ANNUAL REPORT 2016 NLR

What did NLR achieve in 2016? This report presents the activities and results of our work in that financial year – January 1 to December 31.

Foreword

A world in which leprosy no longer destroys lives and where persons with disabilities participate fully in society. That is our goal. In 2016, these were our most important focal points in our work.

A year of paradoxes
As the Netherlands Leprosy Relief (NLR) was heading towards its 50th anniversary in 2017, our organization had to deal with paradoxical challenges. On the one hand NLR was confronted with a second year of declining income from legacies, a source of income we have no direct influence over. This decline forced us to reduce budgets and to make painful decisions to secure our operations’ sustainability.
On the other hand we continued to play a leading innovative role in the worldwide fight against leprosy by developing new breakthrough approaches towards stopping the disease’s transmission.

Ambitious innovations
The LPEP project, the innovative introduction of post-exposure prophylaxis to protect direct social contacts of new leprosy patients from developing leprosy, gained momentum in 2016. 34,789 direct social contacts, such as new leprosy patients’ household members, colleagues, classmates and neighbours in India, Indonesia and Nepal received a single dose rifampicin as preventive treatment. The National Leprosy Programs of Nepal and India decided to upscale this preventive approach to more high-endemic districts. International attention and support for this important innovation is increasing.

In 2016 NLR started preparing a next innovative step to stop the transmission of leprosy. A bold funding proposal was presented to the Dutch National Postcode Lottery’s Dream Fund, which funds breakthrough projects in sustainable development. The proposal combines the first results of the introduction of post-exposure prophylaxis with a newly available simple screening test, and can make it possible to trace people infected with the leprosy bacteria before they develop leprosy symptoms. Strong preventive treatment would bring us closer to stopping transmission at an earlier stage of infection. The Lottery will decide on the proposal early 2017.

The combined prevention of disabilities for people affected by leprosy and those affected by lymphatic filariasis is gaining momentum in Mozambique and India. Formation and training of combined self-care groups also reduces the stigma and social exclusion of people affected by each disease. Larger groups, effective self-care and mutual recognition of similarities, contribute to confidence and empowerment.

Triple zero strategy
In 2016 NLR endorsed the triple zero campaign launched by ILEP, the International Federation of Anti-Leprosy Associations:
- zero transmission
- zero disability
- zero discrimination
In 2016 NLR began to align the focus of its program strategy with these 3 ambitious aims. The decentralisation of our regional offices, converting them into local NGOs, is making progress. A strong, joint focus in our program strategies has to provide the basis for synergy, joint fundraising and joint learning in the new NLR Alliance that is now under construction.

Thank you
We wish to thank everyone who contributed to our work in 2016 via personal involvement, financial support or collaboration. Thanks to you, NLR was able to, despite our financial challenges, once more really contribute to the improvement of the lives of tens of thousands of men, women and children who are affected by leprosy by enabling them to reduce the physical, mental and social impact that leprosy has on their and their families’ lives.

Jan van Berkel
Director

Bram van Ojik
Chair, Supervisory Board

2016, the highlights

In 2016, we took some big steps forward in the fight against leprosy.

Our goal
A world free of leprosy and exclusion due to disabilities

How we work
Prevention and early detection of leprosy – prevention of disability – promoting disability inclusive development

[World map]

Where we work
Countries we work in (11)
Our regional offices (7)

Our
47,186 donors
1,000 volunteers
51 partners
2.7 million Dutch Postcode Lottery participants
1,611 Facebook fans
1,267 Twitter followers
20 footballing mayors
3,000 crochet fanatics
110 employees in 11 countries
27 employees in Amsterdam

make our work possible
How we spend our money

Income (x €1,000)
Income from own fundraising 4,248
Income from third-party campaigns 3,440
Income from governments and global organizations 2,709
Interest income and income from investments 123
Other income 42

Expenses (x €1,000)
Expenses on the objectives 10,185
88.8% of total expenses
96.4% of total income

Expenses own fundraising 799
18.8% of total income own fundraising

Expenses management and administration 476
4.1% of total expenses

What we achieved

<table>
<thead>
<tr>
<th>Description</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of new cases detected in the area where we work</td>
<td>48,672</td>
</tr>
<tr>
<td>Number of people receiving leprosy-training</td>
<td>9,248</td>
</tr>
<tr>
<td>Number of people informed/educated (awareness raising) on leprosy</td>
<td>1,351,386</td>
</tr>
<tr>
<td>Number of people from communities informed/educated (awareness raising) on general disabilities</td>
<td>193,596</td>
</tr>
<tr>
<td>Number of self-care groups supported/formed:</td>
<td></td>
</tr>
<tr>
<td>a) Existing groups (formed before 2016) supported in 2016</td>
<td>886</td>
</tr>
<tr>
<td>b) New groups formed and supported in 2016</td>
<td>99</td>
</tr>
<tr>
<td>Number of persons disabled by leprosy and other diseases trained in self-care</td>
<td>3,817</td>
</tr>
<tr>
<td>Number of Disabled Peoples Organizations (DPOs) receiving assistance from NLR</td>
<td>81</td>
</tr>
<tr>
<td>Number of people provided with reconstructive surgery</td>
<td>1,060</td>
</tr>
<tr>
<td>Number of people provided with assistive devices (wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses)</td>
<td>15,048</td>
</tr>
<tr>
<td>Number of people provided with micro credit</td>
<td>157</td>
</tr>
<tr>
<td>Number of people financially supported for education</td>
<td>2,301</td>
</tr>
<tr>
<td>Number of people provided with vocational training</td>
<td>543</td>
</tr>
<tr>
<td>Number of direct contacts of new patients given preventive medication SDR (single dose of rifampicin)</td>
<td>34,789</td>
</tr>
<tr>
<td>Number of persons with disabilities oriented on their rights</td>
<td>4,167</td>
</tr>
<tr>
<td>Number of people provided with leadership training</td>
<td>378</td>
</tr>
</tbody>
</table>

**Highlights**

Leprosy control I Disability I Research I Funding I Innovation I Cooperation

*Research / Innovation / Leprosy control*

The National Leprosy Programs of India and Nepal decided to upscale the post-exposure prophylaxis (PEP) treatment with “single dose of rifampicin” (SDR) to more high-endemic districts. This confirms that the innovation introduced by NLR in the LPEP project since 2015 is taken over by the government, creating high impact and sustainability of the approach.

*Cooperation*

Together with the 14 other members of the International Federation of Anti-Leprosy Associations (ILEP) we launched the Triple Zero Campaign “Zero Transmission, Zero Disabilities and Zero Discrimination” in support of the global targets for leprosy. By focusing on these 3 critical goals, together we can achieve “Zero Leprosy”.

*Funding*

On World Leprosy Day we organized the 2nd edition of our crochet event. About 3,000 crochet fanatics gathered at more than 100 different locations across the Netherlands to crochet and sell a record number of “Lotje”, a cartoon dog from the Dutch comic book *Jan, Jans en de kinderen*.

*Innovation / Leprosy control / Disability*

2016 marked 5 years of NLR support in Indonesia to an innovative approach in which villagers, village leaders and health workers maintain surveillance to prevent and detect leprosy in endemic villages in North Minahasa in North Sulawesi. The approach has proven successful and has been implemented by a total of 44 high-endemic villages (of which 15 were funded by NLR and 29 by the local government).

*Disability*

The 14 Disability Resource Centers in Myanmar organized multiple awareness sessions that aim to support and empower persons with disabilities, including people affected by leprosy. Almost 12,000 people from 134 communities in rural villages attended these awareness sessions on leprosy, disability, the rights of persons with disabilities and the national law.

*Innovation / Disability*

In Banten (Java) and Gorontalo (Sulawesi) the project “mHealth” uses mobile technology to make health-care services accessible to people with disabilities caused by leprosy and other neglected tropical diseases. In its 2nd year the number of users of the text message and Facebook platforms increased significantly. A new video for nerve function assessment through the mobile web was launched and 3 new clips on self-care were completed.

Download this overview of 2016 >>
Our mission, vision and strategy

At the very heart of all our efforts is the conviction that NLR can and does make a difference in the lives of those misfortunate enough to suffer from leprosy, its consequences or neglected tropical diseases. Our vision, mission and strategy embody that conviction.

Vision, mission and strategy

Vision
A world free of leprosy and exclusion due to disabilities

Mission
NLR promotes and supports health, ability and full inclusion in society for people affected by leprosy or living with disabilities

Strategy (how we work)
NLR works with governments, NGOs, research institutions and Disabled People’s Organizations (DPOs) promoting access and quality of services through training, expert advice, research and innovation.

- NLR strives to strengthen capacity through training, expert advice, research and innovation
- NLR develops its policies and programs in accordance with the Sustainable Development Goals (SDGs) and the UN Convention on the Rights of Persons with Disabilities (UNCRPD), aiming to combat neglected tropical diseases (NTDs) and their consequences and to contribute to poverty reduction, promotion of human rights and social inclusion of people affected by leprosy and persons with disabilities
- NLR strives to integrate leprosy work with other NTD and disability work
- NLR lobbies to keep leprosy and disability inclusion on policy agendas at all levels
- NLR facilitates rehabilitation services, reduction of stigma and the promotion of self-care and empowerment

Priority areas

- Prevention and Early Detection of Leprosy, by:
  - introducing and promoting post-exposure chemoprophylaxis in 3 countries, as part of the LPEP Project
  - developing innovative, more effective concepts of chemoprophylaxis that can stop transmission of leprosy by people infected by leprosy long before symptoms of leprosy become apparent
• Prevention of Disabilities, by:
  o promoting integrated self-care programs servicing people affected by leprosy together with people affected by other disabling diseases such as lymphatic filariasis (LF) and diabetes

• Promoting Disability Inclusive Development, by
  o empowerment of people affected by leprosy and persons with disabilities
  o supporting advocacy for disability inclusive development, by:
    ▪ promoting the adherence to the UNCRPD
    ▪ supporting interventions to break stigma and promote the abolishment of discriminatory laws and practices against people affected by leprosy and their families

**Evaluation 2016**

The challenges of declining revenues from legacies have forced us to refocus and downsize from 11 to 5 countries. NLR will phase out the funding of our programs in Nigeria and the Mekong Region in 2017/2018. At both country offices opportunities are currently being assessed with our teams to continue the parts of their programs that are externally funded, either as an independent local NGO, or by involving other NGOs that may be interested in incorporating these programs into their own programs. At the same time NLR will invest in the remaining 5 country offices to strengthen its programs and the skills and performance of its staff, partly under the NLR 2020 project.

Our 2016 program strategy focused on 2 major innovation processes: decentralizing the organization in accordance with the NLR 2020 process, and developing Key Priority Programs (KPPs) to bring more focus into our work. In addition, we started restructuring our Planning, Monitoring and Evaluation (PM&E) system.

NLR2020 is the process of transforming our branch offices into local NGOs, which are more in touch with the context they operate in, and can raise more local funds from institutional donors, companies and the public. In 2016, the particular focus was on strengthening the staff’s capacities in program management and institutional fundraising. We recruited and trained additional program managers, as well as staff for institutional fundraising.

In order to be more effective, we decided that we had to concentrate our work on 4 Key Priority Programs that constitute the core of our work. At the Round Table in September the following KPPs were selected:
• Prevention of transmission of leprosy (post-exposure prophylaxis)
• Combined approach: integrating leprosy and other diseases, e.g. lymphatic filariasis
• Disability inclusive development
• Fighting stigma

With the online tool AKVO/RSR we developed a new system for Program Monitoring and Evaluation (M&E). It was tested in 8 projects and will be implemented further in 2017.
Our worldwide work

In 2016 NLR was active in 11 countries in Africa, Asia and South America. The situation is different in each country and each individual issue requires attention. Our approach, therefore, is always tailored to specific circumstances. In one country we may focus on the identification and treatment of leprosy and in another on disability and inclusion. The largest numbers of new leprosy cases were found in India, Brazil and Indonesia.

AFRICA
Mozambique

Introduction
The combined approach concerning persons affected by leprosy and lymphatic filariasis (LF) was implemented as a pilot in Zambezia province in 2015 with financial support of Lepra, and adopted in Niassa and Nampula provinces in 2016. This resulted in support to a total of 100 self-care groups (SCGs), 368 hydrocele operations in the 3 provinces and 137 health workers being trained in leprosy and LF-related matters. The project in Zambezia benefited from an exchange visit with India; an experienced staff member of Lepra India visited the Zambezia project to promote mutual learning and knowledge exchange regarding the combined approach.

The year 2016 counted 335 consultations and ophthalmologic treatments for patients with eye problems. An ophthalmologist was added to the team to assist members of SCGs. An important element of the combined approach is teaching SCG members how they can support each other in their physiotherapy and exercises. In addition, 8 government staff as well as staff of Disabled People’s Organizations (DPOs) were trained by NLR in developing appropriate footwear for persons affected by leprosy or LF. These skills and knowledge were shared by Lepra India and are now applied in Zambezia. As a result of this training, the SCGs received more frequent visits from government physiotherapists and about 293 patients were assisted.

A few 2016 targets for the Zambezia project had to be adjusted due to inflation and subsequent price increases for materials. As a result, it was decided to move up the project’s end date from March 2018 to December 2017.

Combating leprosy in Mozambique
NLR facilitated 350 self-care group (SCG) members to become members of the Disabled People’s Organization (DPO) ADEMO in Nampula; this is a very practical way to ensure that persons affected by leprosy as well as other persons with disabilities living in remote rural areas become involved in a DPO. For ADEMO it is important to have a good representation of members living in remote areas, while it is also important for those affected by leprosy and LF to share their specific concerns with the DPO. With support from NLR the DPO ADEMO had an opportunity to contribute to the mapping of as yet unknown persons with disabilities; in Zambezia 153 persons were mapped and in Nampula 350 (mainly persons with LF).

