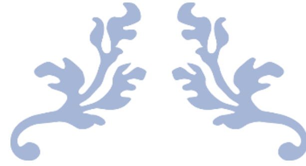

# EVALUATION REPORT

End-Term Evaluation of Anandaban Hospital & Training and Technical Support 2014 - 2018

Evaluation carried out by
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DECEMBER 1, 2018
THE LEPROSY MISSION
Teeka Bhairab, Lalitpur

# Acknowledgement

I felt privileged to have the opportunity to carry out Final evaluation of the Anandaban Hospital and Training and Technical Support, a Project of TLM Nepal implemented from 2014 to 2018. Many people have contributed towards the evaluation through active participation whenever required and by providing information asked for by the evaluation team.

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Last but not the least, special thanks to the clients and beneficiaries who participated in the evaluation and answered all the questions asked during the evaluation. The Leprosy Mission Nepal, a pioneer organisation working for the treatment of Leprosy in Nepal has been doing wonderful work for the betterment of most marginalised population of Nepal which has high impact in the quality of life of those people.

I wish all the best for future endeavour of LMN and hope this evaluation will be useful for future planning.

On behalf of Evaluation Team

Prakash Raj Wagle

## List of Abbreviations

| | |
|---|---|
| AH | Anandaban Hospital |
| BLT | Basic Leprosy Training |
| CBR | Community Based Rehabilitation |
| CBO | Community Based Organisation |
| CLT | Comprehensive Leprosy Training |
| CMC | Christian Medical College |
| CPP | Child Protection Policy |
| DIDRR | Disability Inclusive Disaster Risk Reduction |
| DoH | Department of Health |
| DPO | Disabled People's Organisation |
| DRFU | Disability Rehabilitation Focal Unit |
| EDCD | Epidemiology and Disease Control Department |
| EQ | Earthquake |
| GoN | Government of Nepal |
| LCD | Leprosy Control Division |
| LCDMS | Leprosy Control and Disability Management Section |
| LPEP | Leprosy Post Exposure Prophylaxis |
| MB | Multi Bacillary |
| MDT | Multi Drug Therapy |
| MoH | Ministry of Health |
| MO | Medical Officer |
| MRL | Micro bacterial Research Laboratory |
| MTE | Mid Term Evaluation |
| MYP | Multi Year Plan |
| NGO | Non-government organisation |
| OPD | Out Patient Department |
| PB | Pauci Bacillary |
| PHC | Primary Health Care |
| POID | Prevention of Impairment and Disability |
| NHTC | National Health Training Centre |
| RCRD | Resource Centre for Rehabilitation and Development |
| SCG | Self Care Group |
| SHG | Self Help Group |
| SWOT | Strength, Weakness, Opportunity and Threat |
| TLMI | The Leprosy Mission International |
| TLMN | The Leprosy Mission Nepal |
| ToR | Terms of Reference |
| TOT | Training of Trainer |
| TU | Training Unit |
| WHO | World Health Organisation |

# Executive Summary

## Background

The Leprosy Mission Nepal, one of the pioneer organisations working for the leprosy control, treatment and rehabilitation runs various institution and community-based programme since its inception in 1957. Anandaban Hospital is a major component of TLM Nepal which is a central referral hospital for people affected by leprosy where high-quality tertiary level care has been available since 1957. The hospital has a well-established structure to provide medical and surgical treatment for people affected by leprosy and general patients with 150 beds. There are currently 18,000 registered leprosy patients who receive care from Anandaban. In addition to providing treatment for both minor and complicated leprosy and leprosy related disabilities Anandaban Hospital continues to provide other specialised health services i.e. skin and orthopaedics. General health services to the surrounding community has also become popular recently. The scope of the work has even been increased after the earthquake and TLMN has become one of the main stakeholders in disaster reduction and response. The hospital offers specialist services for reaction management, wound care, reconstructive surgery, prostheses and orthoses, general orthopaedic and corrective surgery, dermatology, safe motherhood and other services including trauma care, Dermatology, Paediatric, Safe motherhood, vaccination and other.

TLMN started a five-year MYP in 2014 to 2018 with an aim to provide advanced and specialised leprosy and disability prevention services as a National Tertiary referral centre in Nepal with clearly defined eleven outcome areas out puts and activities. A Mid Term Evaluation of the MYP was carried out in 2017 which has also provided numbers of recommendations for improvement. Similarly, Social Welfare Council has also made an evaluation of the project recently. Moreover, regular data and information has been collected for internal monitoring and correction as appropriate.

This evaluation was carried out in November-December 2018 with the main objective to assess the project target vs. achievement of project performance at output and outcome level, impact to various stakeholders' relevancy of the project in the context and sustainability of the various components and activities undertaken by TLMN. The evaluation followed an appreciative and participatory methodology involving the stakeholders including GoN officials, the project leaders, people affected by leprosy, and so on. Quantitative information was obtained from secondary sources mainly the project documents. The evaluation focused on the relevance, effectiveness, efficiency, impact and sustainability aspects of the project as per the TOR given to evaluators. The evaluation team consists of three people including a doctor who looked up the clinical aspect, a finance expert looking towards financial details and sustainability of the project.

Since the declaration of leprosy from Nepal in 2010, organisations working for the treatment and rehabilitation of people affected by leprosy have moved towards other service area. Funding agencies supporting leprosy work has also diverted their fund to other sectors which has created difficulty to continue working in the field of leprosy. One other side the problem of leprosy since declaring the elimination has not been decreasing but increasing in Nepal. The resource has gone down and the problem has gone up which has created a confusing situation and government of Nepal also seems confused and relying up on NGO like TLM.

Considering the situation and the need of the people TLM Nepal has taken an inclusive and twin track approach to address the problem. Therefore, Anandaban Hospital not only provides specialised leprosy services but has also included other specialised services i.e. skin care and orthopaedic services which are in high demand. Furthermore, Anandaban hospital also caters other general

services to the local community people and is currently planning to establish a trauma centre, mother and child health care and paediatrics services. Anandaban hospital has become a back bone of leprosy treatment and rehabilitation in Nepal as other centres are gradually moving towards other areas.

During the MYP 2014-18 a major Earthquake hit Nepal and damaged life and property very seriously. Anandaban hospital also was not an exception and damaged. Despite the damage the hospital and TLM in general mobilised very effectively for the disaster response which has also opened the door to work in other sectors, particularly, orthopaedic and correction of physical disability to which TLMN has already taken a move towards building an accessible inclusive organisation.

With the growing and expanding service areas the need for a well-equipped lab facility has also become important. The lab has been very instrumental for leprosy related test in the country and has been playing an important role also to develop human resources in the area.

There is no doubt that the impact of services to people with disability and leprosy is very high which was also expressed by patients during the interview and the benefit to the community has also become quite visible. The government and other non-government stakeholders also have impact due to the services provide by AH as AH is serving a reliable and cost-effective referral centre for all of them.

Achieving financial sustainability is still a huge problem for TLMN. Local income is gradually increasing due to service charge paid by the general patients but that is not enough to cover the hospital expenditure with free service to people affected by leprosy and subsidised service to other vulnerable groups. TLMN has to develop a sound fundraising strategy with a dedicated fund-raising department and increase its donor base.

Recommendations

**1. Hospital and medical/technical part**

I. Currently TLMN is focusing on building capacity of government health facilities for new case detection, diagnose and treat the leprosy patient. Since government health workers are transferred very frequently and monitoring them is difficult. Therefore, on top of mobilisng government health facilities it is recommended to mobilise local NGOs, CBOs and DPOs and enable them to suspect, refer and make follow up of the leprosy patient on a regular basis.

II. Expand and strengthen CBR projects in high endemic districts and establish strong referral links between CBR and local health facilities. CBR programme can be inclusive of people with disability and leprosy and cover disability prevention activities, self-care, primary rehabilitation therapy, livelihood and education.

III. The average length of stay in the hospital for people affect by leprosy is about two months. During their stay in the hospital, besides getting treatment they may also learn useful skills and occupation. Therefore, AH should take pro-active initiatives to establish an OT department.

IV. The accessibility of most of the hospital area is difficult for people having mobility problem. Therefore, it is recommended to make sure that the relevant department like PT, OT and appliances are fully accessible with wheelchair friendly toilet facility.

V. Construction of trauma centre seems relevant as AH has got a good reputation in orthopedic surgery. However, before expanding services to maternity, pediatrics,

ophthalmology etc. a social audit with the local community and relevant stakeholders would be useful to make informed decision.

VI. Participation from the local community (ward, municipality or local schools) by forming a hospital advisory group is recommended to create a sense of ownership in the local community.

VII. Anandaban Hospital is well known in the local community of Southern Lalitpur and part of Makwanpur district however, having camps (medical, disability eye) in partnership with local health and social development organisations would be useful to increase the patient flow in the hospital.

**2. General Management**

I. Actively involve and enable department heads to be involve and contribute in the planning, management and monitoring and evaluation of the projects.

II. Produce at least a quarterly technical and finical variance report and organize a regular review with all staff team

III. Carry out social audit on a regular basis which has made mandatory by the government of Nepal

IV. Provide orientation to all staff on policies of the organization and update them when there is any changes

V. Development fund raising strategy. Considering the volume of fund required to the organization a fund raising or donor liaison co-ordination position seems essential to TLMN who can take fund raising and donor liaison responsibility in and outside the country.

VI. Establish a strong HR department to look after human resource plan, management and development

VII. Establish a strong programme, admin and finance team in Anandaban Hospital so that doctors and technical team can fully involve in the development of technical aspect.

**3. Finances**

I. Since, TLM is moving towards sustainability approach which also includes financial sustainability, it is important that management constantly monitors its income and expenditure and other financial performance and take decisions and corrective actions where necessary. For this, accounting system should be able to generate relevant financial performance report. Anandaban Hospital and Patan Clinic is providing wide range of services to both leprosy and non-leprosy patient. Some department for eg: Leprosy is to be funded since service is provided free of cost and some department for eg: Pharmacy generates surplus and requires constant monitoring due to high volume of transaction and more possibility of leakage. It is recommended to analyze the financial performance by major services/ department wise within hospital and clinic and design the accounting system to cater the need. It will help to link the cost to process improvement, cost control and fund raising.

II. For Training unit, both foreign grant and local income is in decreasing trend. Some of the training package designed for capacity building of government health worker will not generate income. Local income can be generated by promoting various training package in collaboration with different medical institutions and like-minded organization.

III. Guest house has been the supportive activity for TLM to raise local income. Guest availing services from guest house are both from outside and through the training programme. The increasing trend of income and surplus each year shows the market demand of guest house. This can further be increased by upgrading guest house in terms of infrastructure and services.

IV. It is recommended to review the service fee of the hospital considering the market rate, hospital capacity and facility (HR and Equipment) so that the full cost is included in the service fee and cost control can be exercised where the cost is higher than the market rate of service fee.

V. At the current situation, the major source of income is foreign grant from TLM Global Fellowship and local income generated from services provided by hospital, clinic and guest house. It is recommended to diversify the source of funding by way of seeking local grant as well.

VI. For financial sustainability, it is essential that the service receiver whether patient, trainee or guest know about the available services and its quality. Promotion strategy is the key for organization to let people know about this. It is recommended to develop Promotion Strategy for the services that are being provided and new services that will be provided.

#### 4.2.1. Training and Technical Support

I. Make a rapid assessment to leprosy, disability and CBR related training available in the country and demand of such training and develop new training accordingly

II. Develop a pool of resource persons who can facilitate disability, CBR and other relevant training in Nepal

III. Design appropriate training and prepare training manual in consultation with relevant experts available

IV. Make awareness raising activities more measurable like formation of listeners/discussion group among children, female etc. so that the message reaches out to the real target groups. This can also be done with the SHG and SCG.

V. Make outcome areas of training centre more measurable and verifiable.

VI. Involve and strengthen CBR national network and develop strategic partnership with organization running training on CBR/CBID

VII. Discuss the possibility of including CLT, BLT, MO and Derma training within NHTC training programme with the DOH, EDCD/LCDM. TLMN can still provide the venue and co-ordinate and facilitate the training

VIII. Upgrade the training facilities including the hostel to be able to host high level and international training which will contribute to sustain the training centre.

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# Section I

## 1. Introduction

### 1.1. Background and the project context

The Leprosy Mission International (TLMI)started working in Nepal by opening Anandaban Hospital in 1957. In 2005, The Leprosy Mission Nepal (TLMN) was set up to take over the works of TLMI in Nepal. Since then, TLMI has been working in partnership with TLM Nepal and the Government of Nepal through a tripartite agreement in providing effective leprosy control programmes in the country. TLM Nepal works in collaboration with the Ministry of Health in providing care and treatment services to people affected by leprosy; and capacity building of government health institutions through leprosy training and technical support.

