

ANNUAL REPORT 2008 – 2009



School children in Bisidimo, Ethiopia taken by GLRA.

**A summary of ILEP Member-Associations' support to
leprosy work in 2008 together with an overview of
the Global Leprosy situation**



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TABLE OF CONTENTS

LIST OF ILEP MEMBER ASSOCIATIONS	iii
FOREWORD	v
LIST OF GRAPHS AND TABLES	vii
PART 1. FINANCIAL SUPPORT AND CO-FINANCING	1-4
1.1 Overview of ILEP Members' financial support in 2008	1
1.2 Evolution of ILEP Members' support 2002-2008	2
1.3 Breakdown of 2008 support by type of activities	3
1.4 Co-financing within the Federation in 2008	4
PART 2. EPIDEMIOLOGICAL DATA ON LEPROSY	5-11
2.1 Key data for 2008 published by WHO	5
2.2 Breakdown of data from Brazil	10
2.3 Historical data from India	11
PART 3. ILEP ANNUAL REPORT QUESTIONNAIRES – COLLATED DATA	12-20
3.1 Summary of reports received for the reporting year 2008	12
3.2 Patient related information	13
3.3 Programme related information	17
3.4 Rehabilitation related information	19
PART 4. NON-LEPROSY ACTIVITIES OF ILEP MEMBERS	22
APPENDICES	
Appendix 1 – LIST OF COUNTRIES REPORTING EACH YEAR FROM 2004 - 2008	25
Appendix 2 – ILEP QUESTIONNAIRES USED FOR REPORTING IN 2008	26

ILEP MEMBER ASSOCIATIONS

- **AIFO** Associazione Italiana Amici di Raoul Follereau Italy
- **ALM** American Leprosy Missions USA
- **CIOMAL** CIOMAL Foundation Switzerland
- **DAHW** Deutsche Lepra- und Tuberkulosehilfe Germany
- **DFB** Damien Foundation Belgium Belgium
- **FAIRMED** FAIRMED Health for the Poorest Switzerland
- **FL** Fondation Luxembourgeoise Raoul Follereau Luxembourg
- **FRF** Fondation Raoul Follereau France
- **LEPRA** Health in Action United Kingdom
- **NLR** Netherlands Leprosy Relief Netherlands
- **SF** Fontilles Lucha contra la Lepra Spain
- **SMHF** Sasakawa Memorial Health Foundation Japan
- **SLC** Le Secours aux Lépreux Canada
- **TLMI** The Leprosy Mission International United Kingdom

FOREWORD

This report is a summary of ILEP Member-Associations financial support to leprosy work in 2008. The extent of ILEP support varies from country to country both in the geographical area covered and the type of activities supported.

The report also makes comment on the Global epidemiological situation as reported by WHO (The World Health Organisation).

Source of information

All financial information in Part 1 comes from the *ILEP Co-ordinate Expenditure 2008* and previous years.

Part 2 Epidemiological data on Leprosy makes use of the leprosy statistics reported by national programmes to WHO (The World Health Organisation) and published in the WER (Weekly Epidemiological record 14 August 2009 No. 33, 84, 333-340.) To produce the new case detection rates we have made use of the 2008 estimated national populations from *the 2006 revision of the World population prospects* produced by the Population division of the United Nations.

Data in table 3 Global Indicators, is a summary of data reported for the reporting year 2008. Where graphs show a range of years the graphs are composed of data coming only from countries which have reported in each of the years represented. For the years 2004 to 2008 this includes 79 countries. (see appendix 1)

The ILEP Technical Commission has kindly provided comments on the global data in section 2 Epidemiological data on Leprosy.

In Part 3 *ILEP Annual Report Questionnaires* we have collated the information received from ILEP Members on this questionnaire (see appendix 2). In the summary of reports received (page 12) we have attempted to estimate the number of reports expected by using the *Project Profiles* for the projects funded in 2008. In some cases this information is incomplete. We have tried to eliminate any overlap of data where there are several questionnaires from one region but we are not always aware of these potential overlaps.

The information in Part 4 on *Non-leprosy Activities* comes from a collation of the information returned to the ILEP secretariat on the Project Profile questionnaire. ILEP Members are requested to complete a questionnaire for each of their projects. Where possible we have supplemented this information with information already held on our database for these projects. However, it is likely that there is significant under reporting in terms of the basic activities undertaken by Members.

Availability of information

This document, can be downloaded from the ILEP website: www.ilep.org.uk

We will be happy to receive your comments and reactions to this annual report. Please do not hesitate to contact us by email: ilep@ilep.org.uk.

LIST OF GRAPHS AND TABLES

GRAPHS	Page
1. Distribution of ILEP Members' field support by region	1
2. Trend in ILEP Members' support	2
3. ILEP Members' support to research activities	3
4. Proportion of Federation expenditure according to the number of Members giving support	4
5. Number of projects according to number of Members giving support	4
6. MB among newly detected cases (2004-2008)	8
7. Children among newly detected cases (2004-2008)	8
8. Newly detected cases with WHO grade 2 disability (2004-2008)	9
9. Females among newly detected cases (2004-2008)	9
10. Number of countries reporting patients incurring new disabilities while under treatment for reactions	14
11. Breakdown of those reporting new disabilities, by gender	14

1. ILEP Members' support to leprosy work (in €)	1
2. Details of support of ILEP Members (in €)	2
3. Global indicators 2008	5
4. Number of newly detected cases over the last five years in countries reporting >1000 new cases during 2008	6
5. Key indicators for countries with more than 1000 new cases reported in 2008	7
6. Brazil - The breakdown of New Cases by State over 7 years	10
7. India – Historical data for grade 2 disability rate per 100,000 population	11
8. Summary of ILEP questionnaires received	12
9. Responses to questions concerning new or increased disabilities while under treatment for reactions	13
10. Responses to other patient related questions	15
11. Summary of responses to questions relating to training and supervision	17
12. Summary of responses to questions relating to individuals benefiting from socio-economic support	19
13. Summary of responses to questions relating to households benefiting from socio-economic support	21
14. Non-Leprosy Activities	22

1. FINANCIAL SUPPORT AND CO-FINANCING

1.1 OVERVIEW OF ILEP MEMBERS' FINANCIAL SUPPORT IN 2008

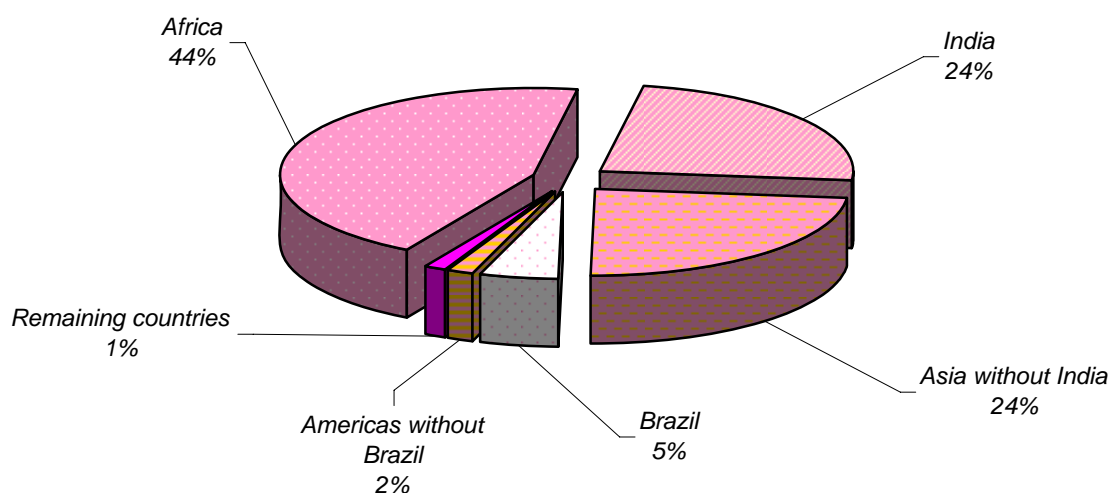
Table 1: ILEP Members' support to leprosy work (in €)

	Support to field projects	Support to research ⁽¹⁾	Indirect field support ⁽²⁾	Total support
TLMI	15 001 169	279 105	3 054	15 283 328
DAHW	12 397 605	243 785	123 729	12 765 119
NLR	7 382 565	608 805	203 920	8 195 290
DFB	6 618 081	310 979	0	6 929 060
FRF	3 840 988	436 139	136 047	4 413 174
LEPRA	2 892 188	138 989	3 244	3 034 421
FAIRMED	1 957 759	12 169	0	1 969 928
ALM	1 239 731	601 646	18 619	1 859 996
AIFO	1 751 568	12 576	6 000	1 770 144
SMHF	576 851	109 961	319 068	1 005 880
FL	869 000	0	0	869 000
SF	697 331	23 789	12 593	733 713
SLC	686 914	28 262	12 382	727 558
CIOMAL	334 226	0	0	334 226
TOTAL	56 245 976	2 806 205	838 656	59 890 837

⁽¹⁾ including other scientific activities such as congresses and journals.

⁽²⁾ including support to training, consultancies and patients' associations.