<table>
<thead>
<tr>
<th>Number of new cases detected</th>
<th>564</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of new cases presenting with grade-2 disabilities</td>
<td>36%</td>
</tr>
</tbody>
</table>
Number of new cases detected in the area where we work | 276
---|---
Number of people receiving leprosy-training | 147
Number of people informed/educated (awareness raising) on leprosy | 1,000,286
Number of people from communities informed/educated (awareness raising) on general disabilities | 192,064
Number of self-care groups supported/formed:
a) Existing groups (formed before 2016) supported in 2016 | 81
b) New groups formed and supported in 2016 | 19
Number of persons disabled by leprosy and other diseases trained in self-care | 1,361
Number of Disabled Peoples Organizations (DPOs) receiving assistance from NLR | 1
Number of people provided with reconstructive surgery | 368
Number of people provided with assistive devices (wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses) | 435
Number of persons with disabilities oriented on their rights | 293

Realization: €233,041

**Projects**

*Combined project leprosy-LF (with financial support of Lepra)*

The combination of support to persons affected by leprosy and those with lymphatic filariasis (LF) has resulted in an increased project impact. Thanks to this approach a larger number of people can be reached. Combining persons with different disabilities, leprosy and LF in self-care groups (SCGs) has created social care for each other and contact between these different groups, which previously did not exist. The project is not only benefiting the 4 districts this project is targeting: through the involvement of the government in this project, the combined approach is also being adopted in the other 18 districts in Zambezia.

**Hydroceles**

The hydrocele surgeries have a significant impact on the Sexual Reproductive Health & Rights of men affected by lymphatic filariasis (LF). The impact of the 10-minute surgery is proportionate to the level of stigma and discomfort caused by disfigurement. When affected men cannot walk, sit, stand or have sexual intercourse, the condition affects not only their sexual health but it also threatens their family life and livelihoods. Surgery is a simple solution that has the potential to completely reverse health problems and the negative economic and social consequences. However, lack of access to the service remains a major obstacle and has been identified as such by the World Health Organization (WHO).
Story from the field
Bento Manuel from Muiravale, Monapo district is 48 years old, married to Natalia Lauia and has 3 children. Bento suffered from hydrocele and felt ashamed when walking through his village, because people would make fun of him. Before NLR started the project, he appealed to the health services for support, to no avail. He is one of the 30 persons who underwent surgery for hydrocele repair in August. Today he is a happy man: ‘I spent many years feeling ashamed, especially around women in the village. There were people who wouldn’t speak with me, or who made fun of me. Today I can walk freely, I am beautiful, I go to my farm, I can have sexual relations with my wife without any problems.’

Quotation
‘I spent many years feeling ashamed. Today I can walk freely, I am beautiful, I go to my farm, I can have sexual relations with my wife without any problems’

Lessons learned in 2016
In Nampula it is impossible to train the surgical technicians in hydrocele repair, because they are too busy performing emergency operations. At the suggestion of general practitioners themselves, it was decided to train general practitioners to perform hydrocelectomies instead. Last year’s hydrocelectomies have helped communities understand that hydroceles can be treated and that patients have a right to treatment. Those affected who have not had an operation yet, are now appealing to the government to improve their health status. They are no longer afraid of the operation, because they see the positive results with others.
Regarding our work with the Disabled People’s Organization (DPO) ADEMO, we have worked with ADEMO members based in the regional capitals until now. This has helped them to learn more about leprosy and LF and about the problems in the remote areas of the provinces. However, NLR taught us that it is more effective if self-care group (SCG) members themselves can play a role in the DPO and if they can share their own challenges with those in regional capitals. This is why NLR has supported a number of SCG members to register as DPO members.

Plans for 2017
2017 is the last year of the project carried out in Zambezia in partnership with Lepra. An evaluation will take place to benchmark against the target areas’ situation at the start of the project. Through monitoring we realize the project has had an important impact on the lives of persons affected by leprosy and LF. SCGs have learned how to manage their disease and/or disability and this helps them and their families to increase their productivity. To ensure sustainability for persons affected, NLR is looking for an NGO in Zambezia province that can support the SCGs in the rural area. NLR and Lepra are planning to apply for funding to ensure financial support for a livelihood project for the SCGs. Several changes are planned for NLR Mozambique in 2017: a visit from NLR Brazil is planned to provide support to the financial team in Maputo. Furthermore, a program manager who joined in 2016 will stay on during 2017 and a new Country Director will be recruited in 2017. This will strengthen the management and resource mobilization of the team in Maputo and enable the current Country Director to pay full attention to technical aspects of NLR’s work in the capacity of Technical Director.
AFRICA
Nigeria

Introduction
In 2016, NLR Nigeria successfully applied for a new round of funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) programs in Nigeria. Besides, NLR has continued to explore new avenues to design more innovative approaches in both leprosy control and disability, focusing on quality health and disability programs and the promotion of Nigerian ownership.

NLR Nigeria has developed several approaches to increase (cost) efficiency and effectiveness in low leprosy endemic areas. The referral system was further strengthened with instruments such as the involvement of traditional healers and patent medicine vendors (PMVs) in recognition and referral. 181 of them have been trained.

In Jigawa state, NLR Nigeria has been active in a project for the identification of leprosy clusters and the involvement of community volunteer teams in leprosy control activities in these clusters. One year after the pilot started it is clear that the project has great potential: these teams contributed 85% of the new cases in their areas; teams with relatively more female volunteers referred more women and children; and only 3% of the referred cases had grade-2 disabilities, so detection has been relatively early.

Combating leprosy in Nigeria

<table>
<thead>
<tr>
<th>Number of new cases detected</th>
<th>2,687</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of new cases presenting with grade-2 disabilities</td>
<td>14%</td>
</tr>
<tr>
<td>Number of new cases detected in the area where we work</td>
<td>946</td>
</tr>
<tr>
<td>Number of people receiving leprosy-training</td>
<td>328</td>
</tr>
<tr>
<td>Number of people informed/educated (awareness raising) on leprosy</td>
<td>4,307</td>
</tr>
<tr>
<td>Number of people from communities informed/educated (awareness raising) on general disabilities</td>
<td>372</td>
</tr>
<tr>
<td>Number of self-care groups supported/formed:</td>
<td></td>
</tr>
<tr>
<td>a) Existing groups (formed before 2016) supported in 2016</td>
<td>60</td>
</tr>
<tr>
<td>b) New groups formed and supported in 2016</td>
<td>0</td>
</tr>
<tr>
<td>Number of persons disabled by leprosy and other diseases trained in self-care</td>
<td>534</td>
</tr>
<tr>
<td>Number of people provided with reconstructive surgery</td>
<td>77</td>
</tr>
<tr>
<td>Number of people provided with septic surgery</td>
<td>236</td>
</tr>
<tr>
<td>Number of people provided with assistive devices (wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses)</td>
<td>919</td>
</tr>
<tr>
<td><strong>Number of eye cases treated</strong></td>
<td>282</td>
</tr>
<tr>
<td>-------------------------------</td>
<td>-----</td>
</tr>
<tr>
<td><strong>Number of eye cases operated</strong></td>
<td>110</td>
</tr>
<tr>
<td><strong>Number of ulcer cases treated</strong></td>
<td>453</td>
</tr>
<tr>
<td><strong>Number of household contacts (family) of patients examined</strong></td>
<td>1,964</td>
</tr>
<tr>
<td><strong>Number of new tuberculosis cases diagnosed and treated</strong></td>
<td>33,176</td>
</tr>
</tbody>
</table>

Realization: €3,352,376

**Projects**

**Combining TB and Leprosy**

In Nigeria the Leprosy Control Program is being implemented in a combined program with tuberculosis (TB). Recently, Buruli Ulcer (BU) was added. NLR Nigeria has been involved in the implementation of the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in conjunction with other members of the International Federation of Anti-Leprosy Associations (ILEP). Principal recipients of the TB component of GFATM in Nigeria are the Association for Reproductive and Family Health (ARFH) and the Institute of Human Virology Nigeria (IHVN). NLR has been a sub-recipient and implements the combined TB and leprosy activities in the 13 states it previously solely ran its leprosy program.

The GFATM program financially (partly) facilitates the NLR Nigeria involvement in leprosy, as Medical Advisors will also address leprosy activities while on GFATM supervision missions.

**Capacity building**

NLR Nigeria supported the government State TB and Leprosy Control Programs (STBLCPs) in 13 states in the form of training, coaching and advisory practices to strengthen capacities. NLR Nigeria supported training geared towards the current major challenges in leprosy control in a low endemic situation such as in Nigeria: to support a ‘slimmer and smarter’ system to maintain leprosy know-how at essential locations in the health system.

**Identification of persons with disabilities**

The Disability Inclusive Development (DID) program focused on the participatory identification of the extent of disability in (rural) communities, its causes and implications for people with disabilities (PWDs) and their families, as well as the community. To identify all barriers to inclusion it covers both how PWDs and families perceive their situation and how the community perceives PWDs and the problems they are facing. It was the first time that such a participatory assessment was done in Nigeria.

**Story from the field**

During the focused group discussions (FGD), some people with disabilities (PWDs) had a first-time opportunity to sit together, express themselves and be treated as equals in a community discussion process. The initial stages of the DID process had a deep impact on several PWDs, as the following comments demonstrate:

‘We are very happy today. Until now, we have lived our lives alone and no one has ever cared or called us like this to discuss our situation and listen to us. We feel part of a society now that some people are caring about us for the first time. Thank you very much and may God bless you.’

‘As a person with disabilities I was not aware that I could sit with fellow-sufferers to discuss our problems and to find solutions. I am so happy today and looking forward to more opportunities where the whole community, irrespective of who, can also accept us and listen to us like this; and we
can contribute our ideas towards the development of our community into a community where everyone like us will be respected.’

**Quotation**

‘As a person with disabilities I was not aware that I could sit with fellow-sufferers to discuss our problems and to find solutions. I am so happy today’

**Lessons learned in 2016**

The approaches that NLR Nigeria developed over the last few years to detect cases in a low endemic disease situation proved effective. The involvement of traditional healers and patent medicine vendors (PMVs) in recognition and referral practices has led to successful referrals and an increase in the number of cases found in the areas where we work. The involvement of community volunteers showed a significant increase in case detection too. In 2017, studies are planned to document these findings, so other parties can benefit.

The NLR investment in a ‘smarter and slimmer’ Leprosy Control Program also showed its effects and has been adopted by the government. It means that leprosy services increasingly focus on fewer health clinics where multi-drug therapy (MDT) is provided, with better-trained General Health Workers in the General Hospitals and a few Primary Health Centers (PHCs). This approach has contributed to a more cost-efficient and effective leprosy control organizational set-up, as identified in an external evaluation of the program.

**Plans for 2017**

At the end of October 2016 NLR decided that due to decreased revenues our funding of NLR Nigeria will have to be discontinued in 2017. A phase-out plan with the purpose to document and exchange the innovative approaches in situations of low(er) level leprosy endemicity will guide the work in 2017.

In 2017, NLR Nigeria will:

1. Expand/speed up the implementation of the cluster/community volunteer team approach, and
2. Organize evaluations of:
   a. the NLR involvement of traditional healers and PMVs in leprosy recognition and referral activities
   b. the ‘slimmer and smarter’ approach.

The report with the results will be presented to the NTBLCP early 2018.

The GFATM programs for TB and MDR TB will be continued in 2017. To secure future involvement of the experienced team for TB control in North East Nigeria, NLR seeks to involve another eligible organization to continue the TB work and take over the team involved. As from 2018 NLR will terminate its direct involvement in leprosy and TB work in Nigeria.

**ASIA**

**India**

**Introduction**

Improving quality of leprosy services, integrated self-care projects, strengthening of Disabled People’s Organizations (DPOs) using a right-based approach and the rollout of LPEP were the main areas of focus in 2016.

NLR assists the government with the clinical aspect of leprosy control as well as managerial aspects of the national control program and the development of policies and guidelines. In 2016 the Rehabilitation Council of India developed a Disability Management Training (DMT) Module for
persons with a disability due to leprosy (PWDL) to enhance self-care and disability management, in which they incorporated the SCG Guidelines of NLR India. NLR participated in the committee for development of the DMT module.

NLR was very much involved in the Leprosy Case Detection Campaign (LCDC) initiated by the government of India in March and September 2016. At the request of the government, NLR staff assisted in planning, supervision and evaluation of this LCDC. Through the NLR-lobby and the success of LPEP in Dadra & Nagar Haveli, the government of India issued the operational guidelines for post-exposure prophylaxis in 2016. Implementation of SDR-PEP started in contacts of cases detected during LCDC, thus expanding the implementation of this innovative approach.

**Combating leprosy in India**

904 medical officers (junior and senior) and 892 health workers & supervisors were trained in NLR-supported districts

3,176 people received assistive and protective devices

45 youths were enabled to get vocational training

67 students received support for professional courses

<table>
<thead>
<tr>
<th>Number of new cases detected</th>
<th>127,334*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of new cases with grade-2 disabilities</td>
<td>4.6%*</td>
</tr>
<tr>
<td>Number of new cases detected in the area where we work</td>
<td>26,781*</td>
</tr>
<tr>
<td>Number of people receiving leprosy-training</td>
<td>1,796</td>
</tr>
<tr>
<td>Number of people informed/educated (awareness raising) about leprosy</td>
<td>305,761</td>
</tr>
<tr>
<td>Number of self-care groups supported/formed:</td>
<td></td>
</tr>
<tr>
<td>a) Number of existing groups (formed before 2016) supported in 2016</td>
<td>546</td>
</tr>
<tr>
<td>b) Number of new groups formed and supported in 2016</td>
<td>17</td>
</tr>
<tr>
<td>Number of people disabled by leprosy and other diseases trained in self-care</td>
<td>579</td>
</tr>
<tr>
<td>Number of Disabled Peoples Organizations (DPOs) receiving assistance from NLR</td>
<td>7</td>
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<td>Number of people provided with reconstructive surgery</td>
<td>253</td>
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<td>Number of people provided with assistive devices (wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses)</td>
<td>3,176</td>
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<td>Number of people provided with microcredit</td>
<td>1</td>
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<td>Number of people receiving financial support for education</td>
<td>1,413</td>
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<td>Number of people receiving vocational training</td>
<td>45</td>
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<td>Number of direct contacts of new patients given preventive medication SDR (single dose of rifampicin)</td>
<td>9,319</td>
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<tr>
<td>Number of persons with disabilities acquainted with their rights</td>
<td>2,025</td>
</tr>
<tr>
<td>Number of people who received leadership training</td>
<td>113</td>
</tr>
</tbody>
</table>

* The reporting year in India is from April 1 2015 till March 31 2016

Realization: €459,249
Projects

Unity is Strength
NLR India has been empowering people affected by leprosy and disabilities under the project ‘Unity is Strength’. The project was launched in April 2016 to strengthen the voice of those affected by leprosy and disabilities through establishing and empowering peoples’ institutions in all 11 blocks in Aurangabad district, Bihar and 6 leprosy colonies in Delhi. So far, 15,827 persons with disabilities were assessed for their needs, 155 self-help groups were formed, and from those 571 key people were trained in self-help group operational management (accounting, registration, board formation, etc).