Anandaban Hospital is a central referral hospital for people affected by leprosy where high-quality tertiary level care has been available since 1957. The hospital has a well-established structure to provide medical and surgical treatment for people affected by leprosy and general patients with 110 beds. There are currently 18,000 registered leprosy patients who receive care from Anandaban. In addition to providing treatment for both minor and complicated leprosy and leprosy related disabilities Anandaban Hospital continues to provide general health services to the surrounding community receive referral cases from other mission hospitals in Nepal. The hospital offers specialist services for reaction management, wound care, reconstructive surgery, prostheses and orthoses, for general orthopaedic surgery, dermatology, safe motherhood and other services including General orthopaedic and trauma, Dermatology, Paediatric, Safe motherhood, vaccination and other.

The training centre was established in 1984 in the premises of Anandaban Hospital aiming to provide training and technical support to the government health workers to strengthen the leprosy services in peripheral health facilities. In close co-operation with government of Nepal, Ministry of Health, Leprosy Control and Disability Management Section (LCDMC) and district and local health facilities the training centre has been providing trainings at the centre and also in the field.

The target beneficiary group for this project is Government health workers at the community level. TLM Nepal has been providing training to Government health workers since 1994. The Government continues to change and adapt its policies according to WHO mandate and Training and Technical Support (LMN) plays supportive role through training the government health workers. Government has post elimination strategy under stigma reduction and rehabilitation program are the focus of the work. Following are some training packages provided for the health workers at the community level.

- Comprehensive Leprosy Training for health workers (Basic and refresher)
- Basic Leprosy Training for Medical Doctors
- Leprosy training for Dermatologist (MD-residential)
- Basic Community Based Rehabilitation Training to health workers
- Leprosy Orientation - Journalists, Lawyers, Other Key Contact (School teachers, traditional healers, scout teachers etc.)
- Need based Training- Government health workers

Besides providing the training the Training Unit (TU) also makes training follow and supervision of the work of trainees, carries out awareness raising activities in the field and through electronic and print media, interact with journalists and various other stakeholders.

The current Multi Year Plan (MYP) was started in 2014 and coming to an end in December 2018. The Anandaban Hospital's MYP is being implemented with financial cooperation of TLM England and Wales, TLM in Northern Ireland, Switzerland, Scotland, New Zealand and Australia, while the Training and Technical Support MYPP has been funded by TLM England and Wales. The Mid Term Evaluation (MTE) of the current MYP was carried out in March 2017.

## 1.2. The MYP 2014-2018

Goal: To provide advanced and specialised leprosy and disability prevention services as a National Tertiary referral centre in Nepal.

### Expected outcomes

I. Leprosy detected and diagnosed at early stage.

II. Specialized Leprosy services ensured in the highly endemic districts.

III. Nerve impairment protected and prevented.

IV. Complicated ulcers treated and managed.

V. Cosmetically and functionally improved physical appearance and ability of people affected by leprosy.

VI. Functional activity of the limbs improved and biomechanical needs of the patients are met.

VII. Integrated general health services received by the local community.

VIII. Increased capacity to potentially expand into Geriatric services.

IX. Trained and proficient staff for improved work performance.

X. Occupational Therapy Service received by the patients.

XI. Improved physical infrastructure of Anandaban Hospital.

During this MYP period it was expected to training and orient 5,000 health workers, interact with journalists, lawyers, teachers and traditional healers and to reach out to 300,000 people through awareness raising activities and 6000 people affected by leprosy to be benefited by the project

The goal of Training and Technical Support during the MYP was as follows:

*I.* Equip government and other organizations to sustain leprosy elimination and related activities in an integrated approach.

The expected outcomes

*II.* At least one trained professional to diagnose, treat and manage leprosy and its complication in each government health institution

*III.* Increased leprosy awareness in the community and socially acceptance of people affected by leprosy.

*IV.* Improved leprosy services in the peripheral health institutions.

*V.* New area of training identified, and curriculum developed.

# Section II

## 2.1. Methodology of Evaluation

Various participatory process was employed to collect data and information during the evaluation. A wide range of project stakeholders including beneficiaries in the hospital and in the peripheral community, staff team, Department heads, TLMN management, GoN Ministry of Health Leprosy Control and Disability Management Section, hospitals, Leprosy network, local government health institution and people affected by leprosy including general patients were consulted.

The following methods were evaluation tools and instruments were developed and used for data collection and analysis in consultation with the project focal person:

I. Review of project documents

The multi-year plan 2014-2018, TLMN Country Strategy 2015-2019, TLM's Global Strategy, annual reports, financial reports, previous evaluation report, organizational assessment report, training needs assessment, TLMN policies and procedures, other relevant documents were reviewed. The project achievements to date as stated in the progress report were used to analyze the project progress.

II. Key informant interviews

A wide variety of individuals were selected as Key informants both internal and external to find out the relevance, effectiveness, efficiency, impact and sustainability and future prospects of the projects/organisation. Checklist of semi-structured questionnaire were developed in consultation with TLMN project coordinator. The key informants included TLMN management, country director, Medical Director, programme coordinator, hospital department heads, Training coordinator within the TLMN and among external stakeholders, the key informants included, head of LCDMS, head of EDCD, DPHO, Head of Dermatology, Bir Hospital, NLN, school teachers, community people were also met and interviewed.

III. Focus group discussion

A focus group discussion (FGD) was conducted with the Department Heads of Anandaban Hospital to find out their perception and issues, success, failures, challenges faced, and lessons learned etc.

IV. Client satisfaction survey

A simple structured questionnaire was developed and administered to sample patients admitted in the hospital and OPD clinics including in the Patan clinic Anandaban Hospital with the help of relevant staff of the hospital and clinic. A total of 15 patients were randomly selected for the purpose of evaluation in order to understand the perception of leprosy and other general patients on qualify of services at Anandaban hospital.

V. Participant observation

The evaluation team visited all departments of Anandaban Hospital, Training & Technical Unit and Patan Clinic for observation of physical conditions and availability of services. The visit was also helpful to informally chat with the staff and patient and get their views and opinions.

## 2.2. Limitation of the study

Considering the time and other resources the evaluation team could not make visit out of Kathmandu to visit field activities. Most of the evaluation was made through the documents review and individual interview with the staff and beneficiaries in the Anandaban Hospital, Patan Clinic and Country Office.

## 2.3. Organisation of the Report

The report is structured within three parts i.e. prefatory part, main body and supplementary part. The prefatory part consists of title page, acknowledgement, table of contents, list of figure/ tables/ abbreviations, executive summary. Similarly, main body consists of four sections. Section one consists of project background, objectives, intended outcomes, financial arrangements etc. likewise, section two consists of methodology, mechanism of field work , limitations of the study etc. the third section deals with data presentations , analysis, etc. whereas section four deals with summary , conclusions and recommendations based on the evaluation.

# Section III

## 3.1. Evaluation findings and analysis

### 3.1.1. Progress against project objectives

The MYP 2014-2018 has following four main objectives

i. To reduce burden of disease due to leprosy

Reducing burden due to leprosy requires effective and collaborative efforts between state and non-state actors. TLM can only contribute towards reducing the disease burden which TLM Nepal has been doing very well. It is unfortunate that despite the efforts of TLMN and other actors the burden of leprosy has not been reduced in Nepal. This shows the ongoing need of leprosy services in the years to come.

ii. To improve and sustain quality of leprosy service through an integrated design

TLM, through Anandaban Hospital and Training centre has been significantly contributing to sustain the quality leprosy services through training and services provided by the hospital. Leprosy is officially integrated into the mainstream health care by the government of Nepal. Similarly, Anandaban Hospital is also moving towards a general hospital with specialized but integrated service for people affected by leprosy

iii. To rehabilitate people affected by leprosy

The Anandaban hospital has been playing a crucial role in the medical rehabilitation of people affected by leprosy and people with physical disability. However, the MYP does not have much space for Community Based Rehabilitation (CBR) and none of the outcome/outputs specifically mention about CBR.

iv. To increase awareness and reduce stigma related to leprosy

All project activities have directly or indirectly contributed towards achieving this objective. Activities like distribution of posters, pamphlets and message through local FM radio has been carrying out regularly and as planned however, it was difficult to verify whether awareness is increased and stigma is decreased as there was no document to verify this objective.

### 3.1.2. Target verses Achievement:

The project has 12 outcome areas and in general most of the targets in each outcome area has been achieved. No initiative has been taken to expand geriatric services, outcome 9 and establishment of occupational therapy services, outcome 11. Brief analysis of outcome wise target and achievement is presented below.

Outcome 1: Leprosy detected and diagnosed at early stage

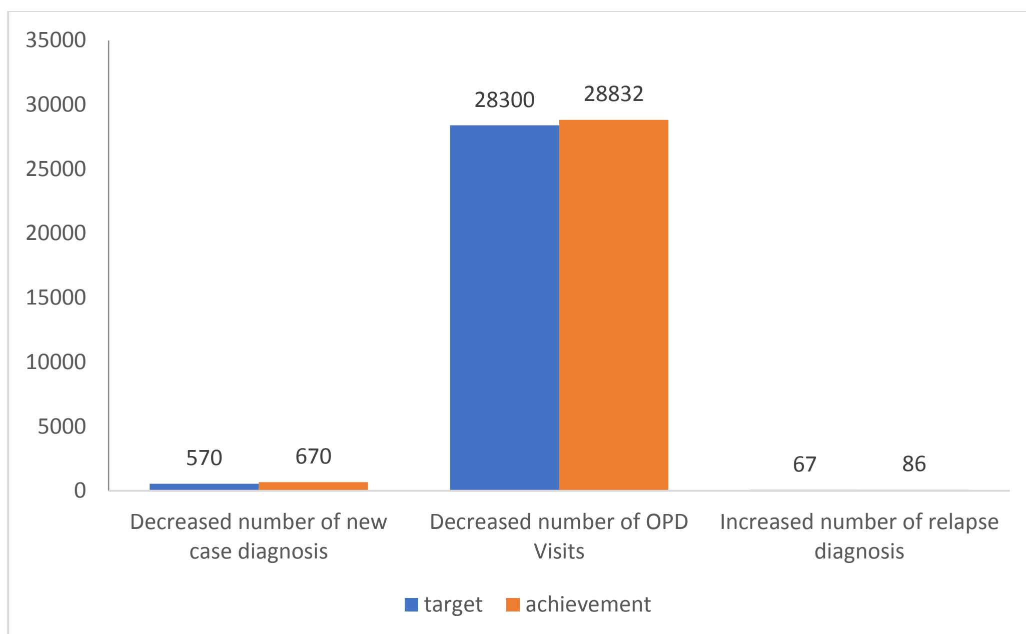



*Chart 1: Outcome verses achievement outcome I*

The MDT completion rate during the project period was in line with the target and over achieved 1st half of 2018[1]. As per the outcome the number should have been decreased in output 1 and 2 but this not the case. The new case detection and number of OPD visit has been increasing each year. TLM Nepal has increased its influence and coverage in terms of partnership and provision of leprosy services due to which the new leprosy cases have been increased. The simultaneous awareness raising and leprosy campaign has also contributed towards increasing the new leprosy cases.

Outcome 2: Government Hospitals strengthened to provide advanced leprosy care

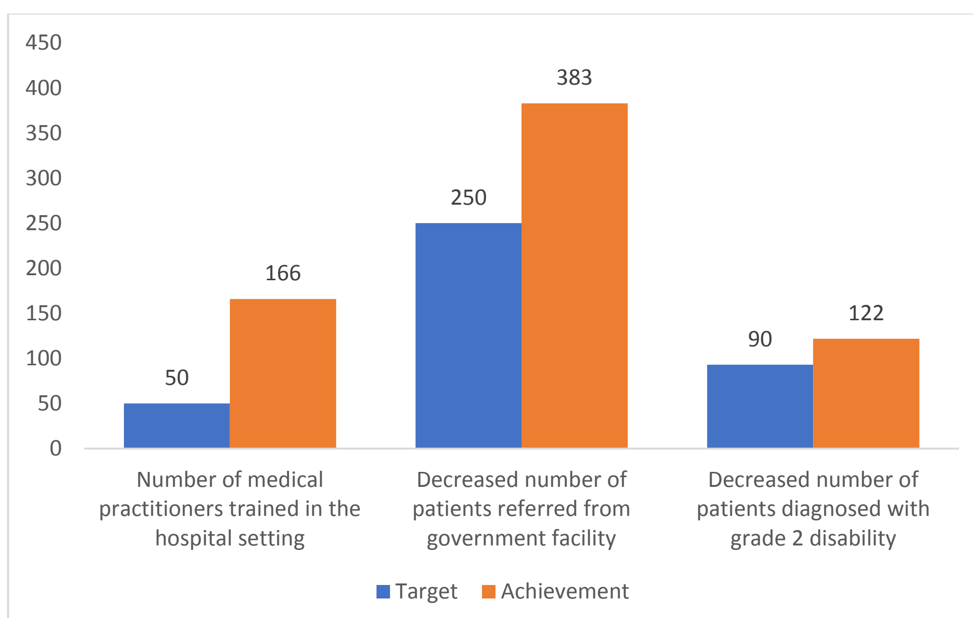



*Chart 2: Target verses achievement outcome II*

[1] All date presented includes 4 year and 6 months as data for 6 months of 2018 is yet to be updated.

