



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.