Graph 1: Distribution of ILEP Members' field support by region

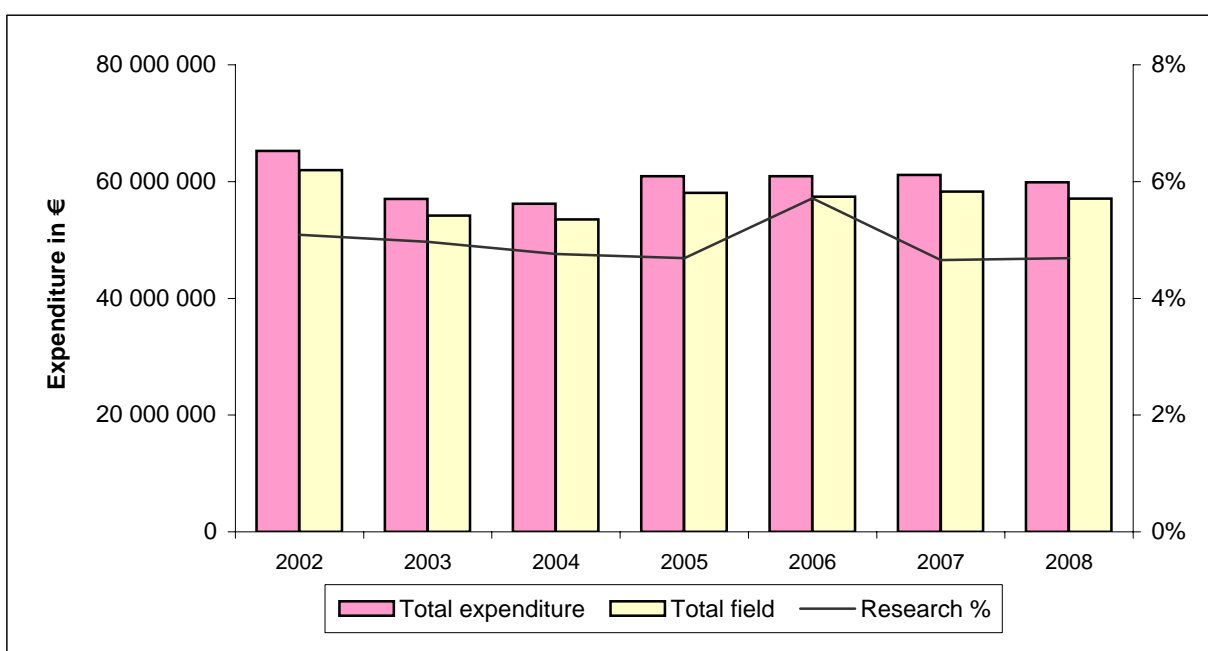


1.2 EVOLUTION OF ILEP MEMBERS' SUPPORT 2002-2008

Table 2: Details of support of ILEP Members (in €)

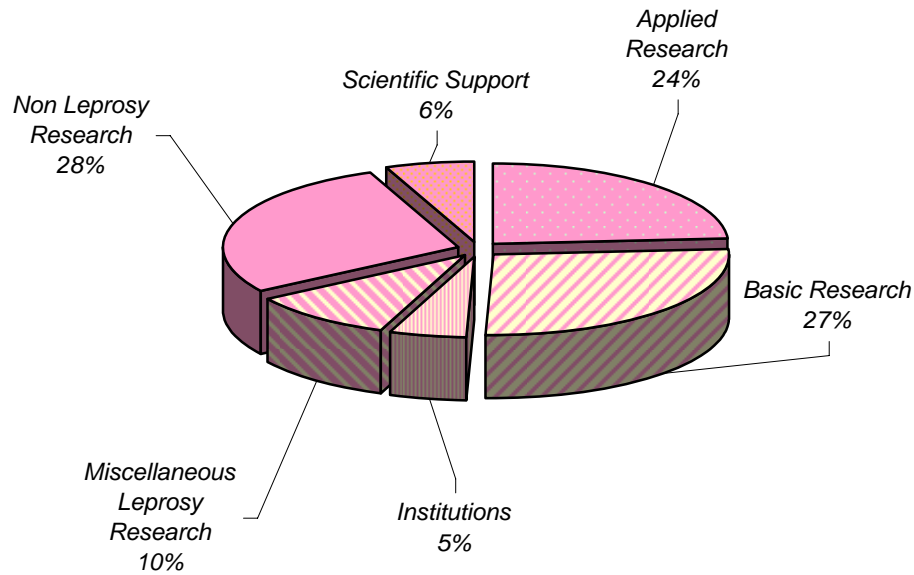
Year	Field related expenditure	Research support	Total Expenditure	% Research
2002	61 940 223	3 321 111	65 261 334	5.1%
2003	54 173 407	2 832 732	57 006 139	5.0%
2004	53 514 428	2 675 232	56 189 660	4.8%
2005	58 062 147	2 857 528	60 919 675	4.7%
2006	57 425 667	3 481 110	60 906 777	5.7%
2007	58 293 287	2 845 581	61 138 868	4.7%
2008	57 084 632	2 806 205	59 890 837	4.7%
Total	400 493 791	20 819 499	421 313 290	4.9%

Graph 2: Trend of ILEP Members' support



1.3 BREAKDOWN OF 2008 SUPPORT BY TYPE OF ACTIVITIES

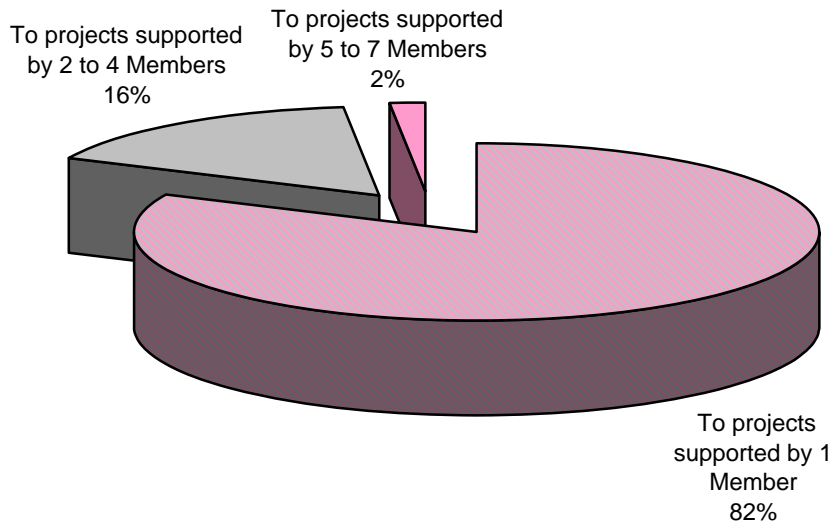
Graph 3: ILEP Members' support to research activities



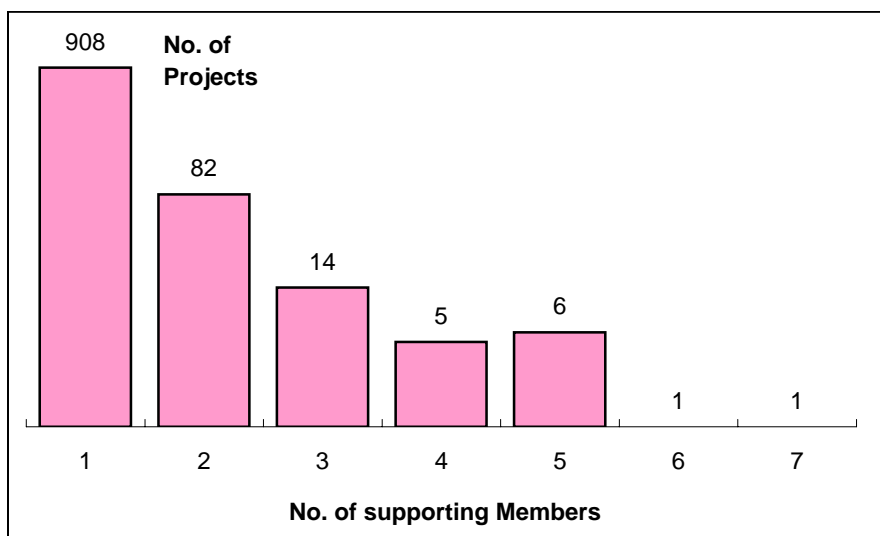
Research categories	No. of projects	Grants in €
Applied Research	15	668 180
Basic Research	7	749 828
Institutions	3	145 288
Miscellaneous Leprosy Research	7	283 325
Non Leprosy Research	8	785 398
Scientific Support	5	174 186
Total	45	2 806 205

1.4 CO-FINANCING WITHIN THE FEDERATION IN 2008

Graph 4: Proportion of Federation expenditure according to the number of Members giving support.



Graph 5: Number of projects according to number of Members giving support



Example

Out of the 1 017 projects financed by ILEP Members in 2008, 96 were supported by 2 or 3 Members, whilst 908 were supported by one Member only.

2. EPIDEMIOLOGICAL DATA ON LEPROSY

2.1. KEY DATA FOR 2008 REPORTED BY WHO ON THE GLOBAL LEPROSY SITUATION

Information received from National Programmes and published by WHO (1). The Global rates and percentages have been calculated on a population of 5 642 293 000 (2)

Table 3: Global indicators 2008

Detection	
• Total number of newly detected cases during 2008	249 007
Detection rate per 100 000	4.4
• Total number of MB among the newly detected cases	140 392
% MB on all new cases	56.4%
• Total number of children among the newly detected cases	23 161
% children on all new cases	9.3%
• Total number of females among the newly detected cases	90 348
% female on all new cases	36.3%
• New cases with WHO grade 2 disability	14 149
% grade 2 disability on all new cases	5.7%

A total of 121 countries or territories reported data for the year 2008 to WHO. Efforts have been made to be as complete and transparent as possible, since a clear distinction is now made between the countries reporting no new patient data and those who did not report. Although some countries are missing, their impact on global data would in any case be very limited : looking at data from previous years, one can estimate that only a total of about 1,000 additional newly detected cases could have been reported by all these countries and territories together. A few caveats should be made before commenting on these data :

Trends at global level are primarily influenced by countries reporting large numbers of patients : India first, which reports 54% of the new patients detected globally, followed by Brazil (16%) and Indonesia (7%). The influence of the other countries on global figures is extremely limited.

It is difficult, and even dangerous, to try and analyze trends without an in depth knowledge of all the operational factors that might have affected the situation in each country. For that reason also, inter-country comparisons should be avoided.

No information is available on the completeness and reliability of the data reported by countries.

Collecting data is important for decision making. It is, therefore, at national or sub-national level, where strategic decisions should be taken, that they must be thoroughly analyzed.

Bearing these things in mind the comments below will be limited to a few general observations.

1 Weekly Epidemiological record 14 august 2009 No. 33, 84, 333-340

2 Sum of populations for reporting countries: population figures from World Population Prospects : the 2006 revision, New York UN Population Division.

