	0	0
12.	POID follow up, research and surveillance	3	290	0	0
13.	Planning and preparation for establishment of museum and construction of residential building for people with disability due to leprosy and elderly people	2	200	0	0
14.	Onsite coaching, education and management at local level in leprosy endemic districts	2	350	2	128

SN	Activity	Annual Target		Annual Progress	
		Physical	Budget	Physical	Budget
15.	In collaboration with supporting partners, providing financial support to hospital for free health services for poor leprosy affected people	2	400	0	0
16.	In collaboration with supporting partners, income generation programme, occupational training & scholarship to leprosy affected people and their family members	2	1100	2	500
17.	Operational study in leprosy endemic districts	3	2400	3	500
18.	Chemoprophylaxis training/workshop for doctors, health care workers & health managers	3	2150	3	1788
19.	Procurement and distribution of supportive appliances for leprosy related disability and complications (5 regions)	2	450	4	310
20.	Travel allowances for the treatment of complications & disability of leprosy patients (Rs. 1000/patient)	2100	2100	1796	1796
21.	Monitoring, supervision and quality check at district level stores from regional medical stores	15	300	12	300
22.	Programme supervision, monitoring and on site coaching	25	500	0	0
23.	Programme supervision & monitoring for central & regional level	39	350	39	39
24.	Quarterly review meeting at central level	3	500	2	150
25.	Quarterly review meeting at regional level	15	1300	15	1300
26.	Quarterly review meeting with stakeholders, direction committee, coordination committee and technical committee	3	500	3	300
27.	Capacity building of referral centres and handing over to zonal hospital and others	8	800	8	300
28.	MDT transportation and management	3	180	3	180
29.	Annual report & program activity guidelines	2	350	2	300

SN	Activity	Annual Target		Annual Progress	
		Physical	Budget	Physical	Budget
30.	Disability Study with Partners, NFDN & Other stakeholders	2	400	2	163
31.	WeBLERS Strengthening, Upgrading & Annual Maintenance	3	900	0	0
32.	Active case detection in urban slums	1	200	1	172
33.	Active case detection in urban slums	2	400	2	335
34.	Updating district recording & reporting system by case validation & verification	3	1300	3	275
35.	World Leprosy Day celebration at central/regional level	1	500	1	300
36.	World Leprosy Day celebration at central/regional level	1	150	1	150
37.	World Leprosy Day celebration at central/regional level	1	200	1	200
38.	Active Case Detection & special programme at district level	2	1500	2	712
39.	Leprosy Handbook for health care workers	17000	980	17000	230
40.	Implementation of daycare service centre for elderly and leprosy affected people at Khokana Aarogya Ashram	3	900	0	0
41.	Procurement of drugs for complication management in Khokana Aarogya Ashram & others	2	1100	0	0
42.	Supervision and monitoring	15	140	15	140
43.	Supervision and monitoring	15	300	15	300
44.	Income generation and vocational training in collaboration with other leprosy affected society and partners	2	400	0	0
45.	Grant to provide allowances for elderly and leprosy affected people in Khokana Aarogya Ashram	3	1200	3	1200
	<b>Leprosy Control Total</b>	----	<b>40,240</b>	----	<b>15626</b>

**ANNEX 2: Annual Target v/s Achievement (370804) : District level FY 2071/72 (2014/15)**

SN	Activity	Annual Target		Annual Progress	
		Physical	Budget	Physical	Budget
1.	Service contract of 14 health care workers to continue services at district leprosy clinics	42	1400	38	1250
2.	Participation of leprosy affected people & disadvantaged groups in leprosy service activities unreached areas	180	3960	180	3960
3.	VDC Level interaction, documentary show and active case detection programmes by involving leprosy affected people, consumers' group, HFMC, students & community	5	500	5	450
4.	Mapping and planning in high leprosy endemic VDCs	1	400	1	350
5.	Income generation & saving programmes for people with disability due to leprosy (district)	35	2100	35	2100
6.	Reactivation programmes in districts which has PR near to 1 (district)	10	1000	8	800
7.	Review & coordination meeting with TB control programme	1	2100	1	2100
8.	Programme monitoring & evaluation	1500	4350	1500	4350
9.	Skin camps	39	2941	39	2941
10.	Patient recording /reporting workshop at district, PHC and HP level (19 districts)	2	3800	2	3800
11.	School health education & screening programme	185	743	105	421
12.	Contact screening of patient's family members and neighbors	65176	3600	65176	3600
13.	Travel allowance for family members of patient	105	1500	0	0
14.	Post-exposure prophylaxis for leprosy contacts (district)	5	1400	5	1400
15.	World Leprosy Day celebration programme (district)	75	1400	75	1400
16.	Active Case Detection (district)	7	2450	5	1739

SN	Activity	Annual Target		Annual Progress	
		Physical	Budget	Physical	Budget
17.	Leprosy training for health care workers (group)	3	1300	3	1300
18.	Continuation of community leprosy clinics and disability prevention centres (place)	20	1000	17	850
19.	Travel allowance for RFT cases (NPR 1000/Patient)	3300	3300	2700	2700
	<b>Leprosy Control Total</b>	----	<b>39244</b>	---	<b>35511</b>
	<b>(E) Operation Cost</b>	----	<b>460</b>	---	<b>460</b>
	<b>Grand Total</b>	----	<b>39704</b>	---	<b>35971</b>

**ANNEX 3: Activities and Budget for 370120-Central Level FY 2072/73 (2015/16)**

SN	Activity	Unit	Annual Target	
			Physical	Budget
1.	Reconstructive surgery camp	Times	2	700
2.	World Leprosy Day celebration at central level	Times	1	100
3.	Printing of Program implementation guidelines	N/A	1	100
4.	Coordination with other stakeholders from Disability Focal Unit	Persons	3	150
5.	Post disaster injury data collection and treatment	Persons	3	900
6.	Multi Drugs transportation and management (times)	Times	3	200
7.	Procurement and distribution of supportive appliances for leprosy affected person for disability prevention and complications management	Persons	2	600
8.	Travel allowances for the treatment of complications & disability of leprosy patients (Rs. 1000/patient)	Times	2100	2100
9.	Quarterly review meeting at regional level (Annual, first & second)	Times	15	1000
10.	Onsite coaching, education and management at local level in leprosy endemic districts	Persons	4	700
11.	Programme supervision & monitoring for central & regional level	Times	48	500
12.	Annual report printing	Times	1	300
13.	Support to the referral centres to provide special treatment services for the leprosy affected	Persons	3	600
14.	Upgrading, establishing and extending POID clinic	Persons	10	1100
15.	Contact examination of neighbors and community people of new leprosy cases	Times	900	1500
16.	Operational study regarding disability and consumption of drugs	Times	2	700
17.	Active Case Detection	Times	8	1200