The project target has been significantly under achieved for output 1 and over achieved for output 2 and 3. In the output 2 and 3 the numbers should have been actually reduced but it has increased. The patients referred from the government facilities is increasing and patients with grade 2 disability has also increased which raises a question on the impact of the training provided to government health staff if the training has been useful or if they have been practicing it in the field. It was noted that selection of the training participants and monitoring the utilization of training is beyond the scope of the TLMN's mandate for which the sending agencies are responsible. The increase in referrals might be due to increasing awareness in the community and expanded coverage of Anandaban Hospital.

Outcome 3: Specialized Leprosy services ensured in the highly endemic districts

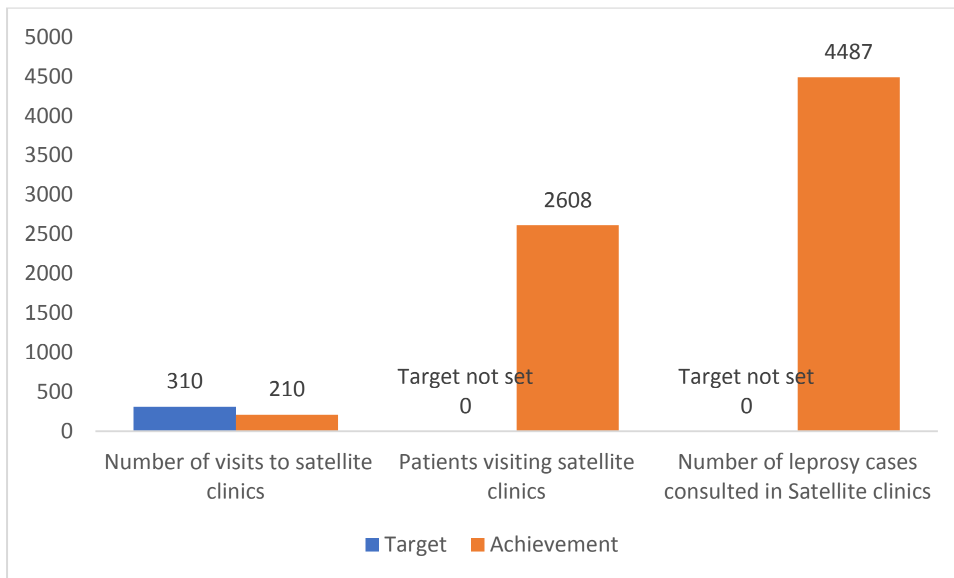



Chart 3: number of patients visiting satellite clinic

Leprosy services are provided to the endemic districts through satellite clinics in Butwal and Chapur. 200+ new leprosy cases were detected during the project period. However, Patan clinic received highest number of visitors also for leprosy diagnosis and treatment.

Outcome IV: Nerve impairment protected and prevented

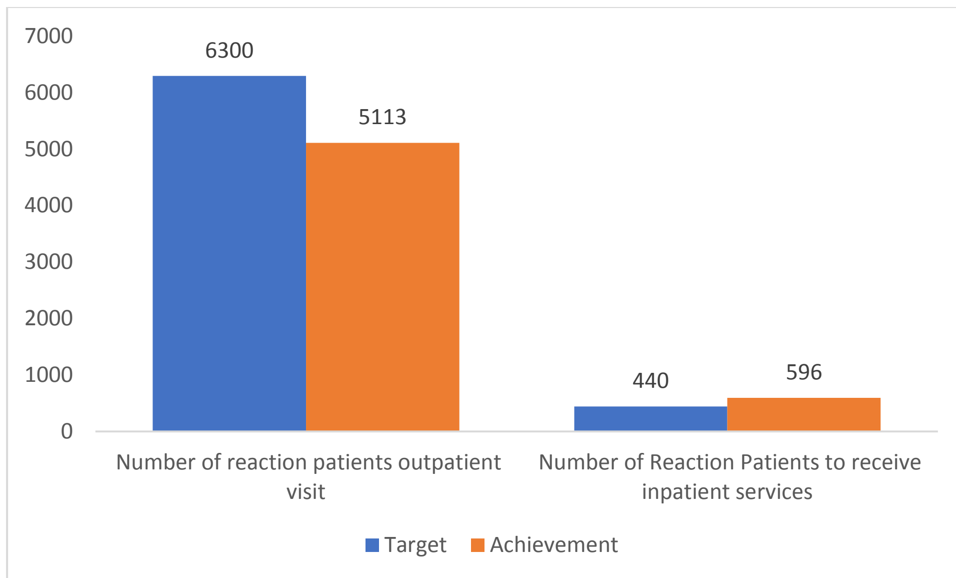



*Chart 4: Target and achievement outcome four*

Outcome 5: Complicated ulcers treated and managed

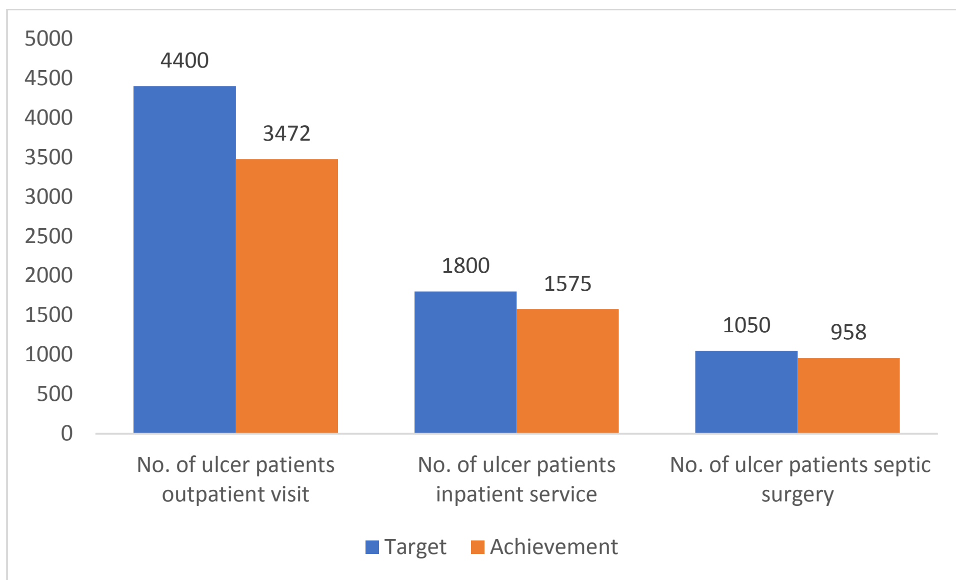



*Chart 5: target verses achievement outcome five*

The average length of stay in the hospital for ulcer treatment was 32 days with longest stay 40.39 in 2014. Since than the stay was significantly reduced in 2015 manly due to the earthquake and in 2017 it has gone up again to 36 days. The re-admission rate for ulcer treatment was 11.44% during the project period.

**Outcome 6: Cosmetically and functionally improved physical appearance and ability of people affected by leprosy**

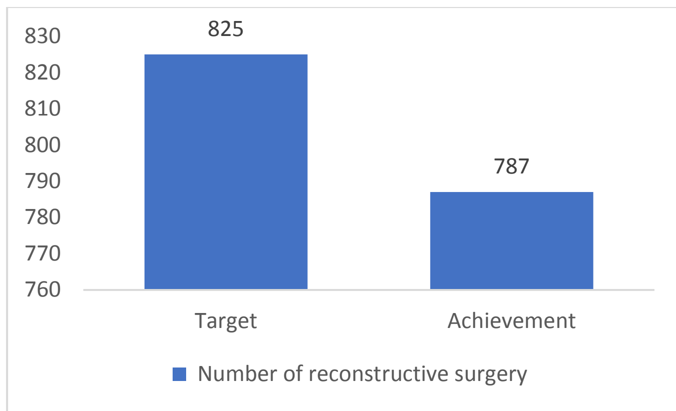



*Chart 6: number patient receiving reconstructive surgery*

Output 6.2 decreased social stigma towards people affected by leprosy could not be verified as there was no any record or reports available. The output 6.3, increased physical self-reliance and self-care was measured by patient satisfaction score which was 71% in 2014, 70% in 2015 and 66% in 2016. No records were available for the year 2017 and 2018[2].

**Outcome 7: Functional activity of the limbs improved and biomechanical needs of the patients are met**

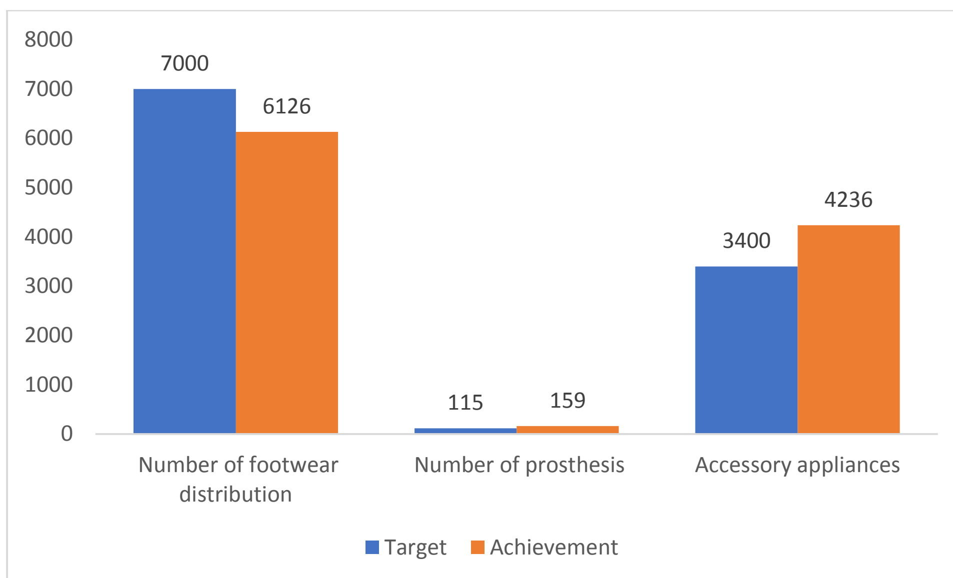



*Chart 7: number of patients receiving assistive devices*

**Outcome 8: Integrated general health services received by the local community**

[2] Target and achievement report provided by TLMN

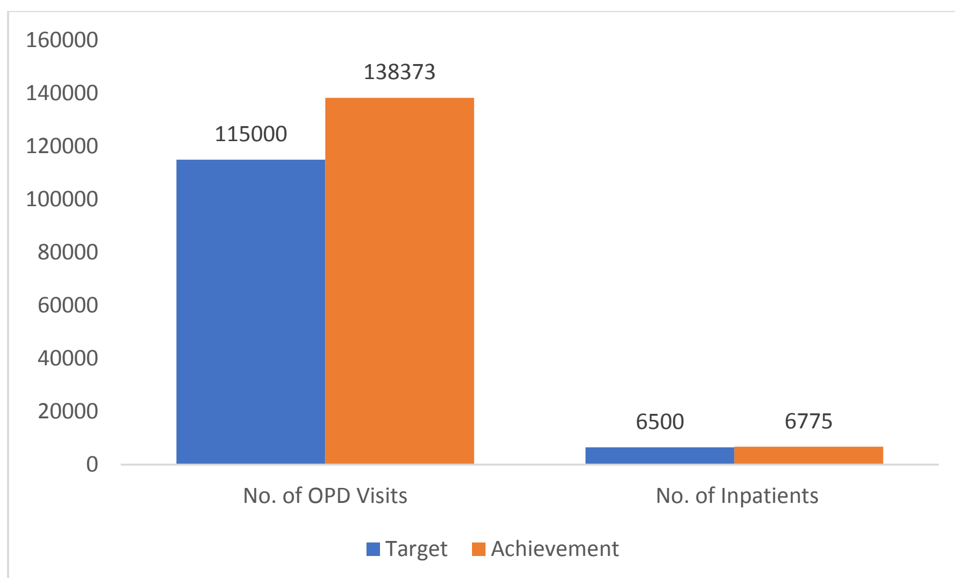



*Chart 8: Number of people receiving general health care services*

The general outpatient services provided by the Ananadaban Hospital is gaining popularity in the local community. Some of the people interviewed also highlighted the need of dissemination of information in the local community about the services available in AH. People from far away districts also visit skin and orthopedic clinic as AH is known as centre of excellence for skin care, Orthopedic and trauma. Local community expectations are increasing in the general services like internal medicine, Obstetrics and gynecology etc.

