Dear Church family - It’s high time you had an up-to-date birds-eye overview of the whole programme of Lalgadh Leprosy Hospital – exciting front-line mission work, and one of the world’s busiest leprosy hospital – which you have been so faithfully supporting with your prayers, funding and encouragement. All of us here - patients, doctors, nurses (and us too - meena & graeme) are so deeply grateful to you and to the Good Lord for your keeping this work going and growing.

The hospital is situated in Dhanusha District of Nepal, in the hot flat south eastern Terai region of Nepal, close to the border of Bihar, India. It is the main action arm of the Nepal Leprosy Trust, a Christian Nepali charitable organization with trustees in UK and Ireland. It’s in the world’s epidemiological “hotspot” for leprosy.

The mission of Lalgadh Leprosy Services Centre (LLSC) is essentially twofold:

1. **to strive for the elimination of leprosy, its consequences and its associated stigma**, through prevention, medical and surgical treatment, and rehabilitation from its disabilities, through both hospital and community services, as well as empowerment and restoration of the rights and dignity and socioeconomic uplift of those affected by leprosy and other marginalizing, stigmatizing diseases.

2. **To bring the Gospel of Jesus through both loving action and words** to an awfully poor and needy population where Christianity is largely unknown (3% - 5% of the population), especially through strong support, encouragement and involvement to the growing of newly planted local churches, and to Christian outreach and engagement in local villages and communities;

Lalgadh Hospital has a wide-spread reputation for high standards, compassionate care, and totally free treatment for all leprosy patients. It operates as an official arm of the Government Leprosy Control Programme covering the
most highly endemic Districts (2.5 million population) in this region. However patients come from much further across Nepal, as well as some 18% of patients coming across the border from India. LLSC is thus Nepal’s busiest leprosy referral centre, integrated closely with Nepal’s Health Services, taking severe cases that cannot be handled by health posts or district hospitals, and after successful treatment referring them back to their village health posts and communities and self-help groups.

In 2010 some 1,090 new leprosy patients were found, diagnosed and treated, and over 6,000 old-and-new leprosy-patient consultations managed. Last year (2011), it was 7,491 old-and-new leprosy patient visits and 56,009 outpatient visits of all sorts, i.e. comprising leprosy and many other poverty-related diseases such as typhoid, tuberculosis, malaria, meningitis and malnutrition. So it’s pretty busy ... especially when you try to imagine this enormous case-load is managed by only 2 doctors, 8 nurses, and 6 health assistant paramedics.

### Lalgadh Hospital Outpatient Data

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>5-year Total 2007-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Leprosy Patients</td>
<td>1017</td>
<td>1209</td>
<td>1391</td>
<td>1090</td>
<td>844</td>
<td>5,551</td>
</tr>
<tr>
<td>New &amp; Returning Leprosy Patients</td>
<td>6750</td>
<td>6943</td>
<td>7093</td>
<td>6011</td>
<td>5927</td>
<td>32,724</td>
</tr>
<tr>
<td>Prevention of Disability (POD) Outreach Clinics Leprosy Patients</td>
<td>409</td>
<td>25</td>
<td>45</td>
<td>591</td>
<td>1564</td>
<td>2,634</td>
</tr>
<tr>
<td>Total Leprosy Patients Visit (New + Old + POD-Clinic)</td>
<td>7159</td>
<td>6968</td>
<td>7138</td>
<td>6602</td>
<td>7491</td>
<td>35,358</td>
</tr>
<tr>
<td>Total General Patients Visit incl Emergency</td>
<td>33,160</td>
<td>33,076</td>
<td>45,523</td>
<td>40,643</td>
<td>48,518</td>
<td>200,920</td>
</tr>
<tr>
<td>Total OPD Patient Visits (Leprosy + General)</td>
<td>40,319</td>
<td>40,044</td>
<td>52,661</td>
<td>47,245</td>
<td>56,009</td>
<td>236,278</td>
</tr>
</tbody>
</table>

### Lalgadh Hospital Inpatient Data

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>5-year Total 2007-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Admissions - Leprosy + General</td>
<td>512</td>
<td>578</td>
<td>547</td>
<td>493</td>
<td>582</td>
<td>2,712</td>
</tr>
</tbody>
</table>

### Self-Care Training Centre

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>5-year Total 2007-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. People Affected by Leprosy (PALS) Completing training</td>
<td>304</td>
<td>290</td>
<td>300</td>
<td>273</td>
<td>249</td>
<td>1,416</td>
</tr>
</tbody>
</table>

### Training/Capacity Building Programme

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>5-year Total 2007-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>All trainees – Govt Health Workers, Community Influentials, PALS</td>
<td>157</td>
<td>1359</td>
<td>319</td>
<td>71</td>
<td>484</td>
<td>2,390</td>
</tr>
</tbody>
</table>