SN	Activity	Unit	Annual Target	
			Physical	Budget
18.	Active case detection in urban slums (Place)	Times	2	700
19.	Capacity building program regarding leprosy to new health care workers, doctors (20 people in each batch)	Times	2	1000
20.	Special activity(POID, rehabilitation and discrimination reduction) in local level towards leprosy free society as put forward in Bangkok Declaration	N/A	3	2100
21.	Case Validation	Times	15	1200
22.	Campaign in high leprosy endemic districts	Times	2	1000
23.	One day leprosy training to medical officers	Times	1	400
24.	Technical support, monitoring and supervision	Times	9	600
25.	Survey and need assessment of disability and injury post disaster	Times	2	1000
26.	Quarterly review meeting (Central Level)	Times	3	600
27.	Chemoprophylaxis drugs procurement	----	2	1000
28.	Procurement of drugs for leprosy complication management	Times	1	1000
29.	Monitoring and Supervision	Person	15	300
30.	Grant to leprosy affected persons of Khokana and Pokhara Aarogya Ashram	N/A	6	1000
	<b>Sub Total</b>	----	---	<b>24350</b>
	<b>Operation Cost</b>	----	---	<b>300</b>
	<b>Central Level Grand Total Budget</b>	----	----	<b>24650</b>

**ANNEX 4: Activities and Budget for 370804-District Level FY 2072/73 (2015/16)**

SN	Activity	Unit	Annual Target	
			Physical	Budget
1.	Service contract for Referral Clinic	Persons	16	2240
2.	Continuation and expansion of Leprosy Post Exposure Prophylaxis program	Times	5	1500
3.	Participatory awareness programme on high endemic district	Times	5	1000
4.	Active case detection	Times	5	1500
5.	Skin Camp on High endemic district for case detection	Times	5	500
6.	Accessibility Program in Marginalized Community	Times	100	2200
7.	Review, Planning and Interaction Program in High risk District	Times	57	5700
8.	Income Generation program for leprosy affected people	Times	20	1200
9.	Contact examination of family and neighbors of leprosy patient	Times	2000	2000
10.	Two Days Basic Training for Local Staffs	Times	200	1000
11.	Transportation Cost for patient after completion of Treatment	Persons	3500	3500
	<b>District Level Total Budget</b>	****	***	<b>22340</b>

**Annex 5: Annual Leprosy Statistics FY 2071/72 (2014/15)**

Region	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	New Child case	Grade 2 Disability among new	Female among new
Eastern	MB	361	399	2	14	15	791	391	3	5	47	446	345	48	132	51	29	41	125
	PB	190	408	0	19	0	617	376	1	2	18	397	220	61	115	2	32	6	194
	<b>Total</b>	<b>551</b>	<b>807</b>	<b>2</b>	<b>33</b>	<b>15</b>	<b>1408</b>	<b>767</b>	<b>4</b>	<b>7</b>	<b>65</b>	<b>843</b>	<b>565</b>	<b>109</b>	<b>247</b>	<b>53</b>	<b>61</b>	<b>47</b>	<b>319</b>
Central	MB	485	581	1	5	22	1094	486	7	9	11	513	581	92	176	91	40	48	142
	PB	324	628	0	3	7	962	570	4	5	8	587	375	129	157	6	88	0	224
	<b>Total</b>	<b>809</b>	<b>1209</b>	<b>1</b>	<b>8</b>	<b>29</b>	<b>2056</b>	<b>1056</b>	<b>11</b>	<b>14</b>	<b>19</b>	<b>1100</b>	<b>956</b>	<b>221</b>	<b>333</b>	<b>97</b>	<b>128</b>	<b>48</b>	<b>366</b>
Western	MB	337	285	0	16	11	649	293	1	5	20	319	330	11	67	58	7	8	152
	PB	82	162	0	3	3	250	144	0	2	9	155	95	8	9	0	8	0	70
	<b>Total</b>	<b>419</b>	<b>447</b>	<b>0</b>	<b>19</b>	<b>14</b>	<b>899</b>	<b>437</b>	<b>1</b>	<b>7</b>	<b>29</b>	<b>474</b>	<b>425</b>	<b>19</b>	<b>76</b>	<b>58</b>	<b>15</b>	<b>8</b>	<b>222</b>
Midwest	MB	232	228	2	6	7	475	208	10	1	14	233	242	15	119	79	11	14	70
	PB	67	136	0	3	0	206	107	0	0	4	111	95	20	43	7	14	0	73
	<b>Total</b>	<b>299</b>	<b>364</b>	<b>2</b>	<b>9</b>	<b>7</b>	<b>681</b>	<b>315</b>	<b>10</b>	<b>1</b>	<b>18</b>	<b>344</b>	<b>337</b>	<b>35</b>	<b>162</b>	<b>86</b>	<b>25</b>	<b>14</b>	<b>143</b>
Farwest	MB	126	138	3	3	6	276	112	6	4	11	133	143	5	50	29	4	17	24
	PB	67	88	0	0	2	157	113	0	5	4	122	35	6	9	0	3	1	26
	<b>Total</b>	<b>193</b>	<b>226</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>433</b>	<b>225</b>	<b>6</b>	<b>9</b>	<b>15</b>	<b>255</b>	<b>178</b>	<b>11</b>	<b>59</b>	<b>29</b>	<b>7</b>	<b>18</b>	<b>50</b>
National 2071/72	MB	1541	1631	8	44	61	3285	1490	27	24	103	1644	1641	171	544	308	91	128	513
	PB	730	1422	0	28	12	2192	1310	5	14	43	1372	820	224	333	15	145	7	587
	<b>Total</b>	<b>2271</b>	<b>3053</b>	<b>8</b>	<b>72</b>	<b>73</b>	<b>5477</b>	<b>2800</b>	<b>32</b>	<b>38</b>	<b>146</b>	<b>3016</b>	<b>2461</b>	<b>395</b>	<b>877</b>	<b>323</b>	<b>236</b>	<b>135</b>	<b>1100</b>