## 3.2. The impact of the project to various stakeholders

### 3.2.1. Impact to people affected by leprosy and disability

The impact of the services provided by the AH to people affected by leprosy is very high. Total 15 people affected by leprosy who were getting treatment in AH were interviewed and all of them highly appreciated the services they receive from AH. Particularly, the free of cost treatment, medicines and devices were much appreciated by the patients. Patients also from India have been visiting the hospital since many years back as they think services provided by AH is of high quality. Recently, two patients from Myanmar are also getting treatment in the Hospital.

### 3.2.2. Impact to general patients

People who are admitted in the hospital and those who previously received treatment from AH also met and interviewed. General patients, particularly those with orthopedic problems, (i.e. fractures) from the local community have high regard of the services available in the hospital. Two of them rated the orthopedic surgery and care available in AH is as high as the services provided to very expensive private orthopedic hospitals in Kathmandu and the cost of treatment in AH is cheaper than 50% of the cost they pay in those private hospitals and the quality of services available in the government hospital is not so good. Government hospitals has long que of patients to be operated and even for those who need immediate surgical intervention they are asked to wait for few weeks but AH provides quick service[3]. They also highlighted the behavior of doctors and staff in AH is better than other hospitals in Kathmandu.

[3] 32 year male who was operated in AH for the multiple fracture and recovered completely

### 3.2.3. Impact of the project on the government periphery health staff

The Anandaban training centre has become one and only centre to produce trained human resources in the country. All of the government officials appreciated the training and highlighted the further need of the training. The Medical Officers all over the country, who received the training from the centre have been able to diagnose and confirm the leprosy cases which has been great help to the government health staff. Besides, Basic Health Staff (BHS) training has also been useful to dermatologists.

Staff in LCDMS also mentioned that not all staff who need training are trained. Due to limited resources Anandaban training centre has reduced the number of trainees. Need of TOT on leprosy was also highlighted.

## 3.3. Relevancy of the project activities to achieve overall project objectives

The project goals as mentioned in the TOR are as follows:

i. **Anandaban Hospital**: To provide advanced and specialized leprosy and disability prevention services as a National Tertiary referral centre in Nepal.

Anandaban Hospital is only tertiary level referrals hospital which provides specialised leprosy services in Nepal. Majority of the activities are implemented to support the goal and 7 out of 12 outcomes are dedicated to treat and prevent leprosy. Since the problem of leprosy is not decreasing despite the efforts of various actors the relevancy of the project activities will remain important not only to meet the project objective but also to meet the national goal to make Nepal a leprosy free country.

The prevention of general disability however, has not yet been a focus of AH and there are no activities planned towards it. The 2015 Gorkha Earthquake has created some opportunity for AH to work towards trauma care and prevention of orthopaedic disability which still has to be inbuilt in all its policies and plans

## 3.4. Future needs to address the remaining challenges in Leprosy

The main principles of leprosy control are based on early detection of new cases and timely complete treatment with multi drug therapy (MDT) through integrated health services Though the targeted is to reduce the incidence of new case & prevalence rate but it is increased from 0.77 to 0.79, 0.84, 0.82 and 0.83 respectively during FY 2010 – 2014 as well as the more than 3000 new cases are detecting each year. As per the information provided by the Government Leprosy Control Division the national prevalence rate in 2017 was 0.92 and 3215 new cases were detected. The number of endemic districts has gone up to 18 which was 13 at the time of elimination.

3.4.1. **Service delivery**: Most of the interviewees, including the government officers have emphasized that the TLM should further strengthen/expand the leprosy services. The Director of EDCD clearly highlighted that as the country is still transition of moving from centrally controlled system to federal and independent local government the health service delivery system has also been in transition and it may take few years to be settled. There are quite a lot of confusion of roles and responsibilities between central, provincial and local level health institutions. In such situation, the role of organisations like TLM has become even more important and services to people affected leprosy has to be continued or further extended.

3.4.2. **Training and capacity building**: Due to the massive change in the personnel in health care system the training need has also been increased. The Director of EDCD further said, he

would be happy to write officially to any donor/partner to consider strengthening leprosy services and capacity building activities for next project period i.e. 5 years.

3.4.3. **Awareness raising and building community capacity**: The need of raising awareness in the community and building their capacity to speak openly about leprosy and suspect the disease and seek timely treatment is equally important. In the multi lingual, multi religious and multi-cultural community the strategy for awareness raising should vary to make sure people have got the clear message in the local language. Working with community groups and enable their capacity to understand mutually support to suspect the disease and refer for treatment is important which has been carried out by community based projects.

3.4.4. **Strengthen the network with organistions implementing CBR projects**: The CBR projects for people with the disability has spread through the country. The CBR workers are mostly from the local community who speak their local language and have good rapport with the local people. TLM can make a strategic partnership with such organisations working in endemic districts, provide BLT to their CBR workers and enable them to suspect and refer leprosy patients. Strengthen and mobilise DPOs in those areas would also be helpful to integrate leprosy in the mainstream disability movement. This has also been implemented through community based projects.

## 3.5. Coordination between other stakeholders providing leprosy services and the government

TLMN is serving as ILEP coordinating organisation in Nepal and also actively participating in Nepal Leprosy Network (NLN) where all organisations working in Leprosy in Nepal and the government, LCDMS also participate, share and discuss on important issues pertaining to leprosy and disability. LMN is also promoting IDEA Nepal, an organisation of people affected by leprosy. All of the network partners and government staff mentioned that the co-ordination of TLM with them is good. TLM also co-ordinates with the government hospitals and private medical colleges. Most of the medical college bring their students in the centre to learn about leprosy. TLMN is also getting required support from those institution, particularly, during the training those institution provide facilitators/trainers and trainees also.

## 3.6. Patan Clinic

TLM has been running Patan Clinic since last 60 years up on the request by the Government of Nepal. This is part of the agreement with SWC and this clinic has been recognized by the government and local people also. The evaluator that there is no issue on the management of clinic.

### 3.6.1. Client base

Patan Clinic is located in centre of Lalitpur district which very well connected by local transport and easily accessible for all types of patients including people with mobility problem can easily reach to Patan clinic for the treatment. Being at the centre of city and cheaper than other private hospitals/clinics the trend shows that the number of patients visiting Patan clinic has been increasing from various parts of the country which has been instrumental to make local income to sustain the clinic.4

### 3.6.2. Impact to People affected by leprosy

[4] Detail of income expenditure is given in the financial analysis section of this report.

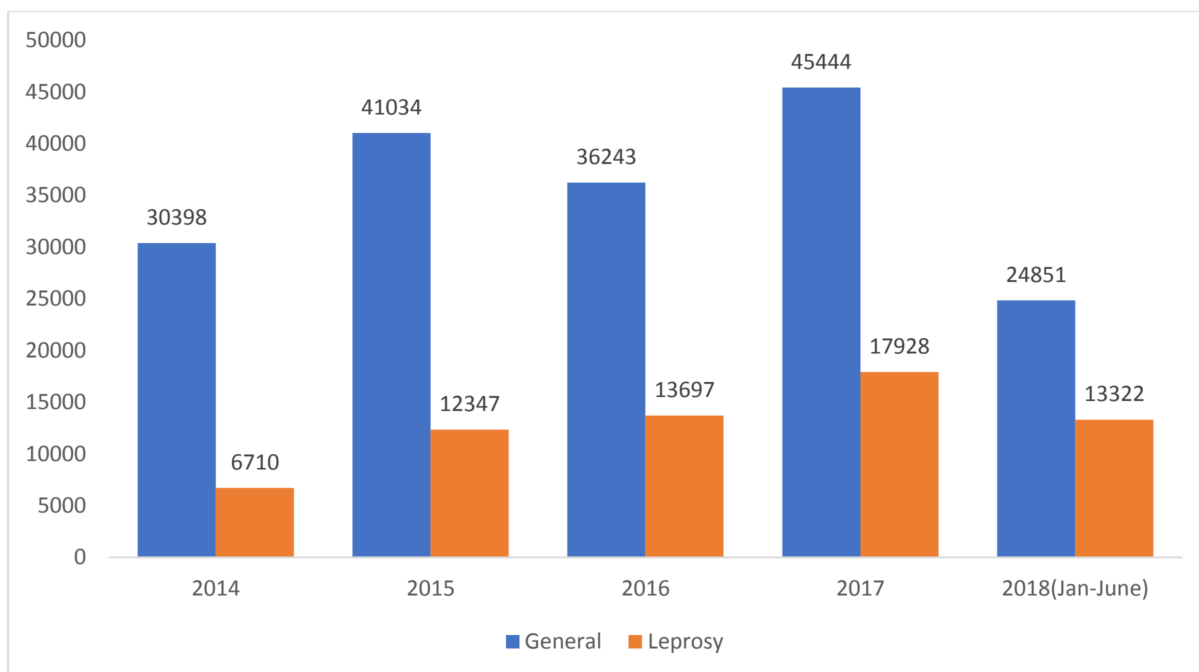
For the people affected by leprosy it has reduced some travel and cost as going to AH takes more than an hour in the public transport from Patan clinic and public transport is not so reliable. People affected by leprosy interviewed in the Patan clinic were happy so that they do not need to travel all the way to AH just for a consultation. However, all of them said that if there is no clinic in Patan they have to any way to go AH and they would do so but for some of them they need to stay overnight in AH which requires additional cost.

## 3.7. MRL Services

The Mycobacterium Research Laboratory (MRL) was established in 1981 and is one of the six labs in the world having Mycobacterium Lepra culture facility in Mouse Foot Pad and is authorized by GoN. The hospital also has an animal house facility for research purpose. Quality assurance of the lab has been obtained from Nepal government and CMC Vellore.

3.7.1. Pathology lab: The pathology lab has only two full time staff at the moment. As AH has initiated new services the demand of lab work has also been increased. It was highlighted during the discussion that it has been quite difficult to cope with the increasing demand by the currently available human resources. All the tests are free for people affected by leprosy and CBM has budgeted for lab test to those patients registered under IMDP. For the tests not available in AH patients are referred to Patan hospital. The path lab is not registered but received only category "D" due to not having enough and qualified human resources.

Few years back there used to be only 8-12 thousand tests which has gone up more than 60,000 test per year. From 2014 to 2017 General Lab tests increased by 149%, and by Jan – June 2018 are already 55% of 2017. Similarly, the Leprosy tests increased by 267% from 2014 to 2017 and by 74% in first half of 2018. In total the general lab test has increased by 171% from 2014 to 2017 and by 60% in first half of 2018. Cases are increased in the existing speciality and also in added speciality like paediatrics. The chart below gives details of tests carried out during this MYP period.




### 3.7.2. Sustainability of MRL[5]

During the discussion it was highlighted that the path lab part is already sustainable by local income but research part cannot be sustained as it does not make local income[6]. To make path lab more efficient and make more income some equipment i.e. HbA1C, PTINR, Thyroid test etc. need to be introduced. Lab can also make income by providing training to other agencies on leprosy pathology test. For that need pathologist. (One of the Dermatology specialist doctor is currently in training for Derma-pathology in USA)

## 3.8. Earthquake response

The earthquake in April 2015 was very unfortunate which claimed thousands of lives and injured more than 2 million people. However, the EQ has given new opportunity to work for TLMN. In the post EQ phase, the identity of AH hospital has been changed. The number of orthopedic patients visiting OPD has gone up more than double in 2017 than in 2014 (1600 – 3400). AH was heavily involved in injury management and disability prevention work, worked actively to develop a training module/manual on injury management and disability prevention. TLMN was also one of the main contributors in developing ten-year policy and plan of action for disability prevention and rehabilitation under the LCD, DRFU. TLMN is now has become an important actor even in general disability management.

The EQ also provided an opportunity for TLMN to work with some other funding partners like USAID, Swiss Contract and CBM etc. DRR has been one of integral component of all TLMN project in the post EQ era. TLMN can further build on this foundation created by the EQ.

## 3.9. Construction/enhancement of physical facilities for general services

The physical facilities mainly the buildings in AH have become old and some of them are damaged by the earthquake. Therefore, in order to expand the orthopaedic and general services AH need to construct some new building which earthquake are resistant and more accessible for people with disability, people having long term health conditions and old age people. The operation theatre is currently in the old building congested and not easily accessible

[5] Income and expenditure details is available in financial analysis part of this report.

[6] There is no separate account maintained for Research and Path lab and therefore, not possible to see if path lab is financially sustainable

and therefore need to replace. Similarly, as the hospital is expanding services in orthopaedics, maternity and paediatric services for which there is no enough space currently. AH has grown as recognised centre for orthopaedic services and there is unmet need in this area.

Nepal Health Sector Strategy 2015-2020 has reported that the Road Traffic Accidents (RTA) in Nepal is rising alarmingly. In 2001 there were 879 fatalities in Nepal from road accidents; whereas in 2013, the fatalities had risen to 1,816. In the last decade, more than 9,000 people have perished from the RTA. Nepal's fatality rate of 17 per 10,000 registered vehicles in 2009/10 is one of the highest in the world[7].