Chemoprophylaxis
The LPEP project in Dadra & Nagar Haveli (DNH) is progressing well. During 2016, single dose rifampicin (SDR) was given to 9,313 contacts and there was no report of any adverse effect. Thanks to the successful implementation of LPEP in DNH, the Government of India has taken the initiative to roll it out in 163 districts where the Leprosy Case Detection Campaign (LCDC) was implemented. The government adopted the NLR-guidelines for the LPEP-project and operational guidelines for implementation of SDR-PEP were issued to the States.

Leprosy Case Detection Campaign (LCDC)
The Country Director and the NLR Leprosy Program Advisors (LPA) were involved in formulation and revision of the government’s LCDC manual.

During the LCDC, approximately 31,666 new cases were confirmed in the 20 states where the campaign took place. Out of all NLR-supported states (UP, Bihar, Jharkhand, West Bengal, Delhi & Uttarakhand), a total of 6,412 cases (approx. 20%) were detected.

To support LCDC, all NLR Leprosy Program Advisors were actively involved in the formation of working committees at state, district and block level. LPAs supported State Leprosy Officers, District Leprosy Officers & Block Medical Officers in planning, the formation of search teams and training of BMOs and other field staff. NLR staff also supported the monitoring and supervision of search teams, and facilitated daily reporting. LPAs also supported states in final report preparation and submission to the Central Leprosy Division.

Prevention of (worsening of) disabilities
People affected by leprosy, people with lymphatic filariasis (LF) and people with diabetes were trained together in self-care in combined groups. Worsening of disabilities could be prevented in about 95% of the cases and 72/168 ulcers healed within 6 months. In these projects, a total of 579 people were trained in self-care, 131 of whom are LF cases, 3 diabetic cases and 445 leprosy cases with disabilities. This so-called “integrated self-care group” intervention is a promising innovation and NLR has been the first organization in India to experiment with this approach. Combining types of disabilities requiring similar foot care was found to be feasible and no stigmatization was observed from other group members towards the persons affected by leprosy. Moreover, the approach is cost efficient, as more persons can be reached with relatively little extra costs.

Story from the field
Education is the most powerful weapon for Rocky & Roger
A story of two talented brothers

NLR supports the brothers Rocky and Roger Raphael by paying for their school fees, uniforms, bicycles and other school supplies like stationery. It has footed these bills for 8 years now. NLR
reaching out happened at the right moment in their life and rescued them from giving up on their education and turning to a life of begging.

Both Rocky Raphael and Roger Raphael have lived in the Missionary Colony in Patna since birth. Their parents were affected by leprosy and as a result the family was suffering from all leprosy-related disadvantages such as poverty, discrimination, unemployment, illiteracy, etc. Luckily, the Missionary Hospital, located close to the Missionary Colony, offered their parents a job in agriculture. Rather than being reduced to beggary, they could now earn a little money by working on the land. Eight years ago, their father passed away and the family income decreased significantly. Fortunately, they came in touch with NLR and started getting financial support for their education.

Roger Raphael, 17 years  
*His dream is to become a Cardiologist.*

Roger is now in 12th grade and he will take his final exams in March. He has to cycle for 50 minutes to reach the Holy Mission Secondary School. School is from 8.15 to 12.45 pm, 6 days a week. His favorite subject is Biology. NLR has been supporting him since 6th grade to make sure he continues his education. Roger is an excellent student with great plans for the future! His dream is to become a cardiologist. When he finishes his exams in March, he plans to take the premedical entrance-test in May. Hopefully he will be able to start medical college in June to make his dreams come true.

Rocky Raphael, 16 years  
*His dream is to become Ambassador.*

Rocky attends another school than his brother. His is the St. Michael School. To reach his it, he also needs to cycle for 50 minutes. He is now in 11th grade and will take his final exams in a year and a half. His favorite subject is economics and statistics. NLR has been supporting him since 5th grade. Rocky too is an excellent student and, much like his brother, he knows exactly what he wants to do after 12th grade. After graduation he would like to go to university to study social sciences. He hopes to work for the Indian Government as ambassador.

**Lessons learned in 2016**

The acceptance of PEP by the Indian government as a new approach for the prevention of leprosy transmission to contacts of persons affected by leprosy was an important milestone for the project, showing that indeed the approach can be adopted by national governments. Another lesson learned was that self-care by a clustered group of patients facing comparable symptoms proved to be feasible, efficient and cost-effective. A worsening of disabilities can thus be prevented for patients suffering from leprosy as well as those suffering from lymphatic filariasis or diabetes. With relatively little extra financial input we can reach more individuals who are at risk of developing further disabilities.

Unfortunately, local fundraising among the Indian population remained difficult for the local organization, and results fell short of expectation. To get a larger audience in India acquainted with NLR’s work in India, the focus for 2017 will be on institutional fundraising, brand building and visibility.

**Plans for 2017**

Regular capacity building support to the government’s leprosy program will continue at state and district level in 7 states. The Stop Transmission (PEP++) project will kick off in Uttar Pradesh state, and will require heavy time investment from the team in 2017. At the same time the PEP rollout in 163 districts will be continued with technical assistance from NLR.
With the encouraging results of integrated self-care in 2016, another 6 similar projects will be launched at 6 new primary health centres, one in each state where NLR works. Building on the success of the Unity is Strength project in Bihar, the approach where self-help groups consisting of persons with various types of disabilities are formed will be started in each state where NLR works in India. The goal is that these self-help groups will develop into strong rights holders’ organizations, capable of claiming the rights and entitlements of persons with disabilities in their local area.

**ASIA**

**Indonesia**

**Introduction**

After having withdrawn its support in 6 provinces in 2015, NLR Indonesia provides direct support to 14 provinces. In 2016 NLR also guided the phasing out process in 2 other provinces, i.e. Aceh and Banten.

In several provinces, such as Papua, West Papua, North Maluku, Central Sulawesi and East Java, NLR-support to improve case finding in remote areas is still needed. The support led to good initiatives by the health authorities to integrate activities at various levels, share information and improve health promotion. At the same time, NLR supported initiatives towards increased commitment from the local government, with the objective to eventually decrease NLR-support.

Several initiatives were undertaken to ensure further integration of the leprosy control activities with inclusion and disability activities. The whole NLR team, together with the CBM team, participated in training sessions on disability sensitization. The activities related to inclusion and disability are now mainly implemented in the provinces where leprosy control activities take place as well.

Disabled People’s Organizations (DPOs) were all trained in the ins and outs of leprosy and learned how to include those affected by leprosy into general disability programs. NLR trained several Ministry of Health staff members to improve their skills in strategic planning and mapping of disability stakeholders.

Partner organizations received lobby and advocacy training. Each DPO, CSO and self-help group participating prepared its own advocacy plan. Some of these plans will be supported by NLR in 2017.

**Combating leprosy in Indonesia**

With financial support of effect:hope (formerly the Leprosy Mission Canada), NLR Indonesia is implementing a mobile health project in Gorontalo (Sulawesi) and Banten (Java) Provinces. The project aims to increase effective disease self-management by persons affected by leprosy and to increase disability prevention by health care workers. Three platforms are used, i.e. SMS gateway, website and Facebook. The number of SMS gateway clients increased from 487 to 575 this year (updated December 31, 2016). The traffic of responses to SMS gateways shows an increase compared to Year 1 (2015), the year of implementation. There were 865 replies to the 7,757 messages broadcast in 2016. Most of the replies contain positive feedback to the platform and queries on different problems faced by clients and/or others.

The number of participants of the social media support system (Facebook) has also increased to 590 members. Compared to last year, the number of postings and comments has increased as well. The participants did not only consist of leprosy health workers and stakeholders in mLep intervention, but also included DPOs, activists and government officials and community members.
Number of new cases detected | 17,202*
---|---
Proportion of new cases with grade-2 disabilities | 9.9%*
Number of new cases detected in the area where we work | 14,597
Number of people receiving leprosy-training | 3,775
Number of people informed/educated (awareness raising) about leprosy | 10,436
Number of people from communities informed/educated (awareness raising) about general disabilities | 800
Number of self-care groups supported/formed:
   a) Number of existing groups (formed before 2016) supported in 2016 | 0
   b) Number of new groups formed and supported in 2016 | 4
Number of people disabled by leprosy and other diseases trained in self-care | 88
Number of Disabled Peoples Organizations (DPOs) receiving assistance from NLR | 11
Number of people provided with assistive devices (wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses) | 110
Number of people provided with reconstructive surgery | 138
Number of people provided with microcredit | 75
Number of people receiving vocational training | 79
Number of direct contacts of new patients given preventive medication SDR (single dose of rifampicin) | 11,434
Number of persons with disabilities acquainted with their rights | 175
Number of people who received leadership training | 24

*Numbers 2015. Numbers 2016 not yet available

Realization: €948,739

Projects

Stigma reduction for people affected by leprosy
In 2016, promotion materials were used to raise general awareness and to put leprosy on the agenda in other sectors. The materials were used to train Disabled People’s Organizations (DPOs), Civil Society Organizations (CSOs), for the media and in communities. People affected by leprosy and persons with disabilities do have a key role as trainers/facilitators. A media campaign was launched and 50,000 people from one district in Central Java (Purworejo district) and one district in South Sulawesi (Bone district) heard the radio message about leprosy and disability, stigma and discrimination.

Chemoprofylaxis
In Sumenep district among 360 index cases in 2016, 302 participated in the LPEP project with a total of 11,434 contacts receiving SDR (single dose of rifampicin). In Lingat village the second follow-up
visit after the start of the LPEP project was made. In Sampang, the distribution of SDR started. Due to a lack of rifampicin, its distribution was held up for several months, but resumed at the end of the year. The lack of rifampicin also delayed activities in Sumenep but these too could be continued during the last months of the year.

**Leprosy-friendly village**
In 2016, NLR completed 5 years support of the innovative activity in North Minahasa District of North Sulawesi. The main purpose of the leprosy-friendly village is to reduce the leprosy burden by increasing the participation of key community members and Health Centre staff. A total of 44 high-endemic villages (15 funded by NLR and 29 by local government) implemented this approach. The number of new cases increased in the first 3 years and decreased in years 4 and 5. There were no new grade-2 cases.

**Mobile health**
The 2nd year of implementation of the Mobile health (mHealth) project in Gorontalo (Sulawesi) and Banten (Java) to improve the prevention of disabilities reached some important milestones resulting in an increased number of users of the text message and Facebook platforms. A new video for nerve function assessment through the mobile web was launched and three new clips on self-care were completed.

**National Seminar on Disability Inclusion and Research**
The need for a national survey of and data on disability were key issues discussed at the National Seminar on Disability Inclusion and Research in Indonesia in December 2016. NLR was one of the initiators of this seminar and organized it in conjunction with CBM, GIZ, DFAT-KOMPAK, the Women and Children’s Study Center (PUSKAPA) of Indonesia University (PUSKAPA UI), and the National Development and Planning Bureau (Bappenas). The seminar ensured that key stakeholders agreed upon the key points of research on disability in Indonesia as well as on which areas of research to focus advocacy efforts.

**Story from the field**
Muhammad Toha, 50 years old, is one of the determined people behind the success of the Leprosy Control Program in Lamongan district, East Java. He spent more than 15 years as Leprosy Program Manager in Brondong Health Centre, Lamongan District. He established the Pantura Sejahtera self-care group (SCG) in 1997. With his low-profile operating style, he was actively involved in finding new cases by visiting the villages, and talked with patients, their families and community leaders about leprosy. He also involved the village midwives in the discovery of new cases and monitoring existing ones. In 2014, with support of the Strengthening Participation of PAL (SPP) team, Toha encouraged SCG Pantura Sejahtera to become a self-help group. After joining the SPP-program, he also regularly campaigned for the community in a smaller group. This group is now becoming one of the model leprosy self-help groups in the district. Since joining the SPP, he feels he has more friends and colleagues to share the work with. Working as a team makes his work managing leprosy easier.

‘As member of the SPP-team, I’m no longer campaigning on my own in the village. People affected by leprosy are also joining me in the field,’ Toha said about his activities in the village. He can now turn to other tasks from the health centre without having to worry about losing control over the leprosy program. He hopes the SPP-team will continue to exist for a sustainable leprosy program in Lamongan district.

**Quotation**
‘Now I am not alone anymore’
Lessons learned in 2016
The budgets for leprosy control activities and for inclusion and disability activities were both underspent in 2016. The inclusion and disability activities could not be carried out according to the budget for 2016, as most Disabled People’s Organizations (DPOs) did not have the capacity yet to do so. A number of DPOs were trained in developing proposals and fundraising in 2016. Basic training in financial management was given, and will need a follow-up. All these training activities have contributed to the sustainability of the DPOs.

The national shortage of rifampicin has hampered the implementation of LPEP activities in both Sumenep and Sampang districts. Eventually, these medicines were paid out of the 2016 NLR budgets for the provinces.

Plans for 2017
An important new development in 2017 is that NLR Indonesia will become a Strategic Partner Organization (SPO) of the Liliane Foundation. This will result in a larger overall budget for NLR Indonesia and the number of partners supported will increase from 30 POs to almost 50 POs.

Furthermore, NLR Indonesia will cut down on core assistance (routine support) in leprosy control (a decrease of about 42% in last year’s provincial budget) to focus on developing innovative approaches even more than the past years. The NLR Indonesia office will look into a potential restructuring of its operational, admin and finance departments. The LPEP project will be scaled up and PEP ++ will be implemented as well.

The Priority Agenda for Research will follow the 4 NLR Key Priority Programs (KPPs) and other potentially important topics within disability, inclusion and rights for children with disabilities. Mapping out access to inclusive education will be part of the research agenda as follow-up to the agreed theme of LF alliance for Asia. If all goes according to plan, registration of the new local organization is planned for November 2017. NLR Indonesia will then operate with the 2 entities, i.e. the new international Memorandum of Understanding (MOU) and the local entity.