Region	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	New Child case	Grade 2 Disability among new	Female among new
National 2070/71	MB	1559	1666	11	27	54	3317	1678	9	20	69	1776	1541	148	609	230	70	107	494
	PB	669	1557	0	26	23	2275	1509	1	4	31	1545	730	164	442	10	134	2	649
	<b>Total</b>	<b>2228</b>	<b>3223</b>	<b>11</b>	<b>53</b>	<b>77</b>	<b>5592</b>	<b>3187</b>	<b>10</b>	<b>24</b>	<b>100</b>	<b>3321</b>	<b>2271</b>	<b>312</b>	<b>1051</b>	<b>240</b>	<b>204</b>	<b>109</b>	<b>1143</b>
National 2069/70	MB	1700	1709	5	39	43	3496	1786	13	26	112	1937	1559	76	483	223	61	90	473
	PB	730	1544	0	22	25	2321	1588	5	17	42	1652	669	48	298	0	75	4	531
	<b>Total</b>	<b>2430</b>	<b>3253</b>	<b>5</b>	<b>61</b>	<b>68</b>	<b>5817</b>	<b>3374</b>	<b>18</b>	<b>43</b>	<b>154</b>	<b>3589</b>	<b>2228</b>	<b>124</b>	<b>781</b>	<b>223</b>	<b>136</b>	<b>94</b>	<b>1004</b>
National 2068/69	MB	1511	1817	27	29	32	3416	1613	13	17	73	1716	1700	94	557	235	87	110	453
	PB	699	1664	0	8	5	2376	1577	3	7	59	1646	730	69	330	21	125	0	580
	<b>Total</b>	<b>2210</b>	<b>3481</b>	<b>27</b>	<b>37</b>	<b>37</b>	<b>5792</b>	<b>3190</b>	<b>16</b>	<b>24</b>	<b>132</b>	<b>3362</b>	<b>2430</b>	<b>163</b>	<b>887</b>	<b>256</b>	<b>218</b>	<b>110</b>	<b>1100</b>
National 2067/68	MB	1409	1644	20	35	42	3150	1507	19	23	90	1639	1511	59	525	196	53	94	404
	PB	695	1498	0	7	12	2212	1472	1	8	32	1513	699	87	384	2	110	15	488
	<b>Total</b>	<b>2104</b>	<b>3142</b>	<b>20</b>	<b>42</b>	<b>54</b>	<b>5362</b>	<b>2979</b>	<b>20</b>	<b>31</b>	<b>122</b>	<b>3152</b>	<b>2210</b>	<b>146</b>	<b>909</b>	<b>198</b>	<b>163</b>	<b>109</b>	<b>892</b>

**Annex 6: Annual Leprosy Indicators Region and National FY 2071/72 (2014/15)**

Region	Population	New Case Detection Rate/100,000 popn	Prevalence Rate/ 10,000 popn	MB proportion among new	Child proportion among new	Proportion Grade 2 Disability among new	Defaulter proportion	Female Proportion among new
Eastern	6,010,650	13.43	0.94	49.44	7.56	5.82	1.27	39.53
Central	10,224,978	11.82	0.93	48.06	10.59	3.97	1.73	30.27
Western	5,070,849	8.82	0.84	63.76	3.36	1.79	1.67	49.66
Midwest	3,733,544	9.75	0.90	62.64	6.87	3.85	0.33	39.29
Farwest	2,683,352	8.42	0.66	61.06	3.10	7.96	4.66	22.12
<b>National 2071/72</b>	<b>27,723,373</b>	<b>11.01</b>	<b>0.89</b>	<b>53.42</b>	<b>7.73</b>	<b>4.42</b>	<b>1.67</b>	<b>36.03</b>
2070/71	27,311,978	11.8	0.83	51.69	6.33	3.38	0.43	35.46
2069/70	27,248,574	11.9	0.82	52.54	4.18	2.89	0.74	30.86
2068/69	28,480,814	12.2	0.85	52.20	6.26	3.16	0.41	31.60
2067/68	27,999,405	11.2	0.79	52.32	5.19	3.47	0.58	28.39

**Annex 7.1 : Annual Leprosy Statistics District wise FY 2071/72 (2014/15) -Eastern Region**

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Bhojpur	MB	2	1	0	0	0	3	2	0	0	0	2	1	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
	<b>Total</b>	<b>3</b>	<b>1</b>	<b>0</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>
Dhan Kuta	MB	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
	<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>
Ilam	MB	0	0	0	0	0	0	0	0	0	0	0	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
	<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>
Jhapa	MB	116	113	0	0	1	230	100	0	0	13	113	117	9	25	12	7	5	31
	PB	54	83	0	0	0	137	87	0	0	2	89	48	7	14	0	7	2	30
	<b>Total</b>	<b>170</b>	<b>196</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>367</b>	<b>187</b>	<b>0</b>	<b>0</b>	<b>15</b>	<b>202</b>	<b>165</b>	<b>16</b>	<b>39</b>	<b>12</b>	<b>14</b>	<b>7</b>	<b>61</b>
Khotang	MB	4	3	1	0	0	8	5	0	0	1	6	2	0	1	1	0	0	0
	PB	1	2	0	0	0	3	2	0	0	0	2	1	0	1	0	0	0	0
	<b>Total</b>	<b>5</b>	<b>5</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>3</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Morang	MB	98	84	1	3	2	188	90	3	5	7	105	83	19	59	18	7	17	27
	PB	57	132	0	2	0	191	121	1	2	2	126	65	35	74	1	12	3	64
	<b>Total</b>	<b>155</b>	<b>216</b>	<b>1</b>	<b>5</b>	<b>2</b>	<b>379</b>	<b>211</b>	<b>4</b>	<b>7</b>	<b>9</b>	<b>231</b>	<b>148</b>	<b>54</b>	<b>133</b>	<b>19</b>	<b>19</b>	<b>20</b>	<b>91</b>
Okhal dhunga	MB	0	4	0	0	2	6	2	0	0	0	2	4	0	4	1	0	0	3
	PB	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>4</b>	<b>0</b>	<b>0</b>	<b>2</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>4</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>3</b>
Panchthar	MB	1	3	0	0	0	4	2	0	0	0	2	2	0	0	0	0	0	1
	PB	0	2	0	0	0	2	2	0	0	0	2	0	0	0	0	0	0	0
	<b>Total</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>4</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>0</b>	<b>1</b>	<b>1</b>
Sankhuwa sabha	MB	3	4	0	0	1	8	3	0	0	0	3	5	2	4	0	1	2	2
	PB	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>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>8</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>2</b>

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Saptari	MB	29	41	0	9	9	88	40	0	0	1	41	47	2	0	0	0	3	22
	PB	20	46	0	5	0	71	30	0	0	13	43	28	0	0	0	1	1	24
	<b>Total</b>	<b>49</b>	<b>87</b>	<b>0</b>	<b>14</b>	<b>9</b>	<b>159</b>	<b>70</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>84</b>	<b>75</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>46</b>
Siraha	MB	45	59	0	0	0	104	65	0	0	25	90	14	7	11	6	7	2	19
	PB	32	59	0	12	0	103	66	0	0	0	66	37	8	11	1	3	0	43
	<b>Total</b>	<b>77</b>	<b>118</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>207</b>	<b>131</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>156</b>	<b>51</b>	<b>15</b>	<b>22</b>	<b>7</b>	<b>10</b>	<b>2</b>	<b>62</b>
Solu khumbu	MB	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
	<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>
Sunsari	MB	50	58	0	0	0	108	58	0	0	0	58	50	9	25	7	7	11	18
	PB	21	71	0	0	0	92	57	0	0	1	58	34	11	13	0	9	0	32
	<b>Total</b>	<b>71</b>	<b>129</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>200</b>	<b>115</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>116</b>	<b>84</b>	<b>20</b>	<b>38</b>	<b>7</b>	<b>16</b>	<b>11</b>	<b>50</b>
Taple jung	MB	0	0	0	2	0	2	0	0	0	0	0	2	0	1	1	0	0	0
	PB	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>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>