Considering the available information and not having any centre that deals with the trauma, maternity and paediatric services in the southern part of Lalitpur, Makawanpur and other adjoining areas and new development of road and transport facilities a justifies the need of a trauma centre in AH. The hospital management and also the local community people also believe that a trauma centre which also includes SCI rehabilitation and correction of physical disability will be a good source of generating local resources.

## 3.10. Governance, management and policy implementation practices

### 3.10.1. Governance

TLMN is governed by an executive committee who is legally responsible for all business/services run by the organization. The board is supported by a country director and management team consisting of senior staff members. Management has the key role in preparing all operational papers including strategic plan, annual plan and budget. Board approves strategic and periodic plans and budgets as proposed by the management.

### 3.10.2. Management

TLMN has a country office located in Talchikhel in the building of Patan Clinic and few key staff i.e. CD, Finance Manager, Program Co-ordinator, HR officer etc. are based in the country office who are also responsible for overall TLM programmes/project including Anandaban hospital. The Anandaban Hospital is managed by a team headed by Medical Director with the support of CD and country office team.

### 3.10.3. Policy implementation

TLM Nepal has formulated several policies to ensure smooth functioning of the organization. In an interaction with the Department Heads in AH, we found that all of them are aware of Child Protection Policy (CPP) and they have got brief orientation and signed the Code of conduct. Most of the staff were found aware on the policies existing in the organization. Organization is providing regular orientation and updates on the policies but still some of the staff have not got opportunity to participate. The CPP has become very essential to most of the donors and therefore, implementation of CPP is on the top priority of the organization. The human resources manager is nominated as focal point for reporting cases of child abuse and a hot line is established. However, a committee has yet to be formed to monitor implementation of CPP.

## 3.11. Financial Assessment

*Financial Data used is from finance report and report generated by accounting software from 2014 to 1st half of 2018 i.e. January to June 2018 unless otherwise stated.*

[7] Nepal Health Sector Strategy 2015-2020, Ministry of Health, Government of Nepal

TLM has identified issue of sustainability as the fundamental importance to the on-going work in Nepal and developed the strategy to address the issue of sustainability, to work to identify new sources of funding and develop sources within Nepal. Financial Assessment has been done keeping in view the strategy adopted by TLM.

## 3.12. Financial Management System:

- TLM has written finance policy which serves as the important guideline for dealing with financial affairs.
- Accounts are maintained in computerized accounting software "TALLY'. Anandaban Hospital, Anandaban Patan Clinic and Training and Tech Support have been identified as separate cost center and income and expenditure are booked under the concerned cost center. Separate file of TALLY is maintained at Anandaban Hospital and Main file of TALLY is maintained at Country Office. Day to day bank and cash transactions of hospital are recorded in TALLY maintained at hospital and on the basis of this Journal Entry is done in TALLY of Country Office. The report can be produced by major cost center.
- TLM has the system of maintaining Fixed Assets register manually and codification of fixed assets for control purpose.
- TLM has in house internal audit department and provides report to the management with audit findings and recommendation. Similarly, external audit is done twice in a year by Chartered Accountant. External auditor provides management letter with audit findings and recommendation which is discussed in the Senior Management Team and proper response with action plan is prepared as per the recommendation.
- TLM has defined budget preparation and approval procedure and annual budget is prepared for control of expenditure.
- Procurement of goods and services are done as per procurement policy by way of quotation and tender on the basis of limit defined by procurement policy.

## 3.13. Financial assessment of Projects:

### 3.13.1.Research Project:

The key source of funding for Research Project is TLM England and Wales. Out of total income 95% is from external grant and remaining 5% is from local income.

Table 1: Research Project– Source of Income (Figures are in Rs./million)

| Source of Income | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) | Total | % of Total Funding |
|---|---|---|---|---|---|---|---|
| Foreign Grants-England and Wales | 9.58 | 12.41 | 13.79 | 14.00 | 6.25 | 56.04 | 95% |
| Local Income | 1.20 | 1.17 | 0.10 | 0.09 | 0.10 | 2.66 | 5% |
| **Total Income** | **10.79** | **13.58** | **13.88** | **14.09** | **6.36** | **58.7** | **100%** |

Overall budget variance is within 10% except for 2015 where budget is underspent by 45% (Rs. 6.98 million) and for 1st half of 2018 where budget is underspent by 29% (Rs. 2.57 million) due to postponement of purchase of capital equipment.

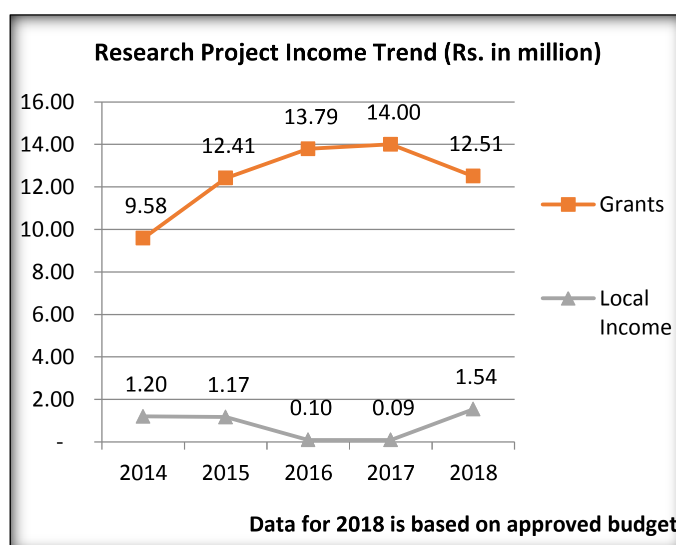
Table 2: Research Project – Budget vs. Actual Expenditure (Figures are in Rs./million)

| Expenditure | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) | Total | % of Total Actual Expenditure |
|---|---|---|---|---|---|---|---|
| **Budget** | **11.03** | **15.61** | **18.88** | **15.87** | **8.74** | **70.12** | |
| **Actual** | | | | | | | |
| Programme Cost | 3.32 | 1.59 | 3.29 | 4.62 | 1.36 | 14.18 | 25% |
| Staff Cost | 5.03 | 5.74 | 5.87 | 7.97 | 4.15 | 28.75 | 51% |
| Overhead | 1.54 | 1.3 | 1.29 | 1.39 | 0.66 | 6.17 | 11% |
| Capital Equipment | - | 0.01 | 6.52 | 0.35 | - | 6.88 | 12% |
| **Total Actual Expenditure** | **9.88** | **8.63** | **16.96** | **14.33** | **6.17** | **55.99** | **100%** |
| **Variance: Underspent/(Overspent)** | **1.14** | **6.98** | **1.91** | **1.53** | **2.57** | **14.13** | |
| **Variance %** | **10%** | **45%** | **10%** | **10%** | **29%** | **20%** | |

Out of total expenditure programme cost is Rs. 14.18 million (25%), staff cost is Rs. 28.75 million (51%), overhead is Rs. 6.17 million (11%) and capital equipment cost is Rs. 6.88 million (12%).

Research project is donor dependent as local income raised is nominal i.e. 5% of total income. Grant for Research Project is in increasing trend from 2014 to 2017, however budgeted grant for 2018 is less than 2017 by Rs. 1.49 million (12%).

Budget for 2018 is in deficit by Rs. 3.34 million. The budgeted income from local source is Rs. 1.54 million. However, local income generated upto 1st half of 2018 is Rs. 0.10 million i.e. 7%



of total budgeted local income due to which is it is unlikely that the project will be able to generate local income as per target. This will increase the deficit unless the expenditure is controlled or alternative/additional source of income is sought.

### 3.13.2.Anandaban Hospital

The major funding partner for Anandaban Hospital is TLMI. Similarly, Local Income has also been generated from service provided to patient and other sources. Anandaban hospital offers various services to local community. It provides service free of cost to leprosy patient. General patient are charged for the service with the provision of cross subsidization for needy patient. Out of total income 69% is from external grant and remaining 31% is from local income during the project period.

Table 3: Anandaban Hospital– Source of Income (Figures are in Rs./million)

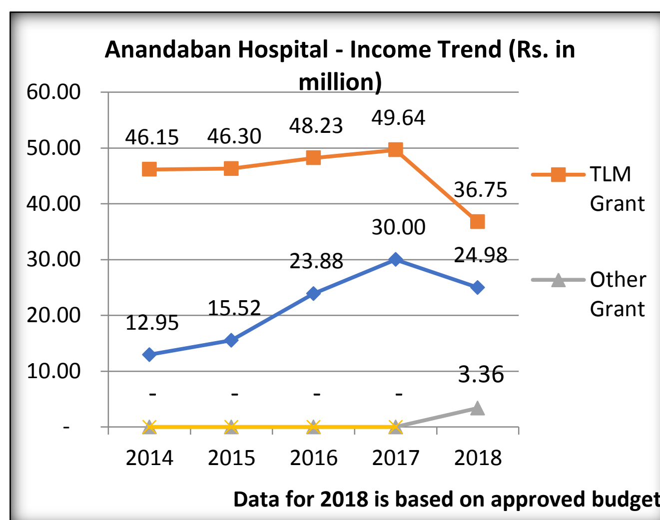
| Source of Income | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) | Total | % of Total Funding |
|---|---|---|---|---|---|---|---|
| TLM Grants | 46.15 | 46.3 | 48.23 | 49.64 | 20.05 | 210.37 | 69% |
| Local Income | 12.95 | 15.52 | 23.88 | 30.19 | 12.68 | 95.22 | 31% |
| **Total Income** | **59.10** | **61.82** | **72.11** | **79.83** | **32.73** | **305.59** | **100%** |

Overall budget variance is within 10% except for 2017 where budget is overspent by 16% (Rs. 11.23 million) due to the purchase of a digital X-Ray Machine (partly funded by TLM New Zealand - youth advocates), Ultrasound Machine and Autoclave for Anandaban hospital which was needed to replace older ones though not budgeted.

Table 4: Anandaban Hospital – Budget vs. Actual Expenditure (Figures are in Rs./million)

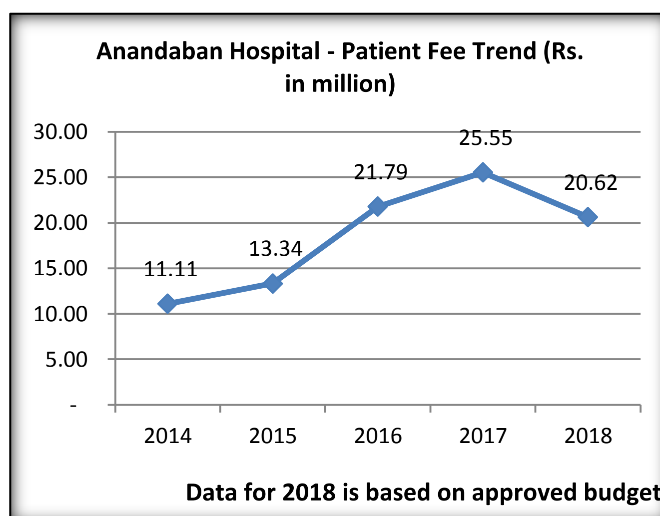
| Expenditure | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) | Total | % of Total Actual Expenditure |
|---|---|---|---|---|---|---|---|
| **Budget** | **58.65** | **62.04** | **66.16** | **71.26** | **39.63** | **297.74** | |
| **Actual** | | | | | | | |
| Programme Cost | 16.28 | 19.47 | 19.07 | 22.73 | 13.81 | 91.35 | 29% |
| Staff Cost | 36.81 | 36.28 | 45.78 | 47.62 | 26.5 | 192.99 | 60% |
| Overhead | 5.49 | 5.56 | 7.45 | 5.91 | 3.10 | 27.50 | 9% |
| Capital Equipment | 0.11 | 0.22 | - | 6.24 | - | 6.57 | 2% |
| **Actual Total** | **58.69** | **61.53** | **72.29** | **82.49** | **43.41** | **318.41** | **100%** |
| **Variance: Underspent/(Overspent)** | **-0.04** | **0.51** | **-6.13** | **-11.23** | **-3.78** | **-20.67** | |
| **Variance %** | **0%** | **1%** | **-9%** | **-16%** | **-10%** | **-7%** | |

Out of total expenditure programme cost is Rs. 91.35 million (29%), staff cost is Rs. 192.99 million (60%), overhead is Rs. 27.50 million (9%) and capital equipment cost is Rs. 6.57 million (22%). Out of total staff cost, Rs. 176.20 million (55% of total cost) is related to technical staff and Rs. 16.78 million (5% of total cost) is related to admin and management staff. Since, the major activities are hospital based, the technical staff cost is high.




Foreign Grants for Anandaban Hospital was in increasing trend from 2014 to 2017, however budgeted grant for 2018 is less than 2017 by Rs. 12.90 million (26%).