Table 4: Number of newly detected cases over the last five years in countries reporting >1000 new cases during 2008

Country	2003	2004	2005	2006	2007	2008
Angola	2 933	2 109	1 877	1 078	1 269	1 184
Bangladesh	8 712	8 242	7 882	6 280	5 357	5 249
Brazil	49 206	49 384	38 410	44 436	39 125	38 914
China	1 404	1 499	1 658	1 506	1 526	1 614
DR Congo	7 165	11 781	10 737	8 257	8 820	6 114
Ethiopia	5 193	4 787	4 698	4 092	4 187	4 170
India	367 143	260 063	161 457	139 252	137 685	134 184
Indonesia	14 641	16 549	19 695	17 682	17 723	17 441
Madagascar	5 104	3 710	2 709	1 536	1 521	1 763
Mozambique	5 907	4 266	5 371	3 637	2 510	1 313
Myanmar	3 808	3 748	3 571	3 721	3 637	3 365
Nepal	8 046	6 958	6 150	4 253	4 436	4 708
Nigeria	4 799	5 276	5 024	3 544	4 665	4 899
Philippines	2 397	2 254	3 130	2 517	2 514	2 373
Sri Lanka	1 925	1 995	1 924	1 993	2 024	1 979
Sudan	906	722	782	884	1 706	1 901
Tanzania	5 279	5 190	4 237	3 450	3 105	3 276
TOTAL	494 568	388 533	279 312	248 118	241 810	234 447
Global Total	514 711	407 791	299 036	265 661	258 133	249 007

The number of newly detected patients has decreased by 3.5 % at global level in 2008 compared to 2007. After the sharp decrease observed between 2001 and 2006, the fall in detection has been very moderate during the last two years. Only seventeen countries are reporting more than 1,000 new cases. Côte d'Ivoire disappeared from the list because they reported 998 new cases only in 2008, which is less than in 2007 (1204 new patients), but absolutely comparable to the prevailing situation during the three previous years. These 17 countries together are responsible for 94.2 % of the global detection figure. This does not mean that the leprosy problem is negligible in the other countries. Some small countries or territories might have very high case detection rates, but limited numbers of patients due to their very small population. Among the 17 countries with more than 1,000 new cases, if one takes the size of the population into account, it is Brazil which reports the highest case detection rate, followed by Nepal. India comes third only. Consistent declines over the last six years are observed in Bangladesh and India only. The decline observed in India has become very much limited since 2006. One might almost talk of a plateau. A plateau seems also to be reached in Angola, China, Ethiopia, Indonesia, Madagascar, Myanmar, the Philippines, Sri Lanka and Tanzania, although slight annual variations are observed. Important fluctuations are seen in Brazil (although in Brazil it seems to be rather a question of late reporting – see detailed data per State in Brazil below), DR Congo, Nepal, Nigeria. Reported detection figures have dramatically increased in Sudan since 2007, when data from southern Sudan became available. In Mozambique, detection has decreased so quickly since 2005 that it can certainly not be explained by a decreasing incidence only.

KEY INDICATORS FOR COUNTRIES REPORTING MORE THAN 1000 NEW CASES

Table 5: Key indicators for countries with more than 1000 new cases reported in 2008

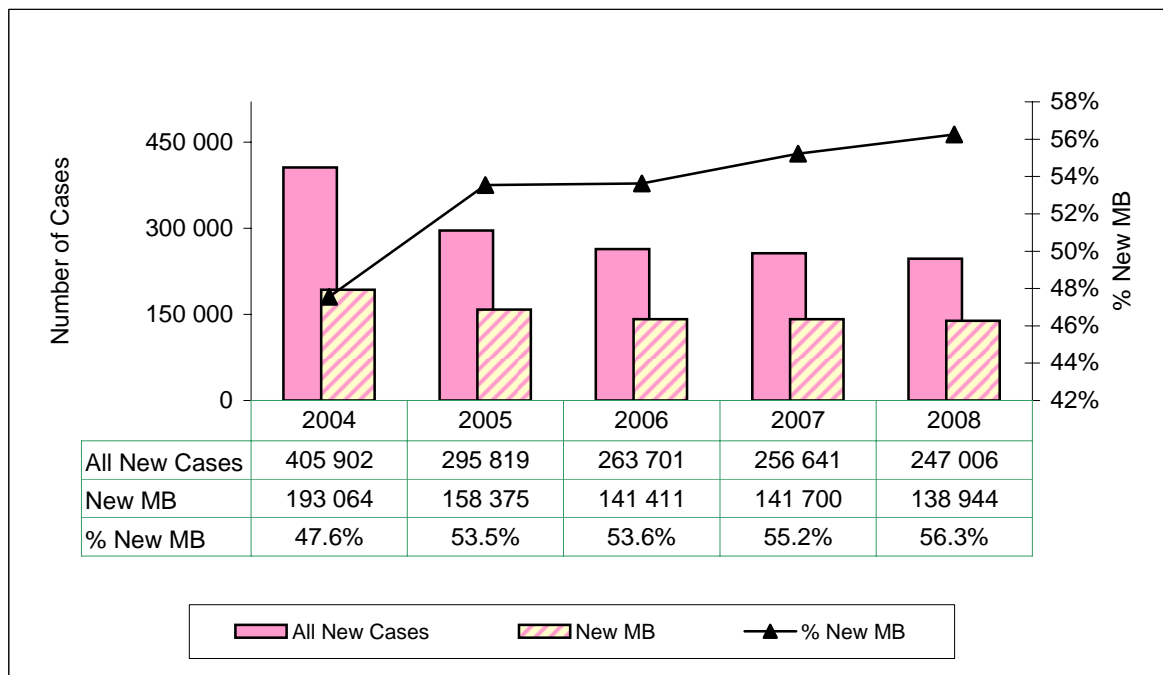
Country	No. of new cases	Case detection rate /100 000	No. of new MB cases	% MB cases on all new cases	% female cases on all new cases	% children on all new cases	No. of new G2D cases	% G2D on all new cases	G2D / 100 000 population	MB completion rate (%)	PB completion rate (%)	POPULATION ESTIMATE 2008
ANGOLA	1 184	6.8	963	81.3%	42.8%	12.1%	164	13.9%	0.94	NR	NR	17 499 000
BANGLADESH	5 249	3.3	2 350	44.8%	38.2%	6.3%	616	11.7%	0.38	91%	96%	161 318 000
BRAZIL	38 914	20.0	20 374	52.4%	41.8%	7.0%	2 310	5.9%	1.19	77%	81%	194 228 000
CHINA	1 614	0.1	1 403	86.9%	30.2%	2.5%	357	22.1%	0.03	NR	NR	1 336 311 000
D. R. OF CONGO	6 114	9.4	3 560	58.2%	45.2%	13.2%	614	10.0%	0.95	NR	NR	64 704 000
ETHIOPIA	4 170	4.9	3 696	88.6%	29.4%	6.4%	455	10.9%	0.53	NR	NR	85 219 000
INDIA	134 184	11.3	64 949	48.4%	35.2%	10.1%	3 763	2.8%	0.32	NR	NR	1 186 186 000
INDONESIA	17 441	7.4	14 328	82.2%	35.6%	11.4%	1 668	9.6%	0.71	83%	87%	234 342 000
MADAGASCAR	1 763	8.7	1 456	82.6%	22.7%	9.3%	243	13.8%	1.20	NR	NR	20 215 000
MOZAMBIQUE	1 313	6.0	887	67.6%	NR	5.3%	139	10.6%	0.64	NR	NR	21 813 000
MYANMAR	3 365	6.8	2 277	67.7%	37.1%	6.0%	442	13.1%	0.90	94%	95%	49 221 000
NEPAL	4 708	16.4	2 401	51.0%	35.8%	6.2%	194	4.1%	0.67	89%	88%	28 757 000
NIGERIA	4 899	3.2	4 303	87.8%	43.9%	10.7%	671	13.7%	0.44	NR	NR	151 478 000
PHILIPPINES	2 373	2.6	2 142	90.3%	12.0%	4.6%	45	1.9%	0.05	85%	90%	89 651 000
SRI LANKA	1 979	10.2	886	44.8%	41.5%	10.3%	152	7.7%	0.78	69%	83%	19 394 000
SUDAN	1 901	4.8	1 596	84.0%	38.0%	4.1%	442	23.3%	1.12	NR	NR	39 445 000
TANZANIA	3 276	7.9	2 504	76.4%	41.4%	11.4%	360	11.0%	0.87	NR	NR	41 464 000
Total	234 447		130 075				12 635					

The above table presents the key indicators for the 17 countries reporting more than 1000 new cases detected in 2008. We have also included the rate of Grade 2 disabilities per 100,000 of the population. This is the new indicator adopted in the Enhanced Global Strategy 2011-2015 with the target of reducing the rate calculated in 2010 by at least 35% in 2015. Looking at the MB and PB completion rates we notice that only 7 out of the 17 countries have reported on this data and much more attention should be given to collecting and reporting on this important indicator.

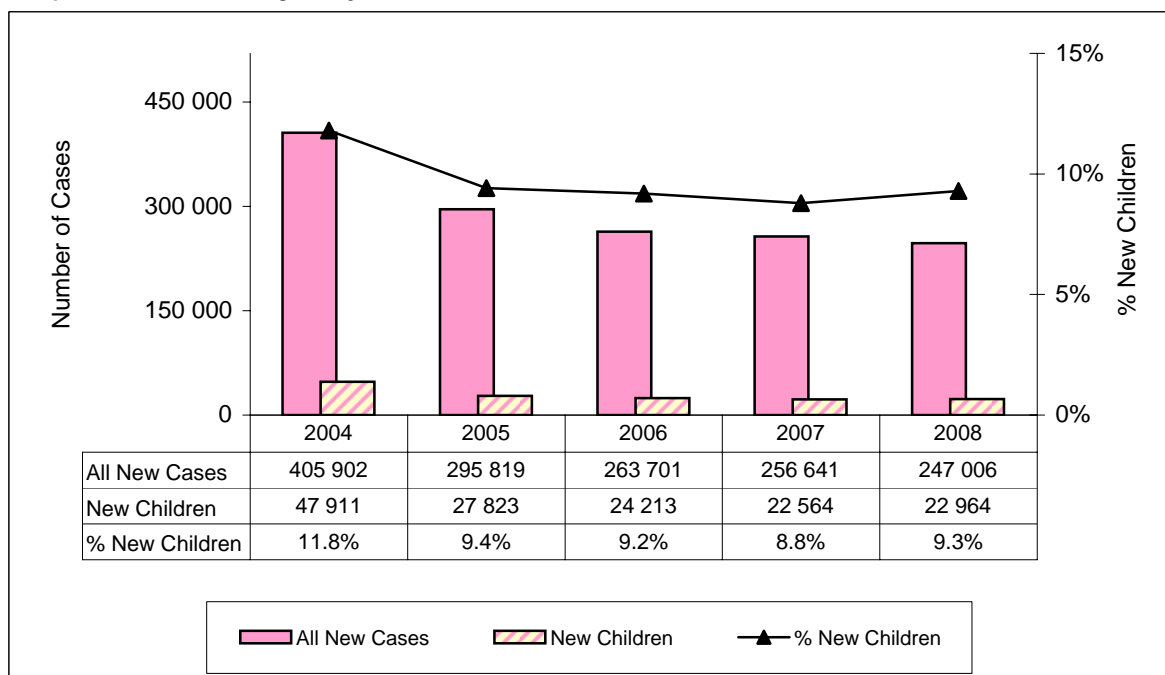
In the following graphs only the countries reporting in all years are included.