ASIA Mekong

Introduction
In collaboration with the Liliane Foundation and local partner organizations, NLR Mekong conducted exploratory missions in 3 countries: Myanmar, Cambodia and Vietnam. Findings from the missions will be used as input for the annual plan 2017 and NLR Mekong’s strategy for the coming years. This is an improvement on previous years’ practices.

NLR Mekong worked with disability experts and multi-project stakeholders to conduct a study on living conditions and status of people with a disability, including people affected by leprosy in Gia Lai province, Vietnam. The findings from the study are used as baseline indicators for the local partners to mobilize participation and resources from multi-stakeholders in planning for the 3-year project (2017-2020).

NLR Mekong prepared for phasing out structural financial support for all leprosy control activities in all Mekong countries in 2017 and supported these partners in this transition while promoting local ownership. NLR Mekong also introduced a plan of transitioning activities to a local organization, following the decision of NLR to stop its funding for the Mekong countries in 2017.
In the These Shoes Are Made For Walking project, support is continued for the international training of young orthopaedic shoe technologists from different countries in South and South East Asia. The 2nd cohort students completed their final exams in December 2016. The 3rd training course (3rd cohort) for Orthopaedic Shoe Technology started with 10 students in Hanoi on 30 May 2016.

**Combating leprosy in the Mekong Region**

In 2016, NLR Mekong supported 28 local partner organizations (6 in Cambodia, 3 in Myanmar, 17 in Vietnam, 1 in Thailand and 1 in China) to provide rehabilitation services to more than 10,000 people with a disability, including people affected by leprosy and children with disabilities. The rehabilitation services provided by the partner organizations include health checks, assistive devices, school support, vocational training and job opportunities.

The 1st orthopaedic shoe workshops were started in the home countries of some of the 1st cohort students of the These Shoes Are Made For Walking project; 4 potential shoe workshops in Myanmar and 1 in Laos have been visited for review and guidance. The workshop at Vietnamese Training Centre for Orthopaedic Technologists (VIETCOT) for the VIETCOT clinic was developed and started to receive patients with foot problems and produce orthopaedic footwear on a regular basis.

**Cambodia**

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<tbody>
<tr>
<td>Number of new cases detected</td>
<td>154</td>
</tr>
<tr>
<td>Proportion of new cases presenting with grade-2 disabilities</td>
<td>20%</td>
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<tr>
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<td>Number of self-care groups supported/formed: b) New groups formed and supported in 2016</td>
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<tr>
<td>Number of people provided with assistive devices (wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses)</td>
<td>84</td>
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<tr>
<td>Number of people financially supported for education</td>
<td>277</td>
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**Myanmar**

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<tbody>
<tr>
<td>Number of new cases detected</td>
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<td>Number of people disabled by leprosy and other diseases trained in self-care</td>
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<tr>
<td>Vietnam</td>
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<td>------------------------------------------------------------------------</td>
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<td><strong>Number of people financially supported for education</strong></td>
<td>54</td>
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<tr>
<td><strong>Number of new cases detected</strong></td>
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<td><strong>Proportion of new cases presenting with grade-2 disabilities</strong></td>
<td>24%</td>
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<td><strong>Number of new cases detected in the area where we work</strong></td>
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<td><strong>Number of self-care groups supported/formed:</strong></td>
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<tr>
<td>b) <strong>New groups formed and supported in 2016</strong></td>
<td>13</td>
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<tr>
<td>Number of people provided with assistive devices (wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses)</td>
<td>Prostheses: 192</td>
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<tr>
<td></td>
<td>Crutches: 43</td>
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<td></td>
<td>Protect. glasses: 20</td>
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<td></td>
<td>Footwear: 3,000</td>
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<tr>
<td><strong>Number of people provided with micro credit</strong></td>
<td></td>
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<tr>
<td><strong>Number of people financially supported for education</strong></td>
<td>210</td>
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<table>
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<tr>
<th>Thailand</th>
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<tbody>
<tr>
<td><strong>Number of new cases detected</strong></td>
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<td><strong>Proportion of new cases presenting with grade-2 disabilities</strong></td>
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<tr>
<td><strong>Number of new cases detected in the area where we work</strong></td>
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<tr>
<td>b) <strong>New groups formed and supported in 2016</strong></td>
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<tr>
<td>Number of people provided with assistive devices (wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses)</td>
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<tr>
<td><strong>Number of people provided with micro credit</strong></td>
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<td><strong>Number of people financially supported for education</strong></td>
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</table>
### China

<table>
<thead>
<tr>
<th>Number of new cases detected</th>
<th>672</th>
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</thead>
<tbody>
<tr>
<td>Proportion of new cases presenting with grade-2 disabilities</td>
<td>28%</td>
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<tr>
<td>Number of new cases detected in the area where we work</td>
<td>672</td>
</tr>
<tr>
<td>b) New groups formed and supported in 2016</td>
<td>2</td>
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</tbody>
</table>

Realization: €1,090,067

### Projects

**Disability Resource Centres in Myanmar**

The project aims to support and empower persons with disabilities, including people affected by leprosy. The 14 Disability Resource Centers are organizing many community-based rehabilitation services to promote educational and socio-economic services and rehabilitation for persons with disabilities in rural villages in Myanmar. In 2016, the Disability Resource Centers reached 60,804 persons from 20,843 households in 134 communities for disability screening and provided rehabilitation services to 2,543 persons with disability (1318 M & 1225 F), which is 3.3% of the population in the mostly rural target areas. Of them, 114 are persons affected by leprosy and 655 are children (367 boys and 288 girls). Sessions to increase awareness of leprosy, disability and rights of persons with disability (UNCRPD) and the national law were held in the project’s 134 communities. A total of (11,633) people attended these awareness sessions.

**Leprosy hospitals in Myanmar**

Capacity building workshops and skills training in reconstructive surgery and hand therapy for medical and paramedical personnel of the two leprosy hospitals (Yenanthar Leprosy Hospital in Mandalay and the Mawlamyine Christian Leprosy Hospital) took place in January and February of this year. A total of 60 patients were screened and 25 of them received surgery during the surgical trainings. The hand therapy training workshops were attended by over 70 medical and paramedical participants in each of the hospitals. The eagerness (and need) to learn among medical professionals in Myanmar is enormous since the country has recently opened up after having been in isolation for so long.

**Integrated rehabilitation projects**

These projects for people with a disability consisted of social events, multi-sector dialogues and booklets and documentary films to promote the rights of people with a disability and people affected by leprosy in Vietnam. The projects support the organization of self-help groups to widen participation in community development activities. The project in Kon Tum province consisted of a large number of activities in 2016 that benefited more than 1,000 people. From the number of beneficiaries, 180 persons with a disability and local government officials were trained together in social policies and advocacy skills; 500 students and teachers took part in events to raise local awareness about the right to education for disabled children; 20 families received house adaptations; 42 families of persons with disabilities and affected by leprosy were supported to improve their income. Booklets with “Helpful information for persons with disabilities” were printed and handed out to persons with disabilities in the province. Project activities in 2016 in Gia Lai province involved more than 250 participants. Out of that number, more than 150 persons with disabilities and government officials took part in the project baseline surveys and focus group discussions; disabled
people organizations and community-based organizations were consulted for the survey too. The survey serves as a preparation tool for the project implementation plan for the coming 3 years.

**Inclusive education**

NLR Mekong conducted physical accessibility audits in several public schools in Vietnam. Key findings were, among others, that the conditions in most public schools do not encourage pupils with a disability to go to school. Accessibility is limited and there are many barriers for wheelchair users. To attend these schools, pupils with disabilities depend too much on the help of parents, teachers and classmates. The findings from these audits will support NLR Mekong in developing inclusive education initiatives with the Lilian Foundation in the region. The findings will serve as baseline indicators for NLR Mekong’s POs to monitor on-going programs to improve schools’ physical accessibility.

Peter Donders Foundation in the Netherlands continued to finance and support a large number of essential assistance services for persons affected by leprosy in Vietnam in 2016. Their support provided new prostheses to 192 persons with an amputation due to leprosy, many of them suffering a double leg amputation; a further 319 amputees received prosthetic care and repair of their prostheses; 3 poor leprosy-affected families without shelter received a simple house with toilet and water access; 82 elderly single and severely disabled leprosy patients received extra food relief throughout the year; and 79 children of poor leprosy-affected families continue to go school with the support of the Peter Donders Foundation.

**Story from the field**

Mrs. Truong Thi Nga, is a 59 year old widow with a leprosy-related disability, living in the rural village of Nguyen Phic commune, U Minh District in Ca Mau province. In 1976, Mrs. Nga and her husband were diagnosed with leprosy. Because the hospital was very far away from their place of residence, they did not receive regular treatment and their leprosy symptoms became worse and worse. In 2000, Nga’s husband passed away, so the new widow had to look after their six children (one son and five daughters) on her own.

Supported by the NLR-program, the Center for Social Disease control in Ca Mau provided treatment and wound care for Nga; the women’s Union invited her to take part in the saving-credit groups for training courses on family business planning. Nga got loans from the saving-credit group to buy ducklings, chicks, piglets and a small python. In June 2015, she sold the baby pythons, ducks and chicken to buy a new TV and table, and re-invest in her small husbandry business.

At a meeting with NLR’s project officer, consultant and local authority on 10 January 2017, Mrs. Nga stated: ‘Thanks to support from NLR-projects in 2016, I had the opportunity to get proper treatment and rehabilitation services. Also, I got the opportunity to take part in some training courses with other women, and with seed money borrowing from the saving-credit group, I now have a good farming business.’

Mrs. Nga now lives with her son in a concrete, stable house, with a large garden, big python cages and pigsties. Mrs. Nga was proud to disclose that ‘all of my daughters are married, and they have happy families. They are now confident to tell their friends that their mother is a self-reliant woman and a great mother.’

**Quotation**

‘With seed money borrowing from the saving-credit group, I have a good farming business’
Lessons learned in 2016
Two out of 6 partner organizations in Cambodia ended the year with some underspending and need to improve their annual budget planning and implementation process to ensure all project activities are implemented on schedule. In 2017 NLR Mekong will improve its monitoring of the POs and help the POs in their planning and implementation process. NLR Mekong has also strengthened its own monitoring and evaluation system. Together with the introduction of the AKVO reporting system by NLR international office, this will ensure better and more effective monitoring.

The co-financing by the NLR and LF of the jointly supported project for the The Leprosy Mission Myanmar (TLMM) Disability Resource Centres (DRCs) was approved and the partnership agreement was signed in the 1st half of the year. The DRC’s operation in its present form is relatively costly for a country as poor as Myanmar. It is therefore worthwhile to continue to explore how this model can be incorporated into the state’s health and social programs.

NLR together with Sasakawa Memorial Health Foundation (SMHF) continued piloting integrated rehabilitation projects that aim to bridge the gap between access to services for people with a disability due to leprosy and services for those with disabilities due to other causes. The pilot project was replicated and expanded to Gia Lai province in the central highland of Vietnam.

In October 2016 NLR made the decision to stop financing the Mekong program, which was up to that point covering Vietnam, Cambodia, Laos, Myanmar, Thailand and China. The NLR Mekong office in Hanoi plans to evolve into a locally-registered organization in Vietnam, and to develop more in-country (Vietnam) and regional (Cambodia and Myanmar) programs linked with similar organizations working on disability, for which new external funding needs to be found. For 2017 and 2018 the team received transitional NLR funding to enable the transition towards a local NGO that will attract more external funding.

Plans for 2017
NLR Mekong will continue its partnerships with 16 partner organizations (9 in Vietnam, 5 in Cambodia, 2 in Myanmar) funded by the Liliane Foundation, to carry out social, educational and rehabilitation activities for children with disabilities from low-resource families.

With support from NLR and SMHF, NLR Mekong will continue the projects for integrated rehabilitation for people affected by leprosy in Kon Tum and Gia Lai provinces and the scholarship program in the financial year 2017 (from April 2017 to March 2018).

With support from the National Postcode Lottery, NLR Mekong will continue the project for Orthopaedic Shoes Technology (These Shoes Are Made For Walking).

NLR Mekong is working with other partner organizations to pilot initiatives for integrated rehabilitation and community inclusive development.

ASIA
Nepal
Introduction
NLR in Nepal is increasingly focussing its efforts on innovative approaches for leprosy control and the promotion of disability inclusive development.

The Leprosy Post-Exposure Prophylaxis project is running well, with over 31,000 contacts of more than 1,200 leprosy cases (called “index cases”) enrolled and given a single dose of rifampicin since its
start in 2015. This newly introduced method of leprosy prevention through chemoprophylaxis continued to be a major focus, and further expansion in other districts has been prepared.

The Disability Inclusive Relief and Rehabilitation project funded by *Samenwerkende Hulporganisaties* (SHO) (also known as Giro555) continued in 2016 with support for persons with disabilities to restore their lives after the 2015 earthquakes and to enhance accessibility to humanitarian aid for persons with disabilities (PWDs). PWDs were aided with emergency shelter, assistive devices, medical treatments, vocational training support and other income generating activities, such as membership of cooperatives. In addition, the project has led to a significant increase in the number of persons with disabilities (more than 90%) with a disability ID card in the project area. This number was below 40% before implementation of the project. With the ID card they are now obtaining government provisions such as public transport and pensions.

The Inspire2Care project continued in cooperation with the Karuna Foundation. The project focuses on disability prevention and community-based rehabilitation for people with a disability, with children as the focal point.

In addition to the abovementioned new approaches, the need for capacity building and service delivery also remained. In the capacity development area, over 1,670 health workers and volunteers received leprosy training. In service delivery 380 people with leprosy and disabilities were provided with some sort of livelihood support and over 500 received medical and surgical assistance.

To enhance the planning, monitoring and evaluation of results of our work in Nepal, a major change was made in project and program planning in 2016. NLR Nepal was one of the first organizations in Nepal to fully adopt Outcome Mapping (OM) as a Planning, Monitoring and Evaluation (PM&E) tool, and introduced the OM method with all its implementing partner organizations (called ‘boundary partners’).

**Combating leprosy in Nepal**

Attention for the rights and needs of persons with disabilities is created in 12 communities spread over 8 districts, which are step by step being developed into disability inclusive model villages.