Local income is in increasing trend. However, local income targeted for 2018 is less than 2017 by Rs. 5.02 million (17%) as the local income contributed by Injury Management and Disability Prevention project to Anandaban Hospital will be less due to phasing out of the Project in 2018. In 2016, 33% of total cost is covered by local income which has increased to 36% in 2017. Local income mainly comprises of Patient fee, Surplus from Guest house, Bank Interest and other Income.




Income from Patient Fee has increased over the years. Total income in 2014 was Rs. 11.11 million which increased to Rs. 13.34 million in 2015 i.e. more by 20% as compared to previous year. Similarly, patient fee has increased to Rs. 21.79 million in 2016 which is more by 63% when compared to 2015. In 2017, patient income is Rs. 25.55 million i.e. more by 17% as compared to 2016. However, the targeted income in 2018 is less than 2017 by Rs. 4.93 million (19%). Considering the income up to 1st half of 2018 i.e. Rs. 9.40 million it is less likely that the income of 2018 will be more than patient fee income of 2017.

The increase in patient fee is mainly due to increase in number of general patient (both orthopaedic and patient affected by earthquake) and patient treated under Injury Management and Disability Prevention project as depicted by following table:

Table 5: Anandaban Hospital – Patient flow, Income per patient and Cost per patient

| Particulars | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) |
|---|---|---|---|---|---|
| Number of Leprosy patient (A) | 1,837 | 1,710 | 1,750 | 1,769 | 1,610 |
| Number of Other patient (B) | 20,178 | 23,284 | 28,661 | 31,563 | 16,499 |
| **Total Number of Patient Served C=(A+B)** | **22,015** | **24,994** | **30,411** | **33,332** | **18,109** |
| Income Per Patient (excluding leprosy patient) (Rs.) =(Patient Fee/B) | 551 | 573 | 760 | 809 | 570 |

| Cost Per Patient (including leprosy patient) (Rs.)<br>= (Total expenditure excluding capital items/C) | 2,661 | 2,453 | 2,377 | 2,288 | 2,397 |
|---|---|---|---|---|---|
| Bed Occupancy Rate- Leprosy Patient | 94% | 90% | 95% | 94% | 95% |
| Bed Occupancy Rate- Non Leprosy | 46% | 53% | 64% | 73% | 74% |

Cost per patient (not including capital expenditure) is in decreasing trend as overhead cost/fixed cost of hospital has not increased much and income per patient is in increasing trend with the increase in number of patient and bed occupancy rate. However, the cost per patient is more than income per patient. The reason may be service fee charged not adequate to cover the cost incurred for the treatment of patient leading to cross subsidization of services even to paying patient, the capacity of hospital (staff and equipment) underutilized in terms of number of patient served and cross subsidization of general patient by way of charity.

Similarly, the budget of Anandaban Hospital for 2018 is in deficit by Rs. 14.18 million as the funding from TLMI has decreased by 35% and increase in local income is not sufficient to cover the cost.

*Note: Income and cost per patient may be different for different types of service provided. Income per patient and cost per patient calculated above is based on total income and expenditure without segregating types of services as the information by major service/ department wise is not available.*

### 3.13.3.Anandaban Patan Clinic:

Anandaban Patan Clinic is functioning as an integral part of Anandaban hospital and has become the central referral clinic for leprosy and also the contact point for patients to be screened and transferred to Anandaban Hospital.

Patan Clinic is generating local income which is in increasing trend by charging service fee to patient. However, the cost has also increased due to which the clinic is not able to achieve break even. In 1st half of 2018, Patan clinic has been able to generate Rs. 4.24 million from patient fee which is more by Rs. 0.05 million (1%) than annual income of 2017. If this trend continues, the local income in 2018 will be double of 2017. However, the cost has also incurred amounting to Rs. 4.87 in the 1st half of 2018 which is 95% of total cost in 2017, thus incurring the loss of Rs. 0.63 million in the 1st half of 2018.

Table 6: Anandaban Patan Clinic – Financial Performance (Figures are in Rs./million)

| Particulars | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) |
|---|---|---|---|---|---|
| **Patient Fee** | **2.32** | **2.03** | **3.08** | **4.20** | **4.24** |
| **Expenditure** | | | | | |
| Programme Cost | 1.30 | 1.30 | 1.80 | 2.83 | 2.73 |
| Staff Cost | 0.60 | 0.49 | 0.81 | 1.84 | 1.67 |
| Overhead | 0.98 | 1.15 | 1.60 | 0.45 | 0.47 |
| **Total Expenditure** | **2.88** | **2.94** | **4.21** | **5.13** | **4.87** |
| **Operating Surplus/(Deficit)** | **-0.57** | **-0.91** | **-1.13** | **-0.93** | **-0.63** |

The number of paying patient (Other than leprosy patient) has increased from 4,072 in 2016 to 4,353 in 2017 i.e. 7%. In the 1st half of 2018, total number of paying patient is 4,586 i.e. 105% of paying patient served annually of 2017. Income per patient (Excluding Leprosy Patient) as depicted by

below table is more than cost per patient. However, overall financial position of Patan Clinic is in loss as it also serves leprosy patient free of cost for which funding will be required.

Table 7: Anandaban Patan Clinic – Patient flow, Income per patient and Cost per patient

| Particulars | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) |
|---|---|---|---|---|---|
| Number of Leprosy Outpatient (A) | 3,595 | 5,612 | 4,178 | 3,809 | 2,803 |
| Number of Other Outpatient (B) | 4,290 | 3,809 | 4,072 | 4,353 | 4,586 |
| **Total Number of Patient Served C=(A+B)** | **7,885** | **9,421** | **8,250** | **8,162** | **7,389** |
| Income Per Patient (Excluding Leprosy Patient) (Rs.) =Patient Fee/B | 540 | 532 | 757 | 964 | 925 |
| Cost Per Patient (Rs.) =Total cost excluding capital cost/C | 366 | 312 | 510 | 628 | 659 |

# Section IV

# Training and Technical Support

## 3.14. Target and achievement: Training and Technical Support

There are four outcome areas of the training and training support project. All activities planned under each outcome area is carried out.

**Outcome I. At least one trained professional to diagnose, treat and manage leprosy and its complication in each government health institution**.

No of people trained has been taken as main indicator to achieve this outcome. However, the government health institutions in which area and which level (village, district, province or national) is not mentioned and there is no base line available to measure this outcome. There is no information available if there is one trained professional available in all health institution even after training so many health workers.

Urban health workers training was replaced by basic leprosy training. 189 trained in 5 years.

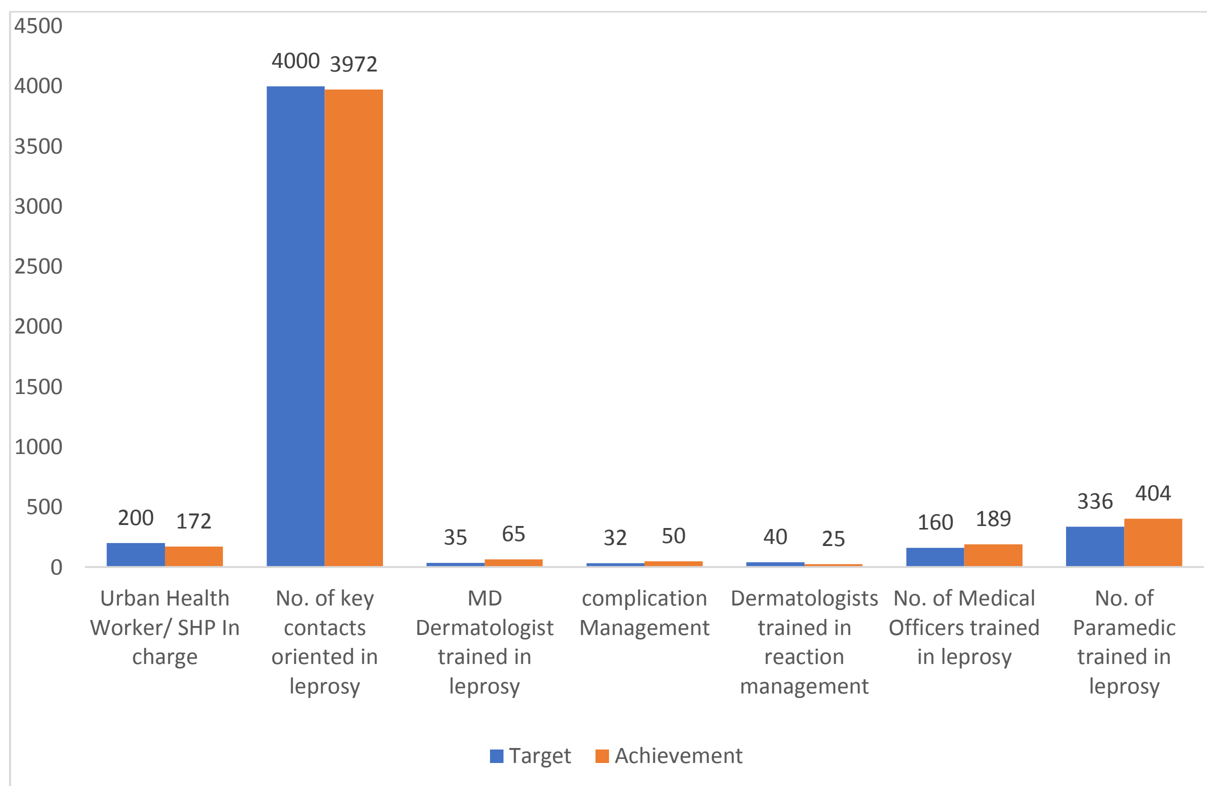



*Chart 9: Number people trained in leprosy*

**Outcome II: Increased leprosy awareness in the community and socially accepted people affected by leprosy.**

The activities planned under this outcome are carried out and several other activities i.e. treatment, training workshop also contribute towards awareness raising and social acceptance, but it was difficult to verify if this outcome is achieved.

**Outcome III: Improved leprosy services in the peripheral health institutions**

It was evident during the interview with staff in LCDMS, Director of EDCD and doctor of Bir hospital that the training provided by the centre has significantly to improve leprosy services in the peripheral health institutes. The increasing number of referrals to AH from government health

institution also shows that they are reaching out to more patients in the community in their area. The Medical officers who were recently trained from the centre have also said that the training has enabled them to diagnose and treat leprosy patient.

**Outcome IV: New area of training identified, and curriculum developed**
Few workshops were carried out to identify the new areas, but curriculum has yet to be developed.

## 3.15. Relevancy of the project activities to achieve overall project objectives

The project goals as mentioned in the TOR are as follows:

ii. **Training and Technical Support**: Equip government and other organizations to sustain leprosy elimination and related activities in an integrated approach.

Main activities under Training and Technical Support is to provide short term and training and orientation to government and non-government health staff. Mainly government staff are the main beneficiaries of this training. The centre has also been a centre of excellence for learning about leprosy for medical and para-medical students. Several medical colleges in and out-side the Kathmandu valley bring their students to learn about leprosy and disability in the centre. The project activities planned under the training and technical support have very well contributed towards achieving the aforementioned goal however, not all these institutions have been mobilised in a co-ordinated way to fight against leprosy.

## 3.16. Future needs to address the remaining challenges in Leprosy

The main principles of leprosy control are based on early detection of new cases and timely complete treatment with multi drug therapy (MDT) through integrated health services Though the targeted is to reduce the incidence of new case & prevalence rate but it is increased from 0.77 to 0.79, 0.84, 0.82 and 0.83 respectively during FY 2010 – 2014 as well as the more than 3000 new cases are detecting each year. As per the information provided by the Government Leprosy Control Division the national prevalence rate in 2017 was 0.92 and 3215 new cases were detected. The number of endemic districts has gone up to 18 which was 13 at the time of elimination.

3.16.1. **Service delivery**: Most of the interviewees, including the government officers have emphasized that the TLM should further strengthen/expand the leprosy services. The Director of EDCD clearly highlighted that as the country is still transition of moving from centrally controlled system to federal and independent local government the health service delivery system has also been in transition and it may take few years to be settled. There are quite a lot of confusion of roles and responsibilities between central, provincial and local level health institutions. In such situation, the role of organisations like TLM has become even more important and services to people affected leprosy has to be continued or further extended.

3.16.2. **Training and capacity building**: Due to the massive change in the personnel in health care system the training need has also been increased. The Director of EDCD further said, he would be happy to write officially to any donor/partner to consider strengthening leprosy services and capacity building activities for next project period i.e. 5 years.

3.16.3. **Awareness raising and building community capacity**: The need of raising awareness in the community and building their capacity to speak openly about leprosy and suspect the disease and seek timely treatment is is equally important. In the multi lingual, multi religious and multi-cultural community the strategy for awareness raising should vary to make sure people have got the clear message in the local language. Working with community groups

and enable their capacity to understand mutually support to suspect the disease and refer for treatment is important

3.16.4. **Strengthen the network with organistions implementing CBR projects**: The CBR projects for people with the disability has spread through the country. The CBR workers are mostly from the local community who speak their local language and have good rapport with the local people. TLM can make a strategic partnership with such organisations working in endemic districts, provide BLT to their CBR workers and enable them to suspect and refer leprosy patients. Strengthen and mobilise DPOs in those areas would also be helpful to integrate leprosy in the mainstream disability movement.