### Community Development Programme

<table>
<thead>
<tr>
<th>Year</th>
<th>2007</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>5-year Total 2007-2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>No. Self Care Cells (SCC)</td>
<td>15</td>
<td>24</td>
<td>33</td>
<td>41</td>
<td>41</td>
<td></td>
</tr>
<tr>
<td>Total members in SCC</td>
<td>190</td>
<td>105</td>
<td>152</td>
<td>155</td>
<td>157</td>
<td>759</td>
</tr>
<tr>
<td>No. Self Help Groups (SHG)</td>
<td>30</td>
<td>41</td>
<td>51</td>
<td>51</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Total members in Self Help Groups (SHG)</td>
<td>872</td>
<td>1148</td>
<td>1324</td>
<td>1554</td>
<td>1561</td>
<td>6,459</td>
</tr>
</tbody>
</table>
There is something particularly virulent about the leprosy in this “hotspot” region of the Nepal and world. Leprosy seems to spread quickly in families and communities here...and as a result we get many young children coming with leprosy. So it means we see young and old, all age groups still coming to Lalgadh Hospital as new cases of leprosy.

To meet these health and community challenges, LLSC mainly works through three major programme arms –

- (a) its Hospital Services - Inpatients, Outpatient, Diagnostic and Clinical Support Services;
- (b) its Community Health & Development Programme, and
- (c) its Training, Capacity Building, Community Awareness programme.

**Lalgadh Hospital Services** - Inpatients, Outpatients and Diagnostic services - struggle to cope with these growing patient numbers and needs of this region of Nepal. Because this is an area of Nepal where people and communities are mostly very poor, needy and often marginalized as low-caste, LLSC’s hospital services urgently need strengthening and expanding to be able to cope with this challenge. Although LLSC’s main focus is firstly leprosy, patients also come with many other illnesses such as typhoid, pneumonia, dysentery, tuberculosis, malaria, meningitis, malnutrition, fractures, leishmaniasis and more... seeking treatment at LLSC. Bed occupancy is constantly at 100% ... with some waiting in the local village till a bed becomes free. There are an increasing numbers of child and maternity cases, with mothers seeking antenatal and obstetric care at LLSC – a good thing as it helps reduce the awful newborn and maternal mortality that still prevails out in the villages.

At the same time **LLSC’s Community Health and Development Programme** reaches out into the Districts, especially through Self Help Groups, Self Care Cells, Government Health Posts, and through satellite Prevention of Impairment & Disability (POD) clinics. These all seek out and assist leprosy-affected and other needy patients - and the communities from which they come. Major aims include helping eliminate the stigma associated with leprosy, helping establish basic primary health care, tackling poverty and marginalization, and providing physical and socioeconomic rehabilitation and empowerment (see Table 2 for the range of community activities).

The **Training Programme** runs an all-year busy programme of courses and events, both on the campus, and out in the villages, aimed at leprosy elimination, self-care training, stigma elimination, professional training in leprosy...
Management, training of facilitators of Self Help Groups, literacy courses, skills and empowerment training, and training in community based rehabilitation of disability. The Training Programme has great potential for further development and expansion with courses that could include both national and international trainees and trainers. Table 2. summarises the range of activities in each programme area.

Table 2. SUMMARY OF LLSC’s SERVICES in its THREE MAIN PROGRAMME AREAS

1. Hospital Services:
   - **Inpatient care and treatment**: reconstructive surgery; septic surgery; orthopedic and amputation surgery; medical care of leprosy patients; medical care of general patients, literacy and health education classes.
   - **Outpatient services**: daily patient clinics, accident & emergency service, orthopaedic clinics, physiotherapy and rehabilitation, wheelchairs and crutches, wound care clinic, antenatal and maternity services.
   - **Diagnostic and supportive services**: laboratory services, X-ray and Ultrasound services, pharmacy, counselling, footwear;

2. Community Health & Development Outreach – covering 2.5 million population in 4 Districts of Nepal
   - **Self Help Groups**: formation, mobilization and support – currently 51 Self-Help Groups
   - **Activities aimed at stigma elimination**
   - **Community clinics for prevention/management of impairment and disability from leprosy**
   - **Drinking Water, hand-pumps and wells in poor communities**
   - **Micro Credit programme**
   - **Literacy programme - especially for women and children**
   - **School support programmes in poor/marginalized communities**
   - **Income Generation packages**
   - **Counselling**
   - **Construction/renovation of low cost housing for leprosy affected families**
   - **Scholarships – children with leprosy and of leprosy-affected families**
   - **Subsistence & Living Allowances for the very needy and disabled**
   - **Care Haven – a live-in facility where severely leprosy-blind & disabled are cared for.**