<table>
<thead>
<tr>
<th>Number of new cases detected</th>
<th>3,054*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of new cases with grade-2 disabilities</td>
<td>3.57%*</td>
</tr>
<tr>
<td>Number of new cases detected in the area where we work</td>
<td>934*</td>
</tr>
<tr>
<td>Number of people receiving leprosy-training</td>
<td>1,669</td>
</tr>
<tr>
<td>Number of people informed/educated (awareness raising) about leprosy</td>
<td>14,127</td>
</tr>
<tr>
<td>Number of people from communities informed/educated (awareness raising) about general disabilities</td>
<td>360</td>
</tr>
<tr>
<td>Number of self-care groups supported/formed:</td>
<td></td>
</tr>
<tr>
<td>a) Number of existing groups (formed before 2016) supported in 2016</td>
<td>173</td>
</tr>
<tr>
<td>b) Number of new groups formed and supported in 2016</td>
<td>0</td>
</tr>
<tr>
<td>Number of people disabled by leprosy and other diseases trained in self-care</td>
<td>64</td>
</tr>
<tr>
<td>Number of Disabled Peoples Organizations (DPOs) receiving assistance from NLR</td>
<td>61</td>
</tr>
<tr>
<td>Number of people provided with reconstructive surgery</td>
<td>27</td>
</tr>
<tr>
<td>------------------------------------------------------</td>
<td>----</td>
</tr>
<tr>
<td>Number of people provided with assistive devices</td>
<td></td>
</tr>
<tr>
<td>(wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses)</td>
<td>402</td>
</tr>
<tr>
<td>Number of people provided with microcredit</td>
<td>35</td>
</tr>
<tr>
<td>Number of people receiving vocational training</td>
<td>13</td>
</tr>
<tr>
<td>Number of direct contacts of new patients given</td>
<td></td>
</tr>
<tr>
<td>preventive SDR (single dose of rifampicin)</td>
<td>14,036</td>
</tr>
<tr>
<td>Number of persons with disabilities acquainted with</td>
<td>360</td>
</tr>
<tr>
<td>their rights</td>
<td></td>
</tr>
<tr>
<td>Number of people who received leadership training</td>
<td>53</td>
</tr>
</tbody>
</table>

* The reporting year in Nepal is from July 16 2015 till July 15 2016

Realization: €353,806

Projects

Promoting inclusion of persons with disabilities in humanitarian aid:

Information on how to take care of the needs of persons with disabilities (PWDs) during disaster situations is limited in Nepal. During the Human Rights Summit organized by the National Federation of Disabled Nepal, NLR launched an information leaflet on how to include PWDs in relief and rehabilitation after a disaster, which has been widely distributed among communities, government departments and organizations working for persons with disabilities.

Inspire2Care:

In cooperation with Karuna Foundation, the development of a community model for the prevention of disability and the rehabilitation and inclusion of children and adults with disability in the community yielded good results. In the 4 villages where NLR executes the project, a total of 64 children and adults with disabilities were physically rehabilitated through physiotherapy, treatments and assistive devices. 48 PWDs obtained their disability ID cards, which is a basic need for PWDs to receive government provisions and facilities. 43 children with disabilities were included in schools, and 38 adults could increase their income through vocational training and other income generating support.

Lobby & Advocacy for rights

Lobby and advocacy is one of the major strategies for NLR in Nepal to enhance disability inclusive development. The formation and strengthening of Disabled People’s Organisations (DPOs) and facilitation of lobby and advocacy activities has resulted in increased resource allocation for PWDs by local government offices. While NLR provided the initial financial support, DPOs in 9 communities are now implementing the activities (such as their group meetings and awareness raising activities in the community) from the allocated Village Development Committee (VDC) budget, ensuring sustainability.

Research on disability inclusive WASH

NLR is involved in a 2-year action study (2016-2017) to explore how the access of PWDs to resources would help them improve their livelihood and inclusion in society. It also investigates opportunities and challenges to include people with physical disabilities (especially disabilities due to leprosy) in agriculture and livelihoods in Nepal.

In 2016 the project provided orientations on 3R (Recharge, Retention and Reuse of water) and installed 3R tools with selected farmers and their neighbors (both with and without disabilities) at 4 pilot sites (Chhoprak, Dus Kilo in Gorkha; and Urlabari and Patthari-Sanischare of Morang district)
with emphasis on producing cash crops. The research is ongoing and in 2017 the results will be analyzed.

**Leprosy Referral Clinics**
NLR supported the government in 2 leprosy referral clinics of the eastern and far western region, by providing manpower and utilities. In 2016, the following number of people received help with NLR support in Seti Zonal Hospital and Koshi Zonal Hospital:

<table>
<thead>
<tr>
<th>Patient Data</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total New Cases Detected</td>
<td>374</td>
</tr>
<tr>
<td>Management of complications</td>
<td>622</td>
</tr>
<tr>
<td>Reaction Management</td>
<td>246</td>
</tr>
<tr>
<td>Ulcer Management</td>
<td>376</td>
</tr>
<tr>
<td>Admitted to hospital</td>
<td>37</td>
</tr>
<tr>
<td>Surgeries performed</td>
<td>27</td>
</tr>
</tbody>
</table>

**Story from the field**

**From burden to successful businessman**

‘My name is Hari Kumal. I am a man of 32 with a physical disability due to Poliomyelitis at the age of 7. Both my feet are affected and I use my hands for walking and riding my tricycle. In 2012, I was diagnosed with leprosy upon examination at the NLR-run leprosy clinic. One of my friends, who was affected by leprosy, had taken me to the clinic. During the two year long treatment, I developed reactions, which were properly managed in the clinic.

NLR encouraged me to become a member of a self-help group formed by NLR. I actively participated in awareness activities in my locality to impart health education to newly detected patients.

I live in Peepal Tole, Dhangadhi-6, Kailali district in Nepal with my wife, 2 children and unemployed brother. I used to work as a helper in a small tailor’s shop in my village. But I earned too little to support my family. Caring for my dedication to leprosy work and considering the huge responsibility towards my family, NLR decided to provide financial support to buy me a sewing machine.

With NLR’s support, I started my own tailor’s shop in my village. Thanks to my hard work, I have been able to move my shop to the city. Now I have 3 sewing machines with 3 staff members. I also train people in my shop and have trained 40 more so far. My family is happy and I have enrolled my daughter in a local English middle school. I now have a handsome sum in my account. ‘If I had not got proper treatment and support from NLR, I would have become dependent and a burden to my family and community. I am very thankful to NLR for curing me, preventing further disabilities and providing seed money to start my own business.’

**Quotation**

‘I am very thankful to NLR for curing me, preventing further disabilities and providing seed money to start my own business’

**Lessons learned in 2016**

The LPEP pilot started in 2015 in 3 districts, with NLR Nepal as one of the main initiators. The approach has been well accepted by the people as well as the health system and policy makers. The government of Nepal decided to expand the approach in 3 more districts on its own initiative in 2016
and an additional 3 districts are planned for 2017. Due to the encouraging results, NLR plans to support 5 more districts based on the 2016 experiences.

A new approach to livelihood started in 2016 proved very successful as well. NLR started to promote the membership of persons with disabilities (PWDs) in village cooperatives, thereby enhancing their access to microcredit. 380 PWDs are now full members in cooperatives and were able to obtain a loan. It also helped to increase the recognition for PWDs among community members. The method will be continued in other areas.

For several years now, NLR has been trying to reduce its support to the leprosy referral clinics, based on the conviction that the government should fully support these clinics. However, in actual practice it remains difficult to withdraw completely. The clinics are running but quality of services remains an issue of concern for NLR and the Leprosy Control Division. Although training by NLR has improved quality, NLR does not yet consider a full withdrawal of support possible for 2017.

**Plans for 2017**

Three out of 4 village development committees (VDCs) in Jhapa are at the stage of phasing out the Inspire2Care project. This means that as of next year the local government should cover the support and budget allocation for persons with disabilities in their locality. In 2017, NLR support will be limited to technical support and monitoring to establish if government allocation takes place. In 2017 NLR Nepal will attempt to seek additional funds for the expansion of this project to other VDCs in Nepal.

Promotion of inclusion of persons with disabilities in mainstream development shall remain a focus in 2017. Advocacy & lobbying at policy level, networking, empowerment and capacity building are the major strategies to develop ‘disability-friendly model villages’ in our working area, where there is attention for persons with disabilities, understanding of their rights, and where they are included in local government development activities, local committees and groups. All work shall be organized based on the outcome mapping method, which means that development challenges and progress markers are defined in conjunction with the partner organizations to monitor for their own development.

**SOUTH AMERICA**

**Brazil**

**Introduction**

The mid-term evaluation of the NHR Brazil program in March 2015 led to more focus in the scopes of projects as well as the geographical areas in 2016, resulting in a more effective use of the available resources. A total of 18 field projects were supported in 6 different states in 2016. Important progress was also made in the organization’s transition to a local NGO, which is expected to come into effect in 2017.

Some interesting results from the field projects:

The completion of an on-line leprosy reactions database in conjunction with the Rondônia state government for the monitoring and management of medications and clinical aspects; unparalleled in Brazil.

The creation of 13 inclusive self-care groups (SCGs) that join people affected by leprosy and those with disabilities, neuropathies, neglected tropical diseases (NTDs) and/or diabetes/hypertension.
An NHR Brazil-supported, ongoing project in conjunction with MORHAN (a social movement led by people affected by leprosy) and the State University of Pernambuco works to improve the conditions of a community that sprung up around a trash landfill. Through increased opportunities and municipal partnerships, cooperative members have increased their income by €25 to €160 per week.

A team from the University of Pernambuco was successful in creating two insole prototypes using 3-D polyurethane printing.

**Combating leprosy in Brazil**

1,314 people with leprosy and disabilities were acquainted with their rights – this reflects the larger focus on empowerment of affected people throughout the program. It is a key element for the increased work in lobby and advocacy that is expected in the coming years.

188 people received leadership training, which is essential for the sustainability of SCGs in Brazil. Given that these groups are more focused on the government health system than in other countries with NLR-support – i.e. meetings are nearly always held in public health centers and led by public health professionals – the groups need to have clear leadership from members in order to survive political changes.

<table>
<thead>
<tr>
<th>Number of new cases detected</th>
<th>26,395*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Proportion of new cases with grade-2 disabilities</td>
<td>7,5%*</td>
</tr>
<tr>
<td>Number of new cases detected in the area where we work</td>
<td>1,417</td>
</tr>
<tr>
<td>Number of people receiving leprosy-training</td>
<td>1,131</td>
</tr>
<tr>
<td>Number of people informed/educated (awareness raising) about leprosy</td>
<td>16,469</td>
</tr>
<tr>
<td>Number of self-care groups supported/formed:</td>
<td></td>
</tr>
<tr>
<td>a) Number of existing groups (formed before 2016) supported in 2016</td>
<td></td>
</tr>
<tr>
<td>b) Number of new groups formed and supported in 2016</td>
<td>32</td>
</tr>
<tr>
<td>Number of people disabled by leprosy and other diseases trained in self-care</td>
<td>833</td>
</tr>
<tr>
<td>Number of Disabled Peoples Organizations (DPOs) receiving assistance from NLR</td>
<td>1</td>
</tr>
<tr>
<td>Number of people provided with reconstructive surgery</td>
<td>197</td>
</tr>
<tr>
<td>Number of people provided with assistive devices (wheelchairs + crutches + sunglasses + protective/orthopaedic footwear + prostheses)</td>
<td>5,523</td>
</tr>
<tr>
<td>Number of people provided with microcredit</td>
<td>10</td>
</tr>
<tr>
<td>Number of people receiving vocational training</td>
<td>406</td>
</tr>
<tr>
<td>Number of persons with disabilities acquainted with their rights</td>
<td>1,314</td>
</tr>
<tr>
<td>Number of people who received leadership training</td>
<td>188</td>
</tr>
</tbody>
</table>

*Numbers 2015. Numbers 2016 not yet available

Realization: €402,393
Projects

Self-care groups in Recife Metropolitan Region
The University of Pernambuco self-care group project increased the number of groups from 3 to 8 in the Recife Metropolitan Region. In addition to daily care practices, members learned about social rights. Group interaction increased self-esteem, which helped some to overcome depression.

Toolkits
The Federal University of Ceará continued development of the NTD morbidity and disability assessment toolkit for patients with leprosy and Chagas disease. Work is ongoing to validate stigma and empowerment scales for this toolkit and a scale to measure self-care groups.

MORHAN Recife
Lobbying and advocacy activities with the Public Defender’s Office through the MORHAN branch in Recife helped guarantee the proper use of federal funds allocated for leprosy interventions, like free public transport. This is essential to ensure social movements towards leprosy disease control.

Income generation in Paraíba
Self-help groups in Paraíba have supported members in becoming small business owners. Thanks to the project’s business plan support and consultancy, former patients who had no source of income are currently succeeding, with 7 of them achieving autonomy.

Story from the field
Mr. Cícero Alves is a man of 52, married with 2 daughters and 3 grandchildren, from Cajazeiras, Paraíba state. ‘I was diagnosed with leprosy in 2009. After a year of taking antibiotics I had corrective surgery for the disabilities I had developed. One of my feet is still numb.

Some of my friends no longer wanted to have anything to do with me when they found out I had leprosy. Many people with leprosy are ashamed, but I don’t hide it. Some years ago I joined a group of former leprosy patients. During our meetings we learn a lot about the disease, but about other stuff too. I used to work on the land, but I could no longer do that, so I was unemployed for a while. Then one of my cousins lent me some money and I started baking sweet coconut cookies. My mother-in-law knew a good recipe. Our neighbors were very excited about them, so ever since I have been baking 260-300 cookies a day and I always sell them all.

At a NLR Brazil course I learned about generating income and profit calculation. We also received assistance in drawing up a business plan and making an analysis of its strengths and weaknesses. As a result I’m now designing my own coconut cookie label. When I started out I had to make do with a tiny stove. Now I’ve got an industrial one, allowing me to produce on a larger scale. I have reorganized my kitchen and was able to buy a motorbike so that I can deliver my products to my clients more easily. If my company keeps growing, I’m going to hire personnel.’