Districts	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	New Child case	Grade 2 Disability among new	Female among new
Terha thum	MB	1	0	0	0	0	1	1	0	0	0	1	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
	<b>Total</b>	<b>2</b>	<b>0</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>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Udayapur	MB	12	29	0	0	0	41	23	0	0	0	23	18	0	2	5	0	0	2
	PB	3	12	0	0	0	15	9	0	0	0	9	6	0	2	0	0	0	1
	<b>Total</b>	<b>15</b>	<b>41</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>56</b>	<b>32</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>32</b>	<b>24</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>3</b>
Eastern Region	MB	361	399	2	14	15	791	391	3	5	47	446	345	48	132	51	29	41	125
	PB	190	408	0	19	0	617	376	1	2	18	397	220	61	115	2	32	6	194
	<b>Total</b>	<b>551</b>	<b>807</b>	<b>2</b>	<b>33</b>	<b>15</b>	<b>1408</b>	<b>767</b>	<b>4</b>	<b>7</b>	<b>65</b>	<b>843</b>	<b>565</b>	<b>109</b>	<b>247</b>	<b>53</b>	<b>61</b>	<b>47</b>	<b>319</b>

Annex 7.2 : Annual Leprosy Statistics District wise FY 2071/72 (2014/15) -Central Region

Districts	Type	Patients at end of previous year	New Cases	Relapse case	Re-starter	Transferred In	Total	RFT	Transferred Out	Defaulter	Other Deduction	Total deduction	Patents at the End of this FY	Total child	Smear Tested	Smear Positive	New Child case	Grade 2 Disability among new	Female among new
Bara	MB	67	71	0	0	2	140	61	1	0	3	65	75	2	0	0	2	3	15
	PB	32	53	0	1	1	87	54	0	0	1	55	32	3	0	0	3	0	16
	<b>Total</b>	<b>99</b>	<b>124</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>227</b>	<b>115</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>120</b>	<b>107</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>3</b>	<b>31</b>
Bhaktapur	MB	0	1	0	0	5	6	2	0	0	0	2	4	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
	<b>Total</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>5</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>
Chitwan	MB	36	46	0	1	2	85	38	4	0	1	43	42	13	10	7	5	1	18
	PB	14	28	0	0	1	43	25	0	0	0	25	18	3	6	0	1	0	7
	<b>Total</b>	<b>50</b>	<b>74</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>128</b>	<b>63</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>68</b>	<b>60</b>	<b>16</b>	<b>16</b>	<b>7</b>	<b>6</b>	<b>1</b>	<b>25</b>
Dhading	MB	2	4	0	0	2	8	5	0	0	0	5	3	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
	<b>Total</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>8</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>3</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 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	New Child case	Grade 2 Disability among new	Female among new
Dhanusha	MB	65	116	0	0	0	181	86	1	7	2	96	85	22	79	46	9	22	26
	PB	73	188	0	1	2	264	148	1	5	0	154	110	66	52	4	50	0	97
	<b>Total</b>	<b>138</b>	<b>304</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>445</b>	<b>234</b>	<b>2</b>	<b>12</b>	<b>2</b>	<b>250</b>	<b>195</b>	<b>88</b>	<b>131</b>	<b>50</b>	<b>59</b>	<b>22</b>	<b>123</b>
Dolkha	MB	1	2	0	0	0	3	2	0	0	0	2	1	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
	<b>Total</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Kathmandu	MB	4	34	0	0	7	45	8	0	0	0	8	37	0	0	0	0	1	0
	PB	0	4	0	0	2	6	3	0	0	0	3	3	0	0	0	0	0	0
	<b>Total</b>	<b>4</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>51</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>40</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>0</b>
Kavre Palanchok	MB	2	2	0	0	0	4	2	0	0	0	2	2	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
	<b>Total</b>	<b>2</b>	<b>2</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>
Lalitpur	MB	2	3	0	0	0	5	3	0	0	0	3	2	0	1	0	0	0	1
	PB	0	6	0	0	0	6	2	0	0	0	2	4	0	3	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>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>6</b>	<b>0</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Mahottari	MB	65	62	0	1	0	128	67	0	0	0	67	61	13	41	16	4	5	17
	PB	67	106	0	0	0	173	116	0	0	5	121	52	19	66	0	11	0	35
	<b>Total</b>	<b>132</b>	<b>168</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>301</b>	<b>183</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>188</b>	<b>113</b>	<b>32</b>	<b>107</b>	<b>16</b>	<b>15</b>	<b>5</b>	<b>52</b>
Makawanpur	MB	19	10	0	0	0	29	8	0	0	0	8	21	0	0	0	0	0	0
	PB	5	1	0	0	0	6	5	0	0	0	5	1	0	0	0	0	0	0
	<b>Total</b>	<b>24</b>	<b>11</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	<b>13</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>13</b>	<b>22</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Nuwakot	MB	0	5	0	0	1	6	1	0	0	0	1	5	0	4	1	0	1	1
	PB	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>5</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>6</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>5</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>
Parasa	MB	62	55	0	0	0	117	38	0	0	4	42	75	11	0	0	1	0	4
	PB	36	59	0	0	0	95	55	0	0	0	55	40	12	0	0	5	0	7
	<b>Total</b>	<b>98</b>	<b>114</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>212</b>	<b>93</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>97</b>	<b>115</b>	<b>23</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>0</b>	<b>11</b>

Districts	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	New Child case	Grade 2 Disability among new	Female among new	
Ramechhap	MB	2	0	0	0	0	2	1	0	0	0	1	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>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</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>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Rasuwa	MB	2	0	0	0	1	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>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</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>
Rautahat	MB	70	76	1	0	0	147	74	0	0	0	74	73	7	5	5	4	6	6	23
	PB	38	57	0	0	0	95	59	0	0	0	59	36	10	1	1	8	0	0	24
	<b>Total</b>	<b>108</b>	<b>133</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>242</b>	<b>133</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>133</b>	<b>109</b>	<b>17</b>	<b>6</b>	<b>6</b>	<b>12</b>	<b>6</b>	<b>6</b>	<b>47</b>
Sarlahi	MB	77	88	0	1	2	168	79	1	2	1	83	85	24	36	16	15	8	34	34
	PB	54	122	0	1	1	178	99	3	0	0	102	76	16	29	1	10	0	36	36
	<b>Total</b>	<b>131</b>	<b>210</b>	<b>0</b>	<b>2</b>	<b>3</b>	<b>346</b>	<b>178</b>	<b>4</b>	<b>2</b>	<b>1</b>	<b>185</b>	<b>161</b>	<b>40</b>	<b>65</b>	<b>17</b>	<b>25</b>	<b>8</b>	<b>70</b>	<b>70</b>
Sindhuli	MB	4	5	0	1	0	10	4	0	0	0	4	6	0	0	0	0	1	1	1
	PB	5	4	0	0	0	9	4	0	0	2	6	3	0	0	0	0	0	0	2
	<b>Total</b>	<b>9</b>	<b>9</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>19</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>10</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>3</b>