Graph 6 MB among newly detected cases (2004-2008)

Concerning the MB proportion, the female or the child proportion also, global figures are primarily influenced by countries with large numbers of patients and without knowing the operational factors that might influence data, inter-country comparisons should be avoided. The wide variations observed in the MB proportion are probably as much the result of different local practices in classifying patients as of epidemiological trends. The situation is actually quite stable in all the countries, except the Philippines, where it went from 61.3 % in 2007 to 90.3 % in 2008. Such an increase, while the detection figure remained comparable to that of the previous years, is most probably due to operational factors, such as a change in the classification criteria.



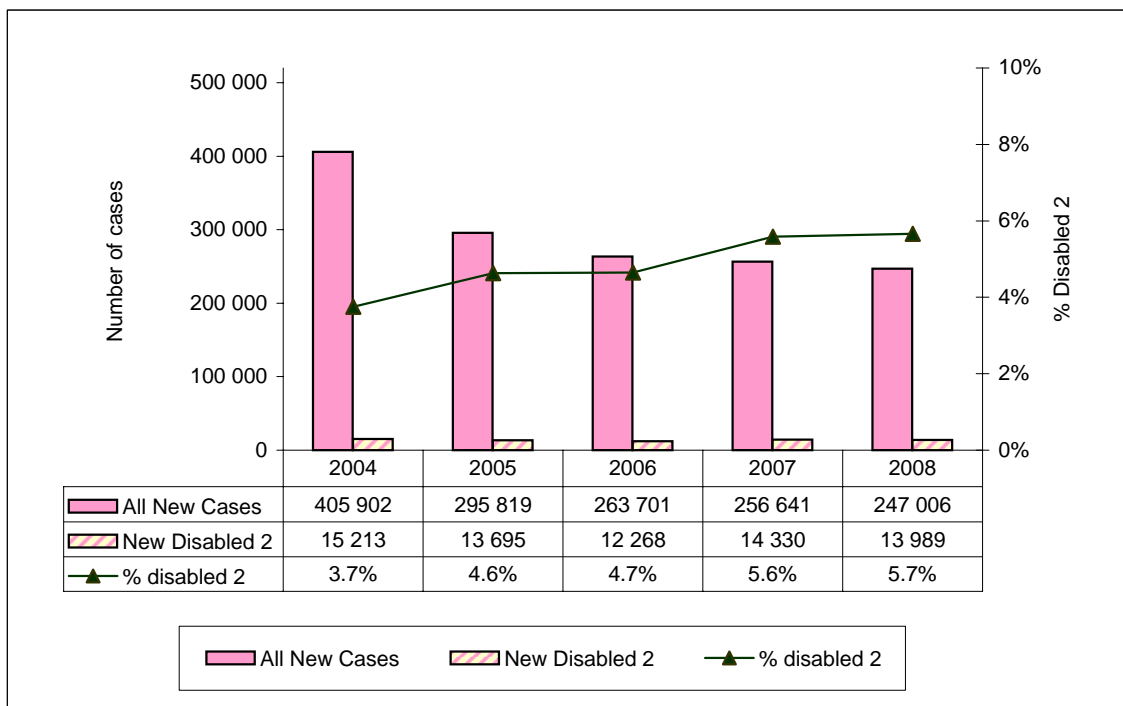
Graph 7: Children among newly detected cases (2004-2008)



A high proportion of children among the new cases is normally a sign of active and recent transmission. It is however very much dependent on detection strategies. It will usually be higher when household contacts of leprosy patients are systematically and actively examined. It is above 10% in 7 of the 17 most endemic countries : Angola, DR Congo, India, Indonesia, Nigeria, Sri Lanka and Tanzania. At global level, this proportion has been around 9% for the last 4 years.

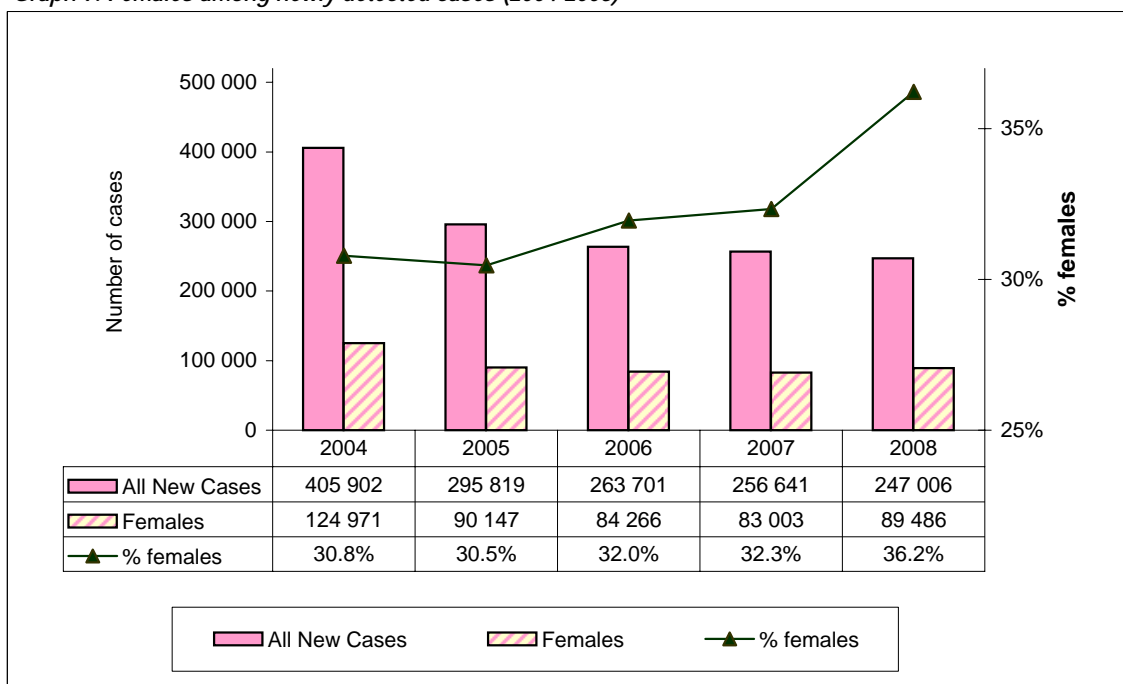
Graph 8: Newly detected cases with WHO grade 2 disability (2004-2008)

Concerning the proportion of new patients with grade 2 disabilities, the first concern of programme managers should relate to the reliability of the reported figures. Is disability assessment of new patients correctly carried out? This is important, not only to be able to appreciate timeliness of detection, but also to have baseline data to assess effectiveness of disability prevention after diagnosis. A high proportion of patients with disabilities is a sign of late detection. It is 10% or more in 11 of the 17 most endemic countries and in 43 of the 121 reporting countries or territories worldwide.



At global level, the proportion of grade 2 disability on new cases has been progressively increasing during the last four years, which would imply that detection is occurring progressively later. While it is said in the Global strategy that much emphasis should be put on quality of services, this does not seem to translate into more timely case detection, at least in a number of countries.

Graph 9: Females among newly detected cases (2004-2008)



Although it is usually recognized that leprosy is more prevalent among males than females, nobody knows what proportion to expect, and actual geographical variations are a fact. A very low percentage of females is likely to be the consequence of low awareness among the female population, and/or their lesser accessibility to health services. The increasing proportion of females at global level might thus be seen as a positive sign. Among the most endemic countries, Mozambique did not report data on gender. The proportion of females is extremely low in the Philippines : 12% only in 2008, while it was 20% in 2007. Even for this seemingly unambiguous information, there might thus be a problem of reliability of the data collected and/or reported.

2.2. BREAKDOWN OF DATA FROM BRAZIL

Table 6 : The Breakdown of New Cases by State

	2002*	2003*	2004*	2005*	2006*	2007**	2008***
Rondonia	1 208	1 408	1 342	1 270	1 343	1 176	1 050
Acre	361	400	319	362	527	277	265
Amazonas	1 427	1 145	1 059	962	848	778	702
Roraima	301	333	296	271	257	223	187
Para	5 941	6 109	6 047	5 424	4 654	4 487	4 552
Amapa	185	199	185	166	185	125	191
Tocantins	1 095	1 159	1 260	1 241	1 368	1 271	1 327
Maranhao	5 035	5 142	5 366	5 615	4 539	4 370	4 225
Piaui	1 675	1 869	1 692	1 707	1 365	1 444	1 802
Ceara	2 514	2 916	2 726	2 815	2 389	2 515	2 503
Rio Grande do Norte	258	255	324	475	271	371	254
Paraiba	879	941	900	1 037	954	871	736
Pernambuco	3 333	3 603	3 352	3 324	3 198	3 087	2 791
Alagoas	405	524	439	451	437	420	393
Sergipe	437	597	551	660	517	529	446
Bahia	2 582	3 234	3 974	3 644	2 991	2 965	2 767
Minas Gerais	3 383	3 359	3 177	3 006	2 555	2 212	1 924
Espirito Santo	1 715	1 792	1 565	1 547	1 210	1 215	1 076
Rio de Janeiro	3 362	3 251	3 022	2 726	2 524	2 252	1 878
Sao Paulo	2 949	3 012	2 803	2 612	2 089	2 190	2 146
Parana	1 725	1 723	1 604	1 588	1 510	1 373	1 279
Santa Catarina	220	234	238	217	209	219	205
Rio Grande do Sul	242	234	254	238	191	189	180
Mato Grosso do Sul	611	707	702	619	623	555	629
Mato Grosso	3 665	3 831	3 536	3 825	3 575	2 914	2 602
Goias	3 581	3 567	3 545	3 360	3 056	1 839	2 626
Distrito Federal	349	356	287	286	257	259	256
Unknown	37	41	18	16	10	15	10
Total Brasil	49 475	51 941	50 583	49 464	43 652	40 141	39 002
Figures published in the WER****	38 365	49 206	49 384	38 410	44 436	39 125	38 914

The first remark to be made concerns the differences between the data provided by the Brazilian National Programme, and those published in the WER : although usually moderate, these differences can be very important in some years : for the years 2002 and 2005, the differences amounted to more than 10,000 patients, i.e. more than 25% of the total reported in the WER for these years. This probably means that it takes time for the National Programme to collect complete data covering the whole country. If this is the case, the data for the year 2008 must probably be taken with special caution.