Quotation
‘All I have today, I owe to the production of coconut cookies and the support from NHR Brazil’

Lessons learned in 2016
From a program perspective, the mid-term evaluation in March 2015 aided the national team in reducing the scope of its projects and geographical areas in 2016. This resulted in fewer projects with a more manageable amount of field monitoring and evaluation to be done each quarter.
However, the 1-year proposals are also showing signs of considerable fragility. When project leaders do not submit a proposal for the next year, or when the quality of the follow-up proposal is weak, key gains are lost. NHR Brazil will think of ideas to promote multi-annual plans that have longer-term results under NLR’s budgetary requirements for annual (1-year) totals. The past year revealed the need for more investment in the institutional capacity of project holders. Obviously, the various project leaders’ capacities differ, but there is a general need for: a) better project planning and indicator development; b) adequate risk evaluation and steps/strategies to mitigate these risks; c) engagement of other partners in truly joint, collaborative efforts; d) improved report and proposal writing; and e) awareness of funding opportunities, especially among civil society partners.

**Plans for 2017**

The NLR program in Brazil has the technical structure in place to undertake initiatives in all four Key Priority Programs (KPPs) in 2017. In addition, attention will be given to facilitating and strengthening of self-help organizations/Disabled People’s Organizations. This area, along with Lobby and Advocacy, is considered an essential cross-cutting initiative that will strengthen the KPPs in the future. These will be 2 of the priority lines of work for the ONDAS-team in their efforts to carry out direct interventions and raise local funding in coming years. A total local program budget of approximately R$ 1,038,000 has been allocated by the NLR international office for 2017. Of the 9 external projects from the three priority states that responded to the third NHR Brazil call for proposals, all approved budgets are linked to the above-mentioned priorities. Based on the lessons learned in 2016, additional attention will be given to further increase the project leaders’ capacities. Plans are in place for the local organization – ONDAS – to be up and running in the first semester as part of the NLR 2020 process and an operational merger with the German Leprosy Relief Association. This work will be based on the new national policy for NLR/ONDAS for 2017-2021, as well as a new fundraising plan to achieve greater sustainability of NLR’s mission over the same period.

**Research & Innovation**

The field of leprosy work is continually changing. In some areas, the number of new cases has decreased to the extent that new approaches are needed to maintain clinical skills among leprosy workers, or to find new cases. The strong realization that we will not achieve a world without leprosy for a long time, unless we switch to active case detection methods and to measures of preventing leprosy, is also new. The positive experiences with the introduction of preventive treatment for leprosy among contacts using a single dose of the antibiotic called rifampicin have encouraged us to promote the scaling up of this new method to national levels in the countries involved.

A 2016 milestone was the launch of the WHO Global Leprosy Strategy 2016-2020. As an active member of ILEP, NLR contributed to the development of this Strategy. This contains many new elements, especially a new emphasis on reducing leprosy-related stigma and discrimination to promote inclusion of all affected people and their families. To cope effectively with all the changes and make use of the new opportunities, we need continuous innovation. In part this is achieved by implementing pilot studies and action research during our ongoing work. However, scientific research is also a vital source of innovation in global leprosy work. This report contains examples of research projects that led to innovation and improved implementation of leprosy services in the field.

The Leprosy Research Initiative (LRI) is an important facilitator of leprosy research through funding, advice, mentoring, and, more recently training in research methods.
Infolep and InfoNTD are two information platforms for leprosy and cross-NTD issues respectively, that play an important role in sharing and disseminating innovations and research findings.

**Key Priority Programs**

In 2016, NLR decided to refocus its strategic priorities regarding innovation and program support on 4 Key Priority Programs (KPPs). These will be developed as multi-country programs addressing important needs, gaps and challenges on the road to zero transmission, zero new disabilities due to leprosy, self-management of existing disabilities, and zero discrimination with full inclusion of people affected by leprosy in society.

**KPP1: Prevention of leprosy and stopping transmission**

Leprosy can only be eliminated if we can prevent people from getting leprosy and if we can stop the transmission of the leprosy bacilli. The first KPP involves a focus on facilitating the scale-up of the existing preventive treatment with single-dose rifampicin and on developing additional and improved strategies and interventions that will help achieve the global and national elimination targets. In the autumn of 2016, NLR submitted a funding application for a large new project to the Dream Fund of the Dutch Postcode Lottery. This project could become a game-changer in this area of leprosy work. If successful, it will fulfil our dream of stopping the transmission of leprosy bacilli.

**KPP2: Combined approaches to disability prevention and management**

Zero disability due to leprosy is a global target. People affected by other neglected tropical diseases (NTDs) or diseases causing nerve damage, such as diabetes, have similar needs. Prevention and (self-) management of disabilities can be achieved more effectively and efficiently if done in an integrated or combined manner, either by integrating wound care and rehabilitation in the health services or through combined self-care groups in the community. The objective of KPP2 is to develop and disseminate new strategies and interventions to help achieve the target.

**KPP3: Disability-inclusive development**

Full inclusion in society and equal opportunities in life are the main targets of rehabilitation and development of people with leprosy-related and other disabilities. An important mechanism for inclusion is participation in Disabled People’s Organizations (DPOs). NLR decided to work on and advocate ways to promote participation of people with leprosy-related disabilities in DPOs and to include their needs in literacy, income generation, education and other development programs.

**KPP4: Reduction of stigma and discrimination**

Stigma and discrimination are invariably ranked as barrier no.1 by people affected by leprosy and often by people with other disabilities also. NLR will include strategic attention for the reduction of stigma and discrimination in each KPP, scaling up the new interventions developed in the SARI project and promoting their use by national leprosy programs as per the WHO Global Leprosy Strategy.

**Projects**

**LPEP**

The international Leprosy Post-Exposure Prophylaxis (LPEP) project is coordinated by NLR in some districts in 3 countries where NLR is active: Indonesia, India, Nepal. The project, sponsored by Novartis Foundation, aims to provide a single dose of rifampicin to contacts of new leprosy patients in order to reduce the risk that they also get leprosy. In India alone more than 20,000 contacts already received the preventive medication. The National Leprosy Eradication Program in India is so excited about the method, that they have decided to roll it out widely in other areas where leprosy is common. In Indonesia, Sampang district in East Java province was the first to start providing
rifampicin routinely as preventive medication in 2012. The graph below shows a tentative declining trend in the number of new patients.

### NTD Morbidity and Disability (NMD) Toolkit

Leprosy and other NTDs cause disabilities and social exclusion for many millions of the poorest people worldwide. Very little is being done to address their needs, because data are lacking on their number, the types of disabilities and the nature of their needs. In collaboration with the NTD NGO Network (NNN), NLR is developing a toolkit to measure the disease complications and disabling aspects of NTDs, the NMD Toolkit. Following initial groundwork in Brazil in 2015, 10 additional studies were done in 2016 to test tools from the toolkit in Colombia, Mozambique, Nepal and Indonesia. The results and the NMD Toolkit itself are made available free of charge to the NTD community around the world.

### Sharing knowledge & experience

**Infolep**

Infolep is the key source for information on leprosy and related subjects. The portal offers access to >26,300 publications, of which >4,000 are open access. In 2016, Infolep attracted 33,512 unique users from all over the world, a 14% increase compared to 2015. A new portal layout was launched in the summer of 2016. The monthly newsletter with new publications was sent out to 936 subscribers. Almost 200 (literature) requests were processed. Infolep has close to 1,000 followers on Twitter and 300+ on Facebook. The service is financially supported by eight partners.

**InfoNTD**

InfoNTD is the one-stop source of information on cross-cutting issues in neglected tropical diseases (NTDs). The portal was launched in May 2016 and by the end of 2016 offered access to around 2,400 publications. More than 1,700 are open access. The portal attracted on average 550 visitors per month from 13 countries. There are 922 subscribers to the monthly e-newsletter and 270 followers on Twitter. Nine partners support InfoNTD financially and with expert advice.
Our work in the Netherlands

Our footing in the Netherlands is of vital importance; without it, there would be no program work, research, or any other activity that allows us to make a difference. Therefore, we cherish what we have and at the same time try to strengthen that footing.

Fundraising

Donors
NLR has a graying private donor list that has shrunk from 48,454 to 47,186 contributors due to retirement, old age and death. We succeeded in reaching the target of €2.5 million in donations in 2016. Four so-called cold mailings to potential donors resulted in 1,700 new donors. A successful test using our mailpack as insert in several magazines generated about 1,500 donations. About half of these donations came from new donors, which brings the total of new donors to about 2,500. Our telemarketing campaign to obtain firmer commitment from our donors by replacing one-off donations with direct debits also proved to be successful. Finally we created a new major donor proposition for reducing stigma in Indonesia and sent it to major donors and potential major donors. With this promotional campaign we raised more than the amount needed to start the project.

In 2017 the target for donations remains €2.5 million. We plan to continue the inserts in magazines to attract new donors (in addition to Direct Mail activities). Furthermore, we will send a progress report about the stigma reduction project to the project’s major donors and we will keep trying to reactivate ‘dormant donors’.

Legacy gifts
The past two years NLR received substantially less than the budgeted amount of 2.5 million from legacies. For 2016 the amount received was €1,660,441. To remedy this situation, we drew up a 4-year legacy-plan. One of the actions in this plan is to realize a considerable increase of applications for the so-called erfenisdossier, the Legacy Folder. This is a booklet we offer to NLR relations in which they can consider and plan their legacy. We use this tool to get in contact with our donors about legacies. We developed a flyer specifically about legacies, which we enclosed in the newsletter. This resulted in over 80 applications for the Legacy Folder.

For 2017 the plan is to repeat this in order to extend the communication about legacies and their importance for our organization. Furthermore, we plan to participate in a joint legacy campaign with other NGOs. In line with the declining income from legacies, the target for legacies has been adjusted to €1.8 million.

Contribution by the Dutch National Postcode Lottery
The Dutch National Postcode Lottery contributed a splendid grant of €1.35 million in general support in 2016. At the Goed Geld Gala in February we witnessed George Clooney’s inspiring speech. Soon afterwards, a very dedicated team started working on a proposal for the Dream Fund, called ‘Stop the transmission of leprosy.’ Out of 21 short proposals, ours was selected together with 2 other NGOs’ and we were invited to elaborate on our idea. Mid-November we had to pitch our Dream Fund proposal to the board of directors. It was very motivating to work on this ambitious project and in February 2017 we were confirmed that our Dream Fund project was approved.
Volunteers
We have 3 groups (in Groningen, Limburg and Land van Heusden-Altena) of hundreds of volunteers who collect money every year.

- In the weeks approaching World Leprosy Day 2016 (24 January) our national house-to-house collection drive was carried out by about 1,000 collectors, raising €26,630.
- Volunteers at the Leprosy shop in Deventer raised €28,000 with the sale of second-hand items. This was spent in our Nigeria projects.
- Pupils of the Laurentius School in Breda collected €17,325 with a sponsored run.
- The Dutch Mayors Football Team (NBE) played against business clubs of Dutch Premier League Football Organizations and raised over €20,000

We would like to extend an enormous thank you to all our volunteers who turned 2016 into a very successful year!

Institutional donors
Our 2016 target for institutional fundraising was to have a portfolio of €3.7 million in externally funded projects. We managed to reach our target. Our portfolio includes one big project of €3.5 million in Nigeria that will end in 2017. The coming year we will aim at more diversification in our institutional fundraising portfolio. We submitted 33 proposals for funding, of which 4 were successful. We have learned that instead of sending many proposals to many donors, it is more effective to focus on building strategic relations with selected donors who are interested in our work.

Communications

Communication tools
Storytelling is our main instrument to inform, convince and engage people. Our newsletter, De Klepper, is our principal information distribution channel to our donors. Published five times a year, it offers stories from the field, project updates, and information on major activities in The Netherlands. Our websites were updated and improved throughout the year to involve people in our work as much as possible. In order to equal our 2016 success, we will have to publish our newsletter 6 times next year. Our new campaign will be the main driver for new visitors to our website.

Media
Special NGO-deals with media operators generated a combination of radio, TV, outdoor and print advertising. For outdoor advertising we aimed at an average of 800 spots a month, whereas in actual fact the result was an average of 1,200. For TV we aimed at gross ratings of 1.5 million moments but thanks to the Olympic Games broadcasts we achieved over 4 million. For radio our 2016 target was 100 commercials and we got 540. For print advertising our target was 10 expressions and we got 43 in total. In 2017 we want to increase our TV and outdoor exposure as a firm start of our new campaign.

Events
On World Leprosy Day 2016 (24 January), we organized the 2nd edition of our crochet event in support for the fight against leprosy. About 3,000 crochet fanatics gathered at more than 100 locations across the Netherlands to crochet the dog ‘Lotje’, a cartoon character from the long-running Dutch comic book Jan, Jans en de kinderen. They sold them for 10 euros each to their families and friends. Crochet guru DenDennis developed the pattern.

Also, we were present at the ‘KreaDoe’ fair in Utrecht. Over 5 days we sold 230 crochet packages and patterns. In addition, we had 1,364 orders via our webshop.
Unfortunately, a trial with fundraising cooking events did not succeed. Event evaluation taught us that the required volunteer investment was too high.

**Do-You-Have-The-Guts-trip to Vietnam**

In October 2016, 8 senior students and 2 teachers of the Calvijn School in Rotterdam and the Comenius School in Capelle travelled to the leprosy community Quy Hoa in central Vietnam. They stayed there for 10 days to experience firsthand what it means to live with leprosy. To share their impressive trip the students kept a joint blog about their experiences in the community. Prior to the trip, both schools had been busy organizing fundraising activities for months. The donations served to cover the costs of the trip. More importantly however, the schools will fund the materials needed by the shoe workshops in Vietnam to produce orthopaedic shoes for leprosy patients. Now that the students have returned home, they are going to share their experiences at high schools throughout the Netherlands in the hope that these schools will then be triggered to start their own support activities for the NLR.

**Ambassadors**

A well-known ambassador can attract extra attention to the cause. This is why we like working with Dutch actor Huub Stapel, who has supported us for 4 years now. He performed in our TV production ‘Haak ’t verschil’. Cartoonist Jan Kruis, most well-known for the comic strip *Jan, Jans en de kinderen*, Janny van der Heyden (*Heel Holland Bakt*) and Curt Fortin all featured in the TV production, full of enthusiasm about the crochet events. Crochet guru and ambassador DenDennis presented the whole series of programs. The series was broadcast in January 2016, just before World Leprosy Day.

**Our organization**

A solid structure provides opportunities for enhanced efficiency and effectiveness. Solidity as opposed to rigidity, because the pace of change in the world, new insights and discoveries require a preparedness to make changes where and when necessary, so that we can serve those in need effectively, responsibly and in a sustainable way.