Districts	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	New Child case	Grade 2 Disability among new	Female among new	
Sindhu Palchowk	MB	5	1	0	1	0	7	4	0	0	0	4	3	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>1</b>	<b>0</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</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>
Central Region	MB	485	581	1	5	22	1094	486	7	9	11	513	581	92	176	91	40	48	142	
	PB	324	628	0	3	7	962	570	4	5	8	587	375	129	157	6	88	0	224	
	<b>Total</b>	<b>809</b>	<b>1209</b>	<b>1</b>	<b>8</b>	<b>29</b>	<b>2056</b>	<b>1056</b>	<b>11</b>	<b>14</b>	<b>19</b>	<b>1100</b>	<b>956</b>	<b>221</b>	<b>333</b>	<b>97</b>	<b>128</b>	<b>48</b>	<b>366</b>	

**Annex 7.3 : Annual Leprosy Statistics District wise FY 2071/72 (2014/15) - Western Region**

Districts	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	New Child case	Grade 2 Disability among new	Female among new	
Argha khanchi	MB	10	6	0	2	1	19	6	0	0	0	6	13	0	1	1	0	0	0	6
	PB	2	1	0	1	0	4	2	0	0	0	2	2	0	0	0	0	0	0	1
	<b>Total</b>	<b>12</b>	<b>7</b>	<b>0</b>	<b>3</b>	<b>1</b>	<b>23</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>15</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>
Baglung	MB	5	4	0	0	0	9	5	0	0	0	5	4	0	4	4	0	0	0	3
	PB	2	0	0	0	0	2	2	0	0	0	2	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>11</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>4</b>	<b>0</b>	<b>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Gorkha	MB	11	4	0	0	1	16	4	0	0	4	8	8	1	2	2	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>11</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>16</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>8</b>	<b>8</b>	<b>1</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Gulmi	MB	10	8	0	2	1	21	14	0	0	0	14	7	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>10</b>	<b>8</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>21</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Kapilbastu	MB	42	71	0	2	5	120	42	0	0	5	47	73	1	0	0	1	2	47
	PB	28	70	0	1	2	101	62	0	0	3	65	36	6	0	0	6	0	32
	<b>Total</b>	<b>70</b>	<b>141</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>221</b>	<b>104</b>	<b>0</b>	<b>8</b>	<b>8</b>	<b>112</b>	<b>109</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>79</b>
Kaski	MB	27	28	0	1	0	56	30	1	0	0	31	25	3	28	14	3	2	5
	PB	0	9	0	1	1	11	10	0	0	0	10	1	0	9	0	0	0	5
	<b>Total</b>	<b>27</b>	<b>37</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>67</b>	<b>40</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>41</b>	<b>26</b>	<b>3</b>	<b>37</b>	<b>14</b>	<b>3</b>	<b>2</b>	<b>10</b>
Lamjung	MB	10	6	0	1	0	17	12	0	0	0	12	5	0	0	0	0	0	3
	PB	1	2	0	0	0	3	2	0	0	0	2	1	0	0	0	0	0	0
	<b>Total</b>	<b>11</b>	<b>8</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>20</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>
Manang	MB	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
	<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>
Mustang	MB	1	0	0	0	0	1	0	0	0	0	0	1	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
	<b>Total</b>	<b>1</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>1</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 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	New Child case	Grade 2 Disability among new	Female among new
Myagdi	MB	6	6	0	1	1	14	8	0	0	0	8	6	0	0	0	0	0	2
	PB	1	0	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
	<b>Total</b>	<b>7</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>15</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>
Nawalparasi	MB	66	26	0	0	0	92	31	0	2	5	38	54	0	4	2	0	1	9
	PB	17	12	0	0	0	29	11	0	1	4	16	13	2	0	0	2	0	8
	<b>Total</b>	<b>83</b>	<b>38</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>121</b>	<b>42</b>	<b>0</b>	<b>3</b>	<b>9</b>	<b>54</b>	<b>67</b>	<b>2</b>	<b>4</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>17</b>
Palpa	MB	13	11	0	0	0	24	16	0	0	0	16	8	0	0	0	0	0	4
	PB	1	3	0	0	0	4	3	0	0	0	3	1	0	0	0	0	0	0
	<b>Total</b>	<b>14</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>28</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>
Parbat	MB	6	2	0	0	0	8	5	0	0	0	5	3	0	1	1	0	0	1
	PB	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
	<b>Total</b>	<b>6</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>5</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
Rupandehi	MB	100	84	0	7	2	193	95	0	3	4	102	91	4	15	11	1	3	53
	PB	28	61	0	0	0	89	50	0	1	2	53	36	0	0	0	0	0	24
	<b>Total</b>	<b>128</b>	<b>145</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>282</b>	<b>145</b>	<b>0</b>	<b>4</b>	<b>6</b>	<b>155</b>	<b>127</b>	<b>4</b>	<b>15</b>	<b>11</b>	<b>1</b>	<b>3</b>	<b>77</b>

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Syangja	MB	15	13	0	0	0	28	12	0	0	0	12	16	1	0	13	1	0	5
	PB	0	1	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0
	<b>Total</b>	<b>15</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>29</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>17</b>	<b>1</b>	<b>0</b>	<b>13</b>	<b>1</b>	<b>0</b>	<b>5</b>
Tanahun	MB	15	16	0	0	0	31	13	0	0	2	15	16	1	12	10	1	0	9
	PB	2	2	0	0	0	4	2	0	0	0	2	2	0	0	0	0	0	0
	<b>Total</b>	<b>17</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>35</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>17</b>	<b>18</b>	<b>1</b>	<b>12</b>	<b>10</b>	<b>1</b>	<b>0</b>	<b>9</b>
Western Region	MB	337	285	0	16	11	649	293	1	5	20	319	330	11	67	58	7	8	152
	PB	82	162	0	3	3	250	144	0	2	9	155	95	8	9	0	8	0	70
	<b>Total</b>	<b>419</b>	<b>447</b>	<b>0</b>	<b>19</b>	<b>14</b>	<b>899</b>	<b>437</b>	<b>1</b>	<b>7</b>	<b>29</b>	<b>474</b>	<b>425</b>	<b>19</b>	<b>76</b>	<b>58</b>	<b>15</b>	<b>8</b>	<b>222</b>