3. Training and Capacity Building:
   - **Self Care training courses for people affected by leprosy**
   - **Street dramas in villages**
   - **Comprehensive leprosy training for Government health workers**
   - **Leprosy training courses for post-grad doctors**
   - **Leprosy Orientation courses for community people, leaders, teachers**
   - **Training in Rights-based approaches, and empowerment initiatives**
   - **Vocational and skills training in Self Help Group management, book-keeping, literacy, veterinary skills etc**
   - **Prevention and management of disability training courses**

Here is a summary table of the LLSC’s activities in its three main Programme areas of action:
Budget and Funding Sources
Lalgadh Leprosy Services Centre provides all services to leprosy patients free of cost, and for non-leprosy patients charges are very low – at times free for very poor and needy patients, depending on what they can afford. There are 104 staff at LLSC, and the costs of these staff, and running the hospital, and patient treatment costs, and the costs of the community outreach and training programme activities, are largely met by donations. The total annual budget is about $ 875,000. About 20% of the budget comes from local earnings (outpatient charges, medications, X-rays, overseas students etc).... but this needs to increase substantially as LLSC strives to become much more self-supporting. Donors include a number of overseas leprosy-focused and development organizations (e.g. Irish Aid, American Leprosy Mission, Sasakawa Foundation, The Leprosy Mission, and others). But LLSC also depends very heavily on donations from churches such as the faithful support that is given by the Church of Scotland, Geneva, and also from other good and generous people with a compassionate heart for this front-line mission work. Every day is a matter of faith and trust.

Rising to Meet The Challenge Of The Future .... Expanding the scope and quality of Services
To cope with the overcrowding and increasing pressure on the hospital services, LLSC has undertaken a Building Project, comprising four new building extensions aimed at addressing the most urgent of these needs. It’s an exciting venture that will bring enduring benefit to thousands for decades to come. The first three buildings are due to be completed by end April 2012. Funding is still being sought for finalization and furnishings (about 90% has been identified as of January 2012). The four building extensions include:

- an Isolation ward for barrier management of severely contagious patients e.g. drug-resistant TB, typhoid (fully funded)
- a 25-bed ward extension to better meet the huge demand for inpatient beds,
- an extension for maternity services, mother & child and malnutrition clinics, and ultrasound/X-Ray services,
- a low-cost shelter accommodation unit for very needy families who have come long distances or are waiting for a hospital bed to become free.

Other priority needs include, for example:

- Training courses (6-12 months) for staff in areas such as ultrasound and X-Ray use and interpretation, laboratory techniques, practical anaesthetics, dermatology, reconstructive surgery, physiotherapy;
- Short training visits from professional experts in these and other specialist areas - surgery, orthopaedics, paediatrics etc
- An urgently needed expansion of Outpatient Department facilities
- Urgently needed renovation and expansion of the Operating Theatres.
- Support for staff salaries –(always hard to raise funds for) - LLSC’s nurses, doctors, health workers are very committed – most salary levels are only half or three quarters of equivalent posts in other mission hospitals or Government hospitals;
- Funds for a C-arm X-ray machine (around $30,000) for orthopaedic operations
- Operating theatre equipment and operating table
- Obstetric delivery table
- Scholarship-support for children with leprosy, and for children of leprosy-affected and other poor families
- Funding to support leprosy affected people in the community – for house renovation, well-digging, training in income generating skills, economic support for rehabilitating very poor leprosy-affected people.
- Equipping of the LLSC Physiotherapy department;
- Volunteer doctors and nurses and health technicians.

Thus LLSC serves many tens of thousands each year, especially reaching out compassionately with free or low cost services to the poor and needy, the vulnerable and marginalised population groups. Numbers are increasing year by year. All three of LLSC’s programme areas – the Hospital Services, Community Health & Development outreach, and the Training programme – have an exciting, demanding responsibility, to rise and meet to the increasing challenges ahead, to help conquer leprosy and other diseases of poverty, and help meet the enormous health, faith, and development needs of the communities and populations of this Region.

Forth in Thy Name, O Lord, we go,
Our daily labour to pursue;
Thee, only Thee, resolved to know
In all we think or speak or do.
For Thee delightfully employ
Whate’er Thy bounteous grace hath given;
And run our course with even joy,
And closely walk with Thee to Heaven

Charles Wesley

Dr Graeme A. Clugston & Meena Clugston,
Medical Director, & Nursing Adviser,
Lalgadh Leprosy Hospital & Services Centre

Lalgadh Hospital web-site:
http://www.lalgadh.org/LLSC-1/Home.html