**Our staff**

**Staff composition**

NLR’s head office is based in Amsterdam, the Netherlands. Staff there comprised 27 employees working in 4 departments. Management and execution of field activities is delegated to 7 professional regional offices with a total of 110 employees in the 11 countries in which the organization is active.

**NLR 2016 in a nutshell**

24,7 FTE in Amsterdam
7 regional offices in Africa, Asia and South America, 110 employees in 11 countries
47,186 donors and 1,000 volunteers
In 2016 our programs reached 47,186 beneficiaries

**Employee representative body (PVT)**

The ERC is entitled to advise the Executive Director on planned changes in the organization, labour conditions and terms of employment that affect more than 25% of the staff at the international office. The ERC was actively involved in advising on the consequences for NLR staff of the planned budget reductions due to decline of revenues from legacies that would affect employment and terms of employment as per 2017. In consultation with its constituency, the ERC advised negatively concerning immediate implementation of the proposed plan and suggested to involve staff members
in advisory committees on various aspects of employment and daily practices in the office. The results of these working groups will be discussed early 2017. Pending the outcome, the Executive Director decided to suspend planned measures affecting employment and terms of employment until the first quarter of 2017.

**Governing board and supervision**

**Supervisory Board**

In NLR the highest body is the Supervisory Board. It oversees the Executive Director’s performance, as well as policy and general affairs. The Executive Director is responsible for managing the organization under the supervision of the Supervisory Board. In the bylaws, the division of responsibilities between supervision and management is worked out in detail.

In 2016 the Supervisory Board consisted of the following members:

- Mr A. van Ojik (Chair)
- Mrs G.C. Anbeek (HRM and Governance), until end 2016
- Dr M.R.A. van Cleeff (Programs)
- Mrs D. Go-Feij (Communications and fundraising)
- Mr R.I.J. Greveling (Finance)
- Professor Dr. P.R. Klatser (Scientific research)

Other positions held by members of the Board and management team can be found [here](#), as well as other relevant information on the Board. None of their positions pose any conflict of interest with the functions of the Supervisory Board or the Directorate of NLR.

The Dutch Act on Management and Supervision (Wet Bestuur en Toezicht) stipulates a certain gender diversity in the Supervisory Board. At least 30% of the seats should be occupied by women and at least 30% of the seats by men. In 2016 our Supervisory Board met these criteria; with the ratio of 2 female and 4 male members.

**Proceedings of the Supervisory Board in 2016**

At the regular annual visit to the office and meetings with the staff in September 2016, the Supervisory Board collected additional information and impressions about the culture and activities at the international office. This supplemented the information provided by the Executive Director. Every year, the Supervisory Board evaluates its own functioning, the Executive Director’s performance, and the cooperation between the Board and the Executive Director. The 2016 evaluation was discussed in the Board meeting in December 2016. The Board concluded that it has access to sufficient information to supervise the Executive Director. The Board planned the agenda for its 2017 meetings.

The Supervisory Board met 6 times in 2016. Besides the regular quarterly meeting, two special meetings were held to discuss proposals from the Executive Director for the NLR 2020 project and the budget reductions following the decline in revenues from legacies respectively.

- The Executive Director reported progress on the execution of the annual plan and budget to the Board on a quarterly basis.
- The Board discussed the progress on the NLR 2020 Decentralisation project in each quarterly meeting.
- In its March meeting the Board approved the NLR strategy 2016- 2018.
- In a special meeting in August the Board discussed the progress of the NLR 2020 Project and the outline for governance of the new local NGOs and the new NLR Alliance.
In the September meeting the Board approved the plan to focus the NLR strategy on 4 Key Priority Areas and appointed a new Auditor for NLR and the LRI.

In its special meeting in October the Board discussed and approved the Executive Director’s plan for budget reductions, due to the structural decline of revenues from legacies. The approved plan included the decision to withdraw NLR funding from Mekong Region and Nigeria and a temporary budget to facilitate transition or phasing out in both regions in 2017/2018.

In December the Board approved the annual plans and budgets of NLR and LRI for 2017.

Executive Directors’ remuneration
The Supervisory Board determines the remuneration policy and the Executive Director’s salary. NLR follows the Regulation for the Remuneration of Directors of Charities, in Dutch Regeling beloning directeuren van goede doelen (van Goede Doelen Nederland). The remuneration policy is updated and revised every 3 years. The most recent update was in 2015, when the Board concluded that the remuneration policy is performed in accordance with the Regulation.

As the salary had not been indexed since 2011, the Board decided to follow the Regulation in March 2016 and applied for the calculation of the salary of 2016 an index over the salary of 2015 of 4.25 %. For more detail, see page 21 of the Annual Accounts of NLR.

The 2016 annual salary of the Executive Director Mr. Jan van Berkel was €113,843 (1 FTE/12 months). Van Berkel donated his remuneration of €2,500 as chair of Goede Doelen Nederland to NLR.

Learning organization

NLR2020
In order to be able to better relate to our local context and to raise funds in the countries in which we are working, we have designed the NLR2020 project; a project that aims to transform our offices into local organizations that will keep on working together in an NLR Alliance.

In 2016 the most important element of this project was to strengthen the capacities of our country offices. A plan to strengthen their program management capacity, institutional fundraising capacity, skills in communication and networking was agreed with each office. Trainings were organized and new staff was attracted.

Based on each country’s context, the speed of the process differs. Brazil will be the first office to transform into a local organization. In 2016, together with the German leprosy organization GLRA which has teamed up with NLR in this process, big steps were made to find the right Board Members, develop the structure of the local organization and the legal structure, strengthen program management and institutional fundraising. The office is expected to officially change into a local organization in 2017.

In addition to establishing local organizations, NLR will also set up an Alliance in which the organizations will be working together and with the international office. The new way of working together, learning from one another, do joint advocacy and fundraising work, will be applied to the 4 new Key Priority Programs (KPPs). Once this way of working together works well, the next step is to establish an Alliance.
Complaints
NLR strives to maintain good contact with its donors. An important aspect of this is an appropriate and timely complaints handling, as complaints are considered an indication that people are concerned with our work. Our complaints procedure is in accordance with the stipulations of the Central Bureau on Fundraising (CBF). In 2016 we received 65 complaints. Some complaints concerned the Executive Director’s salary (5) and some donors did not like the mailing (11). About 39 complaints were about a too high frequency of appeals for a donation. In response, the frequency for future appeals was adjusted as requested. All complaints were promptly dealt with and, depending on the origins of the complaint, either explained or investigated. In most cases heartfelt apologies were sufficient.

Risk analysis and control
From the annual risk analysis that all NLR offices make, shortage of revenues is the largest risk that threatens the continuity of NLR operations. Training in institutional fundraising is aimed at acquiring more diverse sources of income for our regional offices. Intensive support in training, donor mapping, proposal writing and actual applications for funding is provided by the international office.

The second largest risk has to do with staff security: the high incidence of traffic accidents in many countries with NLR operations in relation to the amount of road travel of our staff. In Nigeria, political violence and terrorist threats add extra concerns. Strict security procedures for staff travel are continually updated and maintained.

Risks relating to data security are covered by following strict procedures that are in accordance with the Dutch Personal Data Protection Act (Wet bescherming persoonsgegevens). In 2016 progress was made in ISO certification preparations and certification is expected in 2017.

NLR’s field projects are regularly monitored and evaluated by the regional offices, external experts from the KIT and other centres of expertise as well as head office staff to ensure that spending is in line with our strategy and accountability principles. All regional offices undergo an annual financial audit carried out by an external auditor appointed by the head office. No major flaws were found in 2016. Recommended improvements were immediately implemented in the regional offices concerned.

Social responsibility (MVO)
NLR operates on a carbon neutral basis. In 2016 the CO₂ emissions due to air-travel and printing were compensated by contributions to sustainable energy projects. In accordance with the guideline ‘Financial Management of Fundraising Institutions’ issued by Goede Doelen Nederland, our starting point in management of our reserve funds is preservation of our capital. We invest our reserve funds exclusively in investment products offered by governments and companies that respect human rights, reject child labor, and manage their operation in a sustainable fashion.

Partners & Collaborations
NLR is a relatively small player in the field of international development aid. To keep the fight against leprosy high on the agenda, collaboration is vital.

NLR is an active member of the International Federation of Anti-Leprosy Associations (ILEP): our Executive Director was reappointed by the members as ILEP President and we actively contributed to the International Technical Committee. NLR contributed to the development of the ILEP Triple Zero campaign: Zero Transmission, Zero Disability, Zero Discrimination. In addition we work closely with the World Health Organization (WHO), and the Neglected Tropical Disease Non-governmental Development Organization Network (NNN).
In the Netherlands, as an active member of the Dutch Coalition on Disability and Development (DCDD), we lobbied for the ratification of the UN Convention on the Rights of Persons with Disabilities (UNCRPD) by the Dutch government. This was a landmark success, and together with other parties in development co-operation we continue to lobby the Dutch government for the Convention’s active implementation. In several meetings with embassies the rights of persons with disabilities were tabled, and this has contributed to increased attention for these groups in the Dutch government programs.

Our collaboration with the Liliane Foundation was extended from the Mekong Region to Indonesia, and a new Memorandum of Understanding was signed to that effect. The collaboration aims at achieving efficiency and synergy in our work by combining projects and support work in the field of disability and inclusion.

In addition, we were happy to continue our cooperation with long-term funding partners such as the Dutch National Postcode Lottery and the Global Fund to fight Aids, Tuberculosis and Malaria, Achmea Foundation, Novartis Foundation, Sasakawa Memorial Health Foundation, Peerke Donders Stichting, Fondation Mérieux, the Our ILEP partners such as Lepra UK and effect:hope are also funding programs that are carried out by NLR Offices in Mozambique and Indonesia.

Our partners:

Achmea Foundation
AIFO
American Leprosy Missions
ARFH
Austrian Leprosy Relief Association
cbm
CIOMAL
DAHW
Damien Foundation
DCDD
Disability Studies in Nederland
Doopsgezinde Zending
effect:hope
enablement
Erasmus Medical Centre
FAIRMED
FIRAH
Fondation Mérieux
Fontilles
Fontys
Fondation Raoul Follereau
The Global Fund
Goede Doelen Nederland
IDDC
Institute of Human Virology
ILEP
KIT
Karuna Foundation
Lepra
Light for the World
Finances & Annual Accounts

In the annual accounts, NLR sets down the income, expenditure, results and final holdings in 2016. These accounts comprise an integral aspect of the annual report and include consolidated figures for NLR in the Netherlands and her 7 regional offices in Africa, Asia and South America, and LRI (Leprosy Research Initiative). They are drafted in accordance with the standards issued by the Dutch Accounting Standards Board (RJ 650). Compliance with this guideline is a requirement of the Central Bureau on Fundraising (CBF). The rounding-off of the figures can cause small differences in the sums noted.

Budget and results 2016

As in previous years, in 2016 too it proved to be a challenge to maintain a balanced budget. The objective was to consolidate our income from NLR fundraising in the Netherlands at the 2014 level, i.e. €2.5 million excluding proceeds from legacies. We had hoped that the drop in income from legacies in 2015 (from the budgeted €2.5 to €1.7 million) had been a one-off, and kept our 2016 target for those proceeds level with the 2014 result at €2.5 million. In the overall budget, we included contributions for programme support from third parties and partnerships and extra income from institutional fundraising.

The NLR budget for 2016 is, as stated, a balanced one. In the annual accounts however, the 2016 overall balance ends with a deficit of €374,000 due to the fact that this is the consolidated account of the balanced NLR account and the LRI one. The latter ended the year with a deficit.

Unfortunately, the income from legacies showed a substantial drop against budget for the second year in a row. Equally, the return on investments was below budget, though less so than in 2015.
On top of this shortfall in income, additional personnel costs were incurred and as a result of earlier decisions and externally funded projects a substantial amount was invested from the NLR reserves. Such additional expenses as well as spending of earmarked reserves added to the annual loss as presented in the annual accounts.

The resulting loss was partially compensated by higher income from private donations in the Netherlands, despite difficult market conditions for fundraising. Furthermore, we spent less on country programs and consultancy. On 31 December 2016, the total net loss amounted to €914,000. Without taking the additional expenses and spendings relating to earmarked reserves and funds into account, the net loss for 2016 would have been €322,000.

**Income in 2016**

The 2016 total income was €10.6 million, an increase compared to last year’s €9.7 million, but falling short of the budgeted €11.8.

**Income from NLR fundraising**

The total income from our own private fundraising was €4.2 million, which is 15% lower than the €5 million budgeted and over 1% lower than in 2015. This was mainly due to a lower income from legacies.

The income from contributions, (charitable) donations and gifts in 2016 was €2.4 million, 4% higher than budgeted (€2.3 million), but almost 5% lower than in 2015 (€2.5 million).

The proceeds of €1.7 million from legacies is €840,000 below budget. This is the second year in a row that income from legacies is much lower than budgeted, and indications are that we should expect a further decline in the coming years. Measures have therefore been taken for the 2017 budget and the forecasts for the following years.

**Income from third-party campaigns**

The income from third-party campaigns was €3.4 million (budget 2016: €4.7 million), €0.2 million lower than the income in 2015.

The income from the Dutch Postcode Lottery amounted €1.35 million.

The income from contributions for (LRI) research projects, supporting projects and field activities from ILEP members and other organizations was €2.0 million, which is less than budgeted (€3.3 million) and also less than in 2015 (€2.3 million). Included in these amounts are: contributions from partners for the Leprosy Research Initiative (LRI) and for Infolep and InfoNTD; from Novartis Foundation for the LPEP project; from LEPRA UK for a project in Zambezia, Mozambique; from several partners for a wide range of field programmes in various countries, and the Liliane Foundation for activities of the Mekong Regional Coordination Team, hosted and facilitated by the NLR Regional Office in Hanoi.

Also included is an amount of €250,000 received from Liliane Foundation from their earmarked fund for the joint, NPL funded project *These shoes are made for walking*. In 2013 Liliane Foundation received part of the total project budget. Tranches are transferred to NLR in line with the project’s projected expenditures.