**Annex 7.4 : Annual Leprosy Statistics District wise FY 2071/72 (2014/15) – Mid-Western Region**

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Banke	MB	65	57	0	3	1	126	62	2	0	4	68	58	8	31	26	5	5	23
	PB	35	63	0	2	0	100	62	0	0	1	63	37	9	18	7	5	0	37
	<b>Total</b>	<b>100</b>	<b>120</b>	<b>0</b>	<b>5</b>	<b>1</b>	<b>226</b>	<b>124</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>131</b>	<b>95</b>	<b>17</b>	<b>49</b>	<b>33</b>	<b>10</b>	<b>5</b>	<b>60</b>
Bardiya	MB	37	45	1	1	0	84	34	0	0	2	36	48	3	30	16	3	8	17
	PB	24	56	0	0	0	80	33	0	0	2	35	45	11	22	0	9	0	27
	<b>Total</b>	<b>61</b>	<b>101</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>164</b>	<b>67</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>71</b>	<b>93</b>	<b>14</b>	<b>52</b>	<b>16</b>	<b>12</b>	<b>8</b>	<b>44</b>
Dailekh	MB	7	16	0	0	0	23	9	0	0	1	10	13	0	12	7	0	0	0
	PB	1	1	0	0	0	2	1	0	0	0	1	1	0	0	0	0	0	0
	<b>Total</b>	<b>8</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>25</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>11</b>	<b>14</b>	<b>0</b>	<b>12</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>
Dang	MB	26	14	0	0	1	41	24	0	1	0	25	16	1	9	4	1	0	3
	PB	1	4	0	0	0	5	1	0	0	0	1	4	0	3	0	0	0	3
	<b>Total</b>	<b>27</b>	<b>18</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>46</b>	<b>25</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>26</b>	<b>20</b>	<b>1</b>	<b>12</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>6</b>
Dolpa	MB	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
	<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>

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Humla	MB	2	4	0	1	0	7	2	0	0	0	2	5	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
	<b>Total</b>	<b>2</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>7</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Jajarkot	MB	11	6	0	1	0	18	14	0	0	0	14	4	0	3	2	0	0	1
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>11</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>18</b>	<b>14</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>14</b>	<b>4</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>1</b>
Jumla	MB	7	9	0	0	0	16	6	0	0	0	6	10	0	8	5	0	0	5
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>7</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>16</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>10</b>	<b>0</b>	<b>8</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>5</b>
Kalikot	MB	2	1	0	0	0	3	1	1	0	0	2	1	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
	<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>1</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Mugu	MB	1	1	0	0	0	2	1	0	0	0	1	1	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
	<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</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>0</b>	<b>0</b>	<b>0</b>
Pyuthan	MB	4	5	0	0	0	9	2	0	0	1	3	6	1	4	0	1	0	1
	PB	1	0	0	1	0	2	1	0	0	0	1	1	0	0	0	0	0	0
	<b>Total</b>	<b>5</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>11</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>4</b>	<b>7</b>	<b>1</b>	<b>4</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>1</b>

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Rolpa	MB	10	10	0	0	1	21	8	0	0	0	8	13	0	2	2	0	1	5
	PB	0	2	0	0	0	2	0	0	0	0	0	2	0	0	0	0	0	2
	<b>Total</b>	<b>10</b>	<b>12</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>23</b>	<b>8</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>15</b>	<b>0</b>	<b>2</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>7</b>
Rukum	MB	26	17	0	0	0	43	15	4	0	6	25	18	1	17	15	0	0	4
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>26</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>43</b>	<b>15</b>	<b>4</b>	<b>0</b>	<b>6</b>	<b>25</b>	<b>18</b>	<b>1</b>	<b>17</b>	<b>15</b>	<b>0</b>	<b>0</b>	<b>4</b>
Saljan	MB	15	11	1	0	4	31	14	0	0	0	14	17	1	1	1	1	0	3
	PB	3	5	0	0	0	8	5	0	0	1	6	2	0	0	0	0	0	1
	<b>Total</b>	<b>18</b>	<b>16</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>39</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>20</b>	<b>19</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>4</b>
Surdhet	MB	19	32	0	0	0	51	16	3	0	0	19	32	0	2	1	0	0	8
	PB	2	5	0	0	0	7	4	0	0	0	4	3	0	0	0	0	0	3
	<b>Total</b>	<b>21</b>	<b>37</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>58</b>	<b>20</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>23</b>	<b>35</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>11</b>
Mid Western Region Total	MB	232	228	2	6	7	476	208	10	1	14	234	242	15	119	79	11	14	70
	PB	67	136	0	3	0	206	107	0	0	4	111	95	20	43	7	14	0	73
	<b>Total</b>	<b>299</b>	<b>364</b>	<b>2</b>	<b>9</b>	<b>7</b>	<b>682</b>	<b>315</b>	<b>10</b>	<b>1</b>	<b>18</b>	<b>345</b>	<b>337</b>	<b>35</b>	<b>162</b>	<b>86</b>	<b>25</b>	<b>14</b>	<b>143</b>

**Annex 7.5 : Annual Leprosy Statistics District wise FY 2071/72 (2014/15) –Far-Western Region**

Districts	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	New Child case	Grade 2 Disability among new	Female among new
Achham	MB	21	18	0	0	0	39	15	0	2	1	18	21	0	14	11	0	6	0
	PB	0	1	0	0	0	1	1	0	0	0	1	0	0	0	0	0	0	1
	<b>Total</b>	<b>21</b>	<b>19</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>40</b>	<b>16</b>	<b>0</b>	<b>2</b>	<b>1</b>	<b>19</b>	<b>21</b>	<b>0</b>	<b>14</b>	<b>11</b>	<b>0</b>	<b>6</b>	<b>1</b>
Bairadi	MB	7	10	0	0	0	17	5	0	0	2	7	10	0	0	0	0	4	4
	PB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
	<b>Total</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>17</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>7</b>	<b>10</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>4</b>
Bajhang	MB	2	6	0	0	0	8	2	0	0	0	2	6	0	1	1	0	0	1
	PB	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>6</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
Bayura	MB	8	1	0	0	0	9	4	0	0	0	4	5	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
	<b>Total</b>	<b>8</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>9</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
Dadel dhura	MB	1	2	0	0	0	3	2	0	0	0	2	1	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
	<b>Total</b>	<b>1</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>1</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 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	New Child case	Grade 2 Disability among new	Female among new	
Darchula	MB	4	4	0	0	0	8	2	0	1	0	3	5	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>4</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>8</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>
Doti	MB	3	7	0	0	0	10	3	0	0	0	3	7	0	6	4	0	0	1	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>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>10</b>	<b>3</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>7</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>2</b>
Kailali	MB	61	54	3	2	1	121	55	2	1	2	60	61	5	14	6	4	5	10	
	PB	45	74	0	0	0	119	84	0	5	0	89	30	6	5	0	3	1	25	
	<b>Total</b>	<b>106</b>	<b>128</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>240</b>	<b>139</b>	<b>2</b>	<b>6</b>	<b>2</b>	<b>149</b>	<b>91</b>	<b>11</b>	<b>19</b>	<b>6</b>	<b>7</b>	<b>6</b>	<b>35</b>	
Kanchanpur	MB	19	36	0	1	5	61	24	4	0	6	34	27	0	14	6	0	1	6	
	PB	22	13	0	0	2	37	28	0	4	32	5	0	4	4	0	0	0	0	
	<b>Total</b>	<b>41</b>	<b>49</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>98</b>	<b>52</b>	<b>4</b>	<b>0</b>	<b>10</b>	<b>66</b>	<b>32</b>	<b>0</b>	<b>18</b>	<b>6</b>	<b>0</b>	<b>1</b>	<b>6</b>	
Far West Region Total	MB	126	138	3	3	6	276	112	6	4	11	133	143	5	50	29	4	17	24	
	PB	67	88	0	0	2	157	113	0	5	4	122	35	6	9	0	3	1	26	
	<b>Total</b>	<b>193</b>	<b>226</b>	<b>3</b>	<b>3</b>	<b>8</b>	<b>433</b>	<b>225</b>	<b>6</b>	<b>9</b>	<b>15</b>	<b>255</b>	<b>178</b>	<b>11</b>	<b>59</b>	<b>29</b>	<b>7</b>	<b>18</b>	<b>50</b>	