Taking the data directly provided by the Brazilian National Programme into account rather than those published in the WER, one observes that leprosy detection has been quite stable between 2002 and 2005, then decreased quite importantly during the last three years. Was the sudden drop observed in 2006 due to a change in detection strategies recommended by the national level ? This does not look obvious from the breakdown of data by State : an important drop of detection during the year 2006 was observed in approximately half of the States, but in some of these the decline had already started before. In some others, the decline started in 2007 or 2008 only, but then the question of the completeness of the reporting arises. In about 1/3 of the States, no definite trend can be observed.

* Figures at 31/07/2008

** Figures at 26/11/2008

*** Figures at 17/07/2009

**** Weekly Epidemiological record 14 august 2009 No.33, 2009, 84, 333-340

2.3. HISTORICAL DATA FOR INDIA

Table 7 : Showing New cases detected with Grade II disabilities and Rate per 100,000 population

Year	Population	Number of newly detected cases	Grade -II disability in new cases	Rate per 100,000 population
1999-2000	983 150 000	691 620	18 638	1.90
2000-2001	1 027 010 000	559 938	12 955	1.26
2001-2002	1 047 042 000	617 993	12 951	1.24
2002-2003	1 067 482 027	473 658	8 545	0.80
2003-2004	1 088 355 645	367 143	5 302	0.49
2004-2005	1 109 670 816	260 063	4 145	0.37
2005-2006	1 131 431 383	169 709	3 015	0.27
2006-2007	1 153 650 796	139 252	3 130	0.27
2007-2008	1 176 339 414	137 685	3 477	0.30
2008-2009	1 199 507 837	134 184	3 763	0.31

This Table presents the trend of the rate of newly detected patients with grade 2 disabilities per 100,000 population in India. This indicator is the one selected as target-indicator for the new Global Strategy 2011-2015. One observes a very important and rapid decrease of the rate during the period when there had also been a dramatic decline in case detection. During the last three years, when case detection declined moderately only, this rate is much more stable. It has even slightly increased. Interpretation of this rate must thus be done very cautiously, since obviously it can be influenced by operational factors.

3. ILEP ANNUAL REPORT QUESTIONNAIRES

3.1 SUMMARY OF REPORTS RECEIVED FOR THE 2008 REPORTING YEAR

Table 8 : Questionnaires received

Annual Project Report Questionnaires expected according to Project Profiles		685
Reporting Patient Related Information	479	
Reporting Programme Related Information	435	
Reporting Rehabilitation Related Information	480	
Annual Project Report Questionnaires received		404
Reporting Patient Related Information	296	
Reporting Programme Related Information	308	
Reporting Rehabilitation Related Information	390	
Number of countries from which reports were received		53
Reporting Patient Related Information	49	
Reporting Programme Related Information	53	
Reporting Rehabilitation Related Information	53	

The Project Profile report (which replaces the Questionnaire A) is used to determine the nature of the project. We have not received Project Profile reports for all projects. In some cases the kind of activities undertaken by a project and therefore the kind of information, or reports, to be expected are determined by information already held on the ILEP database. This may come from previous A questionnaires.

When information is reported at national or regional level and again at local level we have attempted to avoid duplicate counting, however we may not always be aware of this duplication.

3.2 PATIENT RELATED INFORMATION

Table 9 : Responses to questions concerning new or increased disabilities while under treatment for reactions

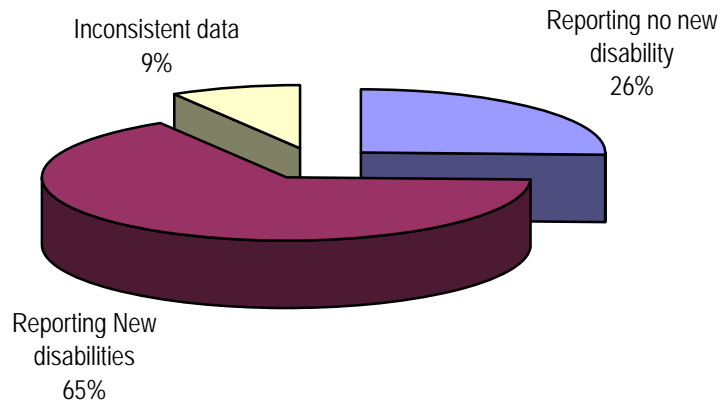
Country	Co-ordinator	Number of patients who have been under treatment for leprosy reactions during reporting year.				Among these number who did not incur any new disabilities			
		Male	Female	Not specified	Total	Male	Female	Not specified	Total
AFGHANISTAN	DAH	1	0	0	1	1	0	0	1
ANGOLA	ALM	67	21	0	88	61	18	0	79
ARGENTINA	DAH	193	57	0	250	145	54	0	199
BANGLADESH	TLMI	648	259	414	1 321	465	251	351	1 067
BOLIVIA	DAH	2	0	0	2	2	0	0	2
BOTSWANA	TLMI	1	5	0	6	1	5	0	6
BRAZIL	NLR	533	79	0	612	91	59	0	150
BURKINA FASO	FRF	12	5	0	17	12	5	0	17
BURUNDI	DFB	64	32	0	96	58	25	0	83
C.A.R.	FAIRMED	94	81	0	175	71	31	0	102
CAMBODIA	CIOMAL	45	15	0	60	40	15	0	55
CAMEROON	FAIRMED	179	129	0	308	168	108	0	276
CHAD	FRF	3	2	0	5	3	2	0	5
CHINA	TLMI	5	7	0	12	97	98	0	195
COLOMBIA	DAH	214	360	0	574	0	1	0	1
COMOROS	DFB	23	10	0	33	0	0	0	0
D. R. OF CONGO	DFB	93	77	0	170	47	36	0	83
EAST TIMOR	TLMI	98	3	0	101	95	3	0	98
ECUADOR	DAH	3	0	0	3	3	0	0	3
EGYPT	DAH	133	40	0	173	828	270	0	1 098
ETHIOPIA	DAH	323	125	0	448	0	0	0	0
GABON	FRF	2	0	0	2	2	0	0	2
GUINEA	FRF	50	11	0	61	48	10	0	58
GUINEA ECUATOR	SF	2	0	0	2	0	0	0	0
INDIA	DFB	2 314	945	241	3 500	2 007	890	241	3 139
INDONESIA	NLR	264	220	650	1 134	882	753	528	2 163
LAOS	NLR	0	0	0	0	0	0	118	118
LIBERIA	DAH	12	7	0	19	12	6	0	18
MALI	FRF	6	6	0	12	3	3	0	6
MOROCCO	FAIRMED	4	1	0	5	4	1	0	5
MOZAMBIQUE	NLR	0	0	0	0	0	0	0	0
MYANMAR	ALM	5	3	0	8	5	3	0	8
NEPAL		118	60	0	178	69	49	0	118
NIGER	FRF	31	14	50	95	0	0	50	50
NIGERIA		408	192	0	600	201	113	0	314
PAKISTAN	DAH	131	59	0	190	116	57	0	173
PAPUA NG	TLMI	5	2	0	7	4	2	0	6
PARAGUAY	DAH	796	256	0	1 052	0	0	0	0
RWANDA	DFB	1	1	0	2	1	1	0	2
SENEGAL	DAH	53	36	0	89	47	33	0	80
SIERRA LEONE	DAH	56	28	0	84	56	28	0	84
SPAIN		2	1	0	3	2	1	0	3
SRI LANKA	FAIRMED	40	21	0	61	38	18	0	56
SUDAN	DAH	105	104	0	209	104	103	0	207
TANZANIA	DAH	1 197	12	0	1 209	974	5	0	979
THAILAND	NLR	8	5	0	13	7	5	0	12
UGANDA	DAH	0	0	0	0	0	0	0	0
VIETNAM	NLR	0	0	396	396	0	0	0	0
YEMEN	DAH	105	68	0	173	103	68	0	171

This table shows for reporting countries the numbers of patients who have been under treatment for leprosy reactions during the reporting year (2008). This is assumed to be the denominator and the number not incurring new disabilities (in the righthand columns) a subset of these. In 4 countries (China, Egypt, Indonesia and Laos) there is an anomaly in that the denominator is smaller than the subset. We have no explanation for this but it is probably the result of incorrectly completed data.

Graph 10: Number of countries reporting patients incurring new disabilities while under treatment for reactions.

47 countries reported on patients under treatment for reactions

- 12 Reporting no new disabilities
- 31 Reporting new or increased disability
- 4 Showed inconsistent data



Of the 31 countries reporting new or increased disabilities among patient under treatment for reactions only 27 made a breakdown between male and female.

Graph 11: Breakdown of those reporting new disabilities, by gender.

