



ILEP

Questionnaire A2

Project formulation



Member

Project No.

Project Name

Date completion

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Name of the person incharge

PROJECT IDENTIFICATION

No.		State/Province	
Road		Country	
Town, Village		Post Code	
District		P.O. Box	

PROJECT IDENTIFICATION

Please tick as many options as necessary

MDT and Prevention of disabilities	<input type="checkbox"/>	Health Education	<input type="checkbox"/>
Hospital Care/rehabilitation	<input type="checkbox"/>	Training	<input type="checkbox"/>
Socio-Economic rehabilitation	<input type="checkbox"/>	Local Association	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	Integrated programme	<input type="checkbox"/>
Non-leprosy (specify)	<input type="checkbox"/>	Community based rehabilitation programme	<input type="checkbox"/>

Other Activities (specify)

GEOGRAPHICAL AREA COVERED BY THE PROJECT

Please indicate the administrative boundaries of your project and the allocated area

If the project covers the entire country, please tick this box

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OBJECTIVES OF THE PROJECT

State the objectives the project is expected to achieve within the next 5 years and the targets which have been set

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