**Annex 8.1: Annual Leprosy Indicators District wise FY 2071/72 (2014/15): Eastern region**

Districts	Population	New Case Detection Rate/ 100,000 popn	Prevalence Rate/ 10,000 popn	MB proportion among new	Child proportion among new	Proportion Grade 2 Disability among new	Defaulter proportion	Female Proportion among new
Bhojpur	172,098	0.58	0.06	100.00	0	0	0	0
Dhankuta	166,393	0	0	0	0	0	0	0
Ilam	298,346	0.34	0.03	0	0	0	0	0
Jhapa	855,600	22.91	1.93	57.65	7.14	3.57	0.00	31.12
Khotang	193,385	2.59	0.16	60	0	0	0	0
Morang	1,014,212	21.30	1.46	38.89	8.80	9.26	3.24	42.13
Okhaldhunga	148,812	2.69	0.27	100	0	0	0	75
Panchthar	193,593	2.58	0.10	60	0	20	0	20
Sankhuwasabha	157,480	2.54	0.32	100	25	50	0	50
Saptari	664,906	13.08	1.13	47.13	1.15	4.60	0	52.87
Siraha	660,594	17.86	0.77	50	8.47	1.69	0	52.54
Solukhumbu	104,496	0	0	0	0	0	0	0
Sunsari	819,591	15.74	1.02	44.96	12.40	8.53	0	38.76
Taplejung	128,499	0	0.16	0	0	0	0	0
Terhathum	101,209	0	0	0	0	0	0	0
Udayapur	331,436	12.37	0.72	70.73	0	0	0	7.32
<b>Eastern</b>	<b>6,010,650</b>	<b>13.43</b>	<b>0.94</b>	<b>49.44</b>	<b>7.56</b>	<b>5.82</b>	<b>1.27</b>	<b>39.53</b>



**Annex 8.2: Annual Leprosy Indicators District wise FY 2071/72 (2014/15): Central region**

Districts	Population	New Case Detection Rate/ 100,000 popn	Prevalence Rate/ 10,000 popn	MB proportion among new	Child proportion among new	Proportion Grade 2 Disability among new	Defaulter proportion	Female Proportion among new
Bara	737,985	16.80	1.45	57.26	4.03	2.42	0	25.00
Bhaktapur	327,907	0.30	0.12	100.00	0.00	0.00	0	0.00
Chitawan	623,832	11.86	0.96	62.16	8.11	1.35	0	33.78
Dhading	342,210	1.17	0.09	100.00	0.00	0.00	0	0.00
Dhanusha	786,266	38.66	2.48	38.16	19.41	7.24	8.70	40.46
Dolkha	186,160	1.07	0.05	100.00	0.00	0.00	0	100.00
Kathmandu	1,916,667	1.98	0.21	89.47	0.00	2.63	0	0.00
Kavre Palanchok	389,550	0.51	0.05	100	0.00	0.00	0	0.00
Lalitpur	505,490	1.78	0.12	33.33	0.00	0.00	0	11.11
Mahottari	656,037	25.61	1.72	36.90	8.93	2.98	0	30.95
Makawanpur	436,089	2.52	0.50	90.91	0.00	0.00	0	0.00
Nuwakot	280,878	1.78	0.18	100	0.00	20.00	0	20.00
Parsa	641,848	17.76	1.79	48.25	5.26	0.00	0	9.65
Ramechhap	203,966	0	0.05	0	0	0	0	0
Rasuwa	43,885	0	0	0	0	0	0	0
Rautahat	741,598	17.93	1.47	57.14	9.02	4.51	0	35.34
Sarlahi	813,977	25.80	1.98	41.90	11.90	3.81	1.53	33.33
Sindhuli	300,853	2.99	0.30	55.56	0	11.11	0	33.33
Sindhupalchok	289,780	0.35	0.10	100.00	0	0	0	0
<b>Central Region</b>	<b>10,224,978</b>	<b>11.82</b>	<b>0.93</b>	<b>48.06</b>	<b>10.59</b>	<b>3.97</b>	<b>1.73</b>	<b>30.27</b>

**Annex 8.3: Annual Leprosy Indicators District wise FY 2071/72 (2014/15): Western region**

Districts	Population	New Case Detection Rate/100,000 popn	Prevalence Rate/ 10,000 popn	MB proportion among new	Child proportion among new	Proportion Grade 2 Disability among new	Defaulter proportion	Female Proportion among new
Gorkha	260,509	1.54	0.31	100.00	0	0	0	0
Lamjung	168,652	4.74	0.36	75	0	0	0	37.50
Tanahun	331,292	5.43	0.54	88.89	5.56	0	0	50.00
Syangja	273,925	5.11	0.62	92.86	7.14	0	0	35.71
Kaski	527,439	7.02	0.49	75.68	8.11	5.41	0	27.03
Manang	6,399	0	0	0	0	0	0	0
Mustang	12,625	0	0.79	0	0	0	0	0
Myagdi	112,439	5.34	0.62	100	0	0	0	33.33
Parbat	146,962	2.04	0.27	66.67	0	0	0	33.33
Baglung	273,614	1.46	0.15	100.00	0	0	0	75.00
Gulmi	269,573	2.97	0.26	100.00	0	0	0	62.50
Palpa	255,969	5.47	0.35	79	0	0	0	28.57
Nawalparasi	675,379	5.63	0.99	68.42	5.26	2.63	3.61	44.74
Rupandehi	950,288	15.26	1.34	57.93	0.69	2.07	3.13	53.10
Kapilbastu	607,225	23.22	1.80	50.35	4.96	1	0	56.03
Arghakhanchi	198,559	3.53	0.76	85.71	0	0	0	100
<b>Western region</b>	<b>5,070,849</b>	<b>8.82</b>	<b>0.84</b>	<b>63.76</b>	<b>3.36</b>	<b>1.79</b>	<b>1.67</b>	<b>49.66</b>