- 19 Countries reporting a greater proportion of male than female
- 6 Countries reporting a greater proportion of female than male
- 2 Countries reporting the same of each

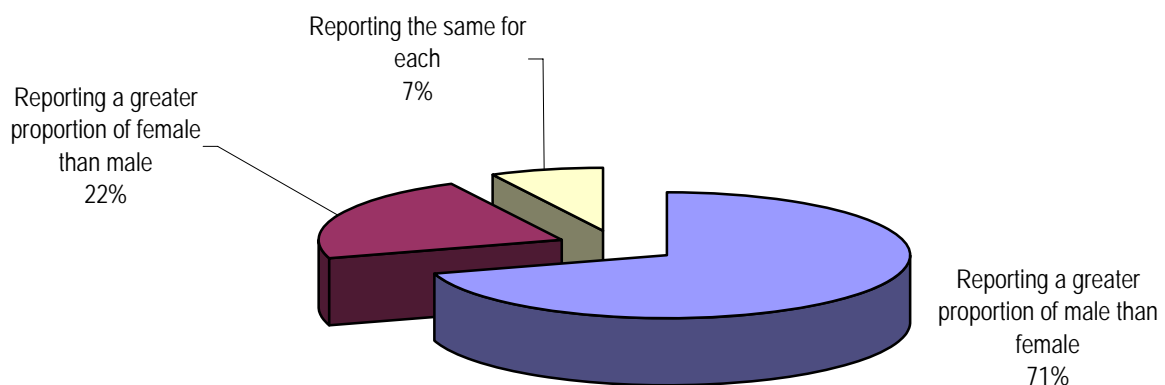


Table 10 : Responses to other patient related questions

Country	Co-ordinator	100 : Number of cases under treatment for leprosy related disabilities				Among 100 number of patients who have undergone leprosy related surgery				Among 100 how many were provided with MCR or other footwear				Among 100 number who have received other aids and appliances			
		Male	Female	Not specified	Total	Male	Female	Not specified	Total	Male	Female	Not specified	Total	Male	Female	Not specified	Total
AFGHANISTAN	DAHWA	40	35	0	75	1	0	0	1	0	0	0	0	0	0	0	0
ANGOLA	ALM	124	51	0	175	0	0	0	0	64	43	0	107	0	0	0	0
ARGENTINA	DAHWA	195	88	0	283	12	0	0	12	24	6	0	30	20	11	0	31
BANGLADESH	TLMI	16 298	6 758	0	23 056	383	98	0	481	7 325	2 902	0	10 227	4 199	1 220	0	5 419
BOLIVIA	DAHWA	22	13	0	35	1	0	0	1	22	13	0	35	0	0	0	0
BOTSWANA	TLMI	2	7	0	9	0	0	0	0	1	3	0	4	1	3	0	4
BRAZIL	NLR	1 175	144	0	1 319	223	45	0	268	793	76	0	869	70	59	0	129
BURKINA FASO	FRF	12	5	0	17	0	0	0	0	0	0	0	0	0	0	0	0
BURUNDI	DFB	83	41	0	124	20	8	0	28	100	45	0	145	15	15	0	30
C.A.R.	FAIRMED	180	139	0	319	0	0	0	0	0	0	0	0	90	42	0	132
CAMBODIA	CIOMAL	302	57	0	359	7	1	0	8	289	77	0	366	31	7	0	38
CAMEROON	FAIRMED	946	614	0	1 560	114	65	0	179	325	161	0	486	298	168	0	466
CHAD	FRF	18	13	0	31	3	2	0	5	0	0	0	0	0	0	0	0
CHINA	TLMI	9 538	776	2 032	12 346	17	10	74	101	3 202	912	78	4 192	1 641	619	23	2 283
COLOMBIA	DAHWA	1 578	388	0	1 966	22	15	0	37	653	1 148	0	1 801	173	107	0	280
COMOROS	DFB	86	25	0	111	3	1	0	4	43	8	0	51	59	20	0	79
D. R. OF CONGO	DFB	397	306	0	703	2	4	0	6	222	36	0	258	59	37	0	96
EAST TIMOR	TLMI	276	25	0	301	0	0	0	0	176	22	0	198	0	0	0	0
ECUADOR	DAHWA	38	10	0	48	0	0	0	0	0	0	0	0	3	0	0	3
EGYPT	DAHWA	607	181	0	788	115	16	0	131	725	195	0	920	27	7	0	34
ETHIOPIA	DAHWA	0	0	0	0	30	11	0	41	7 945	3 124	0	11 069	219	84	0	303
GABON	FRF	11	12	0	23	1	0	0	1	0	0	0	0	10	9	0	19
GUINEA	FRF	369	216	0	585	4	4	0	8	164	143	0	307	112	95	0	207
GUINEA ECUATOR	SF	16	3	0	19	0	0	0	0	1	0	0	1	0	0	0	0
INDIA	DFB	45 397	21 570	1 555	68 522	5 955	1 707	53	7 715	39 217	15 040	665	54 922	3 794	1 911	1	5 706
INDONESIA	NLR	1 696	1 178	685	3 559	55	14	1	70	400	159	51	610	16	9	264	289
LAOS	NLR	14	6	262	282	0	0	155	155	0	0	347	347	0	0	30	30
LIBERIA	DAHWA	152	65	0	217	0	0	0	0	0	0	0	0	0	0	0	0
MALI	FRF	16	24	0	40	0	0	0	0	0	0	0	0	0	0	0	0
MOROCCO	FAIRMED	7	3	0	10	0	0	0	0	0	0	0	0	0	0	0	0

Country	Co-ordinator	100 : Number of cases under treatment for leprosy related disabilities				Among 100 number of patients who have undergone leprosy related surgery				Among 100 how many were provided with MCR or other footwear				Among 100 number who have received other aids and appliances			
		Male	Female	Not specified	Total	Male	Female	Not specified	Total	Male	Female	Not specified	Total	Male	Female	Not specified	Total
MOZAMBIQUE	NLR	450	7	0	457	0	0	0	0	450	0	0	450	0	0	0	0
MYANMAR	ALM	396	608	0	1 004	103	44	0	147	111	62	0	173	8	2	0	10
NEPAL		5 593	1 888	0	7 481	1 009	451	0	1 460	3 865	500	0	4 365	171	71	0	242
NIGER	FRF	493	365	65	923	30	21	0	51	443	285	0	728	48	23	0	71
NIGERIA		2 334	1 365	0	3 699	130	71	0	201	1 625	957	0	2 582	103	49	0	152
PAKISTAN	DAHW	3 918	2 921	0	6 839	45	51	0	96	552	206	0	758	85	87	0	172
PAPUA NG	TLMI	66	43	0	109	0	0	0	0	5	2	0	7	56	30	0	86
PARAGUAY	DAHW	942	308	0	1 250	44	28	0	72	708	88	0	796	0	0	0	0
RWANDA	DFB	32	25	0	57	0	0	0	0	18	14	0	32	24	17	0	41
SENEGAL	DAHW	705	332	0	1 037	36	14	0	50	253	118	0	371	21	7	0	28
SIERRA LEONE	DAHW	714	358	0	1 072	4	0	0	4	684	342	0	1 026	342	160	0	502
SPAIN		20	15	0	35	3	0	0	3	8	6	0	14	1	2	0	3
SRI LANKA	FAIRMED	163	52	0	215	2	0	0	2	112	41	0	153	95	30	0	125
SUDAN	DAHW	991	752	0	1 743	60	35	0	95	177	111	0	288	13	14	0	27
TANZANIA	DAHW	4 389	75	0	4 464	80	3	0	83	3 622	72	0	3 694	102	0	0	102
THAILAND	NLR	429	209	0	638	19	11	0	30	363	167	0	530	88	61	0	149
UGANDA	DAHW	1 412	1 515	0	2 927	0	0	0	0	640	681	0	1 321	101	126	0	227
VIETNAM	NLR	0	0	14 026	14 026	0	0	645	645	2 795	1 943	0	4 738	247	419	0	666
YEMEN	DAHW	464	182	0	646	14	3	0	17	74	9	0	83	2	0	0	2

3.3. PROGRAMME RELATED INFORMATION

Table 11 : Summary of responses to questions relating to training and supervision

Country	Co-ordinator	Number of technical staff that received training in leprosy in the reporting year			Number of staff funded by ILEP Members supporting individuals affected by leprosy or leprosy programmes either full-time or part-time.			Number of health units supervised/assessed during the reporting year as a result of ILEP Members' support.
		Government staff	Non-government staff	Total	Government staff	Non-government staff	Total	
AFGHANISTAN	DAHW	1	0	1	4	0	4	1
ANGOLA	ALM	64	51	115	6	10	16	30
ARGENTINA	DAHW	839	256	1 095	5	4	9	121
BANGLADESH	TLMI	5 341	4 747	10 088	80	1 202	1 282	299
BOLIVIA	DAHW	45	0	45	3	0	3	31
BOTSWANA	TLMI	0	0	0	0	0	0	13
BRAZIL	NLR	12 085	0	12 085	35	0	35	118
BURKINA FASO	FRF	102	0	102	0	0	0	882
BURUNDI	DFB	454	0	454	454	0	454	167
C.A.R.	FAIRMED	175	0	175	0	0	0	1 317
CAMBODIA	CIOMAL	105	0	105	20	0	20	0
CAMEROON	FAIRMED	486	0	486	234	0	234	1 491
CHAD	FRF	16	10	26	4	0	4	2
CHINA	TLMI	30 301	36	30 337	27	23	50	98
COLOMBIA	DAHW	4 385	0	4 385	29	0	29	42
COMOROS	DFB	47	0	47	23	0	23	14
CONGO	FRF	46	0	46	5	0	5	13
D. R. OF CONGO	DFB	1 038	2	1 040	1 021	7	1 028	898
EAST TIMOR	TLMI	64	20	84	0	6	6	1
ECUADOR	DAHW	451	0	451	1	0	1	25
EGYPT	DAHW	4 281	0	4 281	17	0	17	52
ETHIOPIA	DAHW	123	241	364	0	3	3	661
GABON	FRF	4	0	4	4	0	4	1
GUINEA	FRF	45	0	45	285	26	311	187
GUINEA ECUATOR	SF	0	0	0	25	0	25	5
HAITI	SF	60	0	60	1	0	1	5

Country	Co-ordinator	Number of technical staff that received training in leprosy in the reporting year			Number of staff funded by ILEP Members supporting individuals affected by leprosy or leprosy programmes either full-time or part-time.			Number of health units supervised/assessed during the reporting year as a result of ILEP Members' support.
		Government staff	Non-government staff	Total	Government staff	Non-government staff	Total	
HONDURAS	SF	20	0	20	4	0	4	5
INDIA	DFB	14 982	6 749	21 731	523	1 022	1 545	2 334
INDONESIA	NLR	1 561	1 012	2 573	1 690	2	1 692	1 537
LAOS	NLR	19	0	19	198	0	198	109
LIBERIA	DAHW	0	0	0	3	0	3	0
MALI	FRF	40	0	40	0	0	0	111
MOROCCO	FAIRMED	160	0	160	0	0	0	0
MOZAMBIQUE	NLR	121	125	246	0	3	3	45
MYANMAR	ALM	20	788	808	0	0	0	0
NEPAL		1 055	426	1 481	4	0	4	364
NICARAGUA	SF	100	0	100	120	0	120	94
NIGER	FRF	118	0	118	0	10	10	150
NIGERIA		856	181	1 037	216	70	286	810
PAKISTAN	DAHW	444	18	462	495	239	734	178
PAPUA NG	TLMI	45	114	159	21	3	24	0
PARAGUAY	DAHW	436	0	436	14	0	14	109
RWANDA	DFB	517	0	517	5	0	5	30
SENEGAL	DAHW	102	0	102	0	0	0	483
SIERRA LEONE	DAHW	338	213	551	33	65	98	90
SPAIN		160	0	160	24	0	24	1
SRI LANKA	FAIRMED	635	0	635	0	16	16	27
SUDAN	DAHW	1 428	145	1 573	169	197	366	172
TANZANIA	DAHW	218	56	274	11	0	11	51
THAILAND	NLR	257	74	331	0	2	2	0
UGANDA	DAHW	0	0	0	0	0	0	128
VIETNAM	NLR	5 217	0	5 217	2	0	2	64
YEMEN	DAHW	0	100	100	0	77	77	58