The indicative amount of €311,000 that is presented as income in the budget, and correspondingly as expenses in the same amount, reflects this movement of funds. The actual amount received in 2016 from Liliane Foundation, added to the earmarked fund at NLR, is €250,000.
Income from governments and global organizations
Income from governments and global organizations increased to €2.7 million (2015: €1.7 million) and consists of contributions from GFATM (The Global Fund To Fight AIDS, Tuberculosis and Malaria) for TB - activities and programs in Nigeria. For the first time a second program was financed, the Multidrug-resistant TB Program. The expenses financed from these contributions are included in the project expenditures for 2016 for the same amounts.

Interest income and income from investments
Investment and interest revenues were €123,000 in total. Although this is below the budgeted amount of €150,000, it is a substantial increase compared to the 2015 result of €35,000.

Gross income from investments alone was €120,000, compared to the much lower €19,000 of 2015.

The current portfolio is managed by an external agency. Investments have to be in line with the NLR investment policy, which prescribes investments in sustainable, socially responsible and low-risk bonds. Adherence to this policy by the investment manager is checked twice a year. In 2016, the yield on the portfolio was 1.80% (2015: 0.04%).

We also received about €3,000 in interest from cash and cash equivalents (in 2015: €16,000). This disappointing result is a reflection of the extremely low interest rates on bank accounts.

Other income
In the 2016 budget, a total amount of €405,000 was included as ‘other income.’ The realized income of around €18,000 from non-institutional local fundraising outside the Netherlands was raised in India and fell short of the budgeted €50,000.

Expenses in 2016
Expenditure on the objectives
In 2016 €10.2 million was spent on fulfilling the objectives, compared to €9.4 million in 2015. This amounted to 96% of the total income (2015: 97%) and 89% of the total expenses (2015: 87%). We had budgeted to spend €10.9 million for 2016.

Direct expenses for field programmes amounted to €6.8 million (2015: €6.5 million), against a budgeted €5.7 million. The increase can be explained by the expenses of the GFATM (The Global Fund To Fight AIDS, Tuberculosis and Malaria) TB and MDR TB-activities in Nigeria, which were still unclear when budgets were being drawn up.

Innovation costs in field programmes financed from the investment reserve (including the in-country programs for NLR2020) with a total of €186,000 that had not been included in the regular operating budget for 2016, had to be recorded in the annual accounts as expenses for 2016. The same applies to the expenses (€305,000) ultimately financed from the earmarked fund for the NPL project These shoes are made for walking.

Included in the expenses for field programmes is an amount of €83,000 for so-called Priority Areas, an initiative towards establishing more focus in our field programmes. These two-year projects in our Country Offices started in 2016. For 2017 an amount of €209,000 has been allocated in our reserves.
The sum of €1.15 million was spent on scientific research, including the LPEP project (2015: €931,000). Of this amount, almost 82% was spent on research projects under the LRI.

A total of €558,000 (2015: €439,000) was spent on project support, including €224,000 for three projects financed out of the investment reserve: the InfoNTD pilot, the PEP++ project and part of NLR2020, the process of transforming our branch offices into local NGOs. Expenditure on project coordination, including technical advice from the Royal Tropical Institute (KIT) and other consultants, amounted to €1 million (2015: €1 million) against the budgeted €1.3 million. Reasons for these lower expenses were the termination of the agreement with KIT in September 2016 and lower spendings on other consultants. Both contributed to the necessary budget cuts, due to the low income from legacies.

An amount of €572,000 (2015: €467,000) was spent on information and awareness raising in the Netherlands, which exceeded the budgeted €531,000. With a total of €367,000, direct costs were higher than the budgeted €323,000. This increase was largely caused by activities in preparation of the NLR’s 50th anniversary in 2017.

**Fundraising expenses**
Expenditure on fundraising was €866,000 instead of the budgeted €875,000. Direct costs were €655,000 instead of the budgeted €696,000. The total spendings on our own fundraising amounted to 18.8% of the income from our own fundraising (2015: 20.1%). This is well under the maximum of 25% set by the Dutch Central Bureau for Fundraising. NLR strives to keep the costs of its own fundraising under 21% of the income raised.

**Management and administration expenses**
Expenditure on management and administration was €476,000, which is below budget (€502,000) and much lower than that of 2015 (€583,000). Higher staff costs in 2015 were caused by a once-only settlement payment and the temporary staff costs incurred to fill the resulting vacancy in the Finance Department. There was also a decrease in staff costs in 2016 due to the management assistant’s resignation, which position was filled in after half a year. The charged office costs were lower than in 2015, which was mainly thanks to the lower implementation expenses for a new financial software package. This implementation project is financed from the investment reserve but its 2015 and 2016 costs had to be entered as expenses in the annual accounts.

As a percentage of the total expenses, management and administration expenses were 4.1% in 2016 (2015: 5.4%), which is on budget. NLR is currently using 5% as standard for Management and Administration expenses. The lower ratio compared to 2015 is the result of lower expenses for management and administration on the one hand and higher total expenses on the other.

**Charged support costs**
All of the above-mentioned cost categories have two components: the direct costs, and the charged support costs. The latter comprises personnel costs, housing, office and general expenses and depreciation and interest, and they are allocated to the three main categories, i.e. objectives, fundraising and management and administration.

In total these expenses amounted to €1.9 million in 2016. The budget of € 2.0 million equalled the expenses in 2015.

Staff costs were €1.6 million (2015: €1.5 million), while the budget was €1.8 million. This is the result of lower staff costs for the management assistant as mentioned earlier, as well as lower staff costs for the Programme Department. The budget allowed for two positions for the NLR2020 project, to be
financed from the investment reserves. However, while one of the vacancies was not filled until April, the other was not filled at all.

The other support costs were €366,000, which exceeds the budget by €77,000, but remains lower than the 2015 result (€438,000). The main cause of these differences is the implementation of a new financial software package. This implementation project is financed from the investment reserve and therefore not included in the regular annual budget, but as in the previous year, the 2016 expenses had to be entered into the annual accounts as expenses. Similarly, the costs for the ISO certification project are also financed from the investment reserve. Finally, the costs for a temporary management assistant contributed to the excess costs.

**Reserves and funds**

NLR’s reserve policy is closely linked to the long-term relationship with many partners in endemic countries. Our partners must be able to rely on the fact that NLR can fulfil its commitments. For that reason, NLR has earmarked a reserve to ensure payment of future programme expenses and transitional phasing out budgets.

The continuity reserve is an earmarked reserve for continuity risks for the organization itself. According to the guidelines of the CBF, this reserve can amount to a maximum of 1.5 times the annual organizational costs. NLR aims at a continuity reserve of between 0.5 and 1 times the yearly costs of the work organization. At the end of 2016, the continuity reserve was €2.3 million (0.9 times the yearly costs of the work organization).

Another earmarked reserve is the one for projects. This reserve consists of funds for specific projects with approval from the Supervisory Board in the coming year. Since these are conditional liabilities, these amounts are recorded in an earmarked reserve. The project reserve amounts to €3.7 million.

The investment reserve contains funds that are earmarked for investments in innovation and capacity building. A total spent amount of €514,000 was put to use in 2016 (2015: €244,000), of which €300,000 was spent on the multi-annual NLR 2020 project. NLR 2020 involves a further transformation of local offices into local NGOs with local Boards and rooted in a local network. This investments must lead to financially sustainable local organizations in the future. The process, which also demands a different role of the International Office, can only be successful if capacities in all offices are strengthened. In some cases, by training, in other cases by hiring new staff. Furthermore, investments will be necessary for the development of new models and instruments.

An extra dotation to the investment reserve of €209,000 has been made for the biennial Priority Areas project, an initiative to work towards more focus in our field programmes. These biennial projects in our Country Offices started in 2016 and this reserve will be charged for the 2017 expenses.

All in all, the investment reserve was €2.4 million at the end of 2015. Similarly, it was €2.1 million at the end of 2016, most of which will be used for the NLR2020 process.

Finally, the fund that was specifically designated for the Dutch Postcode Lottery funded project *These shoes are made for walking*, had a balance of €449,000 at the end of 2016. In 2016, an amount of €250,000 was received from Liliane Foundation from their earmarked fund. This amount was added to the NLR earmarked fund. From the NLR earmarked fund, activities were financed for a total amount of €328,000. In total, the earmarked fund therefore decreased by €78,000.
Consolidated annual account

Since 1 June 2015, the Leprosy Research Initiative (LRI) has been registered as a Foundation under Dutch law. The LRI is a unique model of cooperation and coordination in the funding of research. In 2015, five NGOs, i.e. American Leprosy Missions (ALM), German Leprosy Relief Association (GLRA), effect:hope, The Leprosy Mission International (TLMI) and Netherlands Leprosy Relief (NLR), jointly committed to the fight against leprosy and combined their funding for leprosy-related research in the joint LRI fund. The director of Netherlands Leprosy Relief (NLR) manages the Foundation, implementing the decisions of the LRI EXECUTIVE GROUP and supervised by the Supervisory Board of NLR. The LRI annual account 2016 has therefore been consolidated with the NLR annual account 2016. In the consolidated annual account the separate NLR annual account is included, with an explanation of those items where the consolidated annual account differs from the NLR annual account.

Beyond 2016

As always, the budget for 2017 is a balanced one. This includes an unspecified reduction in expenses of €44,000. Specification will become apparent during the year. We have decided to decrease the forecast income from legacies from the €2.5 million that was used in earlier years to €1.8 million for 2017.

Unfortunately, as a consequence of income decreases, difficult decisions had to be made. In October 2016 NLR decided to withdraw its funding from Mekong region and Nigeria. The Mekong program was up to that point covering Vietnam, Cambodia, Laos, Myanmar, Thailand and China. The NLR Mekong office in Hanoi now plans to evolve into a locally-registered organization in Vietnam, and to develop more in-country (Vietnam) and regional (Cambodia and Myanmar) programs linked with similar organizations working on disability, for which new external funding needs to be found. For 2017 and 2018 the Mekong team will receive transitional NLR funding from the reserves to enable the transition towards a local NGO that will attract more external funding.

NLR also decided that the involvement in Nigeria will have to be discontinued in 2017. A phase-out plan with the purpose to document and exchange the innovative approaches in situations of low(er) level leprosy endemicity will guide the work in 2017. This plan will be financed from the reserves.

The GFATM programs for TB and MDR TB will be continued under the present GFATM funding until the end of 2017. To secure future involvement of the experienced team for TB control in North East Nigeria, NLR seeks to involve another eligible organization to continue the TB work and take over the team involved. As from 2018 NLR will terminate its direct involvement in leprosy and TB work in Nigeria.

The co-financing of the Madagascar program run by Fondation Raoul Follereau was terminated. NLR Indonesia will cut down on core assistance (routine support) in leprosy control and focus on developing innovative approaches even more than it did these past years. Further reduction in expenses was achieved by cutting expenses in the International Office.

Part of the budget for 2017 that will come available with the termination of regular financing in Mekong and Nigeria is reserved for projects that refocus NLR’s strategic priorities on 4 Key Priority Programs (KPPs), strengthen the remaining Country Offices and NLR’s technical capacity.
The projections for 2018 and 2019, linked to the rolling Multi-Annual Strategy, are for the most part kept equal to the 2017 budget except for the income from legacies, which we expect will further decline in the coming years, to €1 million in 2019.

Our future
With our 50 years of experience, we have been around the block. If anything, these years have taught us that the world is continuously changing and proactivity is key to face all the ensuing challenges. At the same time, change means opportunity. The innovations in the field of medicine and communication allow us to dream big. The Triple Zero Campaign and the NLR 2020 Project are great examples of big dreams and proactivity respectively. It is up to us to take on the biggest challenge of all: to convince the world to support us in realizing the dreams.

SWOT-analysis
Strengths
- Track record of 50 years in evidence-based programs
- Research capacity and strong co-operation with research institutions in the Netherlands and our program countries
• Experience in development and implementation of innovative approaches (e.g. post-exposure prophylaxis)

Weaknesses
• Number of staff is limited in relation to the scope of work
• Growing dependency on external funding
• IF-portfolio is not diverse enough

Opportunities
• Innovative approaches may have more fundraising potential
• Using knowledge of leprosy for related fields,
  o e.g. prevention of disabilities in neglected tropical diseases
  o expertise in stigma in the broader disability and health fields
• Co-operation and partnerships in ILEP and NNN

Threats
• Highly competitive fundraising market, both local and institutional
• Competition for recruitment of good staff
• Sharp decline in technical leprosy capacity worldwide

Plans for 2017
In 2017 NLR will celebrate its 50th Anniversary. In the midst of very challenging circumstances, we will reaffirm our awareness of the ideals and vision that drove our founders to establish the Leprastichting in 1967: A world free from leprosy.

• Under the NLR 2020 Project we plan the establishment of local NGOs in at least 2 countries that will receive support from 1 additional donor besides NLR in 2017: Brazil and Indonesia

• We will develop a programmatic approach in our field activities; focusing on 4 NLR Key Priority Programs (KPPs) of our strategy, enabling active exchange of best practices in the NLR Alliance. Institutional fundraising will focus on proposals elaborating on the KPPs’ themes

• The LPEP Project, running pilot projects to introduce Single Dose Rifampicin chemoprophylaxis, will enter its final stages. Follow-up coordination, with the ambition to replicate and upscale will be developed as one of these KPPs.

• ISO certification is planned for mid-2017 and the NAV Vision administrative software introduced in all country offices by the end of 2017.

• A new advertising campaign will focus on the nerve-racking aspects of leprosy to renew attention and sympathy among a larger target audience for fundraising purposes. Publications in professional and public media will support the campaign.

• Our performance in private fundraising aims to stabilize the 2016 level of revenues from donations. The revenues from legacies have shown a severe decline in 2015 and 2016 and budgets have been adjusted accordingly for 2017. Further investment will be made in investigating and developing opportunities for fundraising from private foundations.
• We aim to acquire the funding for the ‘Stop Leprosy Transmission’ project, presented to the Dream Fund of the Dutch National Postcode Lottery. By introducing a simple screening test and the PEP++ preventive regimen in the 3 main endemic countries India, Brazil and Indonesia.

• Further strengthening of our performance in institutional fundraising by means of an internal training program for the country offices.

Thank you

Thank you for reading our annual report.

If you have questions that are not answered in this report, please don’t hesitate to contact us. We would be happy to provide any additional information. Please contact: info@leprastichting.nl

Visit our website:
www.leprastichting.nl | www.leprosyrelief.org

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