**Annex 8.4: Annual Leprosy Indicators District wise FY 2071/72 (2014/15): Mid-Western region**

Districts	Population	New Case Detection Rate/ 100,000 popn	Prevalence Rate/ 10,000 popn	MB proportion among new	Child proportion among new	Proportion Grade 2 Disability among new	Defaulter proportion	Female Proportion among new
Pyuthan	231,756	2.16	0.30	100.00	20.00	0.00	0.00	20.00
Rolpa	228,507	5.25	0.66	83.33	0.00	8.33	0.00	58.33
Rukum	215,151	7.90	0.84	100.00	0.00	0.00	0.00	23.53
Salyan	252,691	6.33	0.75	68.75	6.25	0.00	0.00	25.00
Dang	587,924	3.06	0.34	77.78	5.56	0.00	3.70	33.33
Banke	533,874	22.48	1.78	47.50	8.33	4.17	0.00	50.00
Bardiya	446,466	22.62	2.08	44.55	11.88	7.92	0.00	43.56
Surkhet	375,170	9.86	0.93	86	0.00	0.00	0.00	29.73
Dailekh	273,636	6.21	0.51	94.12	0.00	0.00	0.00	0.00
Jajarkot	179,786	3.34	0.22	100.00	0.00	0.00	0.00	16.67
Dolpa	38,607	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Jumla	114,289	7.87	0.87	100	0.00	0.00	0.00	55.56
Kalikot	143,984	0.69	0.07	100.00	0.00	0.00	0.00	0.00
Mugu	58,123	1.72	0.17	100.00	0.00	0.00	0.00	0.00
Humla	53,580	7.47	0.93	100.00	0.00	0.00	0.00	0.00
<b>Mid-western</b>	<b>3,733,544</b>	<b>9.75</b>	<b>0.90</b>	<b>62.64</b>	<b>6.87</b>	<b>3.85</b>	<b>0.33</b>	<b>39.29</b>

**Annex 8.5: Annual Leprosy Indicators District wise FY 2071/72 (2014/15): Far-Western region**

Districts	Population	New Case Detection Rate/ 100,000 popn	Prevalence Rate/ 10,000 popn	MB proportion among new	Child proportion among new	Proportion Grade 2 Disability among new	Defaulter proportion	Female Proportion among new
Bajura	141,652	0.71	0.35	100	0	0	0	0
Bajhang	203,713	2.95	0.29	100	0	0	0	16.67
Achham	266,763	7.12	0.79	94.74	0	31.58	9.52	5.26
Doti	211,276	3.31	0.33	100.00	0	14.29	0.00	28.57
Kailali	839,390	15.25	1.08	42.19	5.47	4.69	5.66	27.34
Kanchanpur	479,952	10.21	0.67	73.47	0	2.04	0	12.24
Dadeldhura	147,731	1.35	0.07	100	0	0	0	0
Baitadi	255,775	3.91	0.39	100	0	40	0	40
Darchula	137,100	2.92	0.36	100	0	0	25	25
<b>Far Western</b>	<b>2,683,352</b>	<b>8.42</b>	<b>0.66</b>	<b>61.06</b>	<b>3.10</b>	<b>7.96</b>	<b>4.66</b>	<b>22.12</b>

**Annex 9: Glimpse of activities carried out in  
FY 2071/72 (2014/15)**



**Photo 1: New case finding during active case search in Sarlahi**



**Photo 2: Speech by LCD Director Dr. Basu Dev Pandey in LPEP  
Protocol development workshop at Lalgadh, Dhanusha**



**Photo 3: Planning meeting for active case search program,  
DPHO Sarlahi**



**Photo 4: Food distribution in Princep Smriti Kushtha  
Chikitsalaya, Khokana**



**Photo 5: Data verification & case validation in Gaurishankar HP, Sarlahi**



**Photo 6 : Orientation to health workers for focal campaign in Nawalparasi**



**Photo 7: Joint Supervisory visit in Nuwakot District**



**Photo 8: Monitoring visit for stock and quality check of the drugs**





**Photo 9: Inauguration of LPEP in Morang, Sivsani Jahada VDC, was done by giving first dose of Rifampicin to child by Mr. Shanta Bahadur Shrestha Secretary of MoH(above) and Dr. Basu Dev Pandey(below), Director of LCD.**



**Photo 10 : Examination of patient in health institution**



**Photo 11: Sensation Test being carried out by a healthworker**



**Photo 12: Handling of transport cost of Rs. 1000/- to the patient after the completion of treatment**



**Photo 13: Screening of leprosy on school children**

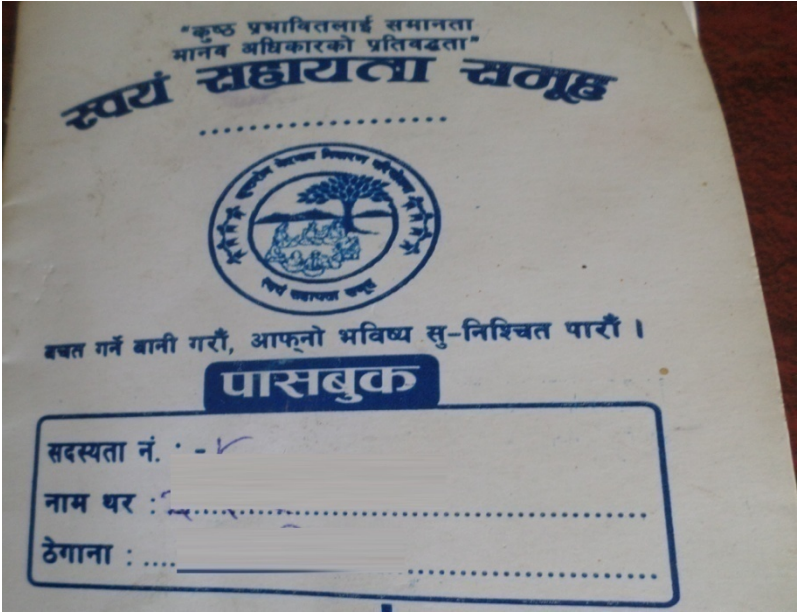


Photo 14: Passbook sample of saving cooperative operated by Self-Help-Group



Photo 15: Contact examination of family and neighbors of leprosy patient



**Photo 16: Clinical Training to Medical Officers, Far-western region**



**Photo 17: Observation of 62<sup>nd</sup> World Leprosy Day in Sarlahi**



**Photo 18: Interaction programme conducted during the 62<sup>nd</sup> World Leprosy Day in Kathmandu.**



**Photo 19: Mr. Shanta Bahadur Shrestha, Secretary of MoH during observation of 62<sup>nd</sup> World Leprosy Day at Ministry of Health, Kathmandu.**