3.4 REHABILITATION RELATED INFORMATION

Table 12 : Summary of responses to questions related to individuals benefiting from support

Country	Co-ordinator	Number of individuals affected by leprosy involved in active self-care groups				Number of individuals from families affected by leprosy who started sponsored education during the reporting year.				Number of individuals affected by leprosy benefiting from activities supported by ILEP Members related to economic rehabilitation which allow a beneficiary to generate an income.				The number of individuals affected by leprosy involved in active self-help groups assisting the individuals to improve their economic situation			
		Male	Female	Not Specified	Total	Male	Female	Not Specified	Total	Male	Female	Not Specified	Total	Male	Female	Not Specified	Total
AFGHANISTAN	DAHWA	0	0	0	0	2	0	0	2	0	0	0	0	0	0	0	0
ANGOLA	ALM	88	104	0	192	18	64	0	82	8	4	0	12	3	5	0	8
ARGENTINA	DAHWA	0	0	0	0	165	179	0	344	16	12	0	28	1	2	0	3
BANGLADESH	TLMI	1 628	700	2 723	5 051	649	1 033	0	1 682	355	540	0	895	1 180	2 071	0	3 251
BOLIVIA	DAHWA	2	2	0	4	78	79	0	157	0	2	0	2	0	0	0	0
BOTSWANA	TLMI	0	0	0	0	1	3	0	4	0	0	0	0	0	0	0	0
BRAZIL	NLR	115	0	0	115	29	1	0	30	66	38	0	104	0	0	0	0
BURKINA FASO	FRF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
BURUNDI	DFB	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
C.A.R.	FAIRMED	90	42	0	132	12	0	0	12	0	0	0	0	90	42	0	132
CAMBODIA	CIOMAL	0	0	0	0	21	0	0	21	60	28	0	88	0	0	0	0
CAMEROON	FAIRMED	56	26	0	82	2	1	0	3	33	36	0	69	16	23	0	39
CHAD	FRF	0	0	43	43	6	7	0	13	79	40	0	119	8	35	0	43
CHINA	TLMI	1 255	629	17	1 901	896	393	0	1 289	290	67	0	357	99	30	0	129
COLOMBIA	DAHWA	360	480	0	840	234	279	0	513	155	89	0	244	314	668	0	982
COMOROS	DFB	4	4	0	8	0	0	0	0	0	0	0	0	0	0	0	0
CONGO	FRF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
D. R. OF CONGO	DFB	239	279	230	748	166	163	0	329	481	453	0	934	253	228	0	481
EAST TIMOR	TLMI	14	4	23	41	0	0	0	0	2	0	0	2	30	11	0	41
ECUADOR	DAHWA	39	19	0	58	0	0	0	0	0	0	0	0	0	0	0	0
EGYPT	DAHWA	0	0	0	0	460	306	0	766	10	2	0	12	0	0	0	0
ETHIOPIA	DAHWA	0	0	0	0	0	0	0	0	14	18	0	32	0	0	0	0
GABON	FRF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
GUINEA	FRF	47	40	0	87	189	164	0	353	22	34	0	56	14	18	0	32
GUINEA ECUATOR	SF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HAITI	SF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Country	Co-ordinator	Number of individuals affected by leprosy involved in active self-care groups				Number of individuals from families affected by leprosy who started sponsored education during the reporting year.				Number of individuals affected by leprosy benefiting from activities supported by ILEP Members related to economic rehabilitation which allow a beneficiary to generate an income.				The number of individuals affected by leprosy involved in active self-help groups assisting the individuals to improve their economic situation			
		Male	Female	Not Specified	Total	Male	Female	Not Specified	Total	Male	Female	Not Specified	Total	Male	Female	Not Specified	Total
HONDURAS	SF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INDIA	DFB	10 240	4 172	43	14 455	3 074	2 503	0	5 577	1 437	1 083	0	2 520	1 246	1 279	0	2 525
INDONESIA	NLR	271	167	932	1 370	74	94	77	245	733	517	51	1 301	560	369	13	942
LAOS	NLR	0	0	174	174	1	0	186	187	0	2	0	2	0	0	0	0
LIBERIA	DAHWA	46	29	0	75	3	1	0	4	20	45	0	65	0	0	0	0
MALI	FRF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MOROCCO	FAIRMED	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
MOZAMBIQUE	NLR	44	61	0	973	53	61	0	114	57	55	0	112	568	405	0	973
MYANMAR	ALM	201	132	0	333	535	548	0	1 083	628	620	0	1 248	30	27	0	57
NEPAL		301	208	724	1 233	476	459	0	935	276	216	0	492	694	379	0	1 073
NICARAGUA	SF	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
NIGER	FRF	1	2	20	23	55	66	0	121	12	3	0	15	17	6	0	23
NIGERIA		1 463	422	0	1 885	480	380	0	860	558	610	0	1 168	142	127	0	269
PAKISTAN	DAHWA	0	0	0	0	639	449	0	1 088	80	6	0	86	0	0	0	0
PAPUA NG	TLMI	588	408	0	996	6	10	0	16	2	5	0	7	12	9	0	21
PARAGUAY	DAHWA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
RWANDA	DFB	0	0	0	0	0	0	0	0	28	38	66	132	9	5	14	28
SENEGAL	DAHWA	588	180	0	768	0	0	0	0	0	0	0	0	96	96	0	192
SIERRA LEONE	DAHWA	254	60	0	314	278	146	0	424	38	64	0	102	218	114	0	332
SPAIN		0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SRI LANKA	FAIRMED	33	57	0	90	78	54	0	132	129	52	0	181	18	3	0	21
SUDAN	DAHWA	112	89	55	256	63	38	0	101	205	206	0	411	109	41	0	150
TANZANIA	DAHWA	190	273	0	463	71	65	0	136	82	48	0	130	80	240	0	320
THAILAND	NLR	8	3	11	22	5	3	0	8	19	30	0	49	10	12	0	22
UGANDA	DAHWA	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
VIETNAM	NLR	0	0	0	0	12	16	0	28	0	0	0	0	0	0	0	0
YEMEN	DAHWA	0	0	0	0	5	7	0	12	0	0	0	0	0	0	0	0

Table 13 : Summary of responses to questions relating to households benefiting from support

Number of households benefiting from loans or grants for building or repairing houses during the reporting year.					
Country	Co-ordinator	Total number of Households	Country	Co-ordinator	Total number of Households
AFGHANISTAN	DAHW	0	HONDURAS	SF	0
ANGOLA	ALM	18	INDIA	DFB	647
ARGENTINA	DAHW	0	INDONESIA	NLR	2
BANGLADESH	TLMI	65	LAOS	NLR	0
BOLIVIA	DAHW	36	LIBERIA	DAHW	27
BOTSWANA	TLMI	0	MALI	FRF	0
BRAZIL	NLR	0	MOROCCO	FAIRMED	0
BURKINA FASO	FRF	0	MOZAMBIQUE	NLR	0
BURUNDI	DFB	0	MYANMAR	ALM	889
C.A.R.	FAIRMED	0	NEPAL		66
CAMBODIA	CIOMAL	2	NICARAGUA	SF	0
CAMEROON	FAIRMED	0	NIGER	FRF	260
CHAD	FRF	85	NIGERIA		110
CHINA	TLMI	48	PAKISTAN	DAHW	94
COLOMBIA	DAHW	84	PAPUA NG	TLMI	5
COMOROS	DFB	0	PARAGUAY	DAHW	0
CONGO	FRF	0	RWANDA	DFB	0
D. R. OF CONGO	DFB	25	SENEGAL	DAHW	0
EAST TIMOR	TLMI	1	SIERRA LEONE	DAHW	62
ECUADOR	DAHW	0	SPAIN		0
EGYPT	DAHW	1	SRI LANKA	FAIRMED	10
ETHIOPIA	DAHW	0	SUDAN	DAHW	42
GABON	FRF	0	TANZANIA	DAHW	10
GUINEA	FRF	8	THAILAND	NLR	5
GUINEA ECUATOR	SF	0	UGANDA	DAHW	0
HAITI	SF	0	VIETNAM	NLR	50
			YEMEN	DAHW	0

4 NON-LEPROSY ACTIVITIES

Of the 943 field projects supported by ILEP Members in 2008 241 of them reported some support for non-leprosy activities. This support included support to:

African Trypanosomiasis	General Education	Other Healthcare
Buruli Ulcer	HIV/AIDS	Relief work
Dental care	Lymphatic filariasis	Social Support
Dermatology	Mental health	STD
Diabetes	Ochoceriasis	Tuberculosis
Disability	Ocular Care	Women and Child health

It should be remembered that this information is not comprehensive since not all ILEP Members report non-leprosy activities and may not even register projects dedicated to non-leprosy support.

It should also be noted that the projects represented in this list may combine leprosy with other support or they may be projects only conducting non-leprosy activities.