## 3.17. Assessment of training project

Relevance and type of training offered: Anandaban Training Unit (TU) provides varieties of training[8], workshop and orientation to pre-dominantly government health works from national to local level. Considering the current situation of leprosy in the country and availability of such training in the country and need the training currently being provided are quite relevant. and should continue which was also highlighted by the government staff in LCDMS, director of EDCD and doctors and medical officers who are trained from the TU. The importance of such training has even increased because other institutions who were previously running training (i.e. GP training centre) has been closed. Not only in Nepal, training institutions in India are also closed which has increased the scope of such training even at the regional level.

### 3.17.1. New training opportunities

TLM is gradually moving towards employing an integrated approach to leprosy and disability which opens avenues of various new training delivery in the field of disability and CBR/CBID. Till date none of the organisations are providing disability management and CBR training on the regular basis. Organisations only provide in-house training for their staff. These training be for short as well as longer term and at various level i.e. CBR manager's training and CBR community worker's training. RCRD currently provides a month long CBR worker's training but not on a regular basis. Specific short (one week) training course can be developed around the components of CBR matrix Health, Education, Livelihood, Social Inclusion and Empowerment. During the discussion some of the staff also suggested, DIDRR, Research methodology, monitoring and evaluation and Injury management and disability prevention training as potential new areas for training delivery. Given the training facilities available at the centre and strong network with CBR/disability organisations in Nepal TU has high potential for this training. Also, organized Training about non operative fracture management to paramedics, nursing staff and to physio. Applying Ponseti method of club foot treatment. As the department of Orthopedic is rising in variety of cases treatment; there is scope fo organizing training related to Orthopedic and trauma.

### 3.17.2. TOT on Leprosy to Government staff

The need of TOT was also highlighted by the government staff. Since Anandaban is only centre providing such training providing TOT to selected government staff can be helpful to reach out to more areas and people. Provision can be made that government staff who receive TOT should run at least one BLT to certain number of staffs in their area.

[8] The list of training offered is attached as annex …

## 3.18. Sustainability of Training Unit

Most of the training deliver at present do not make any income besides some sponsored training from the government and NGOs. Students of community medicines are charged 4,000/person. The main source of income for the Unit is rent from facility hire out. Therefore, contribution of local income towards total budget is only 12% of the total income. The foreign grant and local income both have decreased from the year 2017 which poses challenges in sustainability of the training unit. The following table gives an overview of foreign grant and local income of the training unit in this MYP period[9].

| Source of Income | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) | Total | % of Total Income |
|---|---|---|---|---|---|---|---|
| Foreign Grants- England and Wales | 5.13 | 6.37 | 7.1 | 6.27 | 2.27 | 27.15 | 88% |
| Local Income | 0.72 | 0.53 | 1.53 | 0.98 | 0.11 | 3.88 | 12% |
| **Total Income** | **5.86** | **6.9** | **8.63** | **7.25** | **2.39** | **31.03** | **100%** |

*Table 8: Training and technical support – Source of Income (Figures are in Rs./million)*

## 3.19. Financial assessment of Training and Technical support:

Training and Tech Support is funded by TLM England and Wales which accounts for 88% of total income. Local income generated from the project by charging fee for the training is 12% of total income.

Table 9: Tech Support – Source of Income (Figures are in Rs./million)

| Source of Income | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) | Total | % of Total Income |
|---|---|---|---|---|---|---|---|
| Foreign Grants- England and Wales | 5.13 | 6.37 | 7.1 | 6.27 | 2.27 | 27.15 | 88% |
| Local Income | 0.72 | 0.53 | 1.53 | 0.98 | 0.11 | 3.88 | 12% |
| **Total Income** | **5.86** | **6.9** | **8.63** | **7.25** | **2.39** | **31.03** | **100%** |

The actual expenses incurred are as per budget line and overall variance is within 10% except in 1st half of 2018 where actual expenses is underspent by 23% due to funding deficit.

Table 10: Training and Tech Support – Budget vs. Actual Expenditure (Figures are in Rs./million)

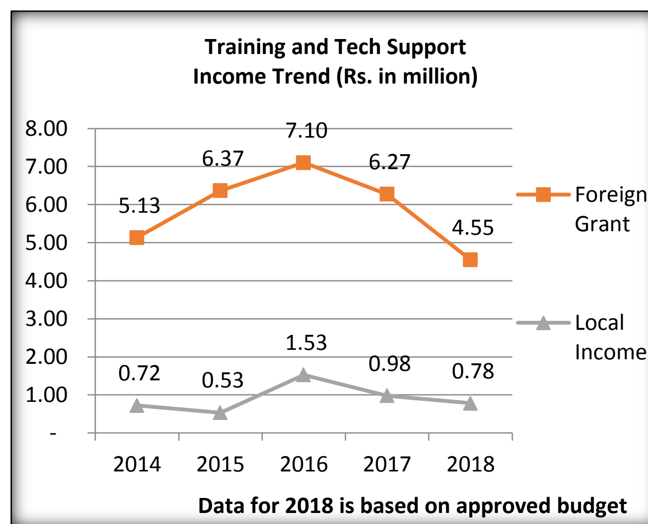
| Expenditure | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) | Total | % of Total Actual Expenditure |
|---|---|---|---|---|---|---|---|
| **Budget** | **5.33** | **6.67** | **7.14** | **7.98** | **4.51** | **31.63** | |
| **Actual** | | | | | | | |
| Programme Cost | 2.06 | 2.08 | 4.09 | 3.79 | 1.28 | 13.30 | 45% |
| Staff Cost | 2.9 | 3.09 | 3.58 | 4.15 | 2.14 | 15.86 | 53% |

[9] The detail financial analysis is given in financial analysis part of this report

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Overhead | 0.19 | 0.14 | 0.09 | 0.1 | 0.03 | 0.53 | 2% |
| Capital Equipment | 0.07 | 0.06 | 0.01 | - | - | 0.14 | 0% |
| **Actual Total** | **5.22** | **5.37** | **7.76** | **8.03** | **3.45** | **29.83** | **100%** |
| **Variance: Underspent/(Overspent)** | **0.12** | **1.29** | **-0.62** | **-0.05** | **1.06** | **1.8** | |
| **Variance %** | **2%** | **19%** | **-9%** | **-1%** | **23%** | **6%** | |

Out of total expenditure, programme cost is Rs. 13.30 million (45%), staff cost is Rs. 15.86 million (53%), overhead and capital equipment cost is Rs. 0.67 million (2%). The staff cost is related to the technical staff.

Main targeted group of Training and Tech Support is Government health worker and is also providing training to other medical professional. Training activities are mainly covered from Grant. Foreign grant is in decreasing trend from 2017 onwards. Similarly, local income generated by Training Unit has declined from 2017.




Budget for 2018 is in deficit by Rs. 4.47 million due to which full activity may not be implemented if further funds could not be raised.

**<u>Guest House:</u>**

Training and Tech Support is also overseeing the operation and management of Guest house situated in Anandaban Hospital premises. The Guest house is generating surplus and is in increasing trend. The surplus is being used to cover the expenditure of Anandaban Hospital.

Table 3: Training and Tech Support – Guest house surplus (Figures are in Rs./million)

| Particulars | 2014 | 2015 | 2016 | 2017 | 2018 (Jan-June) |
|---|---|---|---|---|---|
| Guest House Surplus | 0.44 | 0.61 | 0.89 | 1.08 | 0.52 |

# Section V

## Conclusion and Recommendations

### 4.1. Conclusion

Though leprosy elimination was declared in Nepal in 2010 the problem of leprosy has not been gone down as expected. The trend has been reversed and the prevalence rate has gone up to 0.92 from 0.89 at the time of declaring leprosy elimination and number of endemic districts has also been increased.

The LMN has long history and reputation in treatment of leprosy in Nepal. Currently with its satellite clinics in Butwal and Biratnagar LMN has taken majority of burden of leprosy diagnosis, reaction management, treatment of ulcer and training on self-care. Mainly due to shortage of funding other centers in Nepal either closed or significantly reduced the leprosy related activities which has posed a challenge for the government to effectively address the problem of leprosy in the country. TLMN is also facing similar problem but despite having funding problem TLMN has been running most of its leprosy treatment and training activities. The political re-structuring of the country has also been challenging since previously trained health workers in the government have moved to other areas or even to other sectors. Though not within the scope of this evaluation, the community-based rehabilitation of people affected by leprosy is also equally important which LMN has been implement in the endemic areas. All relevant government officials have highly appreciated the activities being implemented by TLMN and want TLM to continue and even expand those activities.

Financial sustainability of the projects and retaining trained human resources seem to a huge problem to TLMN. Although some of the projects are making local income but till date that seems minimal. Inclusion of leprosy with other neglected health problem and disability seems only way to address the problem of leprosy in an integrated way. TLMN has planned to expand services to cover more general health areas which will also be helpful to generate some resources for the organization. The idea is good and TLM also should link its all hospital based programmes with the community based programmes as most of the funding agencies seem willing to fund community-based activities but not the core hospital-based activities.

The training currently offered has to be continued as government strongly want TLM to continue or even expand. But at the same time TLMN should take the opportunity to negotiate with the government on ways to integrate them within the government run health training with the National Health Training Centre. The new areas of training opportunity should be explored and think not only national but also South Asia Regional level.

### 4.2. Recommendations

#### 4.2.1. Hospital and medical/technical part

I. Currently TLMN is focusing on building capacity of government health facilities for new case detection, diagnose and treat the leprosy patient. Since government health workers are transferred very frequently and monitoring them is difficult. Therefore, on top of mobilisng government health facilities it is recommended to mobilise local NGOs, CBOs and DPOs and enable them to suspect, refer and make follow up of the leprosy patient on a regular basis.

II. Expand and strengthen (M) CBR projects in high endemic districts and establish strong referral links between CBR and local health facilities. CBR programme can be inclusive of people with disability and leprosy and cover disability prevention activities, self-care, primary rehabilitation therapy, livelihood and education.

III. The average length of stay in the hospital for people affect by leprosy is about two months. During their stay in the hospital, besides getting treatment they may also learn useful skills and occupation. Therefore, AH should take pro-active initiatives to establish an OT department.

IV. The accessibility of most of the hospital area is difficult for people having mobility problem. Therefore, it is recommended to make sure that the relevant department like PT, OT and appliances are fully accessible with wheelchair friendly toilet facility.

V. Construction of trauma centre seems relevant as AH has got a good reputation in orthopedic surgery. However, before expanding services to maternity, pediatrics, ophthalmology etc. a social audit with the local community and relevant stakeholders would be useful to make informed decision.

VI. Participation from the local community (ward, municipality or local schools) by forming a hospital advisory group is recommended to create a sense of ownership in the local community.

VII. Anandaban Hospital is well known in the local community of Southern Lalitpur and part of Makwanpur district however, having camps (medical, disability eye) in partnership with local health and social development organisations would be useful to increase the patient flow in the hospital.

#### 4.2.2. General Management

VIII. Actively involve and enable department heads to be involve and contribute in the planning, management and monitoring and evaluation of the projects.

IX. Produce at least a quarterly technical and finical variance report and organize a regular review will all staff team

X. Carry out social audit on a regular basis which has made mandatory by the government of Nepal

XI. Provide orientation to all staff on policies of the organization and update them when there are any changes

XII. Development fund raising strategy. Considering the volume of fund required to the organization a fund raising or donor liaison co-ordination position seems essential to TLMN who can take fund raising and donor liaison responsibility in and outside the country.

XIII. Establish a strong HR department to look after human resource plan, management and development

#### 4.2.3. Finances

XIV. Since, TLM is moving towards sustainability approach which also includes financial sustainability, it is important that management constantly monitors its income and expenditure and other financial performance and take decisions and corrective actions where necessary. For this, accounting system should be able to generate relevant financial performance report. Anandaban Hospital and Patan Clinic is providing wide range of services to both leprosy and non-leprosy patient. Some department for eg: Leprosy is to be funded since service is provided free of cost and some department for eg: Pharmacy generates surplus and requires constant monitoring due to high volume of transaction and more possibility of leakage. It is recommended to analyze the financial performance by major services/ department wise within hospital and clinic and design the accounting system to cater the need. It will help to link the cost to process improvement, cost control and fund raising.

VII. For Training unit, both foreign grant and local income is in decreasing trend. Some of the training package designed for capacity building of government health worker will not generate income. Local income can be generated by promoting various training package in collaboration with different medical institutions and like-minded organization.

VIII. It is recommended to review the service fee of the hospital considering the market rate, hospital capacity and facility (HR and Equipment) so that the full cost is included in the service fee and cost control can be exercised where the cost is higher than the market rate of service fee.

IX. At the current situation, the major source of income is foreign grant from TLM Global Fellowship and local income generated from services provided by hospital, clinic and guest house. It is recommended to diversify the source of funding by way of seeking local grant i.e. grants from Government and from various private companies as a part of corporate social responsibility as well.

X. For financial sustainability, it is essential that the service receiver whether patient, trainee or guest know about the available services and its quality. Promotion strategy is the key for organization to let people know about this. It is recommended to develop Promotion Strategy for the services that are being provided and new services that will be provided.

#### 4.2.2. Training and Technical Support

IX. Make a rapid assessment to leprosy, disability and CBR related training available in the country and demand of such training and develop new training accordingly

X. Develop a pool of resource persons who can facilitate disability, CBR and other relevant training in Nepal

XI. Design appropriate training and prepare training manual in consultation with relevant experts available

XII. Make awareness raising activities more measurable like formation of listeners/discussion group among children, female etc. so that the message reaches out to the real target groups. This can also be done with the SHG and SCG.

XIII. Make outcome areas of training centre more measurable and verifiable.

XIV. Involve and strengthen CBR national network and develop strategic partnership with organization running training on CBR/CBID

XV. Discuss the possibility of including CLT, BLT, MO and Derma training within NHTC training programme with the DOH, EDCD/LCDM. TLMN can still provide the vanue and co-ordinate and facilitate the training

XVI. Upgrade the training facilities including the hostel to be able to host high level and international training which will contribute to sustain the training centre.

| OUTCOMES & INDICATORS | UNIT | Source of Verification | Total project target | 2014 | 2015 | 2016 | 2017 | Till June 2018 | Total | % of progress |
|---|---|---|---|---|---|---|---|---|---|---|
| Goal: To provide advanced and specialised leprosy and disability prevention services as a National Tertiary referral centre in Nepal. | | | | | | | | | | |
| Outcome 1 : Leprosy detected and diagnosed at early stage. | | | | | | | | | | |
| Output 1.1 - New case diagnosis | no. of new case | Medical Records | 570 | 142 | 110 | 154 | 156 | 108 | 670 | 99% |
| Output 1.2 - OPD visits | no. of OPD Visits | Medical Records | 28300 | 5307 | 7206 | 6212 | 6564 | 3543 | 28832 | 89% |
| Output 1.3 - Relapse diagnosis | no. of relapse disagnosis | Medical Records | 67 | 19 | 22 | 16 | 18 | 11 | 86 | 112% |
| Output 1.4 - MDT completion | MDT completion | Medical Records | 90% | 92% | 84% | 86% | 91% | 96% | 89.80% | 90% |
| Outcome 2: Government Hospitals strengthened to provide advanced leprosy | | | | | | | | | | |
| Output 2.1 - Medical professionals trained in hospital setting | no. of medical practitioners | Training Centre records | 50 | 19 | 48 | 61 | 24 | 14 | 166 | 304% |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Output 2.2 - Decreasing number of patients referred from government facility | no. of patients referred | Medical Records | 250 | 93 | 84 | 73 | 83 | 50 | 383 | 133% |
| Output 2.3 - Disability grade 2 diagnosis in new patients | patients with G2 disability | Medical Records | 90 | 23 | 20 | 30 | 30 | 19 | 122 | 114% |
| Outcome 3: Specialized Leprosy services ensured in the highly endemic districts. | | | | | | | | | | | |
| Output 3.1 - Number of visits to satellite clinics | no. of visits | Medical Records | 310 | 50 | | 49 | 72 | 39 | 210 | 55% |
| Output 3.2 - Patients visiting satellite clinics | no. of patients | Medical Records | Target not set in MYP | 12 | 9 | 12 | 1470 | 1105 | 2608 | |
| Output 3.3 - Number of leprosy cases | no. of leprosy cases consultations | Medical Records | Target not set in MYP | 729 | 834 | 1751 | 1142 | 31 | 4487 | |
| Outcome 4: Nerve impairment protected and prevented. | | | | | | | | | | | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Output 4.1 - Number of reaction patients outpatient visit | no. of reaction OPD visit | Medical Records | 6300 | 1091 | 1338 | 132 9 | 759 | 596 | 5113 | 72% |
| Output 4.2 - Number of Reaction Patients to receive inpatient services | no. of reaction inpatients | Medical Records | 440 | 137 | 125 | 116 | 132 | 86 | 596 | 116% |
| Output 4.3 - Improved average EHF score | Improved average EHF scores | Medical Records | Target not set in MYP | 1.46 | 1.68 | | 78% | | | |
| Outcome 5: Complicated ulcers treated and managed. | | | | | | | | | | |
| Output 5.1 - No. of ulcer patients outpatient visit | no. of ulcer out patients visit | Medical Records | 4400 | 454 | 661 | 575 | 1148 | 634 | 3472 | 65% |
| Output 5.2 - No. of ulcer patients inpatient service | no. of ulcer in patients | Medical Records | 1800 | 435 | 261 | 283 | 359 | 237 | 1575 | 74% |
| Output 5.3 - No. of ulcer patients septic surgery | no. of septic surgery | Medical Records | 1050 | 193 | 143 | 182 | 183 | 257 | 958 | 67% |
| Output 5.4 - No. of ulcer patients average length of stay | (Avg. length of stay) no. of days | Medical Records | 45 | 40.39 | 18.25 | 35.2 | 35.65 | 0 | 129.4 9 | 288% |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| Output 5.5 - No. of ulcer patients readmission rate | Readmission rate | Medical Records | 10% | 11.12 | 10% | 11% | 11.40 % | | 11.44 63 | 229% |
| Outcome 6: Cosmetically and functionally improved physical appearance and ability of people affected by leprosy. | | | | | | | | | | |
| Output 6.1 - Number of reconstructive surgery | no. of RCS services | OR and Physiotherapy Records | 825 | 183 | 167 | 177 | 159 | 101 | 787 | 83% |
| Output 6.2 - Decreased social stigma | | PSCALE | Target not set in MYP | PS (3.1 and 3.78) | | | | | | |
| Output 6.3 - Increased physical self reliance and self care | | ASCALE | Target not set in MYP | 71% | 70% | 66% | | | 2.07 | |
| Output 6.4 - Increased in Quality of life | | WHOQOL | Target not set in MYP | | | | | | 0 | |
| Outcome 7: Functional activity of the limbs improved and biomechanical needs of the patients are met. | | | | | | | | | | |
| Output 7.1 - Number of footwear distribution | No. of footwear distributed | Footwear Records | 7000 | 1361 | 1173 | 113 2 | 1060 | 140 0 | 6126 | 68% |
| Output 7.2 - Number of prosthesis | No. of prosthesis distributed | Footwear Records | 115 | 27 | 36 | 30 | 46 | 20 | 159 | 121% |
| Output 7.3 - Accessory appliances | No. of accessory appliances distributed | Footwear and Physiotherapy Records | 3400 | 666 | 584 | 184 0 | 496 | 650 | 4236 | 105% |
| Output 7.4 - Physical and social mobility | Physical and Social Mobility | SALSA, P-Scale from Footwear department | Target not set in MYP | PS(3.1 and 3.78) | AS (20.5 and 17.5) PS(3. 20 and 2.93) | PS 4.22 AS 20.7 6 | PS 3.03 AS 21.69 | | | |
| Outcome 8: Integrated general health services received by the local community. | | | | | | | | | | |
| Output 8.1 - No. of OPD Visits | No. of GP Visit | Medical Records | 115000 | 23676 | 2630 0 | 337 27 | 2967 0 | 250 00 | 1383 73 | 99% |

| Output 8.2 - No. of Inpatients | no. of GP inpatients service | Medical Records | 6500 | 1269 | 1414 | 1333 | 1359 | 1400 | 6775 | 83% |
|---|---|---|---|---|---|---|---|---|---|---|
| Outcome 9: Feasibility study of Geriatric services completed. | | | | | | | | | | |
| Output 9.1 - Feasibility study | NA | Feasibility Study Report | | | | | | | 0 | |
| Output 9.2 - Trained manpower | no. of doctor | HR/Admin | 1 | | | | | | 0 | 0% |
| Outcome 10: Trained and proficient staff for improved work performance. | | | | | | | | | | |
| Output 10.1 - Workshop for staff | no. of workshop by conducted TLM | Training Centre Records | 30 | 20 | 8 | 8 | 11 | 6 | 53 | 157% |
| Output 10.2 - Continuing medical education (CME) | no. of courses | Personal Files/ Admin/Medical Head | | 0 | 0 | 0 | 28 | 15 | 43 | |
| Output 10.3 - Number of persons involved in training | no. of staffs trained | Work Performance Evaluation | | | | | 210 | NA | | |
| Output 10.4 - Research papers presented | no. of paper presented | MRL Record | 2 | | | | 8 | 2 | 10 | 400% |
| Outcome 11: Occupational Therapy Service received by the patients. | | | | | | | | | | |
| Output 11.1 - Expatriate recruited for the OT service | no. of expats for the OT service | HR/Admin | NA | | | | | | 0 | |
| Output 11.2 - Local OT recruited | NA | | | | | | | | 0 | |
| Outcome 12: Improved physical infrastructure of Anandaban Hospital. | | | | | | | | | | |
| Output 12.1 - New staff quarter | NA | Evaluation Report | NA | | | | | | 0 | |
| Output 12.2 - OPD extension | NA | Evaluation Report | NA | completed | | | | | | |
| Output 12.3 - Renovated ramps | NA | Evaluation Report | NA | completed | | | | | | |

## Annex 2: Target and achievement Training and Technical Support

| Activities | 2014 | | 2015 | | 2016 | | 2017 | | 2018 (Jan to June ) | | Remarks |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Target | Achievement | Target | Achievement | Target | Achievement | Target | Achievement | Target | Achievement | |
| 1. Equip government and other organization to sustain leprosy elimination and related activities in an integrate approaches | | | | | | | | | | | |
| No of paramedic involved in (CLT) | 80 | 91 | 64 | 74 | 64 | 74 | 64 | 125 | 64 | 40 | |
| No of MO Trained in Leprosy | 32 | 49 | 32 | 33 | 32 | 50 | 32 | 35 | 32 | 22 | |
| Dermatologist trained in Reaction management | 0 | 0 | 20 | 25 | 0 | 0 | 0 | 0 | 20 | | |
| Complication Management | 0 | 0 | 16 | 50 | 0 | 0 | 16 | 0 | 0 | 0 | |
| MD Dermatologist trained in leprosy | 7 | 11 | 7 | 14 | 7 | 11 | 7 | 17 | 7 | 12 | |
| No of Key contacts oriented in leprosy ( all kinds of Medical students/volunteers) | 800 | 633 | 800 | 771 | 800 | 991 | 800 | 1088 | 800 | 491 | |
| Urban Health workers/Sub Hp In-charge training | 40 | | 40 | | 40 | | 40 | | 40 | | |
| 2. Increased leprosy services in the periphery health institutions | | | | | | | | | | | |
| No of time jingles broadcasted from FM Radio | 790 | 1080 | 790 | 1080 | 790 | 1080 | 790 | 1080 | 790 | 360 | |

| | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| No of leaflets/pamphlets distributed<br>No of newsletter distributed | 2000<br>3200 | 1575<br>3200 | 2000<br>3200 | 2000<br>3200 | 2000<br>3200 | 2000<br>3400 | 2000<br>3200 | 2100<br>3600 | 2000<br>3200 | 1300<br>1800 | |
| No of Street drama | 18 | 4 | 18 | 1 | 18 | 0 | 18 | 0 | 18 | 0 | |
| No of Supervision | 5 | 6 | 5 | 4 | 5 | 4 | 5 | 4 | 5 | 1 | |
| No of Skin camp | 0 | 0 | 1 | 2 | 0 | 0 | 1 | 2 | 0 | 0 | |
| No of Foot (disability camp) | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | |
| Pair of foot wear distributed | 100 | 631 | 100 | 740 | 100 | 780 | 100 | 948 | 100 | 407 | |
| No of persons received assistive devices | 50 | 168 | 50 | 197 | 50 | 187 | 50 | 204 | 50 | 97 | |
| No of PHC develop ulcer treatment centre | 0 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | 5 | 0 | |
| Percentage of health workers received follow up visit | 23% | 27% | 30% | 14% | 35% | 70% | 40% | 6% | 40% | 0 | |
| No of visits by Anandaban team for case validation | 3 | 4 | 3 | 4 | 3 | 3 | 3 | 4 | 3 | 2 | |
| **3. New area of training identified and curriculum developed** | | | | | | | | | | | |
| No of workshop conduct for need identify | | | | | 2 | (14 Person) | | | | | |
| No of training curriculum testing workshop | | | | | | | | | 2 | | |
| No of training curriculum develop workshop | | | | | 1 | 1 (8 person) | 2 | | | | |