Table 14 : Non-Leprosy Activities of ILEP Members

Country	Activity	Members reporting on these activities
ARGENTINA	Tuberculosis	DAHW
BANGLADESH	Tuberculosis	DFB:TLMI
BENIN	Buruli Ulcer	FRF
BOLIVIA	Tuberculosis	DAHW
BRAZIL	Tuberculosis	DAHW:DFB:LEPRA
BURUNDI	Tuberculosis	DFB
C.A.R.	African Trypanosomiasis Other Healthcare	FAIRMED
CAMEROON	Disability Tuberculosis Social Support	FAIRMED
CHAD	General Development Other Healthcare	FRF
CHINA	Social support	ALM
COLOMBIA	Social Support	FAIRMED
COMOROS	Tuberculosis	AIFO:DFB
CONGO	Buruli Ulcer General Education Other Healthcare	FRF
COTE D'IVOIRE	Buruli Ulcer General Development	FAIRMED:FRF:SF
D. R. OF CONGO	Buruli Ulcer General Education Tuberculosis	AIFO:ALM:DFB
DOMINICAN REP	Tuberculosis	SLC
ECUADOR	Tuberculosis	DAHW
EGYPT	HIV/AIDS Women and child healthcare Dermatology STD Tuberculosis	DAHW

Country	Activity	Members reporting on these activities
ETHIOPIA	General Education HIV/AIDS Tuberculosis Other Healthcare	DAHW
GHANA	Buruli Ulcer	AIFO
GUINEA	Tuberculosis	FRF
HAITI	Other Healthcare	SF
INDIA	Dermatology Dental care Diabetes Disability General Development General Education HIV/AIDS Lymphatic filariasis Mental health Ocular Care Other Healthcare Tuberculosis Women and child health	ALM:AIFO:DAHW:DFB:FAIRM ED:FRF:LEPRA:SLC:TLMI
INDONESIA	Disability General Education	AIFO:SMHF:FAIRMED
KENYA	HIV/AIDS Other Healthcare Social support	AIFO
LAOS	Disability	TLMI
MADAGASCAR	Dental Care General Development General Education Other Healthcare Social Support Tuberculosis Women and Child Health	FRF
MALI	General Development Other Healthcare Women and child Health	FRF
MONGOLIA	Disability	AIFO
MOZAMBIQUE	General Development Tuberculosis	AIFO:LEPRA
MYANMAR	General Development Relief work	AIFO:TLMI
NEPAL	Dermatology Disability HIV/AIDS Social Support Tuberculosis Women and child health	AIFO:DAHW:NLR
NIGER	General Development Other Healthcare	FRF

Country	Activity	Members reporting on these activities
NIGERIA	General Development HIV/AIDS Relief work Tuberculosis Women and child health	DAHW:NLR:TLMI
PAKISTAN	Dermatology Disability Ocular Care Relief Tuberculosis	AIFO:DAHW
PARAGUAY	Dental care Tuberculosis	DAHW
RWANDA	Tuberculosis	DFB
SRI LANKA	Mental health Relief work Social Support	FAIRMED:TLMI
SUDAN	African Trypanosomiasis Buruli ulcer Tuberculosis	DAHW
TANZANIA	HIV/AIDS Tuberculosis	DAHW
THAILAND	Social Support	TLMI
TOGO	Buruli Ulcer	DAHW
UGANDA	HIV/AIDS Tuberculosis Other healthcare	DAHW
YEMEN	Dermatology Lymphatic filariasis Onchocerciasis	DAHW

**Countries reported in the WHO Weekly
Epidemiological Record
with data for all years from 2004 to 2009**

Country	Country
Afghanistan	Maldives
Angola	Mali
Argentina	Mexico
Bangladesh	Micronesia
Benin	Morocco
Bhutan	Mozambique
Brazil	Myanmar
Burkina Faso	Nepal
Burundi	Niger
Cambodia	Nigeria
Cameroon	Oman
CAR	Pakistan
Chad	Palau
China	Papua New Guinea
China, Hong Kong SAR	Paraguay
Colombia	Peru
Comoros	Philippines
Congo	Republic of Korea
Costa Rica	Saudi Arabia
Cote d'Ivoire	Senegal
Cuba	Singapore
Dominican Rep.	Solomon Islands
DR Congo	Somalia
Ecuador	South Africa
Egypt	Sri Lanka
El Salvador	St. Lucia
Ethiopia	Sudan
Fiji	Suriname
Guinea	Syria
Guyana	Tanzania
India	Thailand
Indonesia	Timor-Leste
Iran	Togo
Jamaica	Trinidad and Tobago
Japan	Uganda
Kiribati	USA
Lao P.D.R.	Venezuela
Lesotho	Viet Nam
Madagascar	Yemen
Malaysia	

- 1 ILEP Project Profile Questionnaire
- 2 ILEP Annual Project Report

The most recent versions of these questionnaires can be found on the ILEP website at : <http://www.ilep.org.uk/ilep-co-ordination/questionnaires/>



Project Profile

Project No.	Project Name	Registration date

PROJECT LOCATION

Town/village		
District		Entire district covered, please tick this box <input type="checkbox"/>
State		Entire state covered, please tick this box <input type="checkbox"/>
Country		Entire country covered, please tick this box <input type="checkbox"/>

PROJECT CLASSIFICATION

Please tick as many options as necessary

Patient-related Support	e.g. leprosy reactions, POD, footwear, reconstructive surgery, self-care training, hospitalisation	<input type="checkbox"/>
Programme-related Support	e.g. training, health education, M & E, research, logistics	<input type="checkbox"/>
Rehabilitation related Support	e.g. community work, self-help groups, CBR, schooling, housing, SER, advocacy	<input type="checkbox"/>
Non-leprosy activities if yes <i>please specify</i>	<input type="checkbox"/>	

OBJECTIVES OF THE PROJECT

State the objective and purpose of the project and describe the intended activities.

Reference person responsible for submitting this information:

Project Profile - Definitions

This questionnaire is to be completed by or on behalf of all projects currently supported by an ILEP Member.

To provide us with an overview of the activities of ILEP Members and to registered the project correctly we need location, type and extent of activities.

The questionnaire should be completed when the project is first registered with ILEP and periodically renewed. We suggest that this is done every three years.

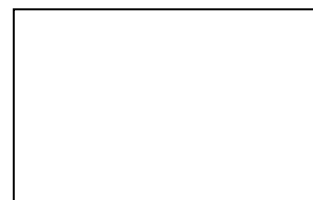
Definitions

Project number	This is the number given by the ILEP Secretariat when the project is first registered. The number is unique to each project and also indicates in which region or country the project activities take place.
Registration date	This is the date the project was first registered with ILEP.
Project Location	This is the region where the activities of the project take place. In some cases this is different to the project headquarters address. For us it is important to know the region covered by the project.
Project Classification	As far as possible the three broad categories correspond to the three sets of questions on the ILEP Annual Project Report. For example if the Patient Related Support section is ticked we would normally expect the project to complete the corresponding questions on the ILEP Annual Project Report.
Objectives of the Project	This section is for a description of the project's activities their scope and how they are intended to develop.



ILEP Annual Project Report

Data concerning patient, programme and rehabilitation related activities for people affected by leprosy



Project No.	Project name	Reporting year

Population covered

Patient related information

		Male	Female	Total
100	Number of cases who were under medical care for leprosy related disability, reactions or other complications during the reporting year.			
101	Number of patients who have been under treatment for leprosy reactions during the reporting year			
102	Amongst 101, number who did not incur any new disability during the reporting year.			
103	Amongst 100, Number of patients who have undergone leprosy related surgery			
104	Amongst 100, how many were provided with MCR or any other footwear.			
105	Amongst 100, number of leprosy affected individuals who have received aids and appliances. (Do not include MCR or other footwear)			

Programme related information

		Government staff	Non-Government staff	Total
200	Number of technical staff that received (medical/social) training in leprosy in the reporting year (more than 3 hours)			
201	Number of staff funded by ILEP Members supporting individuals affected by leprosy or leprosy programmes either full-time or part-time.			
202	Number of health units supervised/assessed during the reporting year as a result of ILEP Members' support.			

Rehabilitation related information

		Male	Female	Total
300	Number of individuals affected by leprosy involved in active self-care groups			
301	Number of individuals from families affected by leprosy who started sponsored education during the reporting year.			
302	Number of individuals affected by leprosy benefiting from activities supported by ILEP Members related to economic rehabilitation which allow a beneficiary to generate an income.			
303	The number of individuals affected by leprosy involved in active self-help groups assisting the individuals to improve their economic situation			

Total

304	Number of households benefiting from loans or grants for building or repairing houses during the reporting year. (see the attached definition for a household).	
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Members collecting data using the existing Socio-economic Activities Report (B3) are encouraged to continue sending these more detailed reports to the Secretariat.

ILEP Annual Project Report: List of Definitions

Male / Female breakdown		If no breakdown is available please enter the total number in the total column and NA and the other columns.
An individual affected by leprosy		Someone who is under treatment or has completed treatment for leprosy.
A family affected by leprosy		A family where one of the family members is a person affected by leprosy
A household		A household where one or more individual or family living in the house is affected by leprosy.
100	Under care	The total number of individuals under care for leprosy related disability (grade 1 or grade 2), reactions or other complications whether or not receiving MDT, receiving medical support from the ILEP project during the reporting year.
101	Treatment for reactions	The total number of patients who were under treatment for reactions during the reporting year.
102	Disability during treatment for reactions	Only count those who did not develop any new disability or whose disability did not become worse while being treated for reactions.
103	Corrective surgery	All leprosy related surgery for the patients under care including reconstructive surgery as well as interventions for the eyes, feet, hands etc. such as cataract, nerve decompression, corrective measures for drop foot, claw hand etc.
104	MCR footwear	Record here the number of individuals provided with MCR footwear or any other footwear (sandals, canvas shoes, other commercial shoes or insoles etc.) during the reporting year.
105	Aids and appliances provided	Count all those receiving aids and appliances whether these are protective devices or aids to assist the patient in their daily life. Do not include MCR footwear here, that should only be reported under question 104
200	Staff receiving training	Count all staff who received training where the training was of three hours or more and was funded by an ILEP Member association. Enter the number of government and non-government staff in separate boxes.
201	Provision of staff	This is the total number of staff full-time or part-time who are funded by one or more ILEP Member associations. Count as a part-time member of staff any person being paid a regular allowance or per diem.
202	Supervision or Assessment supported by ILEP	ILEP support in this context should include any of the following: personnel costs including per diems, funds and transport in the form of vehicles or fuel.
300	Active self care groups	For a self-care group to be considered <i>active</i> it should have met at least four times in the reporting year.
301	Sponsored education	Please include individuals benefiting from activities related to the formal or non-formal education of children or adults.
302	Economic intervention	Include activities related to economic rehabilitation which allow a beneficiary to generate an income e.g. employment or self-employment through support to vocational training, mediation with an employer or small loans for own business.
303	Active self-help group	For a self-help group to be considered active it should have met at least four times in the reporting year.
304	Households benefiting	A household has persons belonging to the same or different families, living in the same house. Some activities such as constructing or repairing a house, benefit the whole household. Count the household once for the reporting year in which the loan or grant was given; do not count again in subsequent years even if the loan has not yet